South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: OCAB Bowman Head Start Center

2ermit #: 24958

Address: 4857 Charleston Highway Rowesville, SC 29133

Date of Inspection: 10 Time of Inspection: 83 Type of Inspection: MAnnual - Complaint □ Follow Up (Original Inspection Date:___/___) Reason for Follow up: Pending Deficiencies Self-Reported Incident

Telephone #: 803-533-6371	Any changes in contact info (Phone/Email/Fax)? □ Yes	a No
Center Director/Designee:	\	

Change in Ownership or Director? Mes 🗆 No If yes, Name: Jessica Shuler

Maximum number of children: 20 Maximum number of infants: 3

Signature of Child Care Licensing Specialist:

Building 1: _____ Building 2: _____24 months 30 months □ I-4 facility

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

Building 3:

Infants are in designated rooms?

Yes

No Does facility transport children? Wes I No I N/A

Date: 10 15 25

Overnight Care? - Yes No

Head Start revYes □ No Public Schools - Yes No ABC Quality Yes fours of Operation: M- 8:00AM- 2:00PM T- 8:00AM- 2:00PM W- 8:00AM- 2:00PM Th- 8:00AM- 2:00PM F- 8:00AM- 2:00PM

SUPERVISION 114-504 MANAGEMENT, ADMINISTRATION & STAFFING 114-503 C N N/A N/A Ç Ν ď Staff files are in compliance H(1-7) Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Training hours up-to-date K(5)(b-c) Ratios adequate in all classrooms and on playground B, C At least 1 person with CPR & 1St Aid on the premises K(5)(h) ATION & SAFETY 114-505 HEALTH, SANIT С N N/A C Ν N/A Proper diaper changing practices were observed F(1-16) Children's faces/hands are clean B(1) Proper handwashing practices were observed G(4) Medicine and harmful items labeled and stored properly D(2) No smoking/consumption of alcoholic beverage A(3) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) П Emergency Medical Plan C(1) Current Emergency Preparedness Plan H(3) PHYSICAL SITE 114-507 PLAYGROUND С N N/A C Ν N/A BUILDING 9 Ventilation and lighting & sufficient A(2)(a-d), (4) V Playground equip. safe & firmly anchored B(7) Adequate cushioning material; at least 6ft fall zone B(9) No strangulation/choking/suffocation hazards A(5)(g) Fencing/safety barriers 4ft. in height, in good repair B(4) Ceiling, floors, windows, doors free from hazards A(5)(d) Outdoor space free from hazards and litter B(2) 0 Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. V С RESTING N N/A Facility free from pest problems (Insects, rodents) A(8)(b-c) All potentially harmful items including cleaning supplies, flammable Play Pens observed C(4) products, poisonous, toxic, hazardous and materials are labeled and 6 stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c) (e), A(8); E(1),(4) Cribs meet federal standards (reviewed certificate) D(1) Electrical outlets are securely covered A(11)(c) 4 Cots, mats, cribs labeled or charted for each child D(2) Sink area has running water A(12)(d) C Ν N/A PROGRAM 114-506 Soap and disposable towels available at sink A(12)(i) Written, planned, daily program of activities that is Furniture, toys & equipment are clean and in good repair C(1) П \Box developmentally & age appropriate observed A(1-3) Furniture, toys & equipment meets the CPSC standards C(2) E/ П Positive, non-abusive discipline practice B(1) 101 Healthy animals, not permitted if allergic E(4) Other environmental allergies (Policy #120) MEAL REQUIREMENTS 114-508 С N N/A N/A C N Round, firm foods are not offered to children under 4 yrs. old, Meals & snacks in compliance with USDA A(1)(b) V unless properly cut to prevent choking risk A(3) 00 Clean, wholesome, unspoiled, properly labeled food A(4) D Food stored & handled properly D(1) Food preparers have proper hair restraints B(5) Π, O All cleaning & poisonous items stored away from food D(8) Refrigerators have thermometers, temp under 45°F D(2-3) Ö Prevention and response to food allergies A(9-10) 0 TRANSPORTATION 114-505 I **INFANT CARE 114-509** C N N/A C N N/A Vehicle has proper safety restraints & in good repair I(1) æ Infants are placed on their back to sleep A(5)(a) **~** Checklist for loading/unloading children reviewed (2)(d) No bottles propped or given in cribs or on mats A(3)(c) Driver's (valid) driver's license reviewed (1)(f) П Food for toddlers cut in pieces 1/2 inch or less A(3)(k) \Box D/ 0/ Food for infants cut in pieces 1/4 inch or less A(3)(j) C-Compliant with Regulation Crock pots, bottle warmers, are inaccessible to children, No N-Noncompliant with Regulation microwaving of beverages observed A(3)(d) Violations noted at the time of visit a Yes Who Cups and bottles labeled with child's name & used only by that child Any violations corrected onsite - Yes No DSS Form 2910 needed - Yes No A(3)(a) onell wared Date: ______ (0/15/75 ☐ Refused to sign. Signature of Director/Operator/Designee: