

South Carolina Department of Social Services
Child Care Licensing
CHILD CARE REFERENCE AND RELEASE STATEMENT
(Registered Family Child Care Homes Only)

Instructions: **Section A** of this form is to be completed by each of the three persons (non-related individuals) provided as references for the Registered Family Child Care Home director or. The forms are to be returned to the Registered Family Child Care Home operator for submission to the Department of Social Services. **Section B** is to be completed by the Department of Social Services.

SECTION A: CHILD CARE REFERENCE RELEASE STATEMENT

I am willing to be named as a reference for _____ , whom I have known for _____ year(s). I understand s/he is planning to operate a Registered Family Child Care Home to care for other individuals' children. I believe the applicant is of responsible character and is of suitable mental and physical health to provide care for children. I give permission for the Department of Social Services to contact me for additional reference information.

Signature of Reference: _____ Date: _____

Printed Name of Reference: _____

Address: _____ Zip _____

Phone: _____
Home Work Other

For DSS Use Only
SECTION B: CONTACT WITH REFERENCE BY DEPARTMENT STAFF

Suggested Questions:

1. How do you know the applicant?
2. Did you complete the reference release statement?
3. Do you know of any reason(s) why the Department should not issue a Family Child Care Home Registration to this applicant? (Consider conditions in the home or circumstances involving anyone residing in the home.)
4. Do you have any additional comments regarding the applicant?

Comments of Reference: _____

Signature of DSS Representative

Date of Contact