

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

Date of Inspection: 12.15.25
Time of Inspection: 10:28

Type of Inspection: Annual Complaint
 Follow Up (Original Inspection)
Date: 12/15/25
Reason for Follow up:
 Pending Deficiencies
 Self-Reported Incident

Facility Name: Little Creations Learning Center
Permit #: 22923
Address: 3128 S. Cashua Drive FLORENCE, SC 29501

Telephone #: 843-662-0922 Any changes in contact info (Phone/Email/Fax)? Yes No
Center Director/Designee: Beshunda Lenae Ervin
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 37 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 5 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- 7:00AM- 5:00PM T- 7:00AM- 5:00PM W- 7:00AM- 5:00PM Th- 7:00AM- 5:00PM F- 7:00AM- 5:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503		C	N	N/A	SUPERVISION 114-504		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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 st 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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		C	N	N/A	PLAYGROUND		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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		RESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other environmental allergies (Policy #120)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input 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"/>			<input 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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INFANT CARE 114-509		C	N	N/A	TRANSPORTATION 114-505 I		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)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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 N-Noncompliant with Regulation				
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input 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: Beshunda Ervin 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: Little Creations Learning Center

PERMIT #22923

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Ants observed in Kitchen and 4k room during inspection on 6.05.25 AV and no Pest Control scheduled/completed.	Pest control will be scheduled	12.18.2025
Cushioning needed under swing set on playground	Additional cushioning material will be added under swings currently in use on playground	12.15.25
Playground Hazards (Exposed screws with back/pointed end on wooden fence of playground as well as broken wooden table on playground).	Remove or cover hazardous object on playground (remove/ cover screws on fencing, remove broken table)	12.15.25.

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

Licensing Specialist RoseAnna Bryant Date 12.15.2025