License/Registration/Approval No.:

South Carolina Department of Social Services Child Care Licensing and Regulatory Services SECTION 3: CURRENT CHILD CARE FACILITY STAFF/CAREGIVER CHECKLIST

Name of Facility:		County:						Date:													
To be cor	npleted by the	child care fac	ility operator – in	clude er	nergency	personne	I		Ι	F	For I	DSS	Ch	ild C	Care	Lic	ens	ing	Only		
Name	Position	Date of Birth		Employment Start Date	Employment End Date	Days/ Hours on Duty Example: M-F/8-5	Assigned	Years of Experiences	To Be Collected/ Verified by Licensing Specialist												
									Ed. Level Verified*	CPR Infant/Child	First Aid	DSS Form 2901	DSS Form 2924	DSS Form 2925	DSS Form 2926	TB Test	SLED Results	Fingerprint Results	All Policies	BBP Training	Training Record
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Total Staff: (Page of) *Verify educational level by listing the diploma or degree										Use additional pages if necessary											