

REGISTERED FAMILY CHILD CARE HOME HEALTH AND SAFETY INSPECTION

Name: Jenkins, Shannon ARL No: 24615
 Date of visit: 1/14/2019 Time of visit: 11:39 AM Type of visit: Annual
 Address: 12 Northfield Court Columbia SC 29229- Did Provider move?: No
 New Address: Email address: smj052@gmail.com
 Telephone No: (803) 250-0728 Listed?: Yes Hours of Operation: 08:00 AM- 05:45 PM Overnight Care: No
 Registration visibly posted?: Yes Maximum Capacity: 5 Zoning restriction?: Yes
 Facility is registered but not keeping children

CHILDREN PRESENT FOR VISIT 114-528.d.(3)								
Child's Name	DOB	2909	Related	Foster	House Member	Days in FCCH	Arrival	Departure
Randy Goings II	1/8/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	09:00 AM	05:30 PM
Jace Clark	3/12/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	08:00 AM	05:30 PM
J'cobi McDougal	9/18/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	08:30 AM	06:00 PM
Keyana Woods	11/25/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	08:00 AM	06:00 PM
Chase Green	8/31/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	08:00 AM	06:00 PM
Jayla Jackson	9/22/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	10:00 PM	06:00 AM
Adam Dais	9/5/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon,Tue,Wed,Thu,Fri	07:45 AM	06:00 PM

Number of children under 3 years old: 4

Is facility over capacity?: No

If yes, what is the total capacity at time of visit?:

Adequate supervision?: Yes

Signs of Abuse or Neglect?: No

If yes, describe and report to OHAN:

Any recent injuries requiring medical attention?: None

ADULTS (15 YRS +) PRESENT IN HOME 63-13 40 D (1)							
Name	DOB	2924	SLED	FBI	House Member	Employee	
Raymond Jenkins	4/29/1974	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Raymond Jenkins	3/11/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Shannon Jenkins	8/2/1970	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Any pets or animals?: No

Pet details:

Have they been vaccinated?: No

HOME INSPECTION (HEALTH, SANITATION, and SAFETY)	COMMENTS/TA:
<input checked="" type="checkbox"/> Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	
<input checked="" type="checkbox"/> Living room (no excessive clutter, etc.)	
<input checked="" type="checkbox"/> Bedrooms (no children unsupervised, guns, etc.)	
<input type="checkbox"/> Sleep Arrangements for children 12 months and older:	
<input type="checkbox"/> mats	
<input type="checkbox"/> cots	
<input type="checkbox"/> beds	
<input checked="" type="checkbox"/> Cribs meet CPSC requirements (No Pack-N-Plays)	
<input type="checkbox"/> If not TA provided	