

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

Facility Name: Whitesville Elementary Head Start  
Permit #: 23403  
Address: 324 Gaillard Road MONCK'S CORNER, SC 29461

Date of Inspection: 9/25/25  
Time of Inspection: 10:00 AM  
Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
Date:    /    /     
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 843-899-8880 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Brandon Harris Gantt

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

Maximum number of children: 80

Building 1:                      Building 2:                      Building 3:                     

Maximum number of infants: 0

☐ 24 months ☐ 30 months ☒ 1-4 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- 6:45AM- 3:45PM T- 6:45AM- 3:45PM W- 6:45AM- 3:45PM Th- 6:45AM- 3:45PM F- 6:45AM- 3:45PM

**MANAGEMENT, ADMINISTRATION & STAFFING 114-503**

**SUPERVISION 114-504**

	C	N	N/A		C	N	N/A
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility A(1-2)	<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"/>	Facility following tracking of children procedures A(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises K(5)(h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ratios adequate in all classrooms and on playground B, C	<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(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper changing practices were observed F(1-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)	<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"/>
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	<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"/>
Current Emergency Preparedness Plan H(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	PLAYGROUND	C	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equip. safe & firmly anchored B(7)	<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"/>	Adequate cushioning material; at least 6ft fall zone B(9)	<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"/>	Fencing/safety barriers 4ft. in height, in good repair B(4)	<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"/>	Outdoor space free from hazards and litter B(2)	<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"/>	<b>RESTING</b>	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. A(5)(c) (e), A(8); E(1),(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has running water A(12)(d)	<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"/>
Soap and disposable towels available at sink A(12)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PROGRAM 114-506</b>	C	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
Furniture, toys & equipment meets the CPSC standards C(2)	<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"/>
Healthy animals, not permitted if allergic E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<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"/>		<input checked="" 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 A(1)(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 A(3)	<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 stored & handled properly D(1)	<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"/>	All cleaning & poisonous items stored away from food D(8)	<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"/>		<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"/>		<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 A(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle has proper safety restraints & in good repair I(1)	<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"/>	Checklist for loading/unloading children reviewed (2)(d)	<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"/>	Driver's (valid) driver's license reviewed (1)(f)	<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)

Cups and bottles labeled with child's name & used only by that child A(3)(a)

**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: Madajoe White

Date: 9/25/2025 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Shonell White

Date: 9/25/2025

**Division of Early Care and Education**  
**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Whitesville Elementary Head Start  
 PERMIT # 23403

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Training hours for director and staff were not completed for 2024.	Required training hours should be completed as soon as possible.	10/25/2025
On the playground the swing ropes were rusty causing safety hazard.	Swings should be coated or replaced as soon as possible.	9/25/2025
Staff files should include following: DSS 2924, DSS 2901, TB test, and signed policies.	Documents should be collected and sent to specialist as soon as possible.	9/25/2025
Education was missing from staff file.	Education should be collected as soon as possible.	9/25/2025
On playground the ropes on the swings were rusting causing a safety hazard.	Swing ropes should be replaced or rubber coated as soon as possible.	09/25/2025
Ratios and supervision were not maintained at time of visit.	Background checks and staff file should be collected for employee.	9/25/2025

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

Licensing Specialist Chonell Gross Date 10/7/2025

**Division of Early Care and Education****Deficiency Correction**

NAME OF PROVIDER/OPERATOR Whitesville Elementary Head Start  
PERMIT # 23403

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Employees were employed prior to completing background checks.	SLED/FBI appointment should be scheduled and CR document sent off.	9/25/2025
At time of visit, CPR/First Aid was not presented.	CPR/First Aid certification must be presented as soon as possible.	9/25/2025

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

Licensing Specialist Shanelle W. Smith Date 10/7/2025