

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

Date of Inspection: 6/19/25  
Time of Inspection: 10:18 AM

**Type of Inspection:**  Annual  Complaint  
 Follow Up (Original Inspection)  
Date: \_\_\_/\_\_\_/\_\_\_  
**Reason for Follow up:**  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Little Fish Academy  
Permit #: 23814  
Address: 105 Mayrant Street SUMMERVILLE, SC 29483

Telephone #: 843-771-1215 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Ronda L Simmons

Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 89

Building 1:  Building 2:  Building 3: \_\_\_\_\_

Maximum number of infants: 54

24 months  30 months  I-4 facility

Infants are in designated rooms?  Yes  No  N/A

Items posted in public view:  License  Menu  Ratio Chart (All classrooms)

Does facility transport children?  Yes  No  N/A

ABC Quality Yes

Head Start  Yes  No Public Schools  Yes  No

Overnight Care?  Yes  No

Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 5:00PM

<b>MANAGEMENT, ADMINISTRATION &amp; STAFFING 114-503</b>				<b>SUPERVISION 114-504</b>			
Staff files are in compliance <b>H(1-7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility <b>A(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date <b>K(5)(b-c)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility following tracking of children procedures <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ratios adequate in all classrooms and on playground <b>B, C</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEALTH, SANITATION &amp; SAFETY 114-505</b>							
Children's faces/hands are clean <b>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper changing practices were observed <b>F(1-16)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly <b>D(2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper handwashing practices were observed <b>G(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoking/consumption of alcoholic beverage <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Emergency Preparedness Plan <b>H(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Plan <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHYSICAL SITE 114-507</b>							
<b>BUILDING</b>	<b>C</b>	<b>N</b>	<b>N/A</b>	<b>PLAYGROUND</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Ventilation and lighting & sufficient <b>A(2)(a-d), (4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equip. safe & firmly anchored <b>B(7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards <b>A(5)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter <b>B(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>RESTING</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. <b>A(5)(c) (e), A(8); E(1),(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed <b>C(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical outlets are securely covered <b>A(11)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has running water <b>A(12)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, mats, cribs labeled or charted for each child <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink <b>A(12)(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PROGRAM 114-506</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Furniture, toys & equipment are clean and in good repair <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice <b>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy animals, not permitted if allergic <b>E(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other environmental allergies ( <b>Policy #120</b> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental allergies ( <b>Policy #120</b> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MEAL REQUIREMENTS 114-508</b>			
Meals & snacks in compliance with USDA <b>A(1)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk <b>A(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored & handled properly <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints <b>B(5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cleaning & poisonous items stored away from food <b>D(8)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention and response to food allergies <b>A(9-10)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and response to food allergies <b>A(9-10)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>INFANT CARE 114-509</b>			
Infants are placed on their back to sleep <b>A(5)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TRANSPORTATION 114-505 I</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
No bottles propped or given in cribs or on mats <b>A(3)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle has proper safety restraints & in good repair <b>I(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checklist for loading/unloading children reviewed <b>(2)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's (valid) driver's license reviewed <b>(1)(f)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C-Compliant with Regulation</b>			
Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N-Noncompliant with Regulation</b>			
Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Signature of Director/Operator/Designee: \_\_\_\_\_

Date: 6-9-25  Refused to sign.

Signature of Child Care Licensing Specialist: [Signature]

Date: 6/19/25

**Division of Early Care and Education**

**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Little Fish Academy

**PERMIT #** 23814

<b>Deficiency Cited</b>	<b>Corrective Action Needed</b>	<b>Expected Date of Correction</b>
3 staff members did not complete Blood-borne requirement in 2024	Complete the training the required year	6/9/25

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

**Licensing Specialist Christine Torres** **Date 11/24/25**