

South Carolina Department of Social Services
Child Care Licensing
**CONSENT TO RELEASE INFORMATION
FOR OUT OF STATE AGENCIES**

Child Care and Development Block Grant (CCDBG) Section. 658H. b) Requirements.— A criminal background check for a child care staff member under subsection (a) shall include— (1) a search of the State criminal and sex offender registry or repository in the State where the child care staff member resides, and each State where such staff member resided during the preceding 5 years; (2) a search of State-based child abuse and neglect registries and databases in the State where the child care staff member resides, and each State where such staff member resided during the preceding 5 years.

Requesting Agency/Entity: _____ Contact Personnel: _____

Agency Address: _____ Contact Telephone No.: _____

City: _____ State: _____ Zip Code: _____ Contact Email: _____

Please specify your preferred **method of response** by checking one of the boxes and completing the information.

Mail: _____ Fax: _____ Email: _____

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: _____

Please list the SC address(es) that you have lived in the past 5 years, including dates of each residency:

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether or not information indicate that I was the perpetrator of harm to a child, and to release the information found to the agency/entity named above.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I may notify the SCDSS County Office immediately.

No electronic signatures. Your signature MUST be witnessed.

Signature of Applicant Date Signature of Witness Date

Mail form to SCDSS, Child Care Licensing, P.O. Box 1520, Room 218, Columbia, SC 29202-1520 OR

Email form to centralofficechildcare@dss.sc.gov

SCDSS USE ONLY

To be completed by authorized DSS employee only. Results of Search of the Child Abuse and Neglect Database, Central Registry and State Sex Offender Database:

- The applicant is not listed as a perpetrator in the SC Child Abuse and Neglect Database or Central Registry.
- The applicant **is listed** as a perpetrator in the SC Child Abuse and Neglect **Database**. According to Federal and 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 SC Child Abuse and Neglect **Central Registry**. According to Federal and State law, being named as a perpetrator prohibits an individual from being employed in a child care facility.
- The applicant information requires research. An additional 30 days are needed to process this request.
- The applicant is not listed in the State Sex Offender Database. SC Law Enforcement Division (SLED)
- The applicant **is listed** in the State Sex Offender Database. SC Law Enforcement Division (SLED)

Central Registry/State Sex Offender Database Check Completed by: _____
Authorized DSS Employee Date