

South Carolina Department of Social Services
Child Care Licensing
**CONSENT TO RELEASE INFORMATION
AND COMPLIANCE STATEMENT**

The SC Child Care Licensing Law, Section 63-13-40 D(1-2) et seq., Code of Laws states that in order to be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a Central Registry and Database check must be conducted by DSS to determine any abuse or neglect perpetrated by the person upon a child. However, as stated in Section 63-13-40 D(3), Code of Laws, a person may be provisionally employed or may provisionally provide caregiver services before the Central Registry check is completed if the person executes a sworn statement on a form provided by DSS that he or she is not on the Central Registry or in the Database for having perpetrated abuse or neglect upon a child.

Name of Child Care Facility: _____ Name of Director/Operator: _____
Street Address of Facility: _____ City: _____ State: _____ Zip Code: _____
County: _____ Facility Permit/ App ID Number _____ **Check One:** NEW Staff Member RENEWAL Staff
(Optional) I want to receive results for this check by facility's e-mail address on file. *Contact your Regional Office if any changes to email address*
Print or Type: Do not use initials. Spelling of the entire name is required to avoid processing delays.
Full Name: _____ DOB: _____ Sex: _____
Last First Middle
Maiden/Former Name: _____ Race: _____ Complete SSN (**No X's**): _____
Current Address: _____
Lists other addresses that you have lived at in the past 5 years, including dates of each residency: _____

This serves as my consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry and Database of Child Abuse and Neglect and National Sex Offender Registry on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff harmless from liability associated with the release of information I have requested using this form. I understand that all information provided on this form will be released to the individual/organization listed above. This consent is effective for a search of the Central Registry and Database of Child Abuse and Neglect and National Sex Offender Registry for the purpose of working in any child care facility in the State. If it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify DSS County Office immediately.

No electronic signatures. Your signature MUST be witnessed. Mail form to SCDSS, Child Care Licensing, P.O. Box 1520, Room 218, Columbia, SC 29202-1520

Signature of Applicant _____ Date _____ Witnessed by Director/Operator/Designee _____ Date _____
Email Address of Applicant: _____

To be completed by authorized DSS employee only.

Results of Search of the Child Abuse and Neglect Database, Central Registry and National Sex Offender Registry.

- The applicant is not listed as a perpetrator in the Central Registry or Database of Child Abuse and Neglect.
- The applicant **is listed** as a perpetrator in the **Central Registry**. According to state law, being named as a perpetrator prohibits an individual from being employed in a child care facility.
- The applicant **is listed** as a perpetrator in the **Database** of Child Abuse and Neglect. According to state law, being named as a perpetrator prohibits an individual from being employed in a child care facility for up to 7 years.
- The applicant information requires research. An additional 10 days are needed to process this request.
- The applicant is not listed in the National Sex Offender Registry. (NSOR)
- The applicant **is listed** in the National Sex Offender Registry. (NSOR)

Child Abuse and Neglect/ National Sex Offender Registry Check Completed by: _____ Date _____
Authorized DSS Employee _____

FOR PROVISIONAL EMPLOYMENT ONLY

THIS FORM ONLY NEEDS TO BE NOTARIZED IF THE EMPLOYEE IS BEING HIRED PROVISIONALLY AS DEFINED BY SECTION 63-13-40 D(2) AT THE TOP OF THE FORM.

I AFFIRM BY THIS SWORN AND SIGNED STATEMENT THAT I AM NOT LISTED IN THE CENTRAL REGISTRY OR DATABASE AS A PERPETRATOR OF CHILD ABUSE AND NEGLECT.

Staff's Signature: _____ Staff's Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20 _____,

My Commission Expires: _____

Notary Public for South Carolina