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

Medicine and harmful items labeled and stored properly D(2)	Facility Name: Chavis Early Head Start Permit #: 22589 Type of Inspection: Annual Company Type of Inspection: Annual Company Type of Inspection: Ty	ual d			Inspection: 1/8/3/4 Time of In	<u>; </u>	ČV	eport
Maximum number of children: 102 Bullding 1: Bullding 2: Bullding 3: □ CDEP Maximum number of Infants 48 □ 24 mapths 43 □ 24 □ 24 □ 24 □ 24 □ 24 □ 24 □ 24 □	Telephone #: 843-558-73O7 Any changes in a Center Director/Designee: Shelia Dicks		ct inf	io (Pho		⁄es	₽Ń	• 0
MANAGEMENT, ADMINISTRATION & STAFFING 114-503, C M NA Staff files are in compliance H(1-7) U D Adequate supervision Introuphout facility A(1-2) Fraining hours up-to-date K(5)(b-c) At least 1 person with CPR & 1% Ald on the premises K(5)(h) U D P Facility following tracking of children procedures A(3) C N NA At least 1 person with CPR & 1% Ald on the premises K(5)(h) U D Proper flager changing practices were observed F(1-16) C N NA At least 1 person with CPR & 1% Ald on the premises K(5)(h) U D Proper flager changing practices were observed F(1-16) Medicine and harmful illems labeled and stored property D(2) C N NA At least 1 person with certain stable and stored property D(2) Reflicts Aid kit in facility and in vehicle if transport E(1), H1(g) D N No strongulation-choking/suffocation hazards A(5)(a) PRINSICAL SITE*14-507 Wentilation and lighting & sufficient A(2)(a-d), (4/(a-c) No strangulation-choking/suffocation hazards A(5)(g)(h-11) No strangulation-choking/suffocation hazards A(5)(g)(h-11) No strangulation-choking/suffocation hazards A(5)(g)(h-11) D Playground equip, sale & firmly anchored B(7) D Playgrou	Maximum number of children: 102 Building 1:	30 i	mont	hs □ l-	4 facility Infants are in designated rooms? Yes	Noe		(
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Signature of Child Care Licensing Specialist: Renul Arms Date: 1/8/34 Date: 1/8/34					No violations noted at the time of visit 📮			

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

NAME OF PROVIDER/OPERATOR	Chavis	Early	Head	Start	
PERMIT #22589					

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Tracking sheets in two classrooms were not filled out	All tracking sheets will be complete daily to show tracking of children.	01/08/2024
	The state of the s	
7776-260-261		

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

Licensing Specialist Hend Imes	_{Date} 01/08/2024