

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

Date of Inspection: 4/17/26
Time of Inspection: 4:30pm

Type of Inspection: Annual Complaint
 Follow Up (Original Inspection)
Date: ___/___/___
Reason for Follow up:
 Pending Deficiencies
 Self-Reported Incident

Facility Name: Christians Caring For Children, Inc.
Permit #: 21218
Address: 105 Chippewa Lane WILLIAMSTON, SC 29697

Telephone #: 864-847-7116 Any changes in contact info (Phone/Email/Fax)? Yes No

Center Director/Designee: Sharri McCullough

Change in Ownership or Director? Yes No If yes, Name: _____

Maximum number of children: 92

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

Maximum number of infants: 14

24 months 30 months 1-4 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- 8:15AM- 5:15PM T- 8:15AM- 5:15PM W- 8:15AM- 5:15PM Th- 8:15AM- 5:15PM F- 8:15AM- 5:15PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | | C | N | N/A | SUPERVISION 114-504 | | C | N | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|-----|--|-------------------------------------|--------------------------|--------------------------|-----|
| Staff files are in compliance H(1-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 & 1 st 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | RESTING | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | | | | |
| 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"/> | | Other environmental allergies (Policy #120) | <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 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 A(3) | <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 stored & handled properly D(1) | <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"/> | | 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 | | C | N | N/A | TRANSPORTATION 114-505 I | | C | N | N/A |
|--|--------------------------|--------------------------|-------------------------------------|-----|---|--------------------------|--------------------------|-------------------------------------|-----|
| Infants are placed on their back to sleep A(5)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 1/2 inch or less A(3)(k) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 1/4 inch or less A(3)(j) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | C-Compliant with Regulation N-Noncompliant with Regulation | | | | |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 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: Sharri McCullough Date: 4/17/26 Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 4/17/26 Revised February 2025