South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED CENTERS

Permit #: 22967 Type of Inspection: □ Annual Complaint □ Follow Up (original inspection: □ All (1/17) 1/1. Follow Up (original inspection: □ All (1/17) 1/1. Follow Up (original inspection: □ All (1/17) 2/1. Hours of Operation: M-F 7:00 a.m5: 30 p.m. Follow Up (original inspection date □ 2/1. Hours of Operation: M-F 7:00 a.m5: 30 p.m. Overnight Carre? □ 2/2. Follow Up (original inspection date □ 2/1. Follow Up (original inspection date □ 2/1. Follow Up (original inspection date □ 2/1. Follow Up (original inspection: □ 1/2. Follow IP Fo	Facility Name: First United Methodist Children's Center			Date o	financiani p-12-23 Time of the 111	\sim .	· ^		
Address: 311 East Main Street, Bennettsville, SC 29512 Telephone #: A43-479-8731 Any changes in contact into (Phone/Email/Fax)? and of Operation. Mr 7:00 a.m. 5: 30 p.m. Any changes in contact into (Phone/Email/Fax)? and of Operation. Mr 7:00 a.m. 5: 30 p.m. Change in Ownership or Director? and Street, Building 3: Maximum number of children. 96 Maximum number of children. 96 Maximum number of inlants: 19 **Y2** Months and Street, Building 3: **W2** Months and Street, Building 3: **W2** Months and Street, Building 3: **W3** Months and Street, Building 3: **W3** Months and Street, Building 3: **W4** Months and Street, Building 3: **Maximum number of Inlants: 19 **W2** Months and Street, Building 3: **Maximum number of Inlants: 19 **W2** Months and Street, Building 3: **M4** Mon	Pormit#: 00067 Turn st								
Telephone # 24-34-79-8731 Center Director/Designee: Debroarh Poliston Any changes in contact into (Phone/Email/Fax)? □ Yes \$\fo Overnight Carre? □ Yes \$\fo Overnight Carr					Reason for Follow up: T clear up pending do Sala-)		
Telephone #: 843-479-873 Any changes in contact info (Phone/Email/Fax)? D'Yes VNo Overnight Care? D'yes VNo Chardeni Overnight Care. D'yes VNo Chardeni Ov	Address: 311 East Main Street, Bennettsville, SC 20512						ielf-R	eport	
Center Director/Designes: Debrorah Poiston Assimum number of children: 96 Maximum number of		contr	ant in	د الم	Hours of Operation: M-F 7:00 a.m5: 30 p.r	n.			
Change in Ownership or Director? © Yes Who if Yes, Name: Maximum number of infants: 19 #24 months o 30 months o 14 facility Infants are in designated rooms? —Yes No No No Maximum number of infants: 19 #25 months o 14 facility Infants are in designated rooms? —Yes No No No MANAGEMENT. ADMINISTRATION & STAFFING 114503 Staff files are in compliance H(1-7) #26	Center Director/Designee: Deborah Polston Overnight Carre? Yes Vario Overnight Carre? Yes Vario Overnight Carre?								
Maximum number of children: 58 Building 2:	Change in Ownership or Director? To Yes Wolf yes Name:								
Maximum number of infents: 19 #24 months of 30 months of 14 facility Infants are in designated rooms?? o No NA MANAGEMENT, ADMINISTRATION & STAFFING 114-503 Supervision throughout facility transport children? o Yes o No NA MANAGEMENT, ADMINISTRATION & STAFFING 114-503 Supervision throughout facility A(1-2) At least 1 person with CPR & 19 Aid on the premises K(5)(b) o O Adequate supervision throughout facility A(1-2) At least 1 person with CPR & 19 Aid on the premises K(5)(b) o O Ratios adequate in a classrooms and on playground B, C O N NA HEALTH-SANIFATION & SAFFIY 113-505 Children's faces-hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) o O Proper clapser changing practices were observed F(1-16) o O Proper handwashing practices were observed G(4) o O Proper handwash	Maximum number of children: 96 Ruilding 1:			Desi	Live O				
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Child A(3)(a) No violations noted at the time of visit (1) C65		_					100 613	HALL SURE	
	Chird A(3)(a)		٠		No violations noted at the time of visit □ C65				

Signature of Director/Operator/Designee: Description Date: 6 - 12 - 23 Refused to signature of Child Care Licensing Specialist: Belva 3 Britt Date: 0 · 12 - 23