

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

Facility Name: Greenville Explorers Academy Preschool
Permit #: 25529

Date of Inspection: 1/31/25 Time of Inspection: 9:30
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 638 E Washington Street Unit A, GREENVILLE, SC 29601
Telephone #: 855-687-6923

Center Director/Designee: Katherine Halstengard
Hours of Operation: Single Shift
Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No

Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 39 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 5 24 months 30 months I-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

MANAGEMENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504			
C	N	N/A		C	N	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff files are in compliance H(1-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training hours up-to-date K(5)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least 1 person with CPR & 1st Aid on the premises K(5)(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH, SANITATION & SAFETY 114-505				ADDITIONAL SUPERVISION			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's faces/hands are clean B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicine and harmful items labeled and stored properly D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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 114-507				RESTING			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling, floors, windows, doors free from hazards A(5)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage kept properly in plastic lined receptacles A(8) (d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink area has running water A(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap and disposable towels available at sink A(12)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furniture, toys & equipment meets the CPSC standards C(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MEAL REQUIREMENTS 114-508				PROGRAM 114-506			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals & snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	
<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"/>	
<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 114-509				TRANSPORTATION 114-505 I			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Infants are placed on their back to sleep A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bottles propped or given in cribs or on mats A(3)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	C-Compliant with Regulation			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cups and bottles labeled with child's name & used only by that child A(3)(a)	N-Noncompliant with Regulation			
No violations noted at the time of visit <input checked="" type="checkbox"/>							

Signature of Director/Operator/Designee: [Signature]
Signature of Child Care Licensing Specialist: [Signature]

Date: 1/31/25 Refused to sign
Date: 1/31/25