

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

Facility Name: Mack T. Hines Early Head Start Center
Permit #: 22643
Address: 410 Jarrott Street FLORENCE, SC 29501

Date of Inspection: <u>2-10-24</u>
Time of Inspection: <u>1:45pm</u>
Type of Inspection: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Complaint
<input type="checkbox"/> Follow Up (Original Inspection)
Date: <u> </u> / <u> </u> / <u> </u>
Reason for Follow up:
<input type="checkbox"/> Pending Deficiencies
<input type="checkbox"/> Self-Reported Incident

Telephone #: 843-292-8001 Any changes in contact info (Phone/Email/Fax)? Yes No

Center Director/Designee: Katrina Cooper Graham

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

Maximum number of children: 44

Building 1: _____ Building 2: _____ Building 3: _____

Maximum number of infants: 28

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 Yes

Head Start Yes No Public Schools Yes No

Overnight Care? Yes No

Hours of Operation: M- 8:00AM- 3:00PM T- 8:00AM- 3:00PM W- 8:00AM- 3:00PM Th- 8:00AM- 3:00PM F- 8:00AM- 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 & 1st 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			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"/>	PROGRAM 114-506				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"/>	Other environmental allergies (Policy #120)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other environmental allergies (Policy #120)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input 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 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"/>			
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input 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						
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"/>	N-Noncompliant with Regulation						
				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Signature of Director/Operator/Designee: Katrina C. Graham Date: 2-10-24 Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 2.10.24