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

Date of Inspection: 7-28-26
Time of Inspection: 9:49
**Type of Inspection:** ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection
Date: ___/___/___)
**Reason for Follow up:**
☐ Pending Deficiencies
☐ Self-Reported Incident

Facility Name: Smart Cookies Preschool
Permit #: 26342
Address: 1643-A & 1637 Savannah Hwy CHARLESTON, SC 29407

Telephone #: 843-974-3764 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No
Center Director/Designee: Cheyenne Ray
Change in Ownership or Director? ☐ Yes ☒ No if yes, Name: _____
Maximum number of children: 103 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 60 ☐ 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
**ABC Quality** No **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: _____ Date: 7/23/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: _____ Date: 7-23-26

Revised February 2025

# Division of Early Care and Education

## Deficiency Correction

**NAME OF PROVIDER/OPERATOR** Smart Cookies

**PERMIT #** 26342

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|---|---|---|
| 3 staff members have missing hours in 2025 | Have staff members make up hours in 2026 | 7/31/2026 |
| Hand soap missing in the bathroom | Provide hand soap | 7/31/2026 |
| Mildew ceiling tile observed | Replace tile | 7/31/2026 |
| Classroom fridge is unclear | Clean the fridge | 7/31/2026 |
| | | |
| | | |

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

**Licensing Specialist** _____ **Date** 7/23/26