

South Carolina Department of Social Services  
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: St. Peter's Catholic School  
Permit #: 585

Date of Inspection: 9/11/23 Time of Inspection: 11:05 AM

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

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Address: 1035 Hampton Street, Columbia, SC 29201  
Telephone #: 803-252-8285

Hours of Operation: Single Shift

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

Center Director/Designee: Aubrey Wall

Change in Ownership or Director? ☐ Yes ☒ No

If yes, Name: \_\_\_\_\_

Maximum number of children: 100

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: ☒ Registration ☐ Menu ☒ Ratio Chart (All classroom) Does facility transport children? ☐ Yes ☒ No

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 type="checkbox"/>	<input checked="" 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 & 1st 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 diaper diapering practices were observed F(1-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<input type="checkbox"/>	<input checked="" 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"/>
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 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 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"/>	RESTING	C	N	N/A
Garbage kept properly in plastic lined receptacles A(8)(d-i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input checked="" 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"/>
Sink area has hot & cold water A(12)(d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pack & plays not used for sleeping D(1-2)	<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"/>	TRANSPORTATION 114-525 I			
Furniture, toys & equipment are clean and in good repair C(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"/>
Furniture, toys & equipment meets CPSC standards C(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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food labeled, stored and handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

INFANT CARE 114-529

	C	N	N/A
Cups and bottles labeled with child's name & used only by that child A(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles propped or given in cribs or on mats A(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☐

Signature of Director/Operator/Designee: Aubrey Wall

Date: 9/11/2023 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Sharon M. Brown

Date: 9/11/23

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR St. Peter's Catholic SchoolPERMIT # 585

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Hot water not turned on in 2's, 3's, and 4's classrooms.	Hot water needs to be running in all sinks	30 days from 9/11/23
2's class sink missing hot water handle	Handle needs to be replaced/repared	30 days from 9/11/23
Staff missing SLED/FBI letter in file	Staff needs proof of cleared fingerprints in file	COB
Staff member not cleared as caregiver	Staff needs cleared central registry, fingerprints, etc. prior to employment. Staff cannot work until cleared.	COB

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

Licensing Specialist Sharon M Brown Date 9/12/23