South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Celebration Presbyterian Preschool Date of Inspection: 9/14/26 Time of Inspection: 10:25 AM
Permit #: 22470 **Type of Inspection:** ☑ **Annual** ☐ **Complaint** ☐ **Follow Up (original inspection date_____)**
Reason for Follow up: ☐**pending deficiencies** ☐**self-report**
Address: 2300 Carolina Forest Blvd., MYRTLE BEACH, SC 29579 Hours of Operation: Single Shift 7:30 AM-3:15 PM
Telephone #: 843-903-3211 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No
Center Director/Designee: Susan Spraker
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 76 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 N/A ☑ Ratio Chart (All classroom) **Does facility transport children?** ☐ Yes ☑ No

MANAGEMENT 114-523	C	N	N/A
Staff files are in compliance **F(1-4)**	☐	☑	☐
Are training hours up-to-date? **F(3)(a-b)**	☑	☐	☐
At least 1 person with CPR & 1st Aid on the premises **H(5)(f)**	☑	☐	☐

APPLICATION OF STAFF:CHILD RATIOS 114-524	C	N	N/A
Adequate supervision throughout the facility **A(1) (a-b)**	☑	☐	☐
Facility following tracking of children procedures **A(2)**	☑	☐	☐
Ratios adequate in all classrooms and on playground **B & C**	☑	☐	☐

HEALTH, SANITATION & SAFETY 114-525	C	N	N/A
Children's faces/hands are clean **B(1)**	☑	☐	☐
Medicine & harmful items labeled and stored properly **D(2)**	☐	☐	☑
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	☑	☐	☐

	C	N	N/A
Proper diaper diapering practices were observed **F(1-16)**	☐	☐	☑
Proper handwashing practices were observed **G(4)**	☐	☐	☑
Smoking permitted only in designated area **A(3)**	☐	☐	☑

PHYSICAL SITE 114-527	C	N	N/A
BUILDING			
Ventilation and lighting sufficient **A(2)(a-d),(4)(a-c)**	☑	☐	☐
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	☑	☐	☐
No strangulation/choking/suffocation hazards **A(5)(g)(i-iii)**	☑	☐	☐
Building(s) temp between 68-80 °F **A(7)**	☑	☐	☐
Facility free from pest problems (Insects, rodents)**A(8)(b-c)**	☑	☐	☐
Garbage kept properly in plastic lined receptacles **A(8)(d-i)**	☑	☐	☐
Electrical outlets are securely covered **A(11)(c)**	☑	☐	☐
Sink area has hot & cold water **A(12)(d)**	☑	☐	☐
Soap and towels in restrooms **A(12)(i)**	☑	☐	☐
Furniture, toys & equipment are clean and in good repair **C(1)**	☑	☐	☐
Furniture, toys & equipment meets CPSC standards **C(2)**	☑	☐	☐

	C	N	N/A
PLAYGROUND			
Outdoor space free of glass, paper & other litter **B(2)**	☑	☐	☐
Fencing/safety barriers 4ft in height, in good repair **B(4)**	☑	☐	☐
Playground equipment safe & firmly anchored **C (6)**	☑	☐	☐
Adequate cushioning material; at least 6ft. fall zone **C(8)**	☑	☐	☐
RESTING	C	N	N/A
Cribs meet federal standards (reviewed certificate) **D(1)**	☐	☐	☑
Cots, beds, mats, & cribs labeled for each child **D(2)**	☐	☐	☑
Pack & plays not used for sleeping **D(1-2)**	☐	☐	☑
TRANSPORTATION 114-525-I	☐	☐	☑
Vehicle has proper safety restraints and in good repair **I(1)**	☐	☐	☑
Checklist for loading/unloading children reviewed. **I(2)(d)**	☐	☐	☑

MEAL REQUIREMENTS 114-528	C	N	N/A
Meals and snacks in compliance with USDA **A(1)(b)**	☐	☐	☑
Clean, wholesome, unspoiled properly labeled food **A(4)**	☐	☐	☑
Food preparers have proper hair restraints **B(5)**	☐	☐	☑
Refrigerators have thermometers(Temp under 45°F)**D(2-3)**	☐	☐	☑

	C	N	N/A
Round, firm foods are not given to children under 4y/o, unless properly cut to prevent choking risk. **A(3)**	☐	☐	☑
Food labeled, stored and handled properly **D(1)**	☐	☐	☑
Cleaning & poisonous items stored away from food **D(8)**	☐	☐	☑

INFANT CARE 114-529	C	N	N/A
Cups and bottles labeled with child's name & used only by that child **A(1)(a)**	☐	☐	☑
No bottles propped or given in cribs or on mats **A(1)(c)**	☐	☐	☑
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing **A(1)(d)**	☐	☐	☑
Food for toddlers cut in pieces ½ inch or less. **A(1)(k)**	☐	☐	☑
Food for infants cut in pieces ¼ inch or less. **A(1)(j)**	☐	☐	☑
Infants are placed on their backs to sleep, unless Doctor's note is provided. **A(3)(a)**	☐	☐	☑

C = Compliant with Regulation - N = Noncompliant with Regulation **No violations noted at the time of visit** ☐

Signature of Director/Operator/Designee: Susan Spraker Date: 9/14/26 ☐ Refused to sign

Signature of Child Care Licensing Specialist: CMHW Date: 9/14/26

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Celebration Presbyterian Preschool

PERMIT # 22470

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Abuse and neglect results were needed on file for 1 staff prior to employment.	Ensure background check results are on file prior to employment.	9/14/26

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

Licensing Specialist _____ **Date** 9/14/26