South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Learning Jungle Fort Mill

Permit #: 25212

Address: 1014 and 1018 Maxwell Mill Road FORT MILL, SC 29708

Items posted in public view: License Menu Ratio Chart (All classrooms)

Date of Inspection: 9: Time of Inspection: 10:20 am

Type of Inspection:

Annual Complaint

□ Follow Up (Original Inspection

Date:___/___) Reason for Follow up: □ Pending Deficiencies

Telephone #: 803-547-9892	Any changes in contact info (Phone/Email/Fax)? □ Yes	Ş ∕No	□ Self-Reported Incident
Center Director/Designee: Christopher	David Callaway		
Change in Ownership or Director?	es 🗆 No If yes, Name:		

Maximum number of children: 400 Building 1: _____ Building 2: Building 3: Vaximum number of infants: 74 □ 24 months ► 30 months □ I-4 facility

Infants are in designated rooms? ve Yes - No - N/A Does facility transport children ? ☐ Yes ☐ No ☐ N/A

ABC Quality Yes Head Start □ Yes 1210 Public Schools - Yes 170 Overnight Care?

Yes No

fours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

files are in compliance H(1-7) ing hours up-to-date K(5)(b-c) ast 1 person with CPR & 1 St Aid on the premises K(5)(h) HEALTH Gren's faces/hands are clean B(1) cine and harmful items labeled and stored properly D(2) Aid kit in facility and in vehicle if transport E(1), I(1)(g) ent Emergency Preparedness Plan H(3) PHYSICAL SI BUILDING lation and lighting & sufficient A(2)(a-d), (4) trangulation/choking/suffocation hazards A(5)(g) ng, floors, windows, doors free from hazards A(5)(d) ing(s) temp between 68-80°F A(7) If no, close in 4 hrs. ity free from pest problems (Insects, rodents) A(8)(b-c) bitentially harmful items including cleaning supplies, flammable ucts, poisonous, toxic, hazardous and materials are labeled and d in locked area out of children's reach. Bio-contaminants are used of properly. A(5)(c) (e), A(8); E(1),(4) rical outlets are securely covered A(11)(c) area has running water A(12)(d) and disposable towels available at sink A(12)(i)	C	N	N/A	Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Ratios adequate in all classrooms and on playground B, C & SAFETY 114-505 Proper diaper changing practices were observed F(1-16) Proper handwashing practices were observed G(4) No smoking/consumption of alcoholic beverage A(3) Emergency Medical Plan C(1)	C	N	N ,
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area has running water A(12)(d) and disposable towels available at sink A(12)(i)	8	0	0	Cribs meet federal standards (reviewed certificate) D(1)	₽/		
and disposable towels available at sink A(12)(i)	~			Cots, mats, cribs labeled or charted for each child D(2)	F		Г
				PROGRAM 114-506	С	N	l
and the state of t		0		Written, planned, daily program of activities that is			r
ture, toys & equipment meets the CPSC standards C(2)	7			developmentally & age appropriate observed A(1-3)	1		
		0	8	Positive, non-abusive discipline practice B(1)	19		
					8		r
MEAL REQUIR	REMI			08	11/7/11	TINE.	
	C	N	N/A		С	N	
s & snacks in compliance with USDA A(1)(b)			100	Round, firm foods are not offered to children under 4 yrs. old,			
	_			unless properly cut to prevent choking risk A(3)			
	믜			Food stored & handled properly D(1)			L
	<u> </u>		8	All cleaning & poisonous items stored away from food D(8)			-
ention and response to food allergies A(9-10) INFANT CARE 114-509			0	TRANSPORTATION 114-505 I			-
	C	N	N/A	TRANSPORTATION 114-3031	С	N	
				Vehicle has proper safety restraints & in good repair I(1)			H
				Checklist for loading/unloading children reviewed (2)(d)		0	
				Driver's (valid) driver's license reviewed (1)(f)			
				Briver's (valid) driver's license reviewed (1)(1)			
opots, bottle warmers, are inaccessible to children. No				C-Compliant with Regulation			臓
waving of beverages observed A(3)(d)	8			N-Noncompliant with Regulation			
and bottles labeled with child's name & used only by that child	9			Violations noted at the time of visit ₩ Yes □ No			_
a)			A	Any violations corrected onsite res I No DSS Form 2910 no	eeded	□ Yes	M
nature of Director/Operator/Designee: WY Y NOS	re			Date: 9/2/35 □ Refused to sig	n.		