

South Carolina Department of Social Services  
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Marion Baptist Child Care Ministries

Date of Inspection: 4/18/24 Time of Inspection: 1:30 pm

Permit #: 627

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up:  pending deficiencies  self-report

Address: 106 South Main Street, MARION, SC 29571

Hours of Operation: Single Shift

Telephone #: 843-423-2562

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

Overnight Care?  Yes  No

Center Director/Designee: Connie Shelly

Change in Ownership or Director?  Yes  No

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

Maximum number of children: 82

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

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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Are training hours up-to-date? F(3)(a-b)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Smoking permitted only in designated area A(3)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| PHYSICAL SITE 114-527   |                                     |                                     |                                     |  |                                     |                                     |                                     |
|   | C                                   | N                                   | N/A                                 |  | C                                   | N                                   | N/A                                 |
| BUILDING  |                                     |                                     |                                     | PLAYGROUND   |                                     |                                     |                                     |
| Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Outdoor space free of glass, paper & other litter B(2)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Fencing/safety barriers 4ft in height, in good repair B(4)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)(i-iii)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Playground equipment safe & firmly anchored C (6)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Building(s) temp between 68-80 °F A(7)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Adequate cushioning material, at least 6ft. fall zone C(8)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents)A(8)(b-c)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | RESTING  | C                                   | N                                   | N/A                                 |
| Garbage kept properly in plastic lined receptacles A(8)(d-i)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cots, beds, mats, & cribs labeled for each child D(2)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sink area has hot & cold water A(12)(d)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | TRANSPORTATION 114-525 I   |                                     |                                     |                                     |
| Furniture, toys & equipment are clean and in good repair C(1)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Round, firm foods are not given to children under 4y/o, unless properly cut to prevent choking risk A(3) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled properly labeled food A(4)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food labeled, stored and handled properly D(1)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers(Temp under 45°F)D(2-3)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |                                     |                                     |                                     |
| Food for toddlers cut in pieces ¼ inch or less. A(1)(k)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |                                     |                                     |                                     |
| Food for infants cut in pieces ½ 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  C.O.S

Signature of Director/Operator/Designee: Connie Shelly

Date: 4/18/24

Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 4/18/24