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

Operator Name: Jennifer Gordon
Permit #: 25344
Date of Inspection: 8/7/25 Time of Inspection: 10:30 am
Type of Inspection: ☐ **Annual** ☐ **Complaint** ☑ **Renewal** ☐ **Follow Up (original inspection date_____)**
Reason for Follow up: ☐**pending deficiencies** ☐**self-report**

Address: 112 McGowan Ave ABBEVILLE, SC 29620
Hours of Operation: M- 8:00AM- 4:00PM T- 8:00AM- 4:00PM W- 8:00AM- 4:00PM Th- 8:00AM- 4:00PM F- 8:00AM- 4:00PM

Telephone #: 864-378-2618
Change in address? ☐ Yes ☑ No
Total Capacity: 6
Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No
Zoning restrictions ☐ Yes ☑ No
Items to be posted: ☑ Registration
Verify the following: Verified Liability Insurance **63-13-210** ☐ Yes ☑ No If no, verify signed statements from parents. ☑ Yes ☐ No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	C	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	☑	☐	☐
Bathrooms (no visible mold, etc.)	☑	☐	☐
Garage/Shed (secured if harmful items inside)	☑	☐	☐
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	☑	☐	☐
Multiple floor levels?	☑ Yes ☐ No		
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?	☑	☐	☐
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	☑	☐	☐
Any serious injuries requiring medical attention?	☐ Yes ☑ No		
Any fatalities?	☐ Yes ☑ No		

DOCUMENTATION	C	N	N/A
DSS 2909 completed for all enrolled children?	☑	☐	☐
Emergency Preparedness Plan?	☑	☐	☐
Is medication administered? ☑ Yes ☐ No If yes, is the medication expired?	☑	☐	☐
Permission forms from parents signed and dated?	☑	☐	☐
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**	☑	☐
Is provider over capacity?	☐ Yes ☑ No	
Number of children observed:	3	

C = Compliant with Regulation - N = Noncompliant with Regulation | **No violations noted at the time of visit** ☑

Signature of Operator/Emergency Person: Jennifer Gordon Date: 8/7/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Danita DeWanton Date: 8/7/25