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

Fermit #: 1859 Type of Inspection: orAnnual Complaint Follow Up (original Inspection date Reacon for Follow up: or Jean up pending deficiency of Self-Report Address: 13972 County Line Read, ANDREWS, SC 28510 Hours of Operation: Single Shift Hours	Facility N	ame: Andrews Headstart			(Date of	Inspection: 214124 Time of Inspection: 10:55	Our	<u>n</u>	
Address: 13072 County Line Road, ANDREWS, SC 29510 Hours of Operation: Single Shift Telephone #: 843-264-3419 Any changes in contact info (PhoneÆmall/Fax/? or Yes or No Overright Care? or Yes or No Investment of Change in Overright Care? or Yes or No Investment of Change in Overright Care? or Yes or No Investment of Change in Overright Care? or Yes or No Investment of Indians: Or Or And Telephone (All Classroome) Maximum number of Indians: Or Or And Care And C	Permit #:	18539	Type of Inspection: 🗹 Annual 🗆 Complaint 🔻 🗇 Follow Up (original inspection date)							
Telephone & 843-284-3419 Any changes in contact Info (Phone/Email/Fax)? □ Yes □ No Overnight Care? □ Yes □ No Change in Ownership or Director? □ Yes □ No If yes, Name: Change in Ownership or Director? □ Yes □ No If yes, Name: Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ No □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ No □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ No □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ No □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ No □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 24 months □ 30 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 24 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 24 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 24 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 24 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 34 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants: 0 □ 34 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A No Maximum number of Infants: 0 □ 34 months □ 14 facility Infants are in designated rooms ?□ Yes □ N/A Maximum number of Infants (N/E) Infants are in Infants are in designated rooms ?□ Yes □ N/A No strangulation Number of Infants (N/E) Infants are in Infants are in Infants are in designated rooms ?□ Yes □ N/A No strangulation Number of Infants Infants Infants Infants Infants Infants Infants Infa							Reason for Follow up: clear up pending deficiency	_ S€	:If-Re	port
Cenier Director/Designee: Debite Sharon Rive: Change in Ownestry Dr Director/2 Yes or No if yes, Name: Maximum number of children: 40 Maximum number of inlants: 0 0 24 monts or 30 months or 14 facility Infants are in designated rooms? 2 Yes or No in NA Maximum number of inlants: 0 0 24 monts or 30 months or 14 facility Infants are in designated rooms? 2 Yes or No in NA Maximum number of inlants: 0 0 24 monts or 30 months or 14 facility Infants are in designated rooms? 2 Yes or No in NA Maximum number of infants: 0 0 2 N NA Maximum number of infants: 0 0 2 N NA Maximum number of infants: 0 0 2 N NA Maximum number of infants: 0 0 2 N NA Maximum number of infants: 0 0 0 N NA Maximum number of infants: 0 0 N NA Staff files are in compliance Hill-17 Maximum number of infants: 0 0 N NA Staff files are in compliance Hill-17 At least 1 person with CPR 4 19 Ald on the premises K(5)(h) At least 1 person with CPR 4 19 Ald on the premises K(5)(h) HEALTH SENITATION S STATETING MAXIMUM (All 2) HEALTH SENIT										
Change in Ownership or Director? © les or No if yes, Name: Maximum number of Inflants: 0 © 24 months — 30 months or I facility Infants are in designated rooms? or Yes or No in NA teters posted in public view: et License et Menru in Ratio Chart (All classrooms) Does facility transport children? © Yes or No in NA teters posted in public view: et License et Menru in Ratio Chart (All classrooms) MAXAGEMENT ADMINISTRATION & STAFFING 114-809 Staff files are in compliance (H1-7) All least 1 person with CPR & 19 Ald on the premises (K(5)(b)				contac	ct inf	o (Phor	ne/Email/Fax)? - Yes - No Overnight Care? - \	es/	□ No)
Maximum number of children: 40 Maximum number of infants: 0 2 months o 30 months o 14 facility Infants are in designated rooms? 2 Yes or No N/A										
Management Administration & Staffeing (14-598) Supervision throughout facility (17-9)			□ Yes □ No If yes, Name:		-	D. d	P. A. P. A. Francisco	^ DE	D	
Management Administration & Staffeing (14-598) Supervision throughout facility (17-9)			Building 1:	- 20 -		Build	Ging 2; Building 3; Building 3;	UDE No. =	P NI/A	
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Staff files are in compliance H(-17)	MANAG	EMENT. ADMINISTRATION	ON & STAFFING 114-503				SUPERVISION 114-504			
Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 19 Aid on the premises K(5)(h) At least 1 person with CPR & 19 Aid on the premises K(5)(h) At least 1 person with CPR & 19 Aid on the premises K(5)(h) BEAULTH SANIFATION S SAFETY 1145-05 C N NA Children's faces/hands are clean B(1) C N NA Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) First Aid lat in facility and in vehicle if transport E(1), I(1)(g) PHYSICAL STREAMS-157 PHY	01-55 51-			_			At the state of th	_	_	
At least 1 person with CPR & 1st Aid on the premises K(5 th)				_	$\overline{}$			_	$\overline{}$	
HEALTH SANITATION 8 SAFETY 114-505 C N N/A Chidren's facea/hands are clean B(1) # 0 D Proper disper changing practices were observed F(1-16) 0 D Medicine and harmful items labeled and stored property D(2) # 0 D Proper handwashing practices were observed F(1-16) 0 D Medicine and harmful items labeled and stored property D(2) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D NO semoking/consumption of alcoholic beverage A(3) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D No smoking/consumption of alcoholic beverage A(3) # 0 D Playground equip, safe & firmly anchored B(7) # 0 D Playground equip, safe & firmly anchored B(7) # 0 D Playground equip, safe & firmly anchored B(7) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fall zone B(9) # 0 D Adequate cushioning material; at least 6ft fa				_						
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Medicine and harmful items labeled and stored property D(2)	Children	'a facco/honda ara alcan B	(4)				Proper diagon changing practices were observed E/1-16)			
First Aid kit in facility and in vehicle if transport E(1), I(1)(g) PHYSICAL STIE 114-507 PHYSICAL STIE 114-507 PHYSICAL STIE 114-507 Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) C N N/A Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) O No strangulation-inclining/suffocation hazards A(5)(g), I(-iii) O Adequate cushioning material, at least 0ft fall zone B(9) Facility five from bazards A(5)(g), I(-iii) O Playground equip, safe & firmly anchored B(7) No strangulation-inclining/suffocation hazards A(5)(g), I(-iii) O Playground equip, safe & firmly anchored B(7) No strangulation-inclining/suffocation hazards A(5)(g), I(-iii) O Playground equip, safe & firmly anchored B(7) No strangulation-inclining/suffocation hazards A(5)(g), I(-iii) O Playground equip, safe & firmly anchored B(7) No strangulation-inclining/suffocation hazards A(5)(g), I(-iii) O Playground equip, safe & firmly anchored B(7) Facility five from peat problems (insects, rodents) A(5)(g)-c) Pacility five from pest problems (insects, rodents) A(9)(b-c) O Play Pens observed C(4) Prositive standards (reviewed certificate) D(1) PROGRAM 114-506 C N N/A Prumiture, toys & equipment meets the CPSC standards C(2) Prositive, non-abusive discipline practice B(1) PROGRAM 114-506 C N N/A Meals & snacks in compliance with USDA A(1)(b) Prositive, non-abusive discipline practice B(1) Prod prepares have property labeled food A(4) Prositive, non-abusive discipline practice B(1) Prod prepares have property labeled food A(4) Prod prepares have property and prepare standards (1) Prod for toddlers out in pieces X i				_	-			-	-	+
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Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)		BUILDIN						С	N	N/A
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	Ventilati	The state of the s		_	┼			Ø		0
Ceiling, floors, windows, doors free from hazards A(5)(d)				d	0			ø		0
Building(s) temp between 68-80°F A(7) if no, close in 4 hrs.				7	ο.	0		ø		
Garbage kept properly in plastic lined receptacles A(8) (d-1)				_	0		Outdoor space free from hazards and litter B(2)		$\overline{}$	
Electrical outlets are securely covered A(11)(c)	Facility 1	free from pest problems (In	sects, rodents) A(8)(b-c)	₽	0		RESTING	$\overline{}$	N	N/A
Sink area has running water A(12)(d)	Garbage	e kept properly in plastic line	ed receptacles A(8) (d-i)	7	0	0	4	7	□	
Soap and disposable towels available at sink A(12)(i)	Electrica	al outlets are securely cover	red A(11)(c)	Ø					□	Ø
Furniture, toys & equipment are clean and in good repair C(1)	Sink are	a has running water A(12)((d)	7	□		Cots, mats, cribs labeled or charted for each child D(2)	$\overline{}$	$\overline{}$	
Furniture, toys & equipment meets the CPSC standards C(2) Healthy pets/animals (Vaccination record up-to-date) E(4) Healthy pets/animals (Vaccination record up-to-date) E(4) MEAL REQUIREMENTS 114-508 C N N/A Meals & snacks in compliance with USDA A(1)(b) C N N/A	Soap an	d disposable towels availal	ble at sink A(12)(i)		0			С	N	N/A
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Signature of Director/Operator/Designee: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 .		's name & used only by that		0	D /	No viplations 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	Andrews	Head Start
PERMIT #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 supervison 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
<u> </u>			