

South Carolina Department of Social Services
Office of Child Care Licensing
INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Amanda Nicole Aprlie
 Permit #: 22956
 Address: 1501 Oaklanding Road Mount Pleasant, SC 29464
 Telephone #: (843) 971-8405
 Change in address? Yes No
 Total Capacity: 6
 Date of Inspection: 8/2/19
 Time of Inspection: 10:25 AM
 Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)
 Reason for Follow up: pending deficiencies self-report
 Hours of Operation: M-F: 8:00a-3:00p
 Any changes in contact info (Phone/Email/Fax)? Yes No
 Zoning restrictions Yes No
 Items to be posted: Registration No
 Verify the following: Verified Liability Insurance 63-13-210 Yes No
 If no, verify signed statements from parents: Yes No
NO PERM NOT A RESIDENT MAY BE EMPLOYED.

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)

Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input checked="" type="checkbox"/>	C	N	N/A
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>			
Bedrooms (no children unsupervised, guns or drugs, etc)	<input checked="" type="checkbox"/>			
Sleep Arrangements (no Pack-N-Plays)	<input checked="" type="checkbox"/>			
Cribs meet CPSC requirements	<input checked="" type="checkbox"/>			
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>			
Garage/Shed (secured if harmful items inside)	<input checked="" type="checkbox"/>			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input checked="" type="checkbox"/>			
Multiple floor levels?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No	
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>			
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>			
Pets/Animals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Up to date vaccination records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Smoke Detectors/Fire Extinguishers? If not, TA provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DOCUMENTATION

DSS 2909 completed for all enrolled children?	<input checked="" type="checkbox"/>	C	N	N/A
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>			
Is medication administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is the medication expired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input checked="" type="checkbox"/>			
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

STAFFING & SUPERVISION

Staff observed were qualified?	<input checked="" type="checkbox"/>	C	N	
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>			
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Number of children observed:				5

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person: Amanda Nicole Aprlie Date: 08/02/19 Refused to sign
 Signature of Child Care Licensing Specialist: SPM Date: 8/2/19