

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

Facility Name: Mack T. Hines Early Head Start Center  
Permit #: 22643

Date of Inspection: 5/26/21 Time of Inspection: 9:15am

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up:  clear up pending deficiency  Self-Report

Address: 410 Jarrott Street, FLORENCE, SC 29501  
Telephone #: 843-292-8001

Hours of Operation: Single Shift MF 8:00am-5:00pm

Center Director/Designee: Katrina Cooper Graham

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

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

Maximum number of children: 44

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

Maximum number of infants: 18/28

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                      |
|--|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st 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 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(1)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No smoking/consumption of alcoholic beverage A(3)      | <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)(a-c)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground equip. safe & firmly anchored B(7)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards A(5)(g)(i-iii)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards A(5)(d)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fencing/safety barriers 4ft. in height, in good repair B(4)   | <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.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor space free from hazards and litter B(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | <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 A(8) (d-i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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)(i)         | <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 C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards C(2)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive, non-abusive discipline practice B(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy pets/animals (Vaccination record up-to-date) E(4)     | <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 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 A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food stored & handled properly D(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <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 A(5)(a)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1)                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less A(3)(j)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |                          |                          |                                     |
| Rock 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"/> | <b>C-Compliant with Regulation</b>  |                          |                          |                                     |
| 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"/> | <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: [Signature]  
Signature of Child Care Licensing Specialist: [Signature]

Date: 5/26/21  Refused to sign

Date: 5/26/21