

**South Carolina Department of Social Services  
Child Care Licensing  
CURRENT LIST OF STAFF**

Name of Temporary Operation: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: (Street, City, State, Zip) \_\_\_\_\_

Staff Name (Last Name, First Name)	DOB	Position	Any previous licensed or registered childcare experience?  (Yes or No)	If Yes, please list name of child care facility last employed and last date of employment.
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