continuous department of contai cervices Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Calvary Christian Academy

Permit #: 25483

ABC Quality Yes

Address: 4000 Parris Bridge Road BOILING SPRINGS, SC 29316

| Date of Inspection://11 2 5 |
|--|
| Time of Inspection: 9:25 |
| Type of Inspection: Annual Complaint |
| □ Follow Up (Original Inspection |
| Date:/) |
| Reason for Follow up: |
| □ Pending Deficiencies |
| □ Self-Reported Incident |

| Telephone #: 864-599-0910 Any changes in contact info (Phone/Email/Fax)? □ Yes ✓ | /Email/Fax)? Yes No |
|--|----------------------|
|--|----------------------|

Center Director/Designee: Kelly Ponder Davis, Change in Ownership or Director? • Yes No If yes, Name:

Maximum number of children: 182

Maximum number of infants: 107 Items posted in public view: License Menu Ratio Chart (All classrooms)

Building 1: Building 2: □ 24 months □ 30 months □ 1-4 facility **Building 3:**

Infants are in designated rooms? Yes | No | N/A Does facility transport children? □ Yes □ No □ N/A

Overnight Care?

Yes No

Public Schools - Yes No Head Start - Yesuz No Hours of Operation: M- 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM

| • | | | | | | | |
|---|----------|----------|-------------------|---|----------------|---------|----------|
| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | С | N | N/A | SUPERVISION 114-504 | | | B 1/4 |
| Staff files are in compliance H(1-7) | 4 | | IN/A | Adequate supervision throughout facility A(1-2) | C | N | N/A |
| Training hours up-to-date K(5)(b-c) | | | | Facility following tracking of children procedures A(3) | V2 | | |
| | 1 | 0 | | | | - | |
| At least 1 person with CPR & 1 St Aid on the premises K(5)(h) C C Ratios adequate in all classrooms and on playground B, C C C C HEALTH, SANITATION & SAFETY 114-505 | | | | | | | |
| | С | N | N/A | SAFETT 114-303 | С | N | NI/A |
| Children's force/hands are along D/4) | S | 0 | | Constitution of the second | 1 | | N/A |
| Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) | - | | | Proper diaper changing practices were observed F(1-16) Proper handwashing practices were observed G(4) | | 4 | - |
| | | | - | | | | VZ |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | J/ | | 0 | No smoking/consumption of alcoholic beverage A(3) | | | 7 |
| Current Emergency Preparedness Plan H(3) | 0/ | 0 | 0 | Emergency Medical Plan C(1) | V | | |
| PHYSICAL | | | | | | | |
| BUILDING | C | N | N/A | PLAYGROUND | C | N | N/A |
| Ventilation and lighting & sufficient A(2)(a-d), (4) | VZ, | | | Playground equip. safe & firmly anchored B(7) | 10 | | 0 |
| No strangulation/choking/suffocation hazards A(5)(g) | Vó, | G | | Adequate cushioning material; at least 6ft fall zone B(9) | 6 | | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | 4 | 0 | ū | Fencing/safety barriers 4ft. in height, in good repair B(4) | W | | |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | 46 | 0 | ū | Outdoor space free from hazards and litter B(2) | 10 | | 0 |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | V | | | RESTING | C | N | N/A |
| All potentially harmful items including cleaning supplies, flammable | | İ | | Play Pens observed C(4) | | | |
| products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are | 4 | | | | | | M |
| disposed of properly. A(5)(c) (e), A(8); E(1),(4) | | | | | | | |
| Electrical outlets are securely covered A(11)(c) | 4 | | | Cribs meet federal standards (reviewed certificate) D(1) | V | | |
| Sink area has running water A(12)(d) | (5) | | | Cots, mats, cribs labeled or charted for each child D(2) | | 0 | 4 |
| Soap and disposable towels available at sink A(12)(i) | 5/ | _ | | PROGRAM 114-506 | С | N | N/A |
| Furniture, toys & equipment are clean and in good repair C(1) | (C) | | 0 | Written, planned, daily program of activities that is | - | 14 | IN//A |
| Furniture, toys & equipment meets the CPSC standards C(2) | 0 | Ö | | developmentally & age appropriate observed A(1-3) | 4 | | |
| Healthy animals, not permitted if allergic E(4) | 0 | | 7 | Positive, non-abusive discipline practice B(1) | 1 | | |
| Other environmental allergies (Policy #120) | 7 | | | r ostave, non-abusive discipline practice b(1) | | | |
| MEAL REQU | | | © 11 <i>1</i> -50 | 18 | 12 | | |
| HEAL KLOCK | С | N | N/A | | С | N | N/A |
| Meals & snacks in compliance with USDA A(1)(b) | 125 | | 0 | Round, firm foods are not offered to children under 4 yrs. old, | V | | |
| Clean, wholesome, unspoiled, properly labeled food A(4) | 5 | | | unless properly cut to prevent choking risk A(3) | 7 | | |
| Food preparers have proper hair restraints B(5) | 0 | 0 | | Food stored & handled properly D(1) | | | |
| Refrigerators have thermometers, temp under 45°F D(2-3) | UZ/ | | 0 | All cleaning & poisonous items stored away from food D(8) | JZ. | | |
| Prevention and response to food allergies A(9-10) | V | 0 | | | 12 | | |
| INFANT CARE 114-509 | | | | TRANSPORTATION 114-505 I | | | |
| | | | N/A | | C | N | N/A |
| Infants are placed on their back to sleep A(5)(a) | M | | 0 | Vehicle has proper safety restraints & in good repair I(1) | | | 165 |
| No bottles propped or given in cribs or on mats A(3)(c) | V | 0 | | Checklist for loading/unloading children reviewed (2)(d) | D | | |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | | 0 | 6 | Driver's (valid) driver's license reviewed (1)(f) | | | V |
| Food for infants cut in pieces 1/4 inch or less A(3)(j) | | <u> </u> | <u>√</u> | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | 1 | | | C-Compliant with Regulation | | | |
| Cups and bottles labeled with child's name & used only by that child | <u> </u> | - | | N-Noncompliant with Regulation Violations noted at the time of visit Yes No | | 51 1 61 | 71 |
| A(3)(a) | | | 6 | Any violations corrected onsite of Visital Yes (2) No DSS Form 2910 no | oodad: | Non | □ No |
| | | | | | | | |
| Organizate of Director/Operator/Designee. | 17 OC | | | Date: 111125 | D _C | | |
| Signature of Child Care Licensing Specialist V | - | 0 | 71 | - \ Date: 7\1125 | | | |
| organizate or or into Gare Licensing Specialisty | 4 | | | Date: / 11 25 | | | |

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| Page | | _ of _ | | |

Division of Early Care and Education Deficiency Correction

| NAME OF PROVIDER/OPERATOR | Calvary | Christian | Academy |
|---------------------------|---------|-----------|---------|
| PERMIT #25483 | | | |

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction | | |
|---|--|-----------------------------|--|--|
| All diaper changing pads must be made of seamless material. | Director will purchase new diaper changing pads. | 7/25/25 | | |
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| Providers/Operators are at all time. | e required by regulations and | statutes to be in compliance |
|--------------------------------------|-------------------------------|------------------------------|
| Licensing Specialist | Orilall | Date 7/11/25 |