

**VIRTUAL INSPECTION FORM FOR LICENSED CENTERS DUE TO COVID19 EMERGENCY**

Facility Name: Wagener Head Start/Early Head Start Center  
Permit #: 25856

Date of Inspection: 10.27.23 Time of Inspection: 10am

Type of Inspection:  Renewal  Follow Up (original inspection date 8.16.23)

Address: 272 Main Street South WAGENER, SC 29164

Hours of Operation:

Telephone #: 803-564-1100

Any changes in contact info (Phone/Email/Fax)?  Yes  No

Overnight Care?  Yes  No

Center Director/Designee: Inga Cannon

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

Maximum number of children: 24

Building 1: 120 Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP

Maximum number of infants: 96

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

**MANAGEMENT, ADMINISTRATION & STAFFING 114-503**

**SUPERVISION 114-504**

|   | C                                   | N                        | N/A                                 |   | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> |

**PHYSICAL SITE 114-507**

| BUILDING   | C                                   | N                        | N/A                                 | PLAYGROUND   | C                                   | N                        | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
| Ventilation and lighting & sufficient <b>A(2)(a-d), (4)(a-c)</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)(i-iii)</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 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>   | <b>C</b>                            | <b>N</b>                 | <b>N/A</b>                          |
| Garbage kept properly in plastic lined receptacles <b>A(8) (d-i)</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>   | <b>C</b>                            | <b>N</b>                 | <b>N/A</b>                          |
| 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 pets/animals (Vaccination record up-to-date) <b>E(4)</b>     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D</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"/>            |   |                                     |                          |                          |

**INFANT CARE 114-509**

**TRANSPORTATION 114-505 I**

|   | C                                   | N                        | N/A                                 |   | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less <b>A(3)(j)</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |                                     |                          |                                     |
| 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>C-Compliant 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"/>            | <b>N-Noncompliant with Regulation</b>                             |                                     |                          |                                     |
|   |                                     |                          |                                     | <b>No violations noted at the time of visit</b>                   | <input checked="" type="checkbox"/> |                          |                                     |

Signature of Director/Operator/Designee: (no signature required due to virtual inspection completed)

Signature of Child Care Licensing Specialist: Daily De.

Date: 10.27.23