

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

Facility Name: OCAB St. Matthews Head Start Center
Permit #: 24182

Date of Inspection: 4/19/24 Time of Inspection: 10:25
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 304 Agnes Street, Saint Matthews, SC 29135 Hours of Operation: Single Shift
Telephone #: 803-874-3588 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
Center Director/Designee: Linda Hickson
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 48 Building 1: Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 0 24 months 30 months I-4 facility Infants are in designated rooms? Yes No N/A
Forms 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
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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)		

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)(a-c)			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)(i-iii)			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 type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garbage kept properly in plastic lined receptacles A(8) (d-i)			Cots, mats, cribs labeled or charted for each child D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506		
Electrical outlets are securely covered A(11)(c)			Written, planned, daily program of activities that is	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	developmentally & age appropriate observed A(1-3)		<input type="checkbox"/>
Sink area has running water A(12)(d)			Healthy pets/animals (Vaccination record up-to-date) E(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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		
<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)					

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 1/2 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		
Food for infants cut in pieces 1/4 inch or less A(3)(j)			N-Noncompliant with Regulation		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No violations noted at the time of visit <input checked="" 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"/>			
Cups and bottles labeled with child's name & used only by that child A(3)(a)					

Signature of Director/Operator/Designee: Linda Hickson Date: 4/19/24 Refused to sign
Signature of Child Care Licensing Specialist: [Signature] Date: 4/19/24