

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

Facility Name: Rocky Creek Christian Academy  
Permit #: 21737  
Address: 239 Rocky Creek Road SIMPSONVILLE, SC 29680

Date of Inspection: 4/21/25  
Time of Inspection: 10:30AM  
Type of Inspection: ☒ Annual Complaint  
Follow Up (Original Inspection)  
Date:   /  /    
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 864-688-0019 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Tykera A Earl

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

Maximum number of children: 199

Building 1: ☒

Building 2: \_\_\_\_\_

Building 3: \_\_\_\_\_

Maximum number of infants: 41

☐ 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 classrooms)

Does facility transport children? ☒ Yes ☐ No ☐ N/A

ABC Quality Yes

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503   |                                     |                          |                                     | SUPERVISION 114-504  |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
|   | C                                   | N                        | N/A                                 |  | C                                   | N                        | N/A                                 |
| Staff files are in compliance <b>H(1-7)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility <b>A(1-2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date <b>K(5)(b-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures <b>A(3)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground <b>B, C</b>  | <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>B(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper diaper changing practices were observed <b>F(1-16)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper handwashing practices were observed <b>G(4)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | No smoking/consumption of alcoholic beverage <b>A(3)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan <b>H(3)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan <b>C(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| PHYSICAL SITE 114-507   |                                     |                          |                                     |  |                                     |                          |                                     |
| BUILDING  | C                                   | N                        | N/A                                 | PLAYGROUND   | C                                   | N                        | N/A                                 |
| Ventilation and lighting & sufficient <b>A(2)(a-d), (4)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored <b>B(7)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards <b>A(5)(g)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter <b>B(2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | RESTING  | C                                   | N                        | N/A                                 |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. <b>A(5)(c), (e), A(8); E(1), (4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed <b>C(4)</b>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered <b>A(11)(c)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water <b>A(12)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink <b>A(12)(i)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | PROGRAM 114-506  | C                                   | N                        | N/A                                 |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice <b>B(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic <b>E(4)</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other environmental allergies ( <b>Policy #120</b> )   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies ( <b>Policy #120</b> )  | <input checked="" 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 <b>A(1)(b)</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 <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food stored & handled properly <b>D(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food preparers have proper hair restraints <b>B(5)</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D(8)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Prevention and response to food allergies <b>A(9-10)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies <b>A(9-10)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | INFANT CARE 114-509  |                                     |                          |                                     |
|   | C                                   | N                        | N/A                                 |  | C                                   | N                        | N/A                                 |
| Infants are placed on their back to sleep <b>A(5)(a)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Vehicle has proper safety restraints & in good repair <b>I(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Checklist for loading/unloading children reviewed <b>(2)(d)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Driver's (valid) driver's license reviewed <b>(1)(f)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | TRANSPORTATION 114-505 I   |                                     |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>C-Compliant with Regulation</b>   |                                     |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>N-Noncompliant with Regulation</b>  |                                     |                          |                                     |
|   |                                     |                          |                                     | Violations noted at the time of visit Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |                          |                                     |
|   |                                     |                          |                                     | Any violations corrected onsite Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DSS Form 2910 needed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                     |                          |                                     |

Signature of Director/Operator/Designee: Tykera A Earl

Date: 4/21/25

☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 4/21/2025