

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

Operator Name: Beverly Hamilton  
Permit #: 23407

Date of Inspection: 2/22/24 Time of Inspection: 10:30a  
Type of Inspection:  Annual  Complaint  Renewal  Follow Up (original inspection date \_\_\_\_\_)

Address: 205-G Old Shanklin Road Beaufort, SC 29906

Reason for Follow up:  pending deficiencies  self-report

Telephone #: 843-271-0219

Hours of Operation: M-F: 7:30a-5:00p  
Any changes in contact info (Phone/Email/Fax)?  Yes  No Overnight Care?  Yes  No

Change in address?  Yes  No

Zoning restrictions  Yes  No

Total Capacity: 6

Items to be posted:  Registration

Verify the following: Verified Liability Insurance 63-13-210  Yes  No If no, verify signed statements from parents.  Yes  No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			
	C	N	N/A
DSS 2909 completed for all enrolled children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Preparedness Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	<u>2</u>		
<b>C = Compliant with Regulation - N = Noncompliant with Regulation</b> <b>No violations noted at the time of visit</b> <input type="checkbox"/>			

**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: Beverly Hamilton Date: 2-22-24  Refused to sign  
Signature of Child Care Licensing Specialist: 13 Johnson Date: 2/22/24

**Division of Early Care and Education**  
**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Beverly Hamilton  
**PERMIT #** 23407

<b>Deficiency Cited</b>	<b>Corrective Action Needed</b>	<b>Expected Date of Correction</b>
interior and exterior conditions of the home are unsafe and unhealthy	repairs & cleaning must be completed to ensure a safe and healthy environment	30 days from visit= 3/22/24
provider does not have an emergency medical plan or emer. evacuation plan	plan must be completed and submitted to office	30 days, 3/22/24

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

**Licensing Specialist** *R. Johnson* **Date** 3/5/24