South Carolina Department of Social Services SC Voucher Program IMPORTANT NOTIFICATION TO PROVIDERS

During your program review today, the following was no	oted in regards to your records:
☐ No SC Voucher clients connected.	
\square No problems were found. Records were in order.	
\Box Attendance was taken, but was: $\ \Box$ not dated. $\ \Box$	not easy to follow. $\ \square$ not done consistently.
$\hfill \square$ Attendance was not taken at all or could not be valid	dated.
$\hfill \square$ Absences were not transferred to the Service Vouch	ner Log (SVL).
\square Some absences were not being properly transferred	to the SVL.
Number:	
\square SVLs were: \square not maintained at all. \square not maint	ained on-site.
☐ Some SVLs were missing.	
Taking daily attendance and reporting client absences are requirements of your participation in the SC Voucher Program and the procedures for such are outlined in the provider business procedures.	
Providers must accurately and consistently maintain d through the SC Voucher Program at your facility. Provattendance log on the service voucher log.	·
SVLs are required to be maintained on-site for a period	of three years.
You must correct any problems identified above immed being withheld, recouped and/or termination from the	
By my signature, I certify that the findings of my procorrective action required to be submitted. Furthermomentate action to insure corrections are made, if app	ore, I fully understand the above policy and will take
Signature of Provider	Name of Facility
Date	Address
FEIN No./Social Security No.	City/State/Zip
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