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

Date of Inspection: 8/11/26
Time of Inspection: 1:30p
Type of Inspection: ☐ **Annual** ☑ **Complaint**
☐ **Follow Up (Original Inspection**
Date:___/___/____)
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: Little Hands Childhood Development Center
Permit #: 24992
Address: 573 College Park Road LADSON, SC 29456

Telephone #: 843-996-4545 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Hannah Dawn Furst
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 114 Building 1: ✓ Building 2: _____ Building 3: _____
Maximum number of infants: 52 ☐ 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- 6:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	C	N	N/A
Staff files are in compliance **H(1-7)**	☐	☑	☐
Training hours up-to-date **K(5)(b-c)**	☐	☐	☑
At least 1 person with CPR & 1st Aid on the premises **K(5)(h)**	☐	☐	☑

SUPERVISION 114-504	C	N	N/A
Adequate supervision throughout facility **A(1-2)**	☐	☑	☐
Facility following tracking of children procedures **A(3)**	☑	☐	☐
Ratios adequate in all classrooms and on playground **B, C**	☐	☑	☐

HEALTH, SANITATION & SAFETY 114-505	C	N	N/A
Children's faces/hands are clean **B(1)**	☐	☐	☑
Medicine and harmful items labeled and stored properly **D(2)**	☐	☐	☑
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	☐	☐	☑
Current Emergency Preparedness Plan **H(3)**	☐	☐	☑

	C	N	N/A
Proper diaper changing practices were observed **F(1-16)**	☐	☐	☑
Proper handwashing practices were observed **G(4)**	☐	☐	☑
No smoking/consumption of alcoholic beverage **A(3)**	☐	☐	☑
Emergency Medical Plan **C(1)**	☐	☐	☑

PHYSICAL SITE 114-507 — BUILDING	C	N	N/A
Ventilation and lighting & sufficient **A(2)(a-d), (4)**	☐	☐	☑
No strangulation/choking/suffocation hazards **A(5)(g)**	☐	☐	☑
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	☐	☐	☑
Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs.	☐	☐	☑
Facility free from pest problems (Insects, rodents) **A(8)(b-c)**	☐	☐	☑
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)**	☐	☐	☑
Electrical outlets are securely covered **A(11)(c)**	☐	☐	☑
Sink area has running water **A(12)(d)**	☐	☐	☑
Soap and disposable towels available at sink **A(12)(i)**	☐	☐	☑
Furniture, toys & equipment are clean and in good repair **C(1)**	☐	☐	☑
Furniture, toys & equipment meets the CPSC standards **C(2)**	☐	☐	☑
Healthy animals, not permitted if allergic **E(4)**	☐	☐	☑
Other environmental allergies **(Policy #120)**	☐	☐	☑

PLAYGROUND	C	N	N/A
Playground equip. safe & firmly anchored **B(7)**	☐	☐	☑
Adequate cushioning material; at least 6ft fall zone **B(9)**	☐	☐	☑
Fencing/safety barriers 4ft. in height, in good repair **B(4)**	☐	☐	☑
Outdoor space free from hazards and litter **B(2)**	☐	☐	☑
RESTING	C	N	N/A
Play Pens observed **C(4)**	☐	☐	☑
Cribs meet federal standards (reviewed certificate) **D(1)**	☐	☐	☑
Cots, mats, cribs labeled or charted for each child **D(2)**	☐	☐	☑
PROGRAM 114-506	C	N	N/A
Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)**	☐	☐	☑
Positive, non-abusive discipline practice **B(1)**	☐	☐	☑
	☐	☐	☑

MEAL REQUIREMENTS 114-508	C	N	N/A
Meals & snacks in compliance with USDA **A(1)(b)**	☐	☐	☑
Clean, wholesome, unspoiled, properly labeled food **A(4)**	☐	☐	☑
Food preparers have proper hair restraints **B(5)**	☐	☐	☑
Refrigerators have thermometers, temp under 45°F **D(2-3)**	☐	☐	☑
Prevention and response to food allergies **A(9-10)**	☐	☐	☑

	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)**	☐	☐	☑
Food stored & handled properly **D(1)**	☐	☐	☑
All cleaning & poisonous items stored away from food **D(8)**	☐	☐	☑
	☐	☐	☑

INFANT CARE 114-509	C	N	N/A
Infants are placed on their back to sleep **A(5)(a)**	☐	☐	☑
No bottles propped or given in cribs or on mats **A(3)(c)**	☐	☐	☑
Food for toddlers cut in pieces ½ inch or less **A(3)(k)**	☐	☐	☑
Food for infants cut in pieces ¼ inch or less **A(3)(j)**	☐	☐	☑
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed **A(3)(d)**	☐	☐	☑
Cups and bottles labeled with child's name & used only by that child **A(3)(a)**	☐	☐	☑

TRANSPORTATION 114-505 I	C	N	N/A
Vehicle has proper safety restraints & in good repair **I(1)**	☐	☐	☑
Checklist for loading/unloading children reviewed **(2)(d)**	☐	☐	☑
Driver's (valid) driver's license reviewed **(1)(f)**	☐	☐	☑

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: [signature] Date: 8/11/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: [signature] Date: 8/11/26

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Little Hands Childhood Development Center

PERMIT # 24992

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
DSS 114-404-1B Health Assesments	Staff need new health assesments or documents from physician that confirm appointment date and time.	COB
DSS 114-504 S1, 2 Proper Supervision	Children need to be properly supervised by authorized caregivers at all time.	COB
DSS 114-503 K4a, K4b Proof of education	All staff need to have graduation verification on file.	COB
DSS 114-504 B1 Ratio	Ratio needs to be met in all classrooms at all times.	COB
DSS 114-503H2; H6; H7. Staff files	Present staff need to have completed staff files that contain all required documentation and they	COB
DSS 114-505 G1 (c-d) TB Test	Staff need to provide TB documentation prior to start date and it must be kept on file.	COB

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

Licensing Specialist _____ **Date** 8/20/26

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Little Hands Childhood Development Center

PERMIT # 24992

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
DSS 63-13-40 D1 Unauthorized Caregiver	All staff need to have clear central registry and fingerprints on file. Or a transfer letter.	COB

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Licensing Specialist _____ **Date** 8/20/26