

South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Mercy Baptist Church Child Development Center
Permit #: 24444

Date of Inspection: 12/15/25 Time of Inspection: 12:20 PM

Type of Inspection: Annual Complaint Follow Up (original inspection date 8/15/25) Reason for Follow up: pending deficiencies self-report

Address: 2805 Fourth Avenue, Conway, SC 29527

Telephone #: 843-488-1442

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

Hours of Operation: 6:30 AM - 6:00 PM

Overnight Care? Yes No

Center Director/Designee: Shauna Hardee

Change in Ownership or Director? Yes No

If yes, Name: _____

Maximum number of children: 94

Building 1: 54

Building 2: 40

Building 3: _____

Maximum number of infants: 27

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 type="checkbox"/>	<input checked="" 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 & 1 st 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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							
	C	N	N/A		C	N	N/A
BUILDING				PLAYGROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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-ii)	<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(1)	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garbage kept properly in plastic lined receptacles A(9)(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 MEANS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 114-526							
	C	N	N/A		C	N	N/A
Meats 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)(e)	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>				
Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)	<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 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"/>				

Signature of Director/Operator/Designee: Shauna Hardee

Date: 12/15/25

Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 12/15/25

Division of Early Care and Education


Deficiency Correction

NAME OF PROVIDER/OPERATOR Mercy Baptist Church Child Development Center

PERMIT # 24444

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Proof of education was needed on file for 2 staff.	Obtain proof of education for both staff and place in file.	1/15/26

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

Licensing Specialist  Date 12/15/25