South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED CENTERS

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Date: $\frac{6/14/2\cdot 3}{2}$ \square Refused to sign

Signature of Director/Operator/Designee:

Signature of Child Care Licensing Specialist: _

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<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

NAME OF PROVIDER/OPERATOR Busy Bodies Child Care Center PERMIT # 14721

Deficiency Cited	Corrective Action Needed	Expected Date of Correction 1 week	
Staff health assessment and TB test were needed for 2 staff	Have the staff complete the Staff health assessment and TB test.		

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist) yra	Sturte	_{Date} 6/14/23