

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

Facility Name: Small Impressions CDC  
Permit #: 18310  
Address: 4514 Old Spartanburg Road TAYLORS, SC 29687

Telephone #: 864-609-5099 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Lavonda Ann Paul

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

Maximum number of children: 139

Maximum number of infants: 99

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

ABC Quality Yes

Head Start

☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

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

Date of Inspection: 7/13/26

Time of Inspection: 11:38am

Type of Inspection: ☒ Annual ☐ Complaint

☐ Follow Up (Original Inspection)

Date: / /

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

**MANAGEMENT, ADMINISTRATION & STAFFING 114-503**

|                                                              | C                                   | N                        | N/A                      |
|--------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance H(1-7)                         | <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"/> |
| At least 1 person with CPR & 1st Aid on the premises K(5)(h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SUPERVISION 114-504**

|                                                          | C                                   | N                        | N/A                      |
|----------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Adequate supervision throughout facility A(1-2)          | <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"/> |
| 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                      |
|---------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Children's faces/hands are clean B(1)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| Current Emergency Preparedness Plan H(3)                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                        | C                                   | N                        | N/A                                 |
|--------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Proper diaper changing practices were observed F(1-16) | <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"/> |
| No smoking/consumption of alcoholic beverage A(3)      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Ventilation and lighting & sufficient A(2)(a-d), (4)                                                                                                                                                                                                            | <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"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d)                                                                                                                                                                                                       | <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"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)                                                                                                                                                                                                   | <input checked="" 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"/> |
| Electrical outlets are securely covered A(11)(c)                                                                                                                                                                                                                | <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"/> |
| Soap and disposable towels available at sink A(12)(i)                                                                                                                                                                                                           | <input checked="" 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"/> |
| Furniture, toys & equipment meets the CPSC standards C(2)                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy animals, not permitted if allergic E(4)                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other environmental allergies (Policy #120)                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PLAYGROUND                                                  | C                                   | N                        | N/A                      |
|-------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Playground equip. safe & firmly anchored B(7)               | <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"/> |
| Fencing/safety barriers 4ft. in height, in good repair B(4) | <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"/> |

**RESTING**

|                                                          | C                                   | N                        | N/A                                 |
|----------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Play Pens observed C(4)                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cribs meet federal standards (reviewed certificate) D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cots, mats, cribs labeled or charted for each child D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**PROGRAM 114-506**

|                                                                                                         | C                                   | N                        | N/A                                 |
|---------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 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"/>            |
| Positive, non-abusive discipline practice B(1)                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**MEAL REQUIREMENTS 114-508**

|                                                         | C                                   | N                        | N/A                      |
|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Meals & snacks in compliance with USDA A(1)(b)          | <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 preparers have proper hair restraints B(5)         | <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 type="checkbox"/> |

|                                                                                                                  | C                                   | N                        | N/A                                 |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 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"/>            |
| Food stored & handled properly D(1)                                                                              | <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"/>            |
|                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**INFANT CARE 114-509**

|                                                                                                        | C                                   | N                        | N/A                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Infants are placed on their back to sleep A(5)(a)                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c)                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for infants cut in pieces ¼ inch or less A(3)(j)                                                  | <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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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"/>            |

**TRANSPORTATION 114-505 I**

|                                                            | C                                   | N                        | N/A                      |
|------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Vehicle has proper safety restraints & in good repair I(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checklist for loading/unloading children reviewed (2)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver's (valid) driver's license reviewed (1)(f)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C-Compliant with Regulation**  
**N-Noncompliant with Regulation**

Violations noted at the time of visit ☐ Yes ☒ No

Any violations corrected onsite ☐ Yes ☒ No DSS Form 2910 needed ☐ Yes ☒ No

Signature of Director/Operator/Designee: *Lavonda Ann Paul*

Date: 13 July 26

☐ Refused to sign.

Signature of Child Care Licensing Specialist: *Kaitlin Smith*

Date: 7/13/26