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

Date of Inspection: 10/5/26
Time of Inspection: 9:58
Type of Inspection: ☒ **Annual** ☐ **Complaint**
☐ **Follow Up (Original Inspection Date:** ___/___/___)
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: James Island Elementary Head Start
Permit #: 24149
Address: 1872 Grimball Road CHARLESTON, SC 29412

Telephone #: 843-762-8240 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Rhoda Harris
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: 0 ☐ 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 No **Head Start** ☑ Yes ☐ No **Public Schools** ☑ Yes ☐ No **Overnight Care?** ☐ Yes ☑ No
Hours of Operation: M- 7:15AM- 2:30PM T- 7:15AM- 2:30PM W- 7:15AM- 2:30PM Th- 7:15AM- 2:30PM F- 7:15AM- 2:30PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503

	C	N	N/A
Staff files are in compliance **H(1-7)**	☐	☐	☑
Training hours up-to-date **K(5)(b-c)**	☐	☑	☐
At least 1 person with CPR & 1st Aid on the premises **K(5)(h)**	☑	☐	☐

SUPERVISION 114-504

	C	N	N/A
Adequate supervision throughout facility **A(1-2)**	☑	☐	☐
Facility following tracking of children procedures **A(3)**	☑	☐	☐
Ratios adequate in all classrooms and on playground **B, C**	☑	☐	☐

HEALTH, SANITATION & SAFETY 114-505

	C	N	N/A
Children's faces/hands are clean **B(1)**	☑	☐	☐
Medicine and harmful items labeled and stored properly **D(2)**	☑	☐	☐
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	☑	☐	☐
Current Emergency Preparedness Plan **H(3)**	☑	☐	☐

	C	N	N/A
Proper diaper changing practices were observed **F(1-16)**	☑	☐	☐
Proper handwashing practices were observed **G(4)**	☑	☐	☐
No smoking/consumption of alcoholic beverage **A(3)**	☑	☐	☐
Emergency Medical Plan **C(1)**	☑	☐	☐

PHYSICAL SITE 114-507

BUILDING

	C	N	N/A
Ventilation and lighting & sufficient **A(2)(a-d), (4)**	☑	☐	☐
No strangulation/choking/suffocation hazards **A(5)(g)**	☑	☐	☐
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	☑	☐	☐
Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs.	☑	☐	☐
Facility free from pest problems (Insects, rodents) **A(8)(b-c)**	☑	☐	☐
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)**	☑	☐	☐
Electrical outlets are securely covered **A(11)(c)**	☑	☐	☐
Sink area has running water **A(12)(d)**	☑	☐	☐
Soap and disposable towels available at sink **A(12)(i)**	☑	☐	☐
Furniture, toys & equipment are clean and in good repair **C(1)**	☑	☐	☐
Furniture, toys & equipment meets the CPSC standards **C(2)**	☑	☐	☐
Healthy animals, not permitted if allergic **E(4)**	☐	☐	☑
Other environmental allergies **(Policy #120)**	☐	☐	☑

PLAYGROUND

	C	N	N/A
Playground equip. safe & firmly anchored **B(7)**	☑	☐	☐
Adequate cushioning material; at least 6ft fall zone **B(9)**	☑	☐	☐
Fencing/safety barriers 4ft. in height, in good repair **B(4)**	☑	☐	☐
Outdoor space free from hazards and litter **B(2)**	☑	☐	☐

RESTING

	C	N	N/A
Play Pens observed **C(4)**	☑	☐	☐
Cribs meet federal standards (reviewed certificate) **D(1)**	☑	☐	☐
Cots, mats, cribs labeled or charted for each child **D(2)**	☑	☐	☐

PROGRAM 114-506

	C	N	N/A
Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)**	☑	☐	☐
Positive, non-abusive discipline practice **B(1)**	☑	☐	☐
	☐	☐	☑

MEAL REQUIREMENTS 114-508

	C	N	N/A
Meals & snacks in compliance with USDA **A(1)(b)**	☑	☐	☐
Clean, wholesome, unspoiled, properly labeled food **A(4)**	☑	☐	☐
Food preparers have proper hair restraints **B(5)**	☑	☐	☐
Refrigerators have thermometers, temp under 45°F **D(2-3)**	☑	☐	☐
Prevention and response to food allergies **A(9-10)**	☑	☐	☐

	C	N	N/A
Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk **A(3)**	☑	☐	☐
Food stored & handled properly **D(1)**	☑	☐	☐
All cleaning & poisonous items stored away from food **D(8)**	☑	☐	☐
	☐	☐	☑

INFANT CARE 114-509

	C	N	N/A
Infants are placed on their back to sleep **A(5)(a)**	☐	☐	☑
No bottles propped or given in cribs or on mats **A(3)(c)**	☐	☐	☑
Food for toddlers cut in pieces ½ inch or less **A(3)(k)**	☑	☐	☐
Food for infants cut in pieces ¼ inch or less **A(3)(j)**	☐	☐	☑
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed **A(3)(d)**	☑	☐	☐
Cups and bottles labeled with child's name & used only by that child **A(3)(a)**	☑	☐	☐

TRANSPORTATION 114-505 I

	C	N	N/A
Vehicle has proper safety restraints & in good repair **I(1)**	☐	☐	☑
Checklist for loading/unloading children reviewed **(2)(d)**	☐	☐	☑
Driver's (valid) driver's license reviewed **(1)(f)**	☐	☐	☑

C-Compliant with Regulation
N-Noncompliant with Regulation

Violations noted at the time of visit ☐ Yes ☑ No
Any violations corrected onsite ☐ Yes ☑ No **DSS Form 2910 needed** ☑ Yes ☐ No

Signature of Director/Operator/Designee: Rhoda M. Harris Date: 10/5/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: D. Taylor Date: 10/05/2026

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR James Island Elementary Head Start

PERMIT # 24149

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
3 staff members missing training hours for 2025.	All training must be completed annually.	date of visit (10/05/2026)

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

Licensing Specialist DeShayla Taylor Digitally signed by DeShayla Taylor Date: 2026.10.06 14:40:29 -04'00' **Date** 10/06/2026