

**South Carolina Department of Social Services  
Child Care Licensing  
DHEC-FIRE INSPECTION REQUEST: CHILD CARE FACILITY**

To be completed in full by the Director/Operator and returned with a check or money order in the amount of \$60.00 payable to **DHEC**. Mail check and form to your DSS Child Care Licensing Regional Office **OR** submit payment online at [childcare.sc.gov](http://childcare.sc.gov) and mail this form to your DSS Child Care Licensing Regional Office.

**Type of Inspection Requested:**  **DHEC Sanitation Inspection** (New and renewal applications)  
 **Fire Inspection** (New applications only – renewal requests are generated automatically)

Type of Facility:  Child Care Center (13 or more children)  Group Child Care Home  
 Faith-Based Facility  Family Child Care Home

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

Days of Operation: (Check all that apply)  Mon.  Tues.  Wed.  Thur.  Fri.  Sat.  Sun.

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

Name of Director/Operator: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Overnight care provided? (Care provided anytime between 1:00 AM and 5:00 AM)  Yes  No

Name and Telephone Number of Facility Contact Person: \_\_\_\_\_

Director  Operator  Sponsoring Agency Rep.  Owner  Buyer  Other

List **ALL** buildings or portables in Licensed/Registered facilities and **ALL** rooms used for child care in public schools:

\_\_\_\_\_  
\_\_\_\_\_

Payment for DHEC inspection was submitted online. Date of Online Payment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment Type:  Credit Card  Debit Card  Electronic Check Payment Reference No.: \_\_\_\_\_

Signature of Director/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR NEW APPLICANTS ONLY**

Directions to Facility: (Include specific details indicating nearby landmarks when facilities are in isolated rural areas or other hard to find locations. Use back of form if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

**DSS USE ONLY – Complete and send to DHEC**

Please check type of inspection requested:

New Application  New Construction  Renovation  Renewal \_\_\_\_\_  
Expiration Date

Please mail Inspection Report to the attention of \_\_\_\_\_ at the address shown below:  
DSS Child Care Licensing Specialist

Online Payment Verified by: \_\_\_\_\_ Date Mailed to DHEC: \_\_\_\_\_  
Authorized DSS Staff Member Date