South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Gloria Jones C | Date of Inspection: $6-7-22$ Time of Inspection: $2 > 24$ | | | |
|--|---|--|--|--|
| Permit #: 21658 | Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date | | | |
| | Reason for Follow up: pending deficiencies pself-report | | | |
| Address: 3625 Trotwood Drive FLOREN | CE, SC 29501 Hours of Operation: 7 days6:00a=11:00n | | | |
| Telephone #: 843-407-7916 | Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No | | | |
| Change in address? □ Yes ► No | Zoning restrictions a Yes GHto | | | |
| Total Canacity: 6 | Items to be nosted. "Decistation | | | |
| Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. | | | | |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | | |
|--|----------|------------|---|--|--|
| | С | N | N/A | | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | | | | | |
| Living room (no excessive clutter, etc.) | | | | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | - | | |
| Sleep Arrangements (no Pack-N-Plays) | | | | | |
| Cribs meet CPSC requirements | | | 2 | | |
| Bathrooms (no visible mold, etc.) | | | | | |
| Garage/Shed (secured if harmful items inside) | 0 | _ | - | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | | | | | |
| Multiple floor levels? | | | ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | |
| No suffocation /Poisonous hazardous materials around the house | | | | | |
| No major structural damages (Holes in floors or walls, etc.) | | | | | |
| Pets/Animals? ☐ Yes ☐ No Up to date vaccination records? | | | P | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No | | | <u> </u> | | |
| Any serious injuries requiring medical attention? | | | □ Yes ⊕ No | | |
| Any fatalities? | | □ Yes ⊡-No | | | |
| DOCUMENTATION | | | | | |
| | С | N | N/A | | |
| DSS 2909 completed for all enrolled children? | | | D | | |
| Emergency Preparedness Plan? | | | | | |
| Is medication administered? ☐ Yes ☐ No If yes, is the medication expired? | | | | | |
| Permission forms from parents signed and dated? | | | <u> </u> | | |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | | | |
| STAFFING & SUPERVISION | | | | | |
| | C | N | | | |
| Staff observed were qualified? | | | | | |
| Training hours up-to-date? 63-13-825 | | | - | | |
| raining nours up-to-date? 63-13-825 | 1 | Yes ⊯ | Klo | | |
| I raining nours up-to-date? 63-13-825 Is provider over capacity? | | THE P | | | |

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

| Signature of Operator/Emergency Person: | Date: 06-07-2000 Refused to sign |
|--|----------------------------------|
| Signature of Child Care Licensing Specialist | Date: 6-7-22. |