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 completed by the child care facility operator – include emergency personnel									For DSS Child Care Licensing Only													
									To Be Collected/ Verified by Licensing Specialist			To Be Maintained in Employee File										
Name	Position	Date of Birth	Social Security Number	Employment Start Date	Employment End Date	Days/ Hours on Duty Example: M-F/8-5	Primary Age Group Assigned	Years of Experiences	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

Total Staff: _____ (Page _____ of _____) *Verify educational level by listing the diploma or degree Use additional pages if necessary