

South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Divine Redeemer Catholic School Date of Inspection: 3/14/19 Time of Inspection: 11:50 AM
 Permit #: 18294 Type of Inspection: Annual Complaint Follow Up
 Address: 1104 Fort Drive Hanahan, SC 29410 Hours of Operation: M-F, 7:30a-2:50p
 Telephone #: (843) 553-1521 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
 Center Director/Designee: Anita Paulette Walker, Director
 Change in Ownership or Director? Yes No If yes, Name: _____
 Maximum number of children: 22 Building 1: _____ Building 2: _____ Building 3: _____
 Maximum number of infants: 3 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 classroom) **Does facility transport children?** Yes No N/A

MANAGEMENT 114-523	APPLICATION OF STAFF:CHILD RATIOS 114-524
C N N/A	C N N/A
Staff files are in compliance F(1-4) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adequate supervision throughout the facility A(1) (a-b) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are training hours up-to-date? F(3)(a-b) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Facility following tracking of children procedures A(2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
At least 1 person with CPR & 1 st Aid on the premises H(5)(f) <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 114-525					
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 diapering practices were observed F(1-16) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Medicine & 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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"/>	Smoking permitted only in designated area A(3) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

PHYSICAL SITE 114-527						
C N N/A			C N N/A			
BUILDING	PLAYGROUND	RESTING	TRANSPORTATION 525 I	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"/>	Outdoor space free of glass, paper & other litter B(2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vehicle has proper safety restraints and in good repair I(1) <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cots, beds, mats, & cribs labeled for each child D(2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Checklist for loading/unloading children reviewed. I(2)(d) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
No strangulation/choking/suffocation hazards A(5)(g)(i-iii) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Playground equipment safe & firmly anchored C(6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pack & plays not used for sleeping D(1-2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Building(s) temp between 68-80 °F A(7) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adequate cushioning material; at least 6ft. fall zone C(8) <input 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"/>						
Garbage kept properly in plastic lined receptacles A(8)(d-i) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Electrical outlets are securely covered A(11)(c) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Sink area has hot & cold water A(12)(d) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Soap and towels in restrooms A(12)(i) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Furniture, toys & equipment are clean and in good repair C(1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Furniture, toys & equipment meets CPSC standards C(2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

MEAL REQUIREMENTS 114-528					
C N N/A			C N N/A		
Meals and snacks in compliance with USDA A(1)(b) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Round, firm foods are not given to children under 4y/o, 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 labeled, stored and handled properly D(1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Food preparers have proper hair restraints B(5) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cleaning & poisonous items stored away from food D(8) <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 114-529					
C N N/A			C N N/A		
Cups and bottles labeled with child's name & used only by that child A(1)(a) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No bottles propped or given in cribs or on mats A(1)(c) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food for toddlers cut in pieces ½ inch or less. A(1)(k) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Food for infants cut in pieces ¼ inch or less. A(1)(j) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

Signature of Director/Operator/Designee: *Anita Paulette Walker* Date: 3/14/19 Refused to sign
 Signature of Child Care Licensing Specialist: *Mary L. Davis* Date: 3/14/19