Application for Certificate of Temporary Operation of a Child Care SC DSS Early Care and Education Child Care Licensing

Please fill all areas of the application. Incomplete Applications will be returned, this may delay the approval process.

Applications can be sent to ccltempoperations@dss.sc.gov for processing.

| Name of the Organization: | _Site Manager/Director: |
|--|-------------------------|
| Physical Address of Proposed Site: | |
| City: | State: <u>SC</u> Zip: |
| Phone Number: () Email Address: | |
| Do you currently have a CCL License/Approval/Registration? | |
| Do you currently participate in the ABC Quality Program? | |
| Do you care for Preschool age children (Ages 0-4 years) at this location? Yes No | |
| If yes, please contact Child Care Licensing at (803) 898-9020. | |
| Will you be providing meals during operation hours? Yes No | |
| Will you be transporting children? | |
| Is the Site Manager/Director 21 years of age or older? | |
| Are all staff 18 years of age or older? Yes No | |
| Has a Fire/Health inspection been completed within the past 2 years for the proposed location? Yes No | |
| If yes, Date of Last Inspection: | |
| Number of Children requested for care (Age 5 and up only): | |
| Number of Staff: | |
| Number of available bathrooms: | |
| To complete the application, you will need to provide the following. Necessary forms and documents can be found here . | |
| List of staff Plan of daily events If applicable, Copies of CPR/1st aid Pictures of bathrooms, Area of Care for children, and (if providing meals) the kitchen. Central Registry Check (DSS Form 2924) for all staff SLED Catch Results on all staff/persons working in the facility | |
| I certify that the information entered in this application is correct and that to complete the application further documentation, separate from this application form, will need to be submitted to Child Care Licensing. | |
| Signature of Site Operator/Director | Date |

Application (7/2020) **Child Care Licensing**