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

Operator Name: Jennifer Janese Linen Date of Inspection: 8/14/23 Time of Inspection	ction:	2:0	8 PM
ermit #: 22104 type of Inspection: divAnnual □ Complaint □Renew[al ὧ Follow Up (original ins	pection	date)
Reason for Follow up: pending	deficie	encies	□self-repo
ddress: 149 Country Club Road ANDREWS, SC 29510 Hours of Operation: M-F6:00a- elephone #: 843-221-4659 Any changes in contact info (Phone/Email/Fax)? Types Type			/
elephone #: 843-221-4659 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Call Ange in address? Yes No	e? □ \	es q	No
otal Capacity: 6 Items to be posted: Registration			
erify the following: Verified Liability Insurance 63-13-210 Yes No. If no, verify signed statements from parents. Yes No.			
y agriculturally agri			
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
HOME INSPECTION (HEALTH, SANITATION, & SAFEIT)			
	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<u>u</u>	ם	
Living room (no excessive clutter, etc.)	4		
Bedrooms (no children unsupervised, guns or drugs, etc)	11/	0	0
Sleep Arrangements (no Pack-N-Plays)	Ď	0	مره
Cribs meet CPSC requirements	- P		
Bathrooms (no visible mold, etc.)	0		
Garage/Shed (secured if harmful items inside)	9/		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			
Multiple floor levels?		Yes n	No
No suffocation / Poisonous hazardous materials around the house	3	Ü	
No major structural damages (Holes in floors or walls, etc.)		0	ū
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?		0	9
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			
Any serious injuries requiring medical attention?		Yes 🗗	Mg
Any fatalities?		Yes q	NO
DOCUMENTATION			
	С	N	N/A
DSS 2909 completed for all enrolled children?	2	0	
Emergency Preparedness Plan?	ī2/		0
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			1
Permission forms from parents signed and dated?		ū	•
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No		0	B
STAFFING & SUPERVISION			
	С	N	
Staff observed were qualified?	D/	0	
Training hours up-to-date? 63-13-825	□ □	, D	
Is provider over capacity?		Yes 😰	No
Number of children observed:		2	
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit (II)			<u>:</u>
O COMPANIA AND ANGUARDING AND ANGUARD HOLES OF AIRE FILLS			
Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the	e ongoin	g activity	of each
child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operand having ready access to children in order to intervene when needed.	ator and/	or staff i	oeing near
The state of the s			
// /			
Signature of Operator/Emergency Person: Date: 8/14/23 Signature of Child Care Licensing Specialist: Denul Grave Date: 8/14/23		Refuse	d to sign
1 L AI A			
Signature of Child Care Licensing Specialist: Denell (me) Date: 8/14/23			