South Carolina Department of Social Services Child Care Licensing

CENTRAL REGISTRY RELEASE OF INFORMATION AND COMPLIANCE STATEMENT FOR CERTIFICATE OF TEMPORARY OPERATION DURING COVID-19

The SC Child Care Licensing Law, Section 63-13-40 D(1) 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 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(2), 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 for having perpetrated abuse or neglect upon a child. This serves as my consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry of Child Abuse and Neglect 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 below. This consent is effective for a search of the Central 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 SC DSS immediately.

Name of Te	emporary Operation Site:	Name o	Name of Director/Operator:		
Street Addr	ress of Temporary Operation Site:				
City:	State:	Zip Code:	Cour	nty:	
CC#: <u>45</u>	x NEW St	aff Member			
Print or Ty	pe: Spelling of entire name is required; it will b	e delayed if initials	are used.		
Full Name ((No initials):Last First	N AC-1-11-	DOB:	Sex:	
	mer Name:				
Current Add	dress:				
The addres	ses that you have lived in the past 5 years:				
Columbia, Complete the	00 payment (check or money order) and this form to SC 29202-1520 OR make payment online at www.neinformation.org/ below for online payments. ayment for this Form 2924 was submitted online. Payment:// Payment	v.scchildcare.org and ayment Type: C	mail this form to the redit Card Debit C	e address listed above. Card Electronic Check	
To be com	pleted by authorized DSS employee only. Resu	Its of Search of the	Central Registry and N	National Sex Offender Registry.	
□ Th na □ Th □ Th	ne applicant is not listed as a perpetrator in the Central amed as a perpetrator in the Central amed as a perpetrator prohibits an individual from the applicant information requires research. An add the applicant is not listed in the National Sex Offender applicant is listed in the National Sex Offender Functive But the Sex Offender Function in the Sex Offender	Registry of Child Abbeing employed in a litional 10 days are n ler Registry. (NSOR)	ouse and Neglect. Acc child care facility. eeded to process this		
	Authorized DSS Employee gistry/ National Sex Offender Registry Check Com	nleted by:	Date		
John ar 110	gody, Haddiai Gox Ghoridoi Nogioti y Ghook Gom	Aut	horized DSS Employe	ee Date	

DSS Form 2924 (AUG 14) Edition of OCT 13 is obsolete.