## South Carolina Department of Social Services

Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS Date of Inspection: 213.23 Time of Inspection: 91.30 AM acility Name: Standing Springs Baptist CDC Type of Inspection: Annual Complaint Follow Up (original inspection date\_\_\_\_ ermit #: 56 Reason for Follow up: pending deficiencies self-report idress: 1111 West Georgia Road, SIMPSONVILLE, SC 29680 Hours of Operation: Single Shift Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☐ Mo elephone #: 864-963-3454 Overnight Care? 

Yes enter Director/Designee: Jill Garrett Turner hange in Ownership or Director? 

Yes 
No If yes, Name: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_ Building 3: \_\_\_\_\_ Building 3: \_\_\_\_ Yes □ No □ N/A aximum number of children: 198 aximum number of infants: 38 ems posted in public view: Registration Ratio Chart (All classroom) Does facility transport children? Res - No MANAGEMENT 114-523 APPLICATION OF STAFF: CHILD RATIOS 114-524 С N N/A C N N/A Staff files are in compliance F(1-4) Adequate supervision throughout the facility A(1) (a-b) 0 Are training hours up-to-date? F(3)(a-b) Facility following tracking of children procedures A(2) d/ At least 1 person with CPR & 1st Aid on the premises H(5)(f) V/ Ratios adequate in all classrooms and on playground B & C o HEALTH, SANITATION & SAFETY 114-525 N/A C | N С N N/A Children's faces/hands are clean B(1) 4 0 Proper diaper diapering practices were observed F(1-16) Medicine & harmful items labeled and stored properly D(2) Proper handwashing practices were observed G(4) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) Smoking permitted only in designated area A(3) PHYSICAL SITE 114-527 C N N/A C N/A N BUILDING **PLAYGROUND** Ventilation and lighting sufficient A(2)(a-d),(4)(a-c) Outdoor space free of glass, paper & other litter B(2) ď **9**/ Deiling, floors, windows, doors free from hazards A(5)(d) Fencing/safety barriers 4ft in height, in good repair B(4) ď No strangulation/choking/suffocation hazards A(5)(g)(i-iii) ø/ Q Playground equipment safe & firmly anchored C (6) 12 Building(s) temp between 68-80 °F A(7) Adequate cushioning material; at least 6ft. fall zone C(8) **5**/ d 0 Facility free from pest problems (Insects, rodents)A(8)(b-c) RESTING o/ C Ν N/A Sarbage kept properly in plastic lined receptacles A(8)(d-i) Cribs meet federal standards (reviewed certificate) D(1) to/ □ ₽/ Electrical outlets are securely covered A(11)(c) V  $\Box$ Cots, beds, mats, & cribs labeled for each child D(2) 4 Sink area has hot & cold water A(12)(d) Pack & plays not used for sleeping D(1-2) 9/ **9**/ Soap and towels in restrooms A(12)(i) **TRANSPORTATION 114-525 I** Q/ **Q** Furniture, toys & equipment are clean and in good repair C(1) Vehicle has proper safety restraints and in good repair I(1) Furniture, toys & equipment meets CPSC standards C(2) Checklist for loading/unloading children reviewed. I(2)(d) **MEAL REQUIREMENTS 114-528** C N N/A CN N/A Meals and snacks in compliance with USDA A(1)(b) **D**/ Round, firm foods are not given to children under 4y/o.  $\Box$ Clean, wholesome, unspoiled properly labeled food A(4) unless properly cut to prevent choking risk. A(3) **4**/ Q/ 0 Food preparers have proper hair restraints B(5) Food labeled, stored and handled properly D(1)  $\Box$ Refrigerators have thermometers(Temp under 45°F)D(2-3) V Cleaning & poisonous items stored away from food D(8) П INFANT CARE 114-529 C N N/A 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) <u>`</u> Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d) Q. **-** 🗆 Food for toddlers cut in pieces ½ inch or less. A(1)(k) 0/ Food for infants cut in pieces 1/4 inch or less. A(1)(j) Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a) **10** C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit Date: 2/13/2023 □ Refused to sign Signature of Director/Operator/Designee: 10 Date: 2113/20 Signature of Child Care Licensing Specialist: