South Carolina Department of Social Services
Office of Child Care Licensing

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

acility Name: Northside Baptist Church Day Care Center  Date of Inspection: 5/26/26  Time of Inspection: 12:57pm
ermit #: 289  **Type of Inspection:** ☑ **Annual** ☐ **Complaint** ☐ **Follow Up (original inspection date )**
**Reason for Follow up:** ☐ **pending deficiencies** **self-report**

.ddress: 7800 Northside Drive, NORTH CHARLESTON, SC 29420  Hours of Operation: Single Shift
elephone #: 843-797-2690  Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No  Overnight Care? Yes ☑ No

:enter Director/Designee: Angela L Smith, Shelly Clark
:hange in Ownership or Director? ☐ Yes ☑ No  If yes, Name: _____
laximum number of children: 102  Building 1: ____  Building 2: _____  Building 3: _____
laximum number of infants: 36  ☐ 24 months ☑ 30 months ☐ I-4 facility **Infants are in designated rooms?** ☑ Yes ☐ No ☐ N/A
**ems posted in public view:** ☑ Registration ☑ Menu ☑ 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: Angela Smith  Date: 5/26/26 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Amy Wilde  Date: 5/26/26