South Carol na Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Rubye H Jones Head Start

Permit #: 24392

ABC Quality Yes

Address 40 John McCarrol Way GREENVILLE, SC 29607

Time of Inspection: 11-35
Inspection: Affinual - Complaint
w Up (Original Inspection
for Follow up:
ing Deficiencies
Reported Incident

Date of Inspection:

Telephone #: 864-520-8097	Any changes in contact info (PhonelEmailFax)? Yes	o No
Center Director/Designee Lorrene Ann	Stoddard	
Change in Ownership or Director? TY6	s c/No If ves Name:	

Maximum number of children 26 Building 1

Signature of Child Care Licensing Specialist:

Building 2 p 24 months a 30 months I-4 facility Maximum number of infants 26

Items posted in public view @Ucense Menu @Rato Chart (All classrooms) Head Start of Yes No Public Schools Yes a No

Does facility transport children? Yes No NA
Overnight Care? Yes No

Building 3:

Infants are in designated rooms? Tyes o No @/N/A

Hours of Operation: M-7:30AM-2 30PM T-7 30AM-2 30PM W-7:30AM-2 30PM Th-7 30AM-2 30PM F-7 30AM-2:30PM

Staff files are in compliance H(1-7)	MANAGEMENT, ADMINISTRATION & STAFFING 114-593			44:5	SUPERVISION 114-584			
Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1º Aid on the premises K(5)(h) Delta is statistically and in vehicle for the premises K(5)(h) Children's faceshands are clean B(1) Children's faceshands cushronny material are least B(1) Children's faceshands cushronny material are least B(1 fall zone B(9) Children's faceshands cushronny material are least B(1 fall zone B(9) Children's faceshands cushronny material are least B(1 fall zone B(9) Children's faceshands cushronny material are least B(1 fall zone B(9) Children's faceshands cushronny material are least B(1) Children's faceshands cushronny material are least B(1) Children's faceshands cushronny material are least B(1) Children's faceshands cushronny material a	RANGES BOOK STREET					7		N.
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Current Emergency Preparedness P an H(3) 9-15 (CA) 1 Emergency Medical Plan C(1) 4 CA	Medicine and harmful items labeled and stored proper y D(2)	G	0	G.	Proper handwastring practices were observed G(4)	10/	3	
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Signature of Director Operator Designeer Durang Standard Date 9-11-25 PRefused to sign		1+	2	1			161	- C 141