

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

Facility Name: North Chester Head Start  
Permit #: 35  
Address: 2135 Quinn Road Chester, SC 29706

Date of Inspection: 4.10.25  
Time of Inspection: 10:30 am  
Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
Date:      /      /       
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 803-581-6854 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Sandra Davie

Change in Ownership or Director? ☐ Yes ☒ No If yes, Name:                     

Maximum number of children: 201

Building 1: ☒ Building 2: ☒ Building 3:             

Maximum number of infants: 21

☐ 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

ABC Quality Yes

Head Start ☒ Yes ☐ No

Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 7:00AM- 3:00PM T- 7:00AM- 3:00PM W- 7:00AM- 3:00PM Th- 7:00AM- 3:00PM F- 7:00AM- 3:00PM

| 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/>            |
| Current Emergency Preparedness Plan <b>H(3)</b>                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan <b>C(1)</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)</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)</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                                 |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. <b>A(5)(c) (e), A(8); E(1), (4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed <b>C(4)</b>                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 animals, not permitted if allergic <b>E(4)</b>                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other environmental allergies ( <b>Policy #120</b> )                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies ( <b>Policy #120</b> )                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | All cleaning & poisonous items stored away from food <b>D(8)</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"/>            |                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies <b>A(9-10)</b>                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                         | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Vehicle has proper safety restraints & in good repair <b>I(1)</b>                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Checklist for loading/unloading children reviewed <b>(2)(d)</b>                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Driver's (valid) driver's license reviewed <b>(1)(f)</b>                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                         |                                     |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b>                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>C-Compliant with Regulation</b>                                                                                      |                                     |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>N-Noncompliant with Regulation</b>                                                                                   |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                        |                                     |                          |                                     | Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                        |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                        |                                     |                          |                                     | DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |                                     |                          |                                     |

Signature of Director/Operator/Designee: Sandra Davie Date: 4-10-25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: JDAV Date: 4.10.25