

**Child Care and Development Block Grant Act**  
Title 42 U.S.C., §9858 (f) – Criminal Background Checks  
South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment  
**Criminal Background Check Questionnaire**



## Child Care and Development Block Grant (CCDBG) Act Criminal Background Check Questionnaire

Title 42 U.S.C., §9858 (f) – Criminal Background Checks

South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment

Please follow all instructions carefully or your form cannot be processed timely. Be sure to sign and date the **Certification Statement on Page 5** and the **Release Form on Page 6**. If you have any questions, please contact your immediate supervisor or the assigned background investigator.

### Purpose of this Form

In accordance with Title 42 United States Code (U.S.C.) §9858 (f) – Criminal Background Checks; U.S. Department of Health and Human Services (DHHS), Title 45 Code of Federal Regulations (C.F.R.), Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment; and states shall have requirements, policies and procedures to require all licensed, regulated and registered child care providers; as defined under Title 42 U.S.C. §9858 (f)(i)(2) and South Carolina Code of Laws, Section §63-13-40 (A), to conduct a comprehensive criminal background check upon all current and prospective employees who are employed by a child care provider for compensation or whose activities involve unsupervised access to children who are cared for by the child care provider.

The information obtained from this form is used as the basis for this criminal background check. Providing this information is **not** voluntary for positions with unsupervised access to children. The required investigation cannot be completed, or completed in a timely manner, if each item of information requested is not provided in full. The CCDF requires child care service providers to complete criminal background checks **at least once every five (5) years**.

### Authority to Request this Information

The South Carolina Department of Social Services is authorized to ask for this information under Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A).

Federal and State agencies are routinely required to utilize a Social Security Number to identify individuals in agency records; this is to insure the accuracy of those records. This background investigation requires that a detailed search be conducted within all Federal and State criminal and sex offender registries and repositories and that a review be conducted of all Federal and State arrest and conviction information.

### The Investigative Process

Criminal background checks are conducted using your responses on this form to develop information to determine eligibility for existing and/or prospective child care providers staff members; as defined under Title 42 U.S.C. §9858(f)(i)(2). The information that you provide on this form will be verified during the investigation. As a normal part of this process, you may be contacted by SCDSS to update, clarify, and/or explain information obtained during the background check. It is important that you respond as soon as possible if contacted.

### Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You must sign and date, in **BLUE** ink, the original and each copy you submit.
2. Type, or print your answers in ink (if your form is not legible, it will not be accepted).
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, you may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences, employment history, to include, periods of self-employment, unemployment, or educational experience; you may use a blank piece of paper that lists the question reference number next to the additional information. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page**.

### Disclosure of Information

The information you provide is for the purpose of completing background checks pursuant to State and Federal laws and is protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by both State and Federal Privacy Acts. The information on this form, and information collected during your criminal background investigation shall not be disclosed without your consent, except as permitted by law.

## Final Determination on Your Eligibility

The SCDSS will only provide the detailed results of your criminal background check to you. The child care provider will receive your results in the form of a written statement that indicates whether you as an existing or prospective child care staff member are eligible or ineligible for employment. The child care provider will not receive any information regarding your disqualifying crime.

If you are one of those individuals subject to a criminal conviction screening, you will be provided the opportunity to submit additional information within a specified timeframe, in the event a criminal conviction requires clarification or results in an unfavorable outcome, such as ineligibility for employment.

Final decisions resulting in an ineligibility status, will be provided in a written statement to you that will include information related to each disqualifying crime. You will also be given notice of the opportunity to appeal. An ineligible existing or prospective child care staff member will receive instructions about how to complete the appeals process if the child care staff member wishes the accuracy or completeness of the information contained within such member's criminal background report.

If you, as an existing or prospective child care staff member knowingly and willfully make a materially false statement in connection with this criminal background check, you shall be determined ineligible for employment by a child care provider.

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## STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	Vi						

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**Criminal Background Check Questionnaire**

**New Hire**

**Persons completing this form should begin with the questions below.**

<b>A</b>	<b>FULL NAME</b>	<input type="checkbox"/> If you have only initials in your name, use them and state "IO". <input type="checkbox"/> If you have no middle name, enter "NMN."	<input type="checkbox"/> If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	<b>B DATE OF BIRTH</b>		
		Last Name	First Name			

<b>C PLACE OF BIRTH</b> - Use the two-letter code for the State.	<b>SOCIAL SECURITY NUMBER</b>
City _____ County _____ State _____ Country (If not in the United States) _____	

<b>D OTHER NAMES USED:</b>					
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
<b>#1</b>	To		<b>#3</b>	To	
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
<b>#2</b>	To		<b>#4</b>	To	

<b>E OTHER IDENTIFYING INFORMATION</b>	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box)
					<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>F TELEPHONE NUMBERS</b>	Work (include Area Code and extension)	Home (include area code)
	<input type="checkbox"/> Day <input type="checkbox"/> Night (     ) -	<input type="checkbox"/> Day <input type="checkbox"/> Night (     )

<b>G1 CITIZENSHIP</b> <small>Mark the box at the right that reflects your current citizenship status, and follow its instructions.</small>	<input type="checkbox"/>	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. <i>Answer items b and d</i>	Your Mother's Maiden Name
	<input type="checkbox"/>	I am a U.S. citizen, but I was NOT born in the U.S. <i>Answer items b, c and d</i>	
	<input type="checkbox"/>	I am not a U.S. citizen. <i>Answer items b and e</i>	

**G2 FACILITY LICENSE NUMBER** \_\_\_\_\_

**G2 FACILITY NAME** \_\_\_\_\_

**FACILITY ADDRESS** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**FACILITY EMAIL** \_\_\_\_\_

**H APPLICANT EMAIL ADDRESS:** \_\_\_\_\_

**IDENTOGO FINGERPRINT REGISTRATION NUMBER:** \_\_\_\_\_

**Enter your Social Security Number before going to the next page** \_\_\_\_\_

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**H WHERE YOU HAVE LIVED**

List the places where you have lived, beginning with the most recent (#1) and working back five (5) years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence, do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. For military assignments, be sure to specify your location as closely as possible. For example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas. If additional space is needed, please list on additional paper.

Month/Year <b>#1</b>	To Present	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#2</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#3</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#4</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#5</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#6</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#7</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#8</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#9</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#10</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#11</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year <b>#12</b>	To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code

Enter your Social Security Number before going to the next page

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**i CRIMINAL ARREST HISTORY**

<b>YOUR POLICE RECORD</b> <i>(Do not include anything that happened before your 18<sup>th</sup> birthday.)</i>					Yes	No
Have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority/Court <i>(Include City and county/country if outside U.S.)</i>	State	ZIP Code	

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on **page 6**.

***A person who has been convicted of a crime enumerated in subsection (A) of S.C. Code Ann., Section 63-13-40 who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.***

**Certification That My Answers Are True**

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature (Sign in <b>BLUE</b> Ink)	Date
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

*(Please read this authorization to release information carefully, then sign and date it in **BLUE ink.**)*

**I Authorize** an investigator, or other duly authorized representative, of the South Carolina Department of Social Services (SCDSS), Office of Inspector General pursuant to Federal and State laws, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my residential, employment history, public safety agency contacts or investigations, and/or criminal history record information. I authorize the investigator or duly accredited representative conducting my criminal background check will provide the results of my criminal background check to the child care provider who submitted the request to the SCDSS in the form of a written statement. The statement provided by the SCDSS will indicate whether I, as an existing or prospective child care employee, am eligible or ineligible for employment in accordance with federal and state laws.

This will be accomplished without revealing any disqualifying criminal history information or any other related information regarding that individual pursuant to Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment.

**I Further Authorize** an investigator or other duly accredited representative of the South Carolina Department of Social Services, Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility to deliver CCDF services, as an employee of a child care provider for compensation or as an individual whose activities involve unsupervised access to children who are cared for by the referenced child care provider. I understand that I may request a copy of such records, as may be available to me under the law.

**I Understand** that the information released by records custodians and sources of information is for official use by the South Carolina Department of Social Services for the purposes provided in Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment; and that it may be redisclosed by the South Carolina Department of Social Services only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed.

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Signature (Sign in **BLUE Ink**)

Date

**South Carolina Department of Social Services**  
**DSS Form 1706**  
**Child Care and Development Block Grant (CCDBG) Act**  
**Criminal Background Check Questionnaire**  
**Instructions**

DSS Form 1706 should be submitted online by the employee/potential employee, using the Provider Portal, within two (2) business days of making a tentative offer of employment or registering for fingerprinting services through IdentoGo. This is a new and more efficient way for processing the form.

To access the DSS Provider Portal – DSS Form 1706 Background Questionnaire, please copy/paste the link below into your web browser. Once the form has been submitted, you should receive a confirmation email. No further action is required.

<https://providerportal.dss.sc.gov/#/dece/background-checks/introduction>

If you do not have access to a computer/tablet/smart phone, you may access the physical form via the SC Child Care Services website below.

<https://www.scchildcare.org/media/65110/DSS-FORM-1706-Child-Care-and-Development-Block-Grant-Act-MAR-19-003-.pdf>

Once completed, please submit the DSS Form 1706 by US first class mail to:

**SCDSS – Office of Inspector General**  
**1628 Browning Road, Suite 200-2,**  
**Columbia, SC 29210**

Please note: Mailing the questionnaire will significantly delay the review process.

**Prior to being fingerprinted, the applicant must complete, sign, and date the (paper copies) DSS Forms 1081 - Privacy Rights Notification and 1083 - Privacy Act Statement. The forms must be maintained by the childcare provider and copies must be submitted to your regional licensing specialist.**

**[This is a mandatory requirement of the FBI CJIS Security Policy 5.9.](#)**