

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

Facility Name: Chesterfield Ruby Head Start  
Permit #: 25016  
Address: 109 McKenzie Street CHESTERFIELD, SC 29709

Telephone #: 843-623-2072 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Kim Genice Byrd-Bowen

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

Maximum number of children: 35

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

Maximum number of infants: 5

☐ 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

Hours of Operation: M- 7:00AM- 3:00PM T- 7:00AM- 3:00PM W- 7:00AM- 3:00PM Th- 7:00AM- 3:00PM F- 7:00AM- 3:00PM

Date of Inspection: 9/8/2025

Time of Inspection: 1:25 PM

Type of Inspection: ☐ Annual ☒ Complaint

☐ Follow Up (Original Inspection)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

| MANAGEMENT, ADMINISTRATION & STAFFING 114.503   |                                     |                          |                                     | SUPERVISION 114.504  |                                     |                                     |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
|   | C                                   | N                        | N/A                                 |  | C                                   | N                                   | N/A                                 |
| Staff files are in compliance H(1-7)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1-2)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date K(5)(b-c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures A(3)  | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper diaper changing practices were observed F(1-16)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper handwashing practices were observed G(4)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No smoking/consumption of alcoholic beverage A(3)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Current Emergency Preparedness Plan H(3)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Emergency Medical Plan C(1)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Playground equip. safe & firmly anchored B(7)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fencing/safety barriers 4ft. in height, in good repair B(4)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Building(s) temp between 68-80°F A(7) if no, close in 4 hrs.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outdoor space free from hazards and litter B(2)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Play Pens observed C(4)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sink area has running water A(12)(d)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Soap and disposable towels available at sink A(12)(l)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PROGRAM 114.506  | C                                   | N                                   | N/A                                 |
| Furniture, toys & equipment are clean and in good repair C(1)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Furniture, toys & equipment meets the CPSC standards C(2)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Positive, non-abusive discipline practice B(1)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Healthy animals, not permitted if allergic E(4)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food stored & handled properly D(1)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Prevention and response to food allergies A(9-10)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| INFANT CARE 114.509   |                                     |                          |                                     | TRANSPORTATION 114.505.1   |                                     |                                     |                                     |
|   | C                                   | N                        | N/A                                 |  | C                                   | N                                   | N/A                                 |
| Infants are placed on their back to sleep A(5)(a)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| No bottles propped or given in cribs or on mats A(3)(c)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed (2)(d)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed (1)(f)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Food for infants cut in pieces ½ inch or less A(3)(l)   | <input type="checkbox"/>            | <input type="checkbox"/> | <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"/> | C-Compliant with Regulation  |                                     |                                     |                                     |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N-Noncompliant with Regulation   |                                     |                                     |                                     |
|   |                                     |                          |                                     | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |                                     |                                     |                                     |
|   |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |                                     |                                     |                                     |
|   |                                     |                          |                                     | DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                         |                                     |                                     |                                     |

Signature of Director/Operator/Designee: Kim Genice Byrd-Bowen Date: 9/8/2025 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Julie Bridges Date: 9/8/2025

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR Chesterfield Ruby Head StartPERMIT # 25016

| Deficiency Cited  | Corrective Action Needed  | Expected Date of Correction |
|---|---|-----------------------------|
| There was improper supervision when a child was left alone at the facility. | The facility will maintain proper supervision at all times.                 | 9/8/2025                    |
| The tracking was not accurate.  | The facility will maintain accurate tracking at all times.                  | 9/8/2025                    |
| The checklist for loading and unloading was not accurate.                   | The facility will maintain accurate transportation checklists at all times. | 9/8/2025                    |
| Facility was out of ratio when a child was left alone at the facility.      | Facility will maintain ratios at all times.                                 | 9/8/2025                    |
|   |   |                             |
|   |   |                             |

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

Licensing Specialist

Alex Bridges

Date

9/8/2025