

**South Carolina Department of Social Services  
Division of Child Day Care Licensing and Regulatory Services  
VERIFICATION OF CORRECTION OF DEFICIENCY(IES)**

The deficiency(ies) noted at the time of inspection has/have been cited on the enclosed correspondence. Please complete this form to verify that the deficiency(ies) has/have been corrected. **Submit this form along with accompanying documentaton to the Regional Child Day Care Licensing Office.** Where applicable, attach copies of the documentation to be included in your file. (Example: Copies of health reports, education and training hours, receipts documenting repairs, etc.)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The following deficiency(ies) has/have been corrected. Documentation is enclosed.

(You may attach additional pages if more space is needed.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Signature of Primary Operator: \_\_\_\_\_ Date: \_\_\_\_\_