South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

acility Name: First Baptist Christian Educational Development Date of Inspection: 8/10/26 Time of Inspection: 2:24 pm
ermit #: 533 **Type of Inspection:** ☑ **Annual** ☐ **Complaint** ☑ **Follow Up (original inspection date** 06/17/26 **)**
Reason for Follow up: ☐ **pending deficiencies** ☐ **self-report**

.ddress: 112 E. Main Street, Moncks Corner, SC 29461 Hours of Operation: Single Shift
elephone #: 843-761-8390 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No

:enter Director/Designee: Bethany Faith Fortune
:hange in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
laximum number of children: 303 Building 1: ✓ Building 2: _____ Building 3: _____
laximum number of infants: 22 ☑ 24 months ☐ 30 months ☐ I-4 facility **Infants are in designated rooms?** ☑ Yes ☐ No ☐ N/A
ems posted in public view: ☑ Registration ☑ Menu ☑ Ratio Chart (All classroom) **Does facility transport children?** ☐ Yes ☑ No

MANAGEMENT 114-523	C	N	N/A
Staff files are in compliance **F(1-4)**	☐	☑	☐
Are training hours up-to-date? **F(3)(a-b)**	☐	☐	☑
At least 1 person with CPR & 1st Aid on the premises **H(5)(f)**	☑	☐	☐

APPLICATION OF STAFF:CHILD RATIOS 114-524	C	N	N/A
Adequate supervision throughout the facility **A(1) (a-b)**	☑	☐	☐
Facility following tracking of children procedures **A(2)**	☐	☑	☐
Ratios adequate in all classrooms and on playground **B & C**	☑	☐	☐

HEALTH, SANITATION & SAFETY 114-525	C	N	N/A
Children's faces/hands are clean **B(1)**	☑	☐	☐
Medicine & harmful items labeled and stored properly **D(2)**	☐	☐	☑
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	☐	☐	☑

	C	N	N/A
Proper diaper diapering practices were observed **F(1-16)**	☐	☐	☑
Proper handwashing practices were observed **G(4)**	☐	☐	☑
Smoking permitted only in designated area **A(3)**	☐	☐	☑

PHYSICAL SITE 114-527	C	N	N/A
BUILDING			
Ventilation and lighting sufficient **A(2)(a-d),(4)(a-c)**	☐	☐	☑
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	☐	☐	☑
No strangulation/choking/suffocation hazards **A(5)(g)(i-iii)**	☑	☐	☐
Building(s) temp between 68-80 °F **A(7)**	☐	☐	☑
Facility free from pest problems (Insects, rodents) **A(8)(b-c)**	☐	☐	☑
Garbage kept properly in plastic lined receptacles **A(8)(d-i)**	☐	☐	☑
Electrical outlets are securely covered **A(11)(c)**	☐	☐	☑
Sink area has hot & cold water **A(12)(d)**	☐	☐	☑
Soap and towels in restrooms **A(12)(i)**	☐	☐	☑
Furniture, toys & equipment are clean and in good repair **C(1)**	☐	☐	☑
Furniture, toys & equipment meets CPSC standards **C(2)**	☐	☐	☑

	C	N	N/A
PLAYGROUND			
Outdoor space free of glass, paper & other litter **B(2)**	☐	☐	☑
Fencing/safety barriers 4ft in height, in good repair **B(4)**	☐	☐	☑
Playground equipment safe & firmly anchored **C (6)**	☐	☐	☑
Adequate cushioning material; at least 6ft. fall zone **C(8)**	☐	☐	☑
RESTING	C	N	N/A
Cribs meet federal standards (reviewed certificate) **D(1)**	☐	☐	☑
Cots, beds, mats, & cribs labeled for each child **D(2)**	☐	☐	☑
Pack & plays not used for sleeping **D(1-2)**	☐	☐	☑
TRANSPORTATION 114-525 I	☐	☐	☑
Vehicle has proper safety restraints and in good repair **I(1)**	☐	☐	☑
Checklist for loading/unloading children reviewed. **I(2)(d)**	☐	☐	☑

MEAL REQUIREMENTS 114-528	C	N	N/A
Meals and snacks in compliance with USDA **A(1)(b)**	☐	☐	☑
Clean, wholesome, unspoiled properly labeled food **A(4)**	☐	☐	☑
Food preparers have proper hair restraints **B(5)**	☐	☐	☑
Refrigerators have thermometers(Temp under 45°F) **D(2-3)**	☐	☐	☑

	C	N	N/A
Round, firm foods are not given to children under 4y/o, unless properly cut to prevent choking risk. **A(3)**	☐	☐	☑
Food labeled, stored and handled properly **D(1)**	☐	☐	☑
Cleaning & poisonous items stored away from food **D(8)**	☐	☐	☑

INFANT CARE 114-529	C	N	N/A
Cups and bottles labeled with child's name & used only by that child **A(1)(a)**	☐	☐	☑
No bottles propped or given in cribs or on mats **A(1)(c)**	☐	☐	☑
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing **A(1)(d)**	☐	☐	☑
Food for toddlers cut in pieces ½ inch or less. **A(1)(k)**	☐	☐	☑
Food for infants cut in pieces ¼ inch or less. **A(1)(j)**	☐	☐	☑
Infants are placed on their backs to sleep, unless Doctor's note is provided. **A(3)(a)**	☐	☐	☑

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

Signature of Director/Operator/Designee: Bethany Fortune Date: 8/10/2026 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [signature] Date: 8/10/2026

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR First Baptist Christian Educational Development

PERMIT # 533

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
The procedure to account the presence of children was not being implemented.	The procedure to account the presence of children should be implemented correctly.	8/10/2026
A staff file was missing updated TB test.	The staff file must include current TB test.	8/10/2026

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Michaell Gross **Date** 8/18/2026