

South Carolina Department of Social Services  
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Temple Child Care  
Permit #: 853

Date of Inspection: 3-21-22 Time of Inspection: 12:00pm

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  pending deficiencies  self-repor

Address: 2905 Standridge Rd., ANDERSON, SC 29625  
Telephone #: 864-226-1259

Hours of Operation: Single Shift  
Overnight Care?  Yes  No

Center Director/Designee: Jennifer Shaw

Change in Ownership or Director?  Yes  No

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

Maximum number of children: 135

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

Maximum number of infants: 40

24 months  30 months  I-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

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 type="checkbox"/>            | <input checked="" 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 & 1 <sup>st</sup> 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine & 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Smoking permitted only in designated area A(3)          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 checked="" 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 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"/> | <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 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                      |
|--|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less. A(1)(j)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit

Signature of Director/Operator/Designee: \_\_\_\_\_

Date: 3-21-22  Refused to sign

Signature of Child Care Licensing Specialist: \_\_\_\_\_

Date: 3-21-22