

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

Date of Inspection: 1-21-26  
Time of Inspection: 9:15 am  
Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date:    /    /     
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Little Angels Child Care, Inc.  
Permit #: 14212  
Address: 753 Hwy 202 LITTLE MOUNTAIN, SC 29075

Telephone #: 803-931-4398 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Tina Attaway

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

Maximum number of children: 40

Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
 24 months  30 months  I-4 facility

Maximum number of infants: 28

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

Infants are in designated rooms?  Yes  No  N/A

ABC Quality No

Head Start  Yes  No Public Schools  Yes  No

Does facility transport children?  Yes  No  N/A

Hours of Operation: M- 6:45AM- 5:30PM T- 6:45AM- 5:30PM W- 6:45AM- 5:30PM Th- 6:45AM- 5:30PM F- 6:45AM- 5:30PM

Overnight Care?  Yes  No

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

Signature of Director/Operator/Designee: Tina H. Attaway

Date: 1-21-26

Refused to sign.

Signature of Child Care Licensing Specialist: Kate G. Smith

Date: 1-21-26