

South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: First Baptist School of Charleston
Permit #: 25262

Date of Inspection: 10/2/2025 Time of Inspection: 10:34am
Type of Inspection: ☒ Annual ☐ Complaint ☐ Follow Up (original inspection date _____)
Reason for Follow up: ☐ pending deficiencies ☐ self-report

Address: 48 Meeting Street, CHARLESTON, SC 29401
Telephone #: 843-722-6646

Hours of Operation: Single Shift
Overnight Care? ☐ Yes ☒ No

Center Director/Designee: Jennifer Walpole

Change in Ownership or Director? ☐ Yes ☒ No

If yes, Name: _____

Maximum number of children: 50

Building 1: ☒ Building 2: ☒ Building 3: _____

Maximum number of infants: 23

☐ 24 months ☒ 30 months ☐ I-4 facility Infants are in designated rooms? ☐ Yes ☐ No ☒ N/A

Menus 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)	☐	☐	☒	Adequate supervision throughout the facility A(1) (a-b)	☒	☐	☐
Are training hours up-to-date? F(3)(a-b)	☐	☐	☒	Facility following tracking of children procedures A(2)	☒	☐	☐
At least 1 person with CPR & 1st Aid on the premises H(5)(f)	☒	☐	☐	Ratios adequate in all classrooms and on playground B & C	☒	☐	☐

HEALTH, SANITATION & SAFETY 114-525

	C	N	N/A		C	N	N/A
Children's faces/hands are clean B(1)	☒	☐	☐	Proper 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	N/A
BUILDING				PLAYGROUND	☐	☐	☐
Ventilation and lighting sufficient A(2)(a-d), (4)(a-c)	☒	☐	☐	Outdoor space free of glass, paper & other litter B(2)	☒	☐	☐
Ceiling, floors, windows, doors free from hazards A(5)(d)	☒	☐	☐	Fencing/safety barriers 4ft in height, in good repair B(4)	☒	☐	☐
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	☒	☐	☐	Playground equipment safe & firmly anchored C (6)	☒	☐	☐
Building(s) temp between 68-80 °F A(7)	☒	☐	☐	Adequate cushioning material; at least 6ft. fall zone C(8)	☒	☐	☐
Facility free from pest problems (Insects, rodents) A(8)(b-c)	☒	☐	☐	RESTING	C	N	N/A
Garbage kept properly in plastic lined receptacles A(8)(d-i)	☒	☐	☐	Cribs meet federal standards (reviewed certificate) D(1)	☐	☐	☒
Electrical outlets are securely covered A(11)(c)	☒	☐	☐	Cots, beds, mats, & cribs labeled for each child D(2)	☒	☐	☐
Sink area has hot & cold water A(12)(d)	☒	☐	☐	Pack & plays not used for sleeping D(1-2)	☐	☐	☒
Soap and towels in restrooms A(12)(i)	☒	☐	☐	TRANSPORTATION 114-525 I	☐	☐	☐
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		C	N	N/A
Meals and snacks in compliance with USDA A(1)(b)	☐	☐	☒	Round, firm foods are not given to children under 4y/o, unless properly cut to prevent choking risk. A(3)	☒	☐	☐
Clean, wholesome, unspoiled properly labeled food A(4)	☐	☐	☒	Food labeled, stored and handled properly D(1)	☐	☐	☒
Food preparers have proper hair restraints B(5)	☐	☐	☒	Cleaning & poisonous items stored away from food D(8)	☒	☐	☐
Refrigerators have thermometers (Temp under 45°F) D(2-3)	☐	☐	☒				

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)	☐	☐	☒
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d)	☐	☐	☒
Food for toddlers cut in pieces ½ inch or less. A(1)(k)	☐	☐	☒
Food for infants cut in pieces ¼ inch or less. A(1)(j)	☐	☐	☒
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)	☐	☐	☒

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☒

Signature of Director/Operator/Designee: _____

Date: 10/2/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: _____

Date: 10/2/2025