

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

Date of Inspection: 3/25/2026  
Time of Inspection: 1:15

Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date:     /     /      
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Angel Oak Elementary Head Start  
Permit #: 26353  
Address: 6134 Chisholm Rd JOHNS ISLAND, SC 29455

Telephone #: 843-559-6412 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Marcila Nelson

Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 40

Building 1:  Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_

Maximum number of infants: 0

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 No

Head Start  Yes  No Public Schools  Yes  No

Overnight Care?  Yes  No

Hours of Operation: M- 6:30AM- 3:00PM T- 6:30AM- 3:00PM W- 6:30AM- 3:00PM Th- 6:30AM- 3:00PM F- 6:30AM- 3:00PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503                            |  | C                                   | N                                   | N/A                      | SUPERVISION 114-504                                      |  | C                                   | N                        | N/A                      |
|--|--|-------------------------------------|-------------------------------------|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance H(1-7)                                     |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Adequate supervision throughout facility A(1-2)          |  | <input checked="" type="checkbox"/> | <input 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 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                      |  |  | 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 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"/> | 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"/>            | RESTING   |  |                                     |                          |                          |
| 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 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"/>            | Cribs meet federal standards (reviewed certificate) D(1)  |  | <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"/>            | 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"/>            | PROGRAM 114-506   |  |                                     |                          |                          |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prevention and response to food allergies A(9-10)       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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) |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>C-Compliant with Regulation</b>  |  |                          |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)                           |  | <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |  |                          |                          |                                     |

Signature of Director/Operator/Designee: [Signature] Date: 03/25/2026  Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 03/25/2026 Revised February 2025

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

**NAME OF PROVIDER/OPERATOR** Angel Oak Elementary Head Start  
**PERMIT #** 26353

| <b>Deficiency Cited</b>                       | <b>Corrective Action Needed</b>          | <b>Expected Date of Correction</b> |
|---|--|------------------------------------|
| 1 staff file missing training hours for 2025. | All training must be completed annually. | 03/25/2026 (date of visit)         |
|   |  |                                    |
|   |  |                                    |
|   |  |                                    |
|   |  |                                    |
|   |  |                                    |

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

**Licensing Specialist** DeShayla Taylor Digitally signed by DeShayla Taylor  
Date: 2026.04.01 13:32:56 -04'00' **Date** 04/01/2026