

South Carolina Department of Social Services  
Office of Child Care Licensing

**INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS**

Facility Name: Saint John Preschool  
Permit #: 11968

Date of Inspection: 03/26/25 Time of Inspection: 11:26p-12:18p

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  pending deficiencies  self-report

Address: 3404 Beltline Blvd, COLUMBIA, SC 29203

Hours of Operation: M-F 7:15am- 5:45pm

Telephone #: 803-256-8542

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

Overnight Care?  Yes  No

Center Director/Designee: McKenzie Danielle Nelson

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

Maximum number of children: 140 Building 1:  Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_

Maximum number of infants: 3  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 <b>F(1-4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout the facility <b>A(1) (a-b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are training hours up-to-date? <b>F(3)(a-b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility following tracking of children procedures <b>A(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>H(5)(f)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ratios adequate in all classrooms and on playground <b>B &amp; C</b>	<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>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diapering practices were observed <b>F(1-16)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine & harmful items labeled and stored properly <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper handwashing practices were observed <b>G(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking permitted only in designated area <b>A(3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PHYSICAL SITE 114-527**

	C	N	N/A		C	N	N/A
<b>BUILDING</b>				<b>PLAYGROUND</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation and lighting sufficient <b>A(2)(a-d),(4)(a-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free of glass, paper & other litter <b>B(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/safety barriers 4ft in height, in good repair <b>B(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards <b>A(5)(g)(i-iii)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equipment safe & firmly anchored <b>C (6)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80 °F <b>A(7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft. fall zone <b>C(8)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>RESTING</b>	C	N	N/A
Garbage kept properly in plastic lined receptacles <b>A(8)(d-i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered <b>A(11)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, beds, mats, & cribs labeled for each child <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water <b>A(12)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & plays not used for sleeping <b>D(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and towels in restrooms <b>A(12)(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TRANSPORTATION 114-525 I</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment are clean and in good repair <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle has proper safety restraints and in good repair <b>I(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment meets CPSC standards <b>C(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checklist for loading/unloading children reviewed. <b>I(2)(d)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**MEAL REQUIREMENTS 114-528**

	C	N	N/A		C	N	N/A
Meals and snacks in compliance with USDA <b>A(1)(b)</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. <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled properly labeled food <b>A(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food labeled, stored and handled properly <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints <b>B(5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning & poisonous items stored away from food <b>D(8)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers(Temp under 45°F) <b>D(2-3)</b>	<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 <b>A(1)(a)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles propped or given in cribs or on mats <b>A(1)(c)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing <b>A(1)(d)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less. <b>A(1)(k)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for infants cut in pieces ¼ inch or less. <b>A(1)(j)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infants are placed on their backs to sleep, unless Doctor's note is provided. <b>A(3)(a)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit

Signature of Director/Operator/Designee: *[Signature]*

Date: 3-26-2025  Refused to sign

Signature of Child Care Licensing Specialist: *[Signature]*

Date: 3/26/25