

**South Carolina Department of Social Services
Child Care Licensing
DHEC-FIRE INSPECTION REQUEST: CHILD CARE FACILITY**

To be completed in full by the Director/Operator and returned with a check or money order in the amount of \$60.00 payable to **DHEC**. Mail check and form to your DSS Child Care Licensing Regional Office **OR** submit payment online at childcare.sc.gov and mail this form to your DSS Child Care Licensing Regional Office.

Type of Inspection Requested: **DHEC Sanitation Inspection** (New and renewal applications)
 Fire Inspection (New applications only – renewal requests are generated automatically)

Type of Facility: Child Care Center (13 or more children) Group Child Care Home
 Faith-Based Facility Family Child Care Home

Facility Name: _____ County: _____

Days of Operation: (Check all that apply) Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Facility Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Mailing Address: (If different from above) _____

Name of Director/Operator: _____ Hours of Operation: _____

Overnight care provided? (Care provided anytime between 1:00 AM and 5:00 AM) Yes No

Name and Telephone Number of Facility Contact Person: _____

Director Operator Sponsoring Agency Rep. Owner Buyer Other

List **ALL** buildings or portables in Licensed/Registered facilities and **ALL** rooms used for child care in public schools:

Payment for DHEC inspection was submitted online. Date of Online Payment: ____ / ____ / ____

Payment Type: Credit Card Debit Card Electronic Check Payment Reference No.: _____

Signature of Director/Operator: _____ Date: _____

FOR NEW APPLICANTS ONLY

Directions to Facility: (Include specific details indicating nearby landmarks when facilities are in isolated rural areas or other hard to find locations. Use back of form if necessary.)

DSS USE ONLY – Complete and send to DHEC

Please check type of inspection requested:

New Application New Construction Renovation Renewal _____
Expiration Date

Please mail Inspection Report to the attention of _____ at the address shown below:
DSS Child Care Licensing Specialist

Online Payment Verified by: _____ Date Mailed to DHEC: _____
Authorized DSS Staff Member Date