SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CHILD CARE LICENSING ORIGINAL & RENEWAL INSPECTION CHECKLIST

Type of Inspection: □ **Provisional Evaluation** □ **Full Evaluation** ☑ **Renewal**

enter Name: West Ashley Head Start — Date of Inspection: 5-5-23 Time of Inspection: 9:00AM
RL/APP ID #: CC032172 ☑ Licensed □ Registered ☑ Center □ Faith Based □ GCCH □ CDEP
ddress: 1401 Ashley River Road, CHARLESTON, SC 29407 Hours of Operation: Single Shift
elephone #: 843-571-2424 Any changes in contact info (Phone/Email/Fax)? □ Yes ☑ No Overnight Care? □ Yes ☑ No
enter Director/Designee: Karen Middleton
hange in Ownership or Director? □ Yes ☑ No If yes, Name: _____
otal Capacity: 185 Building 1: ✓ Building 2: _____ Building 3: ✓
aximum number of infants: 152 □ 24 months ☑ 30 months □ I-4 facility Clear Fire Report □ Yes ☑ No □ NA Date cleared _____

Physical Site	CENTER	FAITH BASED	GCCH	C	N	N/A
The Approval/ License/ Registration is displayed in public view.	114-503 A.1	114-523 A.1	114-513 A.1	☑	□	□
Daily menu dated and posted in conspicuous location in public view.	114-508 A.1	114-528 A.1	114-518 A.1	☑	□	□
Building has proper ventilation to include kitchen and bathrooms.	114-507 A.2	114-527 A.2	114-517 A.2	☑	□	□
Tobacco free facility	114-505 A.3	114-525 A.2	114-517 A.2	☑	□	□
Decals on all glass doors, placed at eye level of children.	114-507 A.3	114-527 A.3	114-517 A.3	☑	□	□
Adequate lighting for rooms, hallway, bathrooms and fire escapes.	114-507 A.4	114-527 A.4	114-517 A.4(a)	☑	□	□
Ceiling, floors, windows, doors and rugs properly secured.	114-507 A.5(d)	114-527 A.5(d)	114-517 A.5(d)	☑	□	□
No strangulation, choking or suffocation hazards.	114-507 A.5(g)	114-527 A.5(g)	114-517 A.5(h)	☑	□	□
Electrical outlets securely covered and inaccessible to children.	114-507 A.11(c)	114-527 A.11(c)	114-517 A.11(c)	☑	□	□
Temperature in building between 68 and 80 degrees ◦F.	114-507 A.7(a)	114-527 A.7	114-517 A. 7(a)	☑	□	□
Facility has hot and cold water.	114-507 A.6(b)	114-527 A.6(b)	114-517 A.6(b)	☑	□	□
Trash in restroom and classroom kept in plastic lined container.	114-507A.8(f)	114-527 A.8(f)	114-517 A.8(f)	☑	□	□
Facility free from pest problems (insects, rodents, etc.).	114-507 A.8(b)	114-527 A.8(b)	114-517 A.8(b)	☑	□	□
Furniture, toys & equipment are clean and free from hazards.	114-507 C.1	114-527 C.1	114-517 C.1	☑	□	□
Furniture, toys & equipment meet standards of the CPSC.	114-507 C.2	114-527 C.2	114-517 C.2	☑	□	□
Bathroom completely enclosed. Private toilet use by preschool & up.	114-507 A.12	114-527 A.12		☑	□	□
Child size toilets & sinks (has seat adapter and sturdy steps).	114-507 A.12(e)	114-527 A.12(e)	114-517 A.12(e)	☑	□	□
Soap and disposable towels provided at each sink.	114-507 A.12(i)	114-527 A.12(i)	114-517 A.12(g)	☑	□	□
Cots or mats labeled with child's name for use only by that child.	114-507 D.2	114-527 D.2	114-517 D.2	☑	□	□
Cots and mats stored so that the side child lies on does not touch floor.	114-507 D.6	114-527 D.6	114-517 D.6	☑	□	□
Poisons/harmful agents locked, labeled and stored properly.	114-507 E.1	114-527 E.1	114-517 E.1	☑	□	□
Only healthy pets/animals permitted. (Vaccination records up-to-date)	114-507 E.4	114-527 E.4	114-517 E.4	☑	□	□
Ratio chart prominently posted in each classroom.	114-504 B.1	114-524 B.1		☑	□	□
Emergency phone numbers posted (police, fire and poison control).	114-503 J.2	114-523 G.2	114-513 J.2	☑	□	□
Internal means of communication among staff.	114-503 J.3			☑	□	□
Parents have free & full access.	114- 503 F.1		114-513 F.1	☑	□	□
If overnight care is provided, requirements have been met.	114-509 C	114-529 C	114-519 C	☑	□	□
Age appropriate radio, TV, VCR and DVD for children use.	114-506 A.7		114-516 A.7	☑	□	☑
Staff files are in compliance to include required training hours.	114-503 F(1-4)	114-523 H.(1-7)	114-513 H(1-7)	□	☑	□

C= Compliant with Regulation, N = Noncompliant with Regulation, N/A = Not Applicable

No violations noted at time of visit. ☐

Signature of Director/Operator/Designee: Karen Middleton Date 5/5/23 □ Refused to Sign

Signature of Child Care Licensing Specialist: _____ Date 5-8-23

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR West Ashley Head Start

PERMIT # 23065

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
1 child missing parental signed discipline policy	Reach out to parents to sign	5/31/23
2 children missing parental signed emergency medical treatment.	Reach out to parents to sign	5/31/23
3 caregivers have outdated Health Assessments	Have caregivers get forms signed by their medical provider	5/31/23
2 caregivers are missing training hours	Have teacher complete missing hours	5/31/23

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist _____ **Date** 5/31/23