

**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: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date Witnessed by Director/Operator Date

Submit \$8.00 payment (check or money order) and this form to **Child Care Licensing, 2638 Two Notch Road, Suite 217, Columbia, SC 29204** OR make payment online at [schildcare.org](http://schildcare.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 SLED Sex Offender Database.

- 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 SLED Sex Offender Database.
- The applicant is listed in the SLED Sex Offender Database.

Online Payment Verified by: \_\_\_\_\_  
Authorized DSS Employee Date

Central Registry/SLED Sex Offender Database Check Completed by: \_\_\_\_\_  
Authorized DSS Employee 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 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: \_\_\_\_\_