

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

Facility Name: Spring Valley Presbyterian Church Preschool Date of Inspection: 5/4/2021 Time of Inspection: 11:35am
 Permit #: 21807 Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
 Reason for Follow up: clear up pending deficiency Self-Report

Address: 125 Sparkleberry Lane, COLUMBIA, SC 29229 Hours of Operation: Single Shift
 Telephone #: 803-788-4005 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
 Center Director/Designee: Jennifer Crawford
 Change in Ownership or Director? Yes No If yes, Name: _____
 Maximum number of children: 93 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
 Maximum number of infants: 93 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
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 st 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 & SAFETY 114-505	
C N N/A	C N N/A
Children's faces/hands are clean B(1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper diaper changing practices were observed F(1-16) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper handwashing practices were observed G(4) <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"/>	No smoking/consumption of alcoholic beverage A(3) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PHYSICAL SITE 114-507	
BUILDING	PLAYGROUND
C N N/A	C N N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Playground equip. safe & firmly anchored B(7) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone B(9) <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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"/> <input type="checkbox"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RESTING
Garbage kept properly in plastic lined receptacles A(8)(d-i) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Play Pens observed C(4) <input type="checkbox"/> <input type="checkbox"/> <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 type="checkbox"/> <input type="checkbox"/> <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 type="checkbox"/> <input type="checkbox"/> <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
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"/> <input type="checkbox"/> <input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Positive, non-abusive discipline practice B(1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) E(4) <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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food stored & handled properly D(1) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Food preparers have proper hair restraints B(5) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All cleaning & poisonous items stored away from food D <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
C N N/A	C N N/A
Infants are placed on their back to sleep A(5)(a) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Vehicle has proper safety restraints & in good repair I(1) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Checklist for loading/unloading children reviewed (2)(d) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less A(3)(k) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Driver's (valid) driver's license reviewed (1)(f) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Food for infants cut in pieces ¼ inch or less A(3)(j) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	C-Compliant with Regulation N-Noncompliant with Regulation
Cups and bottles labeled with child's name & used only by that child A(3)(a) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No violations noted at the time of visit <input checked="" type="checkbox"/>

Signature of Director/Operator/Designee: Jennifer Crawford Date: 5/4/21 Refused to sign
 Signature of Child Care Licensing Specialist: Jane Sed Date: 5/4/2021