

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

Facility Name: North Trenholm Baptist Weekday Education Date of Inspection: 1/31/22 Time of Inspection: 10am  
 Permit #: 191 Type of Inspection:  **Renewal**  **Follow Up (original inspection date \_\_\_\_\_)**  
 Address: 6515 North Trenholm Road COLUMBIA, SC 29206 Hours of Operation: M-F:7:30a-6:00p  
 Telephone #: 803-790-5104 Any changes in contact info (Phone/Email/Fax)?  Yes  No Overnight Care?  Yes  No  
 Center Director/Designee: Pamela Riley-Cates  
 Change in Ownership or Director?  Yes  No If yes, Name: Pamela Cates  
 Maximum number of children: 220 Building 1: ✓ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
 Maximum number of infants: 18  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

MANAGEMENT 114-523		C	N	N/A	APPLICATION OF STAFF:CHILD RATIOS 114-524		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 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 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"/>		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 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 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"/>			<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"/>			<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"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food for toddlers cut in pieces ½ inch or less. A(1)(k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food for infants cut in pieces ¼ inch or less. A(1)(j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>			<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: (no signature required due to virtual inspection completed)

Signature of Child Care Licensing Specialist:  Date: 1/31/22