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

Date of Inspection: 6/29/26
Time of Inspection: 11:05 am
Type of Inspection: ☐ **Annual** ☑ **Complaint**
☐ **Follow Up (Original Inspection Date:___/___/___)**
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: The House of Smiles
Permit #: 21085
Address: 210 Carolina Avenue Moncks Corner, SC 29461

Telephone #: 843-860-1173 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Jerlean P Holmes
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 66 Building 1: ✓ Building 2: ____ Building 3: ____
Maximum number of infants: 46 ☐ 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)**	☐	☐	☑	Adequate supervision throughout facility **A(1-2)**	☑	☐	☐
Training hours up-to-date **K(5)(b-c)**	☐	☐	☑	Facility following tracking of children procedures **A(3)**	☐	☑	☐
At least 1 person with CPR & 1st Aid on the premises **K(5)(h)**	☑	☐	☐	Ratios adequate in all classrooms and on playground **B, C**	☑	☐	☐

HEALTH, SANITATION & SAFETY 114-505	C	N	N/A		C	N	N/A
Children's faces/hands are clean **B(1)**	☐	☐	☑	Proper diaper changing practices were observed **F(1-16)**	☐	☐	☑
Medicine and harmful items labeled and stored properly **D(2)**	☐	☐	☑	Proper handwashing practices were observed **G(4)**	☐	☐	☑
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	☐	☐	☑	No smoking/consumption of alcoholic beverage **A(3)**	☐	☐	☑
Current Emergency Preparedness Plan **H(3)**	☐	☐	☑	Emergency Medical Plan **C(1)**	☐	☐	☑

PHYSICAL SITE 114-507

BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A
Ventilation and lighting & sufficient **A(2)(a-d), (4)**	☐	☐	☑	Playground equip. safe & firmly anchored **B(7)**	☐	☐	☑
No strangulation/choking/suffocation hazards **A(5)(g)**	☐	☐	☑	Adequate cushioning material; at least 6ft fall zone **B(9)**	☐	☐	☑
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	☐	☐	☑	Fencing/safety barriers 4ft. in height, in good repair **B(4)**	☐	☐	☑
Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs.	☐	☐	☑	Outdoor space free from hazards and litter **B(2)**	☐	☐	☑
Facility free from pest problems (insects, rodents) **A(8)(b-c)**	☐	☐	☑	**RESTING**	C	N	N/A
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)**	☐	☐	☑	Play Pens observed **C(4)**	☐	☐	☑
Electrical outlets are securely covered **A(11)(c)**	☐	☐	☑	Cribs meet federal standards (reviewed certificate) **D(1)**	☐	☐	☑
Sink area has running water **A(12)(d)**	☐	☐	☑	Cots, mats, cribs labeled or charted for each child **D(2)**	☐	☐	☑
Soap and disposable towels available at sink **A(12)(i)**	☐	☐	☑	**PROGRAM 114-506**	C	N	N/A
Furniture, toys & equipment are clean and in good repair **C(1)**	☐	☐	☑	Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)**	☑	☐	☐
Furniture, toys & equipment meets the CPSC standards **C(2)**	☐	☐	☑				
Healthy animals, not permitted if allergic **E(4)**	☐	☐	☑	Positive, non-abusive discipline practice **B(1)**	☑	☐	☐
Other environmental allergies **(Policy #120)**	☐	☐	☑		☐	☐	☑

MEAL REQUIREMENTS 114-508

	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA **A(1)(b)**	☐	☐	☑	Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk **A(3)**	☐	☐	☑
Clean, wholesome, unspoiled, properly labeled food **A(4)**	☐	☐	☑		☐	☐	☑
Food preparers have proper hair restraints **B(5)**	☐	☐	☑	Food stored & handled properly **D(1)**	☐	☐	☑
Refrigerators have thermometers, temp under 45°F **D(2-3)**	☐	☐	☑	All cleaning & poisonous items stored away from food **D(8)**	☐	☐	☑
Prevention and response to food allergies **A(9-10)**	☐	☐	☑		☐	☐	☑

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)**	☐	☐	☑	Vehicle has proper safety restraints & in good repair **I(1)**	☐	☐	☑
No bottles propped or given in cribs or on mats **A(3)(c)**	☐	☐	☑	Checklist for loading/unloading children reviewed **(2)(d)**	☐	☐	☑
Food for toddlers cut in pieces ½ inch or less **A(3)(k)**	☐	☐	☑	Driver's (valid) driver's license reviewed **(1)(f)**	☐	☐	☑
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)**	☐	☐	☑	**C-Compliant with Regulation** **N-Noncompliant with Regulation**			
Cups and bottles labeled with child's name & used only by that child **A(3)(a)**	☐	☐	☑	**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: Jerlean P Holmes Date: 6/29/2026 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Chanell Wynn Date: 6/29/2026