

South Carolina Department of Social Services
Child Care Licensing

CHILD CARE FACILITY CURRENT LIST OF CHILDREN

(Please group children by the following age levels: Under Two, Two, Three, Four, Five, and 6 and above.)

Name of Facility: _____ County: _____

Physical Address: (Street, City, State, Zip) _____ Date: _____

Child's Name	Age	Days in Facility (Ex. Mon., Wed., Fri.)	Arrival Time	Departure Time	DSS Use Only										
					Immunization	DSS Form 2900	Child's General Rec.	Medication Authorization	Discipline Policy Statement	Swim	Field Trips	Corporal Punishment	Emergency Medical Treatment	ID Verification	
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