

South Carolina Department of Social Services
Child Care Licensing

APPLICATION TO OPERATE A CHILD CARE FACILITY

I CERTIFY that I understand that I am prohibited by law from applying for a child care license or registration if I have been convicted of a crime listed in the South Carolina Code of Laws, Chapter 3 of Title 16 (Offenses Against the Person), the crime of contributing to the delinquency of a minor (contained in Section 16-17-490), the felonies classified in Section 16-1-10(A), the offenses enumerated in Section 16-1-10(D), or a criminal offense similar in nature to the crimes listed above in other jurisdictions or under federal law. A person who has been convicted of a crime enumerated in Subsection A of South Carolina Code Section 63-13-40 who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such facility is guilty of a misdemeanor and upon conviction must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

63-13-1110 Sex Offender employment prohibitions.(A) Notwithstanding another provision of law to the contrary, it is unlawful for a person required to register pursuant to Article 7, Chapter 3, Title 23 to work for any person or as a sole proprietor, with or without compensation, at any location where a minor is present and the person's responsibilities or activities would include instruction, supervision, or care of a minor or minors, unless his employment or volunteer service is approved by a circuit court order and recorded in his sex offender registry file.

I have read the information above. Initial: _____ Date: _____

Please check one of the following:	
☐ NEW ☐ RENEWAL ☐ NEW DIRECTOR ☐ CHANGE OF FACILITY NAME ☐ CHANGE OF OPERATING HOURS	
Name of Facility:	
Name of Director(s):	Facility FEIN No. OR Owner's Social Security Number:
Name of Owner(s) or LLC members:	Telephone: (include area code)
Facility Street Address: (include city, state, zip)	Fax: (include area code)
Mailing Address (if different): (include city, state, zip)	Cell Phone: (include area code)
Billing Address (if different): (include city, state, zip)	E-Mail:
Days of Operation (check all that apply): ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su Overnight Hours (operating between 1AM – 5AM) ☐ Yes ☐ No	Hours of Operation: _____ ☐ AM/PM till _____ ☐ AM/PM
Type of Facility Applying For: Child Care Center, 13 or more children: ☐ Licensed Private For-Profit Center ☐ Licensed Faith-Based Sponsored Facility ☐ Approved Publicly Funded Center/Head Start ☐ Licensed Private Non-Profit Center ☐ Registered Faith-Based Sponsored Facility ☐ Approved Publicly Funded Center/School ☐ District Approved Publicly Funded Center Other Group Child Care Home, 7 – 12 children: ☐ Licensed Group Child Care Home Family Child Care Home, no more than 6 children: ☐ Licensed Family Child Care Home ☐ Registered Family Child Care Home	

Complete second page →

Name of Facility: _____

Permit Number: _____

Please check the method by which meals will be provided.

- ☐ Prepared at Kitchen in Facility ☐ Prepared at a DHEC approved Kitchen ☐ Provided by Parents
☐ Prepared by a Food Service Company ☐ Provided by Local School System ☐ Provide Snack Only

RENEWALS ONLY: Have your facility policies been updated or revised since your last renewal? ☐ Yes ☐ No

If your facility policies are available online, list website address here: _____

Do you participate in the ABC Quality? ☐ Yes ☐ No If yes, which check ABC Level: ☐ A+ ☐ A ☐ B+ ☐ B ☐ C ☐ P

Do you participate in the USDA Child Adult Care Food Program? ☐ Yes ☐ No

I CERTIFY that during the past seven years the applicant has not been disqualified from participating in any other publicly funded program for violating program requirements. I understand that "publicly-funded" programs are any program or grant funded by federal, state or local government.

Initial: _____

Date: _____

Select One:

☐ **I CERTIFY** that I have liability insurance on my child care facility.

☐ **I CERTIFY** that have a written notice stating I do not have liability insurance that is signed by parents and kept on file, as long as the child is enrolled.

Initial: _____

Date: _____

Please sign below stating that all information is true to the best of your knowledge.

Signature: _____

Date: _____

THE UNDERSIGNED CERTIFIED TO THE FOREGOING FACTS AND TO THE FOLLOWING STATEMENTS:

I understand that Sec. 63-13-10. et seq., Code of Laws of South Carolina, as amended, states that a child care facility cannot begin to operate until a license, approval or registration has been issued to that facility by the Department of Social Services.

Further, it is my intent to comply with the other regulations applicable to this child care facility which include but are not limited to regulations regarding staff: child ratios and supervision of children, beginning with the first day that care is provided to children. I understand it is my responsibility to secure current criminal history background records as well as Central Registry/Sex Offender background checks for all facility staff prior to their employment. I understand that criminal history background checks need to be repeated every 5 years and I further understand that Central Registry/Sex Offender checks must be repeated at every renewal. I understand that it is my responsibility to report to the Department any changes which affect the status of my child care facility license, approval or registration.

Signature: _____

Date: _____

A handwritten signature is required on this form. An electronic or font signature will not be accepted and will delay processing.