

South Carolina Department of Social Services

Office of Child Care Licensing

**VIRTUAL INSPECTION FOR REGISTERED FAITH BASED CENTERS  
DUE TO COVID19 EMERGENCY**

Facility Name: Temple Christian Academy

Permit #: 22152

Address: 1660 N. Governor Williams Hwy, Darlington, SC 29540

Telephone #: 843-393-6000

Center Director/Designee: Naomi C Player

Change in Ownership or Director?  Yes  No

If yes, Name: \_\_\_\_\_

Maximum number of children: 196 **A1**

Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_

Maximum number of infants: 16

24 months  30 months  1-4 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

Date of Inspection: 5-27-21 Time of Inspection: 10am

Type of Inspection:  **Renewal**  Follow Up (original inspection date \_\_\_\_\_)

Hours of Operation: \_\_\_\_\_

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

Overnight Care?  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 F(1-4)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout the facility A(1) (a-b)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are training hours up-to-date? F(3)(a-b)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facility following tracking of children procedures A(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st Aid on the premises H(5)(f) | <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 114-525                                 |                                     |                          |                                     |                                                         |                                     |                          |                          |
|---------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
|                                                                     | 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 diapering practices were observed F(1-16) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine & harmful items labeled and stored properly D(2)           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/>            | Smoking permitted only in designated area A(3)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PHYSICAL SITE 114-527                                         |                                     |                          |                          |                                                              |                                     |                          |                                     |
|---------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|                                                               | C                                   | N                        | N/A                      |                                                              | C                                   | N                        | N/A                                 |
| <b>BUILDING</b>                                               |                                     |                          |                          | <b>PLAYGROUND</b>                                            |                                     |                          |                                     |
| Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor space free of glass, paper & other litter B(2)       | <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"/>            |
| No strangulation/choking/suffocation hazards A(5)(g)(i-iii)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground equipment safe & firmly anchored C(6)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80 °F A(7)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate cushioning material; at least 6ft. fall zone C(8)   | <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"/> | <b>RESTING</b>                                               |                                     |                          |                                     |
| Garbage kept properly in plastic lined receptacles A(8)(d-i)  | <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"/> |
| Electrical outlets are securely covered A(11)(c)              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cots, beds, mats, & cribs labeled for each child D(2)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has hot & cold water A(12)(d)                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pack & plays not used for sleeping D(1-2)                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and towels in restrooms A(12)(i)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>TRANSPORTATION 114-525 I</b>                              |                                     |                          |                                     |
| Furniture, toys & equipment are clean and in good repair C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle has proper safety restraints and in good repair I(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets CPSC standards C(2)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist for loading/unloading children reviewed. I(2)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| MEAL REQUIREMENTS 114-528                              |                                     |                          |                          |                                                                                                           |                                     |                          |                          |
|--------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
|                                                        | C                                   | N                        | N/A                      |                                                                                                           | C                                   | N                        | N/A                      |
| Meals and snacks in compliance with USDA A(1)(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. 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 labeled, stored and handled properly D(1)                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints B(5)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning & poisonous items stored away from food D(8)                                                     | <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 114-529                                                                                                                 |                                     |                          |                                     |  |   |   |     |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|---|---|-----|
|                                                                                                                                     | C                                   | N                        | N/A                                 |  | C | N | N/A |
| Cups and bottles labeled with child's name & used only by that child A(1)(a)                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |   |   |     |
| No bottles propped or given in cribs or on mats A(1)(c)                                                                             | <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 A(1)(d) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |
| Food for toddlers cut in pieces ½ inch or less. A(1)(k)                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |
| Food for infants cut in pieces ¼ inch or less. A(1)(j)                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |
| Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)                                               | <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 not required due to inspection completed virtually due to COVID19 Emergency.

Signature of Child Care Licensing Specialist: Emily Braach Date: 5-27-21