

South Carolina Department of Social Services
 ABC Quality Rating and Improvement System
HEALTH & SAFETY INSPECTION VISIT FOR LICENSED-EXEMPT CENTERS

Facility CC#: 044082

Quality Assessor: Veronica Rivers

Facility Name: Boiling Springs CCC, Inc. Date of Inspection: 04/22/2022 Time of Inspection: 11:30am

Facility Address (Street, City, Zip Code): 612 Vanney Circle, Boiling Springs SC 29316

Type of Inspection (Annual, Complaint/Follow-up): Annual Date of Inspection: 04/22/2022

Telephone Number: 864-578-9711 Facility Director/Contact: Lisa Greer Hours of Operation: 12-6

Days of Week Open: M-F Maximum # of children enrolled: 48 # of children observed: 17

ABC Quality License-Exempt			
C=Compliant with requirement, N=Noncompliant with requirement, N/A non-applicable			
Staff	C	N	N/A
Training hours current:	C	N	N/A
Directors-20 hours annually (1 bloodborne & 2 health & safety)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teachers-15 hours annually (1 bloodborne & 2 health & safety)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
History of Compliance			
Ratio: (teacher: child)	C	N	N/A
(5 years, 1:20), (6-12 years, 1:23)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision:	C	N	N/A
2 staff on premises at all times (1 staff the director)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children supervised at all times	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation of children:	C	N	N/A
Appropriate constraint of children during transport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid driver's license reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards Indoor Space:	C	N	N/A
Facility free of hazards and litter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility temperature 68-80 degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free of insect, rodents & other vermin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap & paper towels at each sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cleaning supplies/poisonous chemicals stored away from food & inaccessible to children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean, good repair & meet Consumer Safety Product Council (CPSC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals are healthy, do not cause threat, are clean, properly housed, fed & cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Usable fire extinguishers & smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Hazards Outdoor Space:	C	N	N/A
Playground area and playground equipment maintained and safe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushioning material in fall zones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children restricted from unsafe areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming on/off premises follows safety precautions (supervision, ratio, fencing, & certified lifeguards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Requirements:	C	N	N/A
USDA Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly stored, labeled & dated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators with thermometers, temperature 45 degrees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair restraints worn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean food prep and service areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitized food prep and service areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious injury and/or death of child	YES	NO	N/A
Incident occurred during previous program year (Oct 1 - Sept. 30)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of Director/Operator/Designee: _____

Date: 04/22/2022