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