

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

Facility Name: First Baptist Day School  
Permit #: 17949  
Address: 847 Cleveland Street GREENVILLE, SC 29601

Telephone #: 864-271-2613 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Julie Fayssoux

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

Maximum number of children: 468

Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_

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

Maximum number of infants: 99

☐ 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 No

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 8:00AM- 5:00PM T- 8:00AM- 5:00PM W- 8:00AM- 5:00PM Th- 8:00AM- 5:00PM F- 8:00AM- 5:00PM

Date of Inspection: 9-11-25

Time of Inspection: 9:20

Type of Inspection: ☒ Annual ☐ Complaint

☐ Follow Up (Original Inspection)

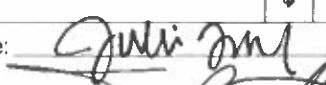
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Follow up:

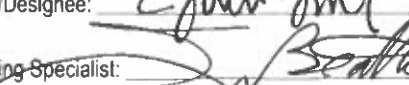
☐ Pending Deficiencies

☐ Self-Reported Incident

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503                                                                                                                                                                                                                  |                                     |                          |                                     | SUPERVISION 114-504                                                                                              |                                     |                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|                                                                                                                                                                                                                                                                | C                                   | N                        | N/A                                 |                                                                                                                  | C                                   | N                        | N/A                                 |
| Staff files are in compliance H(1-7)                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1-2)                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date K(5)(b-c)                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures A(3)                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| At least 1 person with CPR & 1st Aid on the premises K(5)(h)                                                                                                                                                                                                   | <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 114-505                                                                                                                                                                                                                            |                                     |                          |                                     |                                                                                                                  |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                | 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 changing practices were observed F(1-16)                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2)                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/>            | No smoking/consumption of alcoholic beverage A(3)                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan H(3)                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan C(1)                                                                                      | <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 A(2)(a-d), (4)                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored B(7)                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards A(5)(g)                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone B(9)                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter B(2)                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)                                                                                                                                                                                                  | <input 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. A(5)(c) (e), A(8); E(1),(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed C(4)                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)                                                                                                                                                                                                               | <input checked="" 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"/>            |
| Sink area has running water A(12)(d)                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child D(2)                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink A(12)(i)                                                                                                                                                                                                          | <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 C(1)                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards C(2)                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice B(1)                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic E(4)                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                  | <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 A(1)(b)                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, 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 stored & handled properly D(1)                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food preparers have proper hair restraints B(5)                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All 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"/>            |                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies A(9-10)                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| INFANT CARE 114-509                                                                                                                                                                                                                                            |                                     |                          |                                     | TRANSPORTATION 114-505 I                                                                                         |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                | C                                   | N                        | N/A                                 |                                                                                                                  | C                                   | N                        | N/A                                 |
| Infants are placed on their back to sleep A(5)(a)                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Vehicle has proper safety restraints & in good repair I(1)                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c)                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Checklist for loading/unloading children reviewed (2)(d)                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Driver's (valid) driver's license reviewed (1)(f)                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less A(3)(j)                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                  |                                     |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)                                                                                                                                                         | <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 A(3)(a)                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>N-Noncompliant with Regulation</b>                                                                            |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                     |                          |                                     |

Signature of Director/Operator/Designee: 

Date: 9/11/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: 

Date: 9-11-25