

South Carolina Department of Social Services
Child Care Licensing
CURRENT LIST OF CHILDREN
(Please group children by the age groups allowed: 5yrs – 12yrs)

Name of Temporary Operation: _____ County: _____

Physical Address: (Street, City, State, Zip) _____

Child's Name	DOB	Days in Facility (Ex. Mon., Wed., Fri.)	Arrival Time	Departure Time		
					DSS Form 2900	No Corporal Punishment Statement
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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11.						
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19.						
20.						