

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:							
Street Address of Facility:	City:			State:	Zip Code:		
County:	Facility Permit/ App	ID Number		Check One: 🛛	NEW Staff Membe	er 🗖	RENEWAL Staff
(Optional) I want to receive	results for this check	by facility's e-	mail address o	n file. Contact you	r Regional Office if any	/ chan	ges to email address
Print or Type: Do not use init	tials. Spelling of the	entire name	is required to	avoid processin	g delays.		
Full Name: Last				DOI	3:	Sex:	
Last Maiden/Former Name:							
Current Address:							
Lists other addresses that you	ı have lived at in the	past 5 years	s, including date	es of each reside	ncy:		
This serves as my consent to auth National Sex Offender Registry on its staff harmless from liability asso will be released to the individual/or and National Sex Offender Registr been updated or is inaccurate, I will	myself. I understand that ociated with the release ganization listed above. y for the purpose of work	at the information of information I This consent is king in any child	on may prove unfa have requested effective for a se d care facility in th	avorable to me. I ag using this form. I u arch of the Central	ree to hold any source nderstand that all infor Registry and Database	e of info matior e of Cł	ormation, SC DSS and n provided on this form hild Abuse and Neglect
No electronic signatures. Your signati	ure <u>MUST</u> be witnessed. N	lail form to SCDS	S, Child Care Licensi	ng, P.O. Box 1520, Room	218, Columbia, SC 29202-	1520	

Signature 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.

Date

- 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:

Authorized DSS Employee

Witnessed by Director/Operator/Designee

Date

Date

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 A	S A
PERPETRATOR OF CHILD ABUSE AND NEGLECT.	

Staff's Signature:

SWORN TO AND SUBSCRIBED BEFORE ME

Staff's Title:

This _____ day of _____ , 20

My Commission Expires:

Notary Public for South Carolina

DSS Form 2924 (JUNE 21) Edition of SEPT 20 is obsolete.