

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

|   |
|---|
| Date of Inspection: <u>3-23-26</u>  |
| Time of Inspection: <u>10:04 AM</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   |

Facility Name: Trinity Early Head Start Center  
Permit #: 25191  
Address: 124 West Darlington Street FLORENCE, SC 29506

Telephone #: 843-407-5498      Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Sandra Williams

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

Maximum number of children: 42      Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_

Maximum number of infants: 10       24 months  30 months  1-4 facility

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

ABC Quality Yes

Head Start  Yes  No      Public Schools  Yes  No

Infants are in designated rooms?  Yes  No  N/A

Does facility transport children?  Yes  No  N/A

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 & 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 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"/> |
| 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"/> |
| 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"/> |

| 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 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   |                                     |                          | 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/>            | Prevention and response to food allergies A(9-10)  | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <b>C-Compliant with Regulation</b><br><b>N-Noncompliant with Regulation</b><br>Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                                     |
| 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"/> |   |                          |                          |                                     |

Signature of Director/Operator/Designee: *Lynda McCall*      Date: 3-23-26       Refused to sign.

Signature of Child Care Licensing Specialist: *Dorothy Benbow*      Date: 3-23-26      Revised February 2025