

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

Facility Name: West Ashley Elementary Kaleidoscope Afterschool Program
Permit #: 25639
Address: 1401 Ashley River Road CHARLESTON, SC 29407

Telephone #: 843-571-2424 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Doneza Heyward

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

Maximum number of children: 99

Maximum number of infants: 33

Items posted in public view: ☒ License ☒ Menu ☒ Ratio Chart (All classrooms)

ABC Quality No

Head Start ☐ Yes ☒ No Public Schools ☐ Yes ☒ No

Hours of Operation: M- 2:30PM- 6:00PM T- 2:30PM- 6:00PM W- 2:30PM- 6:00PM Th- 2:30PM- 6:00PM F- 2:30PM- 6:00PM

Date of Inspection: 5-13-25
Time of Inspection: 4:20 PM

Type of Inspection: ☐ Annual ☐ Complaint

☐ Follow Up (Original Inspection)

Date: ____/____/____

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

MANAGEMENT, ADMINISTRATION & STAFFING 114-503

| | C | N | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Staff files are in compliance H(1-7) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date K(5)(b-c) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1 st Aid on the premises K(5)(h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SUPERVISION 114-504

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Adequate supervision throughout facility A(1-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility following tracking of children procedures A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ratios adequate in all classrooms and on playground B, C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH, SANITATION & SAFETY 114-505

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Children's faces/hands are clean B(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport E(1), (1)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Emergency Preparedness Plan H(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Proper diaper changing practices were observed F(1-16) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper handwashing practices were observed G(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No smoking/consumption of alcoholic beverage A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Medical Plan C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PHYSICAL SITE 114-507

| BUILDING | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Ventilation and lighting & sufficient A(2)(a-d), (4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. A(5)(c) (e), A(8); E(1), (4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sink area has running water A(12)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap and disposable towels available at sink A(12)(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture, toys & equipment are clean and in good repair C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture, toys & equipment meets the CPSC standards C(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy animals, not permitted if allergic E(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other environmental allergies (Policy #120) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PLAYGROUND | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Playground equip. safe & firmly anchored B(7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate cushioning material; at least 6ft fall zone B(9) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fencing/safety barriers 4ft. in height, in good repair B(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor space free from hazards and litter B(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESTING

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Play Pens observed C(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cribs meet federal standards (reviewed certificate) D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cots, mats, cribs labeled or charted for each child D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROGRAM 114-506

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive, non-abusive discipline practice B(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEAL REQUIREMENTS 114-508

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Meals & snacks in compliance with USDA A(1)(b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints B(5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies A(9-10) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food stored & handled properly D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All cleaning & poisonous items stored away from food D(8) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INFANT CARE 114-509

| | C | N | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| Infants are placed on their back to sleep A(5)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less A(3)(j) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TRANSPORTATION 114-505 I

| | C | N | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| Vehicle has proper safety restraints & in good repair I(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Checklist for loading/unloading children reviewed (2)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Driver's (valid) driver's license reviewed (1)(f) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

C-Compliant with Regulation

N-Noncompliant with Regulation

Violations noted at the time of visit ☐ Yes ☒ No
Any violations corrected onsite ☐ Yes ☒ No DSS Form 2910 needed ☐ Yes ☒ No

Signature of Director/Operator/Designee: *Doneza Heyward*

Date: 5/13/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: *[Signature]*


Date: 5-13-25

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR West Ashley Elementary Kaleidoscope Afterschool ProgramPERMIT # 25639

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|--|---|-----------------------------|
| 1 employee without Medical Statement, Health Assessment, or TB results | Have employee turn in paperwork | 5/23/2025 |
| 1 employee with missing training hours for 2024 | Have employee make up missing hours in 2025 | 5/30/2025 |
| | | |
| | | |
| | | |
| | | |

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

Licensing Specialist

Date 5/13/2025