

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

Facility Name: Andrews Headstart  
Permit #: 18539

Date of Inspection: 2/14/24 Time of Inspection: 10:55am  
Type of Inspection: ☒ Annual ☐ Complaint ☐ Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 13072 County Line Road, ANDREWS, SC 29510 Hours of Operation: Single Shift  
Telephone #: 843-264-3419 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☐ No Overnight Care? ☐ Yes ☐ No  
Center Director/Designee: Debbie Sharon Rhue  
Change in Ownership or Director? ☐ Yes ☐ No If yes, Name: \_\_\_\_\_  
Maximum number of children: 40 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_ ☐ CDEP  
Maximum number of infants: 0 ☐ 24 months ☐ 30 months ☐ I-4 facility **Infants are in designated rooms?** ☐ Yes ☐ No ☐ N/A  
**Items posted in public view:** ☒ License ☒ Menu ☒ Ratio Chart (All classrooms) **Does facility transport children?** ☐ Yes ☒ No ☐ N/A

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503   |                                     |                                     |                                     | SUPERVISION 114-504   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
|   | C                                   | N                                   | N/A                                 |   | C                                   | N                                   | N/A                                 |
| Staff files are in compliance <b>H(1-7)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Adequate supervision throughout facility <b>A(1-2)</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date <b>K(5)(b-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Facility following tracking of children procedures <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground <b>B, C</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| HEALTH, SANITATION & SAFETY 114-505   |                                     |                                     |                                     |   |                                     |                                     |                                     |
|   | C                                   | N                                   | N/A                                 |   | C                                   | N                                   | N/A                                 |
| Children's faces/hands are clean <b>B(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper diaper changing practices were observed <b>F(1-16)</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper handwashing practices were observed <b>G(4)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No smoking/consumption of alcoholic beverage <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| PHYSICAL SITE 114-507   |                                     |                                     |                                     |   |                                     |                                     |                                     |
| BUILDING  | C                                   | N                                   | N/A                                 | PLAYGROUND  | C                                   | N                                   | N/A                                 |
| Ventilation and lighting & sufficient <b>A(2)(a-d), (4)(a-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Playground equip. safe & firmly anchored <b>B(7)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards <b>A(5)(g)(i-iii)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Outdoor space free from hazards and litter <b>B(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | RESTING   | C                                   | N                                   | N/A                                 |
| Garbage kept properly in plastic lined receptacles <b>A(8) (d-i)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Play Pens observed <b>C(4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Electrical outlets are securely covered <b>A(11)(c)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sink area has running water <b>A(12)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Soap and disposable towels available at sink <b>A(12)(i)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | PROGRAM 114-506   | C                                   | N                                   | N/A                                 |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Positive, non-abusive discipline practice <b>B(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Healthy pets/animals (Vaccination record up-to-date) <b>E(4)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |                                     |                                     |                                     |
| MEAL REQUIREMENTS 114-508   |                                     |                                     |                                     |   |                                     |                                     |                                     |
|   | C                                   | N                                   | N/A                                 |   | C                                   | N                                   | N/A                                 |
| Meals & snacks in compliance with USDA <b>A(1)(b)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk <b>A(3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Food stored & handled properly <b>D(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Food preparers have proper hair restraints <b>B(5)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |                                     |
| INFANT CARE 114-509   |                                     |                                     |                                     | TRANSPORTATION 114-505 I  |                                     |                                     |                                     |
|   | C                                   | N                                   | N/A                                 |   | C                                   | N                                   | N/A                                 |
| Infants are placed on their back to sleep <b>A(5)(a)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |                                     |                                     |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>C-Compliant with Regulation</b><br><b>N-Noncompliant with Regulation</b>   |                                     |                                     |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>No violations noted at the time of visit</b> <input type="checkbox"/>  |                                     |                                     |                                     |

Signature of Director/Operator/Designee: Debbie Rhue

Date: 2/14/24 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 2/14/24

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR Andrews Head StartPERMIT # 18539

| Deficiency Cited  | Corrective Action Needed                   | Expected Date of Correction |
|---|--|-----------------------------|
| Class was out of ratio.   | Correct staff to child ratio.              | 02/14/24                    |
| There was improper supervision due to class being out of ratio. | Correct staff to child ratio.              | 02/14/24                    |
| Out of date food observed in refrigerator.                      | Remove out of date food from refrigerator. | 02/14/24                    |
|   |  |                             |
|   |  |                             |
|   |  |                             |

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

Licensing Specialist Date 2/14/24