South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

ator Name: Jan Jordan it#: 22119	Type of Inspection: ✓ Annual	Date of Inspection:	□ Follow Up (original in	spection	date_	
		Reas	on for Follow up: □pendir	ıg deficie	ncies	□self-
ss: 1826 Elberton Hwy.	Iva, SC 29655	Hou	rs of Operation: M-F,7:00	a-4:45p		
hone #: (864) 348-2283/					es 🖭	Νo
je in address? □ Yes 10/No						
Capacity: 6	Items to be posted: Registration					
the following: Verified Liability	y Insurance 63-13-210 🗖 Yes 🗖 No II	no, verify signed statement	is from parents. 🖂 es 🚊 N	lo		
	HOME INSPECTION (HEALTH, SA	NITATION, & SAFETY)	42 / Vie		¥ W	
				C /	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			a			
Living room (no excessive clutter, etc.)						
Bedrooms (no children unsupervised, guns or drugs, etc)				0		
Sleep Arrangements (no Pack-N-Plays)					В	
Cribs meet CPSC requirements						0
Bathrooms (no visible mold, etc.)						H
Garage/Shed (secured if harmful items inside)				 		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				₩/	□	
Multiple floor levels?	edges, rusty points, refice if ditches	s, accessible to street)		₩.		<u>. </u>
No suffocation /Poisonous hazardous materials around the house					Yes 🛚	
No major structural damages (Holes in floors or walls, etc.)				8	0	
Pets/Animals? 2 Yes No Up to date vaccination records?			I		0	
Smoke Detectors/Fire Extinguishers? If not, TA provided			. 0/			
Any serious injuries requiring medical attention?				Ø		
Any fatalities?				□ Yes dvNo		
Any ratailues:					Yes 🗗	'Νο
	DOCUMENTAT	ION			4	
MINUTES OF STREET				C	N	N/A
DSS 2909 completed for all enrolled children?					^ □	٥
Emergency Preparedness Plan?				□⁄		
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?				0		ੲ
Permission forms from parents signed and dated?				<u> </u>	, 0	
Field Trips? If yes, signed	parental permissions forms? 24Yes	i □ No		_ O/		
AND THE PERSON NAMED IN	STAFFING & SUPER	RVISION				
			Charles Harris	С	N	
Staff observed were qualif	ied?			W1		
Training hours up-to-date:	63-13-825		· · · · · · · · · · · · · · · · · · ·			
Is provider over capacity?				□ Yes to No		
Number of children observed:				10	100 4	-10
				1		
C = Compliant with Regulation	n - N = Noncompliant with Regulation	No violations noted at the	e time of visit 📭			
Supervicion: Caro provided to an	individual abild or aroun of abildeen. Adam			46		
hild knowledge of activity require	individual child or group of children. Adequ ments and children's needs and accountat	iate supervision requires aware	eness of and responsibility for	the ongoin	g activit	y of ea
nd having ready access to childre	n in order to intervene when needed.	mity for their care. Adequate St	iberaloni also redallez me ob	erator and/	UI SIAM	nenig i
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	11 / /	1.1				
Signature of Operator/Emer	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Idea de C.	Date: 01/0/22		Refuse	