South Carolina Department of Social Services Office of Child Care Licensing

Facility Name: Creative Beginnings Child Development Center Premit # 29821 Type of Inspection: Annual Complaint Premit # 29821 Any changes in contact info (Phone/Email/Fax)? a Yes and Operation: Single Shift Premit # 29821 Any changes in contact info (Phone/Email/Fax)? a Yes and Operation: Single Shift Premit # 29821 Any changes in contact info (Phone/Email/Fax)? a Yes and Operation: Single Shift Premit # 29821 Any changes in contact info (Phone/Email/Fax)? a Yes and Operation: Shift Premit # 29821 Building 2: Building 2: Building 3: Infants are in designated rooms 2nd 6s a No a N/A Remain protected in public view: and contact All all classrooms) Does facility transport children? a Yes and a N/A Packet # 2000 A Building 5: A Building 6: A B					ON LICENSED CENTERS				
Pellow Up (original inspection date assort of follow up: colear up panding deficiency or Self-Report Address: 4047 Holmestown Road, MYRILE BEACH, SC 29588 Hours of Operation: Single Shift Telephone #: 43-215-1234 Any changes in contact info (Phone/Email/Fax)? or Yes at Mo Overnight Care? or Yes at Mo Canter Director/Designee: Michelle Rottmann Change in Overnight or Director/Designee: Michelle Rottmann Change in Overnight Care? or Yes at Mol Care Panding Change in Overnight Care? or Yes at Mol Care Panding Change in Overnight Care? or Yes at Mol Care Panding Change in Care Pa			/	Date of	Inspection: (100) Time of Inspection: ///	01	g p)	
Address: 4047 Holmestown Road, MYRTLE BEACH, SC 2988 Hours of Operation: Single Shift Telephone # Ba2-15-1234 Any changes in contact info (Phone/Email/Fax)?	Permit #: 22821 Type of Inspection: Annu	ual d	J∕Col	mplaint	□ Follow Up (original inspection date		_		
Telephone #: 643-215-1234 Any changes in contact info (Phone/Email/Fax)? □ Yes e+Mo Overnight Care? □ Yes e+Mo Overnight Care? □ Yes e+Mo Charge in Ownership or Director? □ Yes c+Mo if yes, Name: Maximum number of infants: 38 Building 1: □ 24 months c=80 months or 14 facility Infants are in designated rooms 2e* Yes or No or NA Management of children: 38 Building 2: □ 24 months c=14 facility Infants are in designated rooms 2e* Yes or No or NA Management of infants: 30 Adequate supervision throughout facility 411-21 C N NA Staff Rises are in compliance M(1-7) Al least 1 person with CPR & 19 Aid on the premises K(5)(n) □ □ □ Adequate supervision throughout facility 411-21 Al adequate supervision throughout facility 411-21 C N NA Training hours up-to-date K(5)(b-c) Al least 1 person with CPR & 19 Aid on the premises K(5)(n) □ □ □ Ratios adequate in all disasrooms and on playground B, C □ □ First Aid kit in facility and in vehicle if transport E(1), I(1)(g) □ □ ○ Proper diaper changing practices were observed F(1-16) □ □ First Aid kit in facility and in vehicle if transport E(1), I(1)(g) □ □ Proper diaper changing practices were observed E(4) □ □ First Aid kit in facility and in vehicle if transport E(1), I(1)(g) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing by an active observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper changing practices were observed E(4) □ □ Proper diaper c									
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110/24 Date: 9/10/24 Signature of Director/Operator/Designed: ☐ Refused to sign Signature of Child Care Licensing Specialist: _