

Safe Release of Children Policy

| Name of Program: | (License/Registration/CC Number): | | |
|--|---------------------------------------|-----------------------------|--|
| Program Type (Choose One): □Child Care Center □License Exempt Program □Family/Group Child Care □Head Start | Director/Administrator/Owner Name: | Contact Phone Number: | |
| Address: | | | |
| City/Zip Code: | | | |
| released to persons authorized by the parent/g | • | st show proof of | |
| identification and sign-out the child before she/he is released to their care. Our program has a system in place that allows for cases of emergency. No child will be released to someone who has not been authorized or appears to be impaired. | | | |
| Describe your procedure for releasing children | ı to authorized persons. | | |
| How frequently is each child's authorized person list updated? | | | |
| Where are these lists kept? | | | |
| What is the procedure if the family has an emodesignated on the authorized person list come person is authorized to pick up the child? | | | |



Safe Release of Children Policy

| What is your procedure if the person (authorized/unauthorized) is incapable of providing safe care to the child (i.e., intoxicated, mentally disoriented)? | | | | |
|---|---------------|----------------|--|--|
| ABC Quality Assessor Name: | Phone Number: | Email Address: | | |
| | | | | |
| SC DSS Child Care Licensing Specialist (N/A for license- exempt centers): | Phone Number: | Email Address: | | |
| , staff have been informed, read, understand, and agree | | | | |
| to implement/abide by the Safe Release of Children policy as written. Our program understands that non-compliance with this policy can result in adverse actions. | | | | |
| Print Name of Authorized Personnel: | | | | |
| Signature of Authorized Personnel: | | Date: | | |