

South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Oakdale Christian Child Development Center
Permit #: 21685

Date of Inspection: 1-23-24 Time of Inspection: 11:30 - 1:30

Type of Inspection: Annual Complaint Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies self-report

Address: 1249 Oakdale Road, ROCK HILL, SC 29730
Telephone #: 803-327-8405

Hours of Operation: Single Shift

Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No

Center Director/Designee: Amanda S. Sapough

Change in Ownership or Director? Yes No

If yes, Name: _____

Maximum number of children: 437

Building 1: Building 2: _____ Building 3: _____

Maximum number of infants: 77

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1st 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		C	N	N/A
Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper diapering practices were observed F(1-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine & harmful items labeled and stored properly D(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	Smoking permitted only in designated area A(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free of glass, paper & other litter B(2)	<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"/>
No strangulation/choking/suffocation hazards A(5)(g)(I-III)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equipment safe & firmly anchored C (6)	<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"/>	Adequate cushioning material; at least 6ft. fall zone C(8)	<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			
Garbage kept properly in plastic lined receptacles A(8)(d-i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cots, beds, mats, & cribs labeled for each child D(2)	<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"/>	Pack & plays not used for sleeping D(1-2)	<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"/>	TRANSPORTATION 114-525 I			
Furniture, toys & equipment are clean and in good repair C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle has proper safety restraints and in good repair I(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"/>	Checklist for loading/unloading children reviewed. I(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS 114-528

	C	N	N/A		C	N	N/A
Meals and snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Round, firm foods are not given to children under 4y/o, 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 labeled, stored and 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"/>	Cleaning & poisonous items stored away from food D(8)	<input type="checkbox"/>	<input checked="" 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 ½ inch or less. A(1)(k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces ¼ 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: _____

Amanda Sapough

Date: _____

1-23-24

Refused to sign

Signature of Child Care Licensing Specialist: _____

Risk Pruitt

Date: _____

1-23-24

**Division of Early Care and Education Deficiency
Correction**

NAME OF PROVIDER/OPERATOR Oakdale Christian CDC

PERMIT # 21685

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Dirty brooms, mops and dustpans were accessible to children in several bathrooms.	Remove brooms, mops, dustpans or place them out of reach of children.	2/23/24
In the toddler room, the black shelf has chipped paint.	Sand and paint shelf.	2/23/24
Diaper ointments were not locked up in the one and two year old rooms.	Remove or lock up all medications.	2/23/24
Diaper changing pads in the one and two year old rooms do not have an easily cleanable surface.	Replace changing pads with ones that have an easily cleanable surface.	2/23/24
Lysol and cleaning wipes were not locked up in the infant room.	Lock up all chemicals.	2/23/24
Medication (Mylicon) was found not locked up and stored with snacks in the infant room.	Remove medication from the snack cabinet and lock them up.	2/23/24

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Lisa Pruette 01/23/24

DSS Form 2910 (Feb 2023)

**Division of Early Care and Education Deficiency
Correction**

NAME OF PROVIDER/OPERATOR Oakdale Christian CDC

PERMIT #21685

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
The men and women's bathroom walls need to be painted under the soap dispensers upstairs.	Sand and paint walls.	2/23/24
Stair rails going upstairs have chipped paint.	Sand and paint stair rails.	2/23/24
Large playground has swings with rusty chains and one chain is broken.	Repair broken chain and either cover or paint chains.	2/23/24
Black, plastic cushioning barrier is broken.	Remove and/or repair cushioning barrier.	2/23/24
Slide equipment has chipped paint on large playground.	Sand and paint equipment.	2/23/24
Landscape material is coming through cushioning material on large playground.	Trim landscape material so that it does not come through cushioning and/or add more cushioning.	2/23/24

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Licensing Specialist Lisa Pruette 1/23/24

DSS Form 2910 (Feb 2023)