South Carolina Department of Social Services Office of Child Care Licensing

Parentin #: A00 unique exposits vivescary Uniquenes Ministry Type of Inspection: Online of Complaint of Follow Up Cinginal Inspection estates Address: 1356 Pineland Drive, FLORENCE, SC 29505 Andress: 1356 Pineland Drive, FLORENCE, SC	INSPECTION VISIT FORM F	OR	REGI	STER	ED FAITH BASED CHILD CARE CENTERS				
Address: 1356 Pineland Drive, FLORENCE, SC 29505 Telephone #: 843-667-0318 Any changes in contact into (Phone/Emal/Fax)* 2 yes _ 4 No	racility Martie: Southside Baptist Weekday Children's Ministry			- 1	Date of Inspection: Y -5 - 28. Time of Inspects on 1 is	100	(a/	M	
Address: 1366 Pineland Drive, FLORENCE, CZ 2905 Any charges in contact info (Phone/Email/Fax?) Yes No Overnight Care? Yes	Permit #: 405 Type of Inspecti	ion:	□ Ar	nnual	Grompiaint □ Follow Up (original inspection clate			\	
Telephone ff: 843-687-0318 Any otherages in contact info (Phone/Email/Fax)? □ Yes No Overnight Care? □ Yes No □ No No No Overnight Care? □ Yes No □ Yes No □ Yes Overnight Care? □ Yes No □ Yes Overnight Care? □ Yes Overnight Yes Overnight Care? □ Yes Overnight Yes Overnight Care? □ Yes Overnight Yes Overnight Care? □ Yes O					Reason for Follow up: pending di eficience	ies n	eolf.	/	
Ally charges in confact info (Phone/Emat/Fax)? Yes					Hours of Operation: M.F 7AM . 5://L E DM	.00	3611-1	epoit	
Cented Director/Designes: Monica Lyrin Harrispr-Ciles (hange in Ownership or Director) 2 ves. et no. If yes, Name: If yes, Name: Building 1: Building 2: Building 3: Maximum number of children: 14 Building 1: Building 2: Building 3: Maximum number of inlansis: 24 24 24 months: 0 30 months: 0 14 facility. Infants are in designated rooms? et yes: 0 No. N/A Name: Maximum number of inlansis: 24 24 24 months: 0 30 months: 0 14 facility. Infants are in designated rooms? et yes: 0 No. N/A Rediction of Infants: 25 24 (14 disastroom) Does facility transport children: Yes: 0 No. N/A Name: Maximum number of inlansis: 24 24 24 months: 0 No. N/A Adequate supervision throughout the facility A(1) (a-b). Op. 0 No. N/A Adequate supervision throughout the facility A(1) (a-b). Op. 0 No. N/A Adequate supervision throughout the facility A(1) (a-b). Op. 0 No. N/A Name: No. No. N/A Adequate supervision throughout the facility A(1) (a-b). Op. 0 No. N/A Name: No.	, , , , , , , , , , , , , , , , , , , ,	xonta	ect in	fo (Pho	one/Email/Fax)? Pes No Overnight Care?) _□ y	Δς .	5100	
Maximum number of children: 114 Maximum number of children: 144 Maximum number of children: 145 Maximum number of children: 14	Center Director/Designee: Monica Lynn Harrison-Giles				- The state of the	01	U3 -	A.	
Maximum number of children: 114 Spliding 1: Building 2: Building 3: Building	Change in Ownership or Director? ☐ Yes ★No If ye	es, N	lame	:					
Maximum number of trimans; 28 / 28 months or 30 months or 14 facility Infants are in designated rooms? & Yes or No	Maximum number of children: 114 Building 1:		1	Buildin	g 2: Building 3:	-			
MANAGEMENT 114-928 **MANAGEMENT 114-928 **MANAGEMENT 114-928 **Staff files are in compliance F(-4)	Maximum number of infants: 28 / 24 months □	30 n	nonth	e n L	A facility Infanta are in designed at a	– NI/A			
Staff files are in compliance F(1-4) C N N/A Alequate supervision throughout the facility A(1) (a - b) A Ready and the premises H(5)(f) C N N/A A least 1 person with CPR & 1% Ado in the premises H(5)(f) BEALTH-SANIFATION S SAFETY 114:525 C N N/A Medicine & harmful items labeled and stored properly D(2) C N N/A Medicine & harmful items labeled and stored properly D(2) C N N/A Medicine & harmful items labeled and stored properly D(2) C N N/A Proper idaparting practices were observed E(1-16) Medicine & harmful items labeled and stored properly D(2) C N N/A Proper inandwashing practices were observed E(4) Proper handwashing practices were observed E(4)	Items posted in public view: ✓ Registration ✓ Menu	atio	Char	t (All d	lassroom) Does facility transport children? Yes a No	T IMM			
Staff files are in compliance F(1-4) Are training hours up-to-date? F(3)(a-b) Are training hours up-to-date? F(3)(a-b) Al teast 1 person with CPR & 1º Ald on the premises H(5)(f) Al teast 1 person with CPR & 1º A					A C E C C C C C C C C C C C C C C C C C				
Staff files are in compliance F(1-4)	MANAGEMENT 114-323	0	N.	ALZA	APPLICATION OF STAFF: CHILD RATIOS 114-524				
Are training hours up-to-date? F(3)(a-b) At least 1 person with CPR & 1st Aid on the premises H(5)(f) \ \frac{1}{2} \ \ \circle{1} \ \	Staff files are in compliance F/1-4)	_		_		Ç	N	N/A	
At least 1 person with CPR & 1st Ald on the premises H(5)(f)				/	Adequate supervision throughout the facility A(1) (a-b)				
HEALTH: SANITATION & SAFETY 114-525 C N N/A N/A Proper diaper diapering practices were observed F(1-16) A A A A A A A A A	At least 1 person with CPR & 1st Aid on the premises H(5)(f)	_	_		Paties edequate in all elegeneers and an incident procedures A(2)	不	_		
C N NA Medicine & harmful items labeled and stored properly D(2)					Rauos adequate in all classrooms and on playgroun d B & C				
Children's faces/hands are clean B(1) Medicine & harmful items labeled and stored properly D(2) D D D D Proper diaper diapering practices were observed F(1-16) Signature of Director/Operator/Designed to Handson (19) Proper handwashing practices were observed G(4) Proper handwashing practices were observed G(4) STET 114-527 STET 114-527 C N N/A Proper handwashing practices were observed G(4) STET 114-527 STET 114-527 C N N/A Proper handwashing practices were observed G(4) STET 114-529 Proper handwashing practices were observed F(1-16) Smoking permitted only in designated area A(3) D D D D Smoking permitted only in designated area A(3) D D D N/A Proper handwashing practices were observed F(1-16) Smoking permitted only in designated area A(3) D D D Smoking permitted only in designated area A(3) Proper handwashing practices were observed F(1-16) Smoking permitted only in designated area A(3) D D D Smoking permitted only in designated area A(3) D D D Smoking permitted only in designated area A(3) D D D D Smoking permitted only in designated area A(3) D D D D D D D D D D D D D D D D D D	NLAL				N & SAFETY 114-525				
Medicine & harmful items tabeled and stored property D(2)	Children's faces/hands are clean B(1)	_	_		Propor dispos disposine prodices were at	C,	M	N/A	
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)			$\overline{}$			X.	1	1 -	
PHYSICAL SITE 11s-527 C N N/A BUILDING C N N/A Ventilation and lighting sufficient A(2)(a-d),(4)(a-c) Galling, floors, windows, doors free from hazards A(5)(d) Galling, floors, windows, doors free from hazards A(5)(d) Galling, floors, windows, doors free from hazards A(5)(g)(i-lii) Gardage kept properly in plastic lined receptables A(8)(d-li) Gardage kept properly in plastic lined receptables A(8)(d-l) Gardage kept for section lined free plastic lined receptables A(8)(d-l) Gardage kept for section lined for each child D(2) Flectrical outlets are securely covered A(11)(c) Gardage kept section lined free plastic lined receptables A(8)(d-l) Gardage kept section lined free plastic lined receptables A(8)(d-l) Gardage kept section lined free plastic lined receptables A(8)(d-l) Gardage kept section lined lin						V	0	<u> </u>	
Sull_DING Ventilation and lighting sufficient A(2)(a-d),(4)(a-c) Outdoor space free of glass, paper & other litter B(2) Outdoor space free					THE RESIDENCE OF THE PROPERTY			4	
PLAYGROUND Ceiling, floors, windows, doors free from hazards A(5)(g)(d) Outdoor space free of glass, paper & other litter B(2) Outdoor space free of glass, paper & other litter B(2) Outdoor space free of glass, paper & other litter B(3) Or Fencing/safety barriers 4th height, in good repair E(4) No strangulation/choking/suffocation hazards A(5)(g)(l-lil) Outdoor space free of glass, paper & other litter B(2) Or Fencing/safety barriers 4th height, in good repair E(4) Outdoor space free of glass, paper & other litter B(2) Outdoor space free free of glass, paper & other litter B(2) Outdoor space free free of glass, paper & other litter B(2) Outdoor space free free of glass, paper & other litter B(2) Outdoor space free free of glass, paper & other litter B(2) Outdoor Space free free of glass, paper & other litter B(2) Outdoor Space free free free free of glass, paper & other litter B(2) Outdoor Face free free free free free free free fr	PHYS								
Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)		С	N	N/A	<u> </u>	С	N	N/A	
Verification in this symbols. A control of the property labeled from A(1)(b) Meals and snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled property labeled from A(4)(l)(b) Refigerators have thermometers (Temp under 45°F)D(2-3) Cles conditions from the property labeled in the microwave. If microwave.							_		
No strangulation/choking/surfocation hazards A(5)(g)(I-iii)			_		Outdoor space free of glass, paper & other litter B(2)	_	_		
Building(s) temp between 68-80 °F A(7)			_	+	Fencing/safety barriers 4ft in height, in good repair B(4)	, 	_		
Adequate cushioning material; at least 6ft. fall zone C(8)			1		70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_		
Garbage kept properly in plastic lined receptacles A(B)(d-I)		+	_		Adequate cushioning material; at least 6ft. fall zone C(8)	0			
Electrical outlets are securely covered A(11)(c)	Carbage kept properly in plactic lined recented to A(0)(4.8)	_	_			С	$\overline{}$		
Sink area has hot & cold water A(12)(d)	Flactrical outlets are securely covered A(11)(a)	-	1-		Cribs meet federal standards (reviewed certificate) D(1)	0	٥		
Soap and towels in restrooms A(12)(1) Furniture, toys & equipment are clean and in good repair C(1) Furniture, toys & equipment meets CPSC standards C(2) MEAL RECUIREMENTS 114-528 CC N N/A Meals and snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled property labeled food A(4) Food preparers have proper hair restraints B(5) Refrigerators have thermometers(Temp under 45°F)D(2-3) NFANT CARE 114-529 CUps and bottles labeled with child's name & used only by that child A(1)(a) No bottles propped or given in cribs or on mats A(1)(c) Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) CI C	Sink area has hot & cold water A(12)(d)	_	_	<u> </u>	Cots, beds, mats, & cribs labeled for each child D(2)				
Furniture, toys & equipment are clean and in good repair C(1)		-	1	-					
Furniture, toys & equipment meets CPSC standards C(2) C C C C C C C C C		_	-	_	Vehicle has propose sefet a set in the set i	0	0		
MEAL REQUIREMENTS 114-528 C N N/A Meals and snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled property labeled food A(4) Clean, wholesome, unspoiled property labeled food A(4) Clean, wholesome, unspoiled property labeled food A(4) Refrigerators have proper hair restraints B(5) C N N/A Food labeled, stored and handled property D(1) Refrigerators have thermometers(Temp under 45°F)D(2-3) Cleaning & poisonous items stored away from food D(8) Cups and bottles labeled with child's name & used only by that child A(1)(a) No bottles propped or given in cribs or on mats A(1)(c) Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) Food for toddlers cut in pieces ½ inch or less. A(1)(k) Food for infants cut in pieces ½ inch or less. A(1)(l) Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) C N N/A Refused to sign Refused to sign	Furniture, toys & equipment meets CPSC standards C(2)	_	+	-	Checklist for loading/uploeding shilden and in good repair I(1)	-	0		
Meals and snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled properly labeled food A(4) 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) INFANT CARE 114-529 Cups and bottles labeled with child's name & used only by that child A(1)(a) No bottles propped or given in cribs or on mats A(1)(c) Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) Food for infants cut in pieces ½ inch or less. A(1)(k) Food for infants cut in pieces ½ inch or less. A(1)(j) Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) C N N/A No violations noted at the time of visit Refused to sign		_	_		checklist for loading/unloading children reviewed. I(2)(d)		0		
Meals and snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled properly labeled food A(4) 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) NFANT CARE 114-529 Cups and bottles labeled with child's name & used only by that child A(1)(a) No bottles propped or given in cribs or on mats A(1)(c) Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) Food for toddlers cut in pieces ½ inch or less. A(1)(k) Food for infants cut in pieces ½ inch or less. A(1)(f) Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit	C N N/A								
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Food preparers have proper hair restraints B(5) Refrigerators have thermometers(Temp under 45°F)D(2-3) INFANT CARE 114-529 Cups and bottles labeled with child's name & used only by that child A(1)(a) No bottles propped or given in cribs or on mats A(1)(c) Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) Food for infants cut in pieces ½ inch or less. A(1)(k) Food for infants cut in pieces ½ inch or less. A(1)(l) Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit Refused to sign				2	unless properly cut to prevent cheking risk A/2)				
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C = Compilant with Regulation - N = Noncompilant with Regulation No violations noted at the time of visit Signature of Director/Operator/Designee: Date: 8 5 20 Refused to sign									
Signature of Director/Operator/Designee: Morica Horrison Sulas Date: 85-20 Prefused to sign							D	Q/	
Signature of Director/Operator/Designee: Morica Horrison Sulas Date: 85-20 Prefused to sign	C = Compliant with Regulation - N = Noncompliant with	Real	ilatio	n	No violations noted at the time of vieit	AV ext			
Neiused to sign	- W	1			The state of the s		1899	(S. 2012)	
V:	Signature of Director/Operator/Designee: 1 Prica Horrison Sulph Date: 85-20 DRefused to sign								
The state of the s	Signature of Child Care Licensing Specialist:	ic C	Y	3		- '	J.,		