

## INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Midway Baptist Church Weekday Ministry

Permit #: 13684

Address: 154 Midway Road GAFFNEY, SC 29341

Date of Inspection: 9-8-25

Time of Inspection: 9:20am

Type of Inspection: ☐ Annual ☒ Complaint

☒ Follow Up (Original Inspection)

Date:      /      /     

Reason for Follow up:

### Pending Deficiencies

☐ **Self-Reported Incident**

Telephone #: 864-489-3906      Any changes in contact info (Phone/Email/Fax)? ☐ Yes   ☐ No

**Center Director/Designee:** Susan Medley Tindall

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

Maximum number of children: 168

Building 1: 168/24 Building 2:

### Building 3

Maximum number of infants: 24

☒ 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

**ABC Quality No**

**Head Start** ☐ Yes ☒ No      **Public Schools** ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

## MANAGEMENT, ADMINISTRATION &amp; STAFFING 114-503

**SUPERVISION 114-504**

|  | C                                   | N                        | N/A                      |  | C                                   | N                        | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance H(1-7)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout facility A(1-2)          | <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"/> | Facility following tracking of children procedures A(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises K(5)(h) | <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 &amp; SAFETY 114-505

|  | 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 diaper changing practices were observed <b>F(1-16)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and 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"/> | No smoking/consumption of alcoholic beverage <b>A(3)</b>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Emergency Preparedness Plan <b>H(3)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Plan <b>C(1)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## PHYSICAL SITE 114-507

| BUILDING  | C                                   | N                        | N/A                      | PLAYGROUND  | C                                   | N | N/A                                 |
|---|-------------------------------------|--------------------------|--------------------------|---|-------------------------------------|---|-------------------------------------|
| Ventilation and lighting & sufficient A(2)(a-d), (4)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground equip. safe & firmly anchored B(7)   |                                     |   | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9)   |                                     |   | <input checked="" 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"/> |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor space free from hazards and litter B(2)   |                                     |   | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESTING   | C                                   | N | N/A                                 |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c), (e), A(8); E(1),(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Play Pens observed C(4)   |                                     |   | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1)  | <input checked="" type="checkbox"/> |   |                                     |
| Sink area has running water A(12)(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2)  | <input checked="" type="checkbox"/> |   |                                     |
| Soap and disposable towels available at sink A(12)(i)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROGRAM 114-506   | C                                   | N | N/A                                 |
| Furniture, toys & equipment are clean and in good repair C(1)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> |   |                                     |
| Furniture, toys & equipment meets the CPSC standards C(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                     |   |                                     |
| Healthy animals, not permitted if allergic E(4)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive, non-abusive discipline practice B(1)  | <input checked="" type="checkbox"/> |   |                                     |
| Other environmental allergies (Policy #120)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                                     |   |                                     |

## MEAL REQUIREMENTS 114-508

|   | C                        | N                        | N/A                                 |  | C | N | N/A                                 |
|---|--------------------------|--------------------------|-------------------------------------|--|---|---|-------------------------------------|
| Meals & snacks in compliance with USDA A(1)(b)          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) |   |   | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   | <input checked="" type="checkbox"/> |
| Food preparers have proper hair restraints B(5)         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food stored & handled properly D(1)  |   |   | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food D(8)  |   |   | <input checked="" type="checkbox"/> |
| Prevention and response to food allergies A(9-10)       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   | <input checked="" type="checkbox"/> |

INFANT CARE 114-509

## TRANSPORTATION 114-505 I

|   | C                                   | N                                   | N/A                      |   | C | N | N/A                                 |
|---|-------------------------------------|-------------------------------------|--------------------------|---|---|---|-------------------------------------|
| Infants are placed on their back to sleep <b>A(5)(a)</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b>   |   |   | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>   |   |   | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>  |   |   | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |   |   |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>C-Compliant with Regulation</b>  |   |   |                                     |
|   |                                     |                                     |                          | <b>N-Noncompliant with Regulation</b>   |   |   |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |                                     |
|   |                                     |                                     |                          | Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed Yes <input checked="" type="checkbox"/> No |   |   |                                     |

Signature of Director/Operator/Designee: Aue Indell Date: 9/8/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 9/8/25