

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

Date of Inspection: 4/21/26
Time of Inspection: 9:44

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

Facility Name: OCAB Elloree Head Start Center
Permit #: 952
Address: 200 Warrior Drive ELLOREE, SC 29047

Telephone #: 803-897-2673 Any changes in contact info (Phone/Email/Fax)? Yes No
Center Director/Designee: Kayla LaKeithia Rivers
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: 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
tours 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

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff files are in compliance H(1-7)			Adequate supervision throughout facility A(1-2)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)(b-c)			Facility following tracking of children procedures A(3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)			Ratios adequate in all classrooms and on playground B, C		

HEALTH, SANITATION & SAFETY 114-505					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Children's faces/hands are clean B(1)			Proper diaper changing practices were observed F(1-16)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)			Proper handwashing practices were observed G(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)			No smoking/consumption of alcoholic beverage A(3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Emergency Preparedness Plan H(3)			Emergency Medical Plan C(1)		

PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation and lighting & sufficient A(2)(a-d), (4)			Playground equip. safe & firmly anchored B(7)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)			Adequate cushioning material; at least 6ft fall zone B(9)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)			Fencing/safety barriers 4ft. in height, in good repair B(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.			Outdoor space free from hazards and litter B(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESTING		
Facility free from pest problems (Insects, rodents) A(8)(b-c)			Play Pens observed C(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)			Cribs meet federal standards (reviewed certificate) D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical outlets are securely covered A(11)(c)			Cots, mats, cribs labeled or charted for each child D(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506		
Sink area has running water A(12)(d)			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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)			Positive, non-abusive discipline practice B(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Furniture, toys & equipment meets the CPSC standards C(2)					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthy animals, not permitted if allergic E(4)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other environmental allergies (Policy #120)					

MEAL REQUIREMENTS 114-508					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals & snacks in compliance with USDA A(1)(b)			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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)			Food stored & handled properly D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)			All cleaning & poisonous items stored away from food D(8)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention and response to food allergies A(9-10)					

INFANT CARE 114-509			TRANSPORTATION 114-505 I		
C	N	N/A	C	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are placed on their back to sleep A(5)(a)			Vehicle has proper safety restraints & in good repair I(1)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c)			Checklist for loading/unloading children reviewed (2)(d)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less A(3)(k)			Driver's (valid) driver's license reviewed (1)(f)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C-Compliant with Regulation		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N-Noncompliant with Regulation		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of Director/Operator/Designee: Alicia Middleton Date: 4/21/26 Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 4/21/26 Revised February 2025

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR OCAB Ellore Head Start Center
PERMIT # 952

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
No Director on-site nor was the department notified of changes in director.	A Director needs to be physically on-site during hours of operation.	COB 04/21/2026
Staff did not complete annual training hours from 2025.	Staff need to complete required annual training hours.	COB 04 21 2026

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

Licensing Specialist  **Date** 04/23/2026