

South Carolina Department of Social Services
Office of Child Care Licensing
**VIRTUAL INSPECTION FOR REGISTERED FAITH BASED CENTERS
DUE TO COVID19 EMERGENCY**

Facility Name: Alpha Christian Development Center Date of Inspection: 3-4-22 Time of Inspection: 10:30am
 Permit #: 885 Type of Inspection: Renewal Follow Up (original inspection date _____)
 Address: 216 Grober Hill Rd. Beaufort, SC 29906 Hours of Operation: M-F:6:00a-6:00p
 Telephone #: 843-470-0044 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
 Enter Director/Designee: Tracy Mallory
 Change in Ownership or Director? Yes No If yes, Name: _____
 Maximum number of children: 50 Building 1: _____ Building 2: _____ Building 3: _____
 Maximum number of infants: 22 24 months 30 months I-4 facility Infants are in designated rooms? Yes No N/A
 Forms posted in public view: Registration Menu Ratio Chart (All classroom) Does facility transport children? Yes No

MANAGEMENT 114-523	APPLICATION OF STAFF:CHILD RATIOS 114-524				
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff files are in compliance F(1-4)			Adequate supervision throughout the facility A(1) (a-b)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are training hours up-to-date? F(3)(a-b)			Facility following tracking of children procedures A(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1st Aid on the premises H(5)(f)			Ratios adequate in all classrooms and on playground B & C		

HEALTH, SANITATION & SAFETY 114-525					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Children's faces/hands are clean B(1)			Proper diapering practices were observed F(1-16)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine & harmful items labeled and stored properly D(2)			Proper handwashing practices were observed G(4)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)			Smoking permitted only in designated area A(3)		

PHYSICAL SITE 114-527									
BUILDING	C	N	N/A	PLAYGROUND	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"/>	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 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			C	N	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Soap and towels in restrooms A(12)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION 114-525 I			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

MEAL REQUIREMENTS 114-528					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals and snacks in compliance with USDA A(1)(b)			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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled properly labeled food A(4)			Food labeled, stored and handled properly D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)			Cleaning & poisonous items stored away from food D(8)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers (Temp under 45°F)D(2-3)					

INFANT CARE 114-529					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cups and bottles labeled with child's name & used only by that child A(1)(a)				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles propped or given in cribs or on mats A(1)(c)				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for infants cut in pieces 1/4 inch or less. A(1)(j)				<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>

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

Signature of Director/Operator/Designee: (no signature required due to virtual inspection completed)
 Signature of Child Care Licensing Specialist: [Signature] Date: 3/4/22