

**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](http://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: \_\_\_\_\_  
Authorized DSS Employee Date

Central Registry/National Sex Offender Registry 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: \_\_\_\_\_

**Sumter Early Head Start**

**Electronic Fingerprinting – Approximate Cost: \$43.00**

Call 1-866-254-2366 (before 5pm) to schedule an appointment  
Alternatively, go to [www.identogo.com/locations/south-carolina](http://www.identogo.com/locations/south-carolina)

1. Under Enrollment Services, select **Digital Fingerprinting** for state and federal agencies
2. Select **Schedule a New Appointment**
3. Under Application Details, select **SC920090Z DSS Childcare**
4. In OCA number, enter **CC023074**. The program will ask you to **confirm** that it's **Crosswell Park Early Childhood Center**. Select **YES**
5. In Fingerprinting Reason, select **Statement of Approval Employee**
6. Enter **your zip code** where indicated so you can get schedule of closest facility to you.  
Fingerprinting is performed at the following locations close to Sumter (as of March 16, 2018)

<b>337 Manning Ave. Sumter, SC 29150</b>	<b>1801 D W. Evans St. Suite 102, Florence, SC 29501</b>	<b>612 Saint Andrews Rd., Suite 8, Ashland Park Shopping Center, Columbia, SC 29210</b>
Third Friday of each month from 10:00am- 12:30pm 1:00pm – 4:00 pm	Mon-Wed & Fri 9:00 am-2:00pm, 3:00pm- 5:00pm, Thurs 9:00am-2:00pm, 3:00pm-9:00pm	Mon-Tues, Thur- Fri 9:00am- 12:00pm, 12:30pm-5:00pm,

# South Carolina Department of Social Services

P.O. Box 1520  
Columbia, South Carolina 29202

## NON-CRIMINAL JUSTICE APPLICANT PRIVACY RIGHTS NOTIFICATION

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights as outlined below:

- You are entitled to written notification that your fingerprints and associated information (biometrics) will be used to check the criminal history records maintained by the Federal Bureau of Investigation (FBI), when a federal record check is so authorized.
- If you have an FBI criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- If you have a FBI criminal history record, procedures for obtaining a change, correction, or update of your record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.
- You may obtain a copy of your criminal history record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.
- You have the right to expect that officials receiving the results of your criminal history record check will use it solely for the purpose requested and will not disseminate the record outside the receiving departments, related agencies, or other authorized entities.

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Print Name

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Date

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Signature

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DSS Division/Office/Unit Name

# South Carolina Department of Social Services

P.O. Box 1520

Columbia, South Carolina 29202

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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Print Name

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Date

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Signature

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DSS Division/Office/Unit Name