## South Carolina Department of Social Services Office of Child Care Licensing

acility Name: Trinity United Methodist Church Learning Cent	er	_		ED FAITH BASED CHILD CARE CENTERS  Date of Inspection: 8/86/22 Time of Inspection: //.  □ Complaint □ Follow Up (original inspection date  Reason for Follow up: □pending deficienci			)
Address: 185 Boulevard Street N.E., Orangeburg, SC 29115		nt ind	s /Dh	Hours of Operation: Single Shift	٧.		NI.
	conta	ict ini	o (Pno	one/Email/Fax)?   Yes   No   Overnight Care?	□ Y€	}S [	⊐ No
Maximum number of children: 131 Building 1:		E nonth	Buildin Is 🗆 1-4	4 facility Infants are in designated rooms?   Yes   No	NIA		
MANAGEMENT 114-523				APPLICATION OF STAFF: CHILD RATIOS 114-524			
O. (Cl.)	C,	N	N/A	Advantage of the state of the s	С	W	N/A
Staff files are in compliance F(1-4)  Are training hours up-to-date? F(3)(a-b)	4	0	-	Adequate supervision throughout the facility A(1) (a-b)  Facility following tracking of children procedures A(2)	<u>ts/</u>		
At least 1 person with CPR & 1st Aid on the premises H(5)(f)	4	<u> </u>	0	Ratios adequate in all classrooms and on playground B & C	1	<u> </u>	0
				N & SAFETY 114-525			
	C]	N	N/A		С	N	N/A
Children's faces/hands are clean B(1)	8	<u>-</u>		Proper diaper diapering practices were observed F(1-16)			5
Medicine & harmful items labeled and stored properly D(2)	a,			Proper handwashing practices were observed G(4)		0	•
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	₫			Smoking permitted only in designated area A(3)	<b>D</b>		
PHY	SICA	L SIT	E 114	-527			
	С	_	N/A		С	N	N/A
BUILDING				PLAYGROUND			
Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)	A	0	<u> </u>	Outdoor space free of glass, paper & other litter B(2)			Ø
Ceiling, floors, windows, doors free from hazards A(5)(d)		, ₩		Fencing/safety barriers 4ft in height, in good repair B(4)			Ø
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	1	-		Playground equipment safe & firmly anchored C (6)			Ø
Building(s) temp between 68-80 °F A(7)	A R	-	╁╌╩	Adequate cushioning material; at least 6ft. fall zone C(8)  RESTING	C	D.	N/A
Facility free from pest problems (Insects, rodents)A(8)(b-c) Garbage kept properly in plastic lined receptacles A(8)(d-i)	N N	-		Cribs meet federal standards (reviewed certificate) D(1)		N	N/A
Electrical outlets are securely covered A(11)(c)	1	T <sub>0</sub>	1 5	Cots, beds, mats, & cribs labeled for each child D(2)	۵		
Sink area has hot & cold water A(12)(d)	1		1 -	Pack & plays not used for sleeping D(1-2)	<u>-</u>		0
Soap and towels in restrooms A(12)(i)				TRANSPORTATION 114-525 I			ο,
Furniture, toys & equipment are clean and in good repair C(1)	0			Vehicle has proper safety restraints and in good repair I(1)			<b>d</b> ,
Furniture, toys & equipment meets CPSC standards C(2)				Checklist for loading/unloading children reviewed. I(2)(d)			4
MEAL F		JIRE		<u>S 114-528                                    </u>			
21 1100 4 4444	C	N	N/A		С	N	N/A
Meals and snacks in compliance with USDA A(1)(b)	4	4-	0	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 preparers have proper hair restraints B(5)	<del>V</del>	-		Food labeled, stored and handled properly D(1)	10/	<u>,                                    </u>	
Refrigerators have thermometers(Temp under 45°F)D(2-3)	12			Cleaning & poisonous items stored away from food D(8)	2	/ [] 	
	ANT	_	E 114-				1000
					С	N	N/A
Cups and bottles labeled with child's name & used only by that child A(1)(a)							0
No bottles propped or given in cribs or on mats A(1)(c)							Ø A
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d)							OZ/
Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)							Q/
Food for infants cut in pieces ¼ inch or less. A(1)(j)							<u> </u>
Infants are placed on their backs to sleep, unless Doctor's note	is pro	ovide	d. A(3	)(a)			Ą
C = Compliant with Domistion Al = Noncompliant with	Dec	rle41		No violations noted at the time of visit □	(25)		
C = Compliant with Regulation - N = Noncompliant with	vedi	uia(IC	<b>M</b>	THE VIOLETICE HOLEN AT THE WHILE OF VISIT 1			-11-10
Signature of Director/Operator/Designee:	VI.	> (	3	Date: 8 26 22 □ Refus	ed to	sign	
Signature of Child Care Licensing Specialist:	tre		6	sly Date: 8/24/22			