South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

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		WANAGENIENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504			
ms posted in public view: \(\text{\textsuperior} \) License \(\text{\textsuperior} \) Menu \(\text{\textsuperior} \) Ratio Chart (All classrooms) \(\text{Does facility transport children?} \(\text{\textsuperior} \) Yes \(\text{\textsuperior} \) No \(\text{\textsuperior} \) N/A		aximum number of infants: 84 / D 24 months	-Zn	mon	Ha - 1	A familia.		P	
eximum number of infants: 84 / P. 24 months = 1.4 for its - 1.4 for its	eximum number of infants: 84 / P 24 months (20 months) - 14 feet Building 3: P 24 months (20 months)				D:	Iding 2:			
aximum number of children: 146 Building 1: Building 2: Building 3: CDEP	aximum number of children: 146 Building 1: Building 2: Building 3: CDEP	nange in Ownership or Director? Yes No If yes Name							
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Type of Inspection: Annual	Type of Inspection: Annual	ıcility Name: Westside Head Start			Dato	f Inspection 4 7777	- i		
Reason for Follow up: clear up pending deficiency Self-Report ldress: 1206 Gadsden Street, Anderson, SC 29624 Hours of Operation: Single Shift Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No If yes, Name: aximum number of children: 146 Building 1: Building 2: Building 3: CDEP	Type of Inspection: Annual	INSPECTION	N AI	511 F	ORM F	OR LICENSED CENTERS			

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<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
exhaust fan in bathroom not working	fix fan	5/8/2023
roviders/Operators are rec	uired by regulations and	statutes to be in complia