

**South Carolina Department of Social Services  
Child Care Licensing  
CURRENT FAITH-BASED FACILITY LIST OF CHILDREN**

To be completed by Child Care Facility Director prior to DSS Site Visit

Name of Facility:	County:
Physical Address: (Street, City, State, Zip)	Date:

Child's Name (Please group children by the following ages: under age 2, age 2, age 3, age 4, age 5 and age 6 and above.)	Age	Days in Facility (Example: Mon. Wed. Fri.)	Arrival Time	Departure Time	<b>FOR FACILITY INFORMATION ONLY (RECORDS WILL NOT BE CHECKED BY DSS)</b>			
					Immunization	DSS Form 2900	General Record	Medication Authorization
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