

**South Carolina Department of Social Services
Child Care Licensing
CENTRAL REGISTRY RELEASE OF INFORMATION
AND COMPLIANCE STATEMENT**

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 Child Care Facility: _____ Name of Director/Operator: _____

Street Address of Facility: _____

City: _____ State: _____ Zip Code: _____ County: _____

Facility License/Registration/Approval Number: _____ **Check One:** NEW Staff Member RENEWAL

(Optional) I want to receive results for this Central Registry check by e-mail at: _____

Print or Type: Spelling of entire name is required; it will be delayed if initials are used.

Full Name (**No initials**): _____ DOB: _____ Sex: _____
Last First Middle

Maiden/Former Name: _____ Race: _____ Complete SSN (**No X's**): _____

Current Address: _____

The addresses that you have lived in the past 5 years: _____

Signature of Applicant Date Witnessed by Director/Operator Date

Submit \$8.00 payment (check or money order) and this form to **SCDSS, Child Care Licensing, P.O. Box 1520, Room 218, Columbia, SC 29202-1520** OR make payment online at www.scchildcare.org and **mail this form to the address listed above.** Complete the information below for online payments.

Payment for this Form 2924 was submitted online. Payment Type: Credit Card Debit Card Electronic Check

Date of Online Payment: ____ / ____ / ____ Payment Reference No.: _____

To be completed by authorized DSS employee only. Results of Search of the Central Registry and National Sex Offender Registry.

- The applicant is not listed as a perpetrator in the Central Registry of Child Abuse and Neglect.
- The applicant is listed as a perpetrator in the Central Registry 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.
- 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)

Online Payment Verified by: _____ Date _____
Authorized DSS Employee

Central Registry/National Sex Offender Registry Check Completed by: _____ Date _____
Authorized DSS Employee

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 AS A PERPETRATOR OF CHILD ABUSE AND NEGLECT.

Staff's Signature: _____ Staff's Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20____,

Notary Public for South Carolina My Commission Expires: _____