

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

Facility Name: Angels Child Development Center
Permit #: 21074

Date of Inspection: 4/4/22 Time of Inspection: 11:40
Type of Inspection: Annual Complaint Follow Up (original inspection date 3/4/22 + 2/28/22)
Reason for Follow up: Clear up pending deficiency Self-Report

Address: 1704 Spring Street, Greenwood, SC 29646
Telephone #: 864-227-2700
Center Director/Designee: Charlotte Udo
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 60 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 20 24 months 30 months I-4 facility
Items posted in public view: License Menu Ratio Chart (All classrooms) Infants are in designated rooms? Yes No N/A
Does facility transport children? Yes No N/A

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504				
C	N	N/A	C	N	N/A
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HEALTH, SANITATION & SAFETY 114-505					
C	N	N/A	C	N	N/A
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PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C	N	N/A	C	N	N/A
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MEAL REQUIREMENTS 114-508					
C	N	N/A	C	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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INFANT CARE 114-509			TRANSPORTATION 114-505 I		
C	N	N/A	C	N	N/A
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-Compliant with Regulation		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-Noncompliant with Regulation		
No violations noted at the time of visit <input checked="" type="checkbox"/>					

Signature of Director/Operator/Designee: Michelle Conway Date: 4-4-22 Refused to sign
Signature of Child Care Licensing Specialist: Dana Sue Date: 4/4/22