

**South Carolina Department of Social Services
Child Care Licensing
HEALTH-FIRE INSPECTION REQUEST: CHILD CARE FACILITY
NEW APPLICANTS ONLY**

To be completed in full by the Director/Operator and returned to your DSS Child Care Licensing Regional Office.

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:

Signature of Director/Operator: _____ Date: _____

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

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