

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

Date of Inspection: 5/15/2026  
Time of Inspection: 3:43

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

Facility Name: Windsor West Child Development Center  
Permit #: 17756  
Address: 4274 Augusta Rd. LEXINGTON, SC 29072

Telephone #: 803-356-3456 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Jennifer Colleen Thomas

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

Maximum number of children: 114

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

Maximum number of infants: 42

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- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503		C	N	N/A	SUPERVISION 114-504		C	N	N/A
Staff files are in compliance <b>H(1-7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adequate supervision throughout facility <b>A(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date <b>K(5)(b-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Facility following tracking of children procedures <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ratios adequate in all classrooms and on playground <b>B, C</b>	<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>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper diaper changing practices were observed <b>F(1-16)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicine and harmful items labeled and stored properly <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper handwashing practices were observed <b>G(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No smoking/consumption of alcoholic beverage <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current Emergency Preparedness Plan <b>H(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Emergency Medical Plan <b>C(1)</b>	<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 <b>A(2)(a-d), (4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Playground equip. safe & firmly anchored <b>B(7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No strangulation/choking/suffocation hazards <b>A(5)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Outdoor space free from hazards and litter <b>B(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>RESTING</b>	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. <b>A(5)(c) (e), A(8); E(1),(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Play Pens observed <b>C(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Electrical outlets are securely covered <b>A(11)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cribs meet federal standards (reviewed certificate) <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink area has running water <b>A(12)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cots, mats, cribs labeled or charted for each child <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soap and disposable towels available at sink <b>A(12)(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>PROGRAM 114-506</b>	C	N	N/A	
Furniture, toys & equipment are clean and in good repair <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Positive, non-abusive discipline practice <b>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy animals, not permitted if allergic <b>E(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other environmental allergies ( <b>Policy #120</b> )	<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 <b>A(1)(b)</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 <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food stored & handled properly <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food preparers have proper hair restraints <b>B(5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All cleaning & poisonous items stored away from food <b>D(8)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b>	<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 <b>A(9-10)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INFANT CARE 114-509		C	N	N/A	TRANSPORTATION 114-505 I		C	N	N/A
Infants are placed on their back to sleep <b>A(5)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vehicle has proper safety restraints & in good repair <b>I(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No bottles propped or given in cribs or on mats <b>A(3)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Checklist for loading/unloading children reviewed <b>(2)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Driver's (valid) driver's license reviewed <b>(1)(f)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>C-Compliant with Regulation</b>				
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>N-Noncompliant with Regulation</b>				
Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_

Date: 5/15/2026  Refused to sign.

Signature of Child Care Licensing Specialist: \_\_\_\_\_

Date: 05/15/2026 Revised February 2025