

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

Date of Inspection: 12/2/2025
Time of Inspection: 9:20AM
Type of Inspection: Annual Complaint
 Follow Up (Original Inspection)
Date: / /
Reason for Follow up:
 Pending Deficiencies
 Self-Reported Incident

Facility Name: Rubye J. Johnson Head Start
Permit #: 719
Address: 1155 North Lafayette Blvd SUMTER, SC 29150

Telephone #: 803-773-1291
Center Director/Designee: Patricia Holiday
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 389 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 3 24 months 30 months I-4 facility
Items posted in public view: License Menu Ratio Chart (All classrooms)
ABC Quality Yes Head Start Yes No Public Schools Yes No
Hours of Operation: M- 7:00AM- 4:00PM T- 7:00AM- 4:00PM W- 7:00AM- 4:00PM Th- 7:00AM- 4:00PM F- 7:00AM- 4:00PM

Infants are in designated rooms? Yes No N/A
Does facility transport children? Yes No N/A
Overnight Care? Yes No

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)(b-c)	<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"/>
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"/>	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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				PLAYGROUND			
	C	N	N/A		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 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"/>	PROGRAM 114-508			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces ¼ inch or less A(3)(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	C-Compliant with Regulation N-Noncompliant with Regulation			
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"/>	Violations noted at the time of visit <input type="checkbox"/> Yes <input 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: Patricia Holiday Date: 12/2/2025 Refused to sign.
Signature of Child Care Licensing Specialist: [Signature] Date: 12/2/2025

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR: Ruby J. Johnson Head Start

PERMIT # 719

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Staff member needs proof they are free from communicable diseases on file.	Ensure all staff members have required medical documentation before starting.	30 days 1/2/2026

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

Licensing Specialist: Kalyn Tyler Date: 12/2/2025