

South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Overbrook Christian Education Center Date of Inspection: 12/15/25 Time of Inspection: 12:27
 Permit #: 447 Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
 Reason for Follow up: pending deficiencies self-report
 Address: 1705 East North Street, GREENVILLE, SC 29607 Hours of Operation: Single Shift
 Telephone #: 864-235-3432 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No

Center Director/Designee: Virginia Sellars Sharpe
 Change in Ownership or Director? Yes No If yes, Name: _____
 Maximum number of children: 76 Building 1: _____ Building 2: _____ Building 3: _____
 Maximum number of infants: 30 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 checked="" type="checkbox"/>	<input 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 & 1 st 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
Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine & harmful items labeled and stored properly D(2)	<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"/>

PHYSICAL SITE 114-527			
BUILDING	C	N	N/A
Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)	<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"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<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"/>
Facility free from pest problems (Insects, rodents)A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage kept properly in plastic lined receptacles A(8)(d-i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water A(12)(d)	<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"/>
Furniture, toys & equipment are clean and in good repair C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets CPSC standards C(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS 114-528			
	C	N	N/A
Meals and snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled properly labeled food A(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)	<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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(1)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces 1/4 inch or less. A(1)(j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

Signature of Director/Operator/Designee: Virginia Sharpe Date: 12/15/25 Refused to sign
 Signature of Child Care Licensing Specialist: Leslie Craig Date: 12/15/25