

**ORIGINAL OR CONTINUING REGISTRATION STUDY
FOR A FACILITY OPERATED BY A RELIGIOUS BODY OR GROUP**

Name of Facility		Name of Facility Director
Hours Facility Operates From: To:	County	Phone
Physical Address (Street, City, State, Zip Code)		
Mailing Address (Street, City, State, Zip Code)		

◆ This is to certify that the above-named facility is owned and operated by the following faith-based or publicly recognized religious educational or religious charitable institution.

Name of Organization		Phone
Address (Street, City, State, Zip Code)		
Official Title	Official Signature	Date

- ◆ The following information shall be prepared prior to the DSS visit for the original or continuing registration study:
- A. An approval letter from the local zoning board (for new facilities only).
 - B. Requests for sanitation and fire inspections (DSS Form 2905).
 - C. Completed and signed original application (DSS Form 2902).
 - D. Completed list of staff (DSS Form 2964).
 - E. Completed list of children (DSS Form 2945).
 - F. Completed Central Registry Checks on all current staff (DSS Form 2924).
 - G. State and Federal fingerprint results for all current staff.
 - H. Copies of current certificates for basic first aid and child/infant cardiopulmonary resuscitation for caregivers. (At least one certified caregiver must be on the premises at all times while facility is in operation.)
 - I. Sample of weekly menu, including snacks and beverages.
 - J. Training records for director and caregivers on file. (For renewals only).

◆ As director/operator, in accordance with the provisions of Sections 63-13-110 and 63-13-1010 through 63-13-1080, Code of Laws of South Carolina, I will comply with all of the requirements applicable to religious bodies or groups including floor space, staff to child ratios and staff training.

Director's Signature	Date
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