

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

Facility Name: Happy Faces Child Care Learning Center
Permit #: 17872
Type of Inspection: Annual Complaint
Date of Inspection: 2/19/20
Time of Inspection: 4:11:26pm
Reason for Follow up: Follow Up (original inspection date) clear up pending deficiency Self-Report

Address: 314 Rembert C. Dennis Blvd Moncks Corner, SC 29461
Telephone #: (843) 899-5353
Center Director/Designee: Tina Pearson, Director
Change in Ownership or Director? Yes No if yes, Name: _____
Maximum number of children: 132
Maximum number of infants: 36
Items posted in public view: License Menu Ratio Chart (All classrooms) Does facility transport children? Yes No N/A

Hours of Operation: M-F: 6:00a-6:00p
Any changes in contact info (Phone/Email/fax)? Yes No
Overnight Care? Yes No
Building 1: _____ Building 2: _____ Building 3: _____
 0-24 months 30 months I-4 facility Infants are in designated rooms? Yes No N/A
 CDEP

MANAGEMENT, ADMINISTRATION & STAFFING 114-503		SUPERVISION 114-504	
	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)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH, SANITATION & SAFETY 114-505			
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHYSICAL SITE 114-507			
BUILDING		PLAYGROUND	
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Facility free from pest problems (insects, rodents) A(8)(b-c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garbage kept properly in plastic lined receptacles A(8) (d-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sink area has running water A(12)(d)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEAL REQUIREMENTS 114-508			
INFANT CARE 114-509		TRANSPORTATION 114-505 I	
Meats & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspilled, properly labeled food A(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants are placed on their back to sleep A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces 1/2 inch or less A(3)(k)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces 1/4 inch or less A(3)(l)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C-Compliant with Regulation			
N-Noncompliant with Regulation			
No violations noted at the time of visit <input type="checkbox"/>			

Signature of Director/Operator/Designee:  Date: 2/19/20 Refused to sign
Signature of Child Care Licensing Specialist:  Date: 2/19/2020