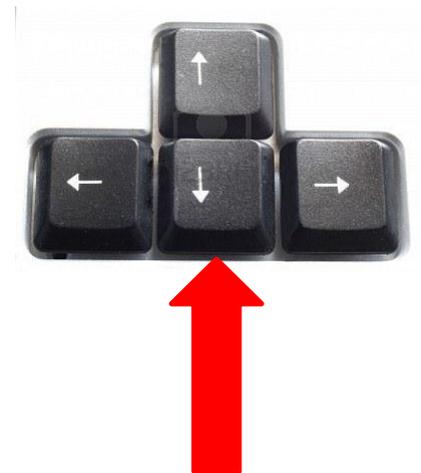




Online Payment System

Child Care Licensing Fees, DHEC Inspection Fees, and Central Registry Fees are accepted through the online payment system.

SCDSS Child Care Licensing
2638 Two Notch Road, Suite 217
Columbia, SC 29204
803-898-9020
800-556-7445 (toll-free)



Use the down arrow on your computer keyboard to go to next page.

Go to <http://childcare.sc.gov> on the internet

Monday, April 23, 2012

Parents

Providers

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- ▶ [Swine Influenza A \(H1N1\) Information](#)
- ▶ [ETV Kids/DHEC Video: "Wash Hands" !\[\]\(822be6c080a24179934328fc14bccdc6_img.jpg\)](#)
- ▶ [Steps to becoming registered or licensed](#)
- ▶ [Training Sessions and Workshops we offer](#)
- ▶ [\[Parenting Handbook\] A Guide to Kindergarten Readiness \(PDF\)](#)
- ▶ [The Good Start, Grow Smart Early Learning Standards \(PDF\)](#)

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- ▶ [South Carolina Child Care Data Bridge Project](#)
- ▶ [Child Care Fire and Life Safety](#)



Go to <http://childcare.sc.gov> on the internet

Click the "Providers" tab if you're not already on this page.

PROVIDERS

Partners

You are here >> DSS : Child Care Services Home : Services : Information for Providers

Information for Providers

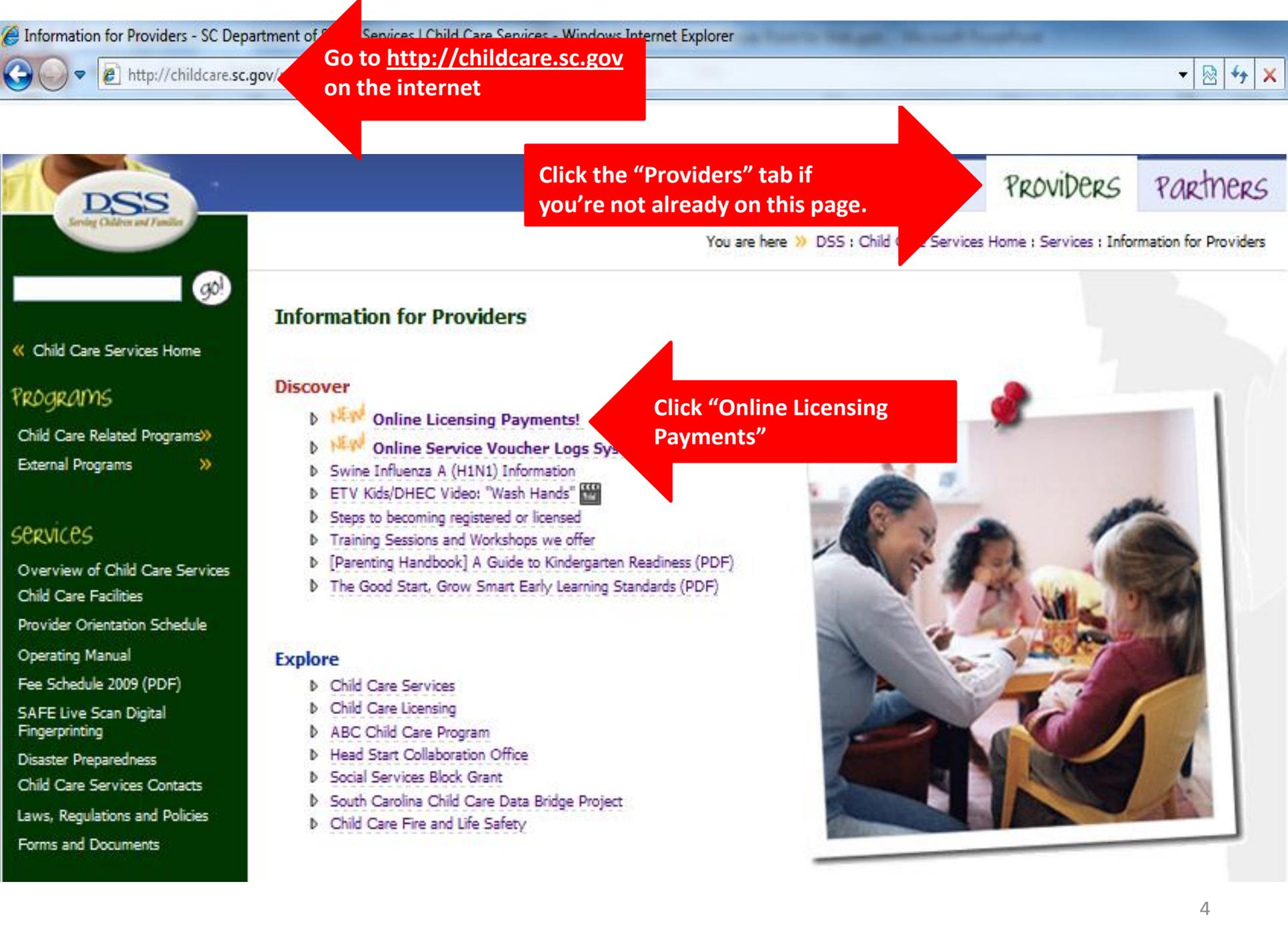
Discover

- ▶ **NEW** [Online Licensing Payments!](#)
- ▶ **NEW** [Online Service Voucher Logs System!](#)
- ▶ [Swine Influenza A \(H1N1\) Information](#)
- ▶ [ETV Kids/DHEC Video: "Wash Hands" !\[\]\(2a133ebb0337313d16cc068f19494aa2_img.jpg\)](#)
- ▶ [Steps to becoming registered or licensed](#)
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Explore

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Go to <http://childcare.sc.gov> on the internet

Click the "Providers" tab if you're not already on this page.

Click "Online Licensing Payments"

Information for Providers

Discover

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go!

« Child Care Services Home

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- Forms and Documents

Related Links

- Help and FAQ
- Consumer Information and Product Safety
- DHEC Information

Online Licensing Payments

Online Payment Information

Payments can be made for:

- **Licensing Fees**
Occurs every 2 years.
- **Central Registry Checks**
Payment must be accompanied by Form 2924.
- **DHEC Inspection Fee**
Payment will be forwarded to DHEC

By selecting Pay Now Through SC.gov you will be taken to a third party payment service. This service is provided by SC.gov, a third party, working under a contract administered by the South Carolina Budget and Control Board, Division of State Information Technology (DSIT). The total price of items or services purchased through SC.gov, the state's official web portal, includes funds used to develop, maintain, enhance and expand the service offerings of the state's portal.

[Pay Now Through SC.gov >>](#)



Click "Pay Now Through SC.gov"

Online Licensing Payments



Online Payment Step 1: Select a Facility

Identify the facility for which you wish to make a payment:

Enter a License Number or a Child Care Number or enter a Child Care Name to search:

License Number:

Child Care Number: CC

Family and Group Child Care providers, enter operator's last name only.

Child Care Name:

Confirm License Number or Child Care Number or Search by Child Care Name

Enter your License Number OR

Online Licensing Payments



Online Payment Step 1: Select a Facility

Identify the facility for which you wish to make a payment:

Enter a License Number or a Child Care Number or enter a Child Care Name to search:

License Number:

Child Care Number: CC

Family and Group Child Care providers, enter operator's last name only.

Child Care Name:

Enter your CC Number OR

Online Licensing Payments

Online Payment Step 1: Select a Facility

Identify the facility for which you wish to make a payment:

Enter a License Number or a Child Care Number or enter a Child Care Name to search:

License Number:

Child Care Number: CC

Family and Group Child Care providers, enter operator's last name only.

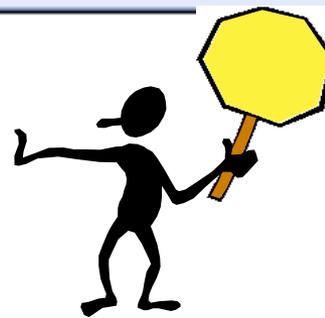
Child Care Name:

Confirm License Number or Child Care Number or Search by Child Care Name

Enter your License Number OR

Enter your CC Number OR

Enter your Facility/Provider
Name



**But don't enter all
three..**

Online Licensing Payments



Online Payment Step 1: Select a Facility

Identify the facility for which you wish to make a payment:

Enter a License Number or a Child Care Number or enter a Child Care Name to search:

License Number:

Child Care Number: CC

Family and Group Child Care providers, enter operator's last name only.

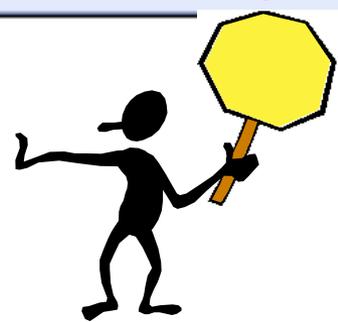
Child Care Name:

Enter your License Number OR

Enter your CC Number OR

Enter your Facility/Provider Name

Family & Group Providers, Read This.



But don't enter all three.

Online Licensing Payments

Online Payment Step 1: Select a Facility

Identify the facility for which you wish to make a payment:

Enter a License Number or a Child Care Number or enter a Child Care Name to search:

License Number:

Child Care Number: CC

Family and Group Child Care providers, enter operator's last name only.

Child Care Name:

[Confirm License Number or Child Care Number or Search by Child Care Name](#)

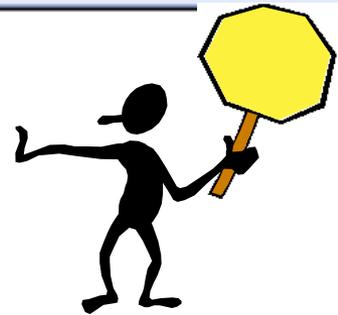
Enter your License Number OR

Enter your CC Number OR

Enter your Facility/Provider Name

Family & Group Providers, Read This.

Click Here to continue



But don't enter all three.

Select a Child Care Facility to continue:

Name	Operator	Address
22512 - A New Test Facility	Jane Doe	000 Nowhere Lane Hartsville, SC 29550-
22499 - Another CCC test		ing Trail Columbia, SC 29223-
22497 - Another test	John Doe	123 Street Beaufort, SC 12345-
22504 - Another Test 2		456 Street Columbia, SC 29201-



Click your provider name if a list of more than one name appears.

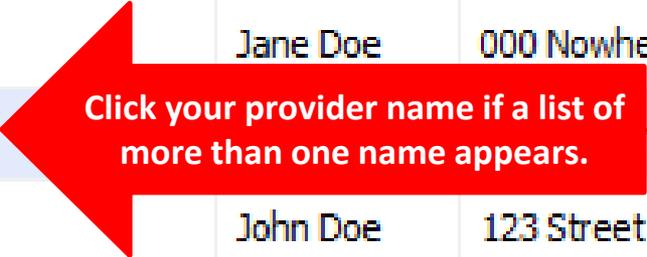
Facility: 22498 - CCC Test Case
Address: 123 Testing Way
Columbia SC, 29205
County: Richland County
Telephone: (803) 888-8888
Permit Type/Number: License: 21757
Permit Issued Date: 8/25/2010
Permit Expiration Date: 8/25/2012
Operator: Director Name
Facility Type: Child Care Center
Facility Capacity: 216
Facility Hours: M-F,7:24a-5:24p

[<< Return to Online Payment Information](#)

[Continue to Step 2: Add Items to Invoice >>](#)

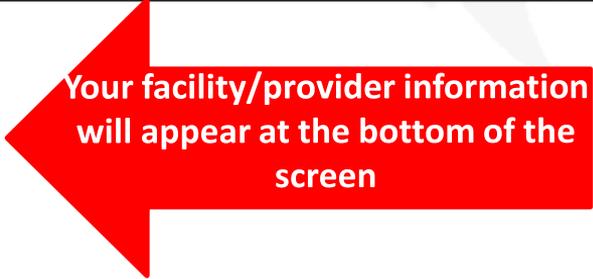
Select a Child Care Facility to continue:

Name	Operator	Address
22512 - A New Test Facility	Jane Doe	000 Nowhere Lane Hartsville, SC 29550-
22499 - Another CCC test		ing Trail Columbia, SC 29223-
22497 - Another test	John Doe	123 Street Beaufort, SC 12345-
22504 - Another Test 2		456 Street Columbia, SC 29201-



Click your provider name if a list of more than one name appears.

Facility: 22498 - CCC Test Case
Address: 123 Testing Way
Columbia SC, 29205
County: Richland County
Telephone: (803) 888-8888
Permit Type/Number: License: 21757
Permit Issued Date: 8/25/2010
Permit Expiration Date: 8/25/2012
Operator: Director Name
Facility Type: Child Care Center
Facility Capacity: 216
Facility Hours: M-F,7:24a-5:24p



Your facility/provider information will appear at the bottom of the screen

Select a Child Care Facility to continue:

Name	Operator	Address
22512 - A New Test Facility	Jane Doe	000 Nowhere Lane Hartsville, SC 29550-
22499 - Another CCC test		ing Trail Columbia, SC 29223-
22497 - Another test	John Doe	123 Street Beaufort, SC 12345-
22504 - Another Test 2		456 Street Columbia, SC 29201-

Click your provider name if a list of more than one name appears.

Facility: 22498 - CCC Test Case
Address: 123 Testing Way
Columbia SC, 29205
County: Richland County
Telephone: (803) 888-8888
Permit Type/Number: License: 21757
Permit Issued Date: 8/25/2010
Permit Expiration Date: 8/25/2012
Operator: Director Name
Facility Type: Child Care Center
Facility Capacity: 216
Facility Hours: M-F,7:24a-5:24p

Your facility/provider information will appear at the bottom of the screen

Click Here if this screen shows your facility/provider information.

[Continue to Step 2: Add Items to Invoice >>](#)

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

To add an invoice item for another facility, click "Change Facilities" button.

Click here to pay a Central Registry Fee.

Items to choose from:

Item Description	Item Price
Central Registry Check	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200 + Children) - Due Date: 01/01/2011	\$125.00

Invoice: 138

Invoice Line Items:

No invoice line items available.

[<< Return to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review Invoice >>](#)

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

To add an invoice item for another facility, click "Change Facilities" button.

Click here to pay a Central Registry Fee.

Items to choose from:

Item Description	Item Price
Central Registry Check	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200	\$125.00

Enter Central Registry Check:

[Add Invoice Line](#) | [Cancel](#)

Enter name of person having Central Registry done.

line items available.

[Go to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review Invoice >>](#)

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

To add an invoice item for another facility, click "Change Facilities" button.

Click here to pay a Central Registry Fee.

Items to choose from:

Item Description	Item Price
Central Registry Check	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200	\$125.00

Enter Central Registry Check for:

[Add Invoice Line](#) | [Cancel](#)

Enter name of person having Central Registry done.

line items available.

Click Here

[Go to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review Invoice](#)

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

To add an invoice item for another facility, click "Change Facilities" button.

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

Click here to pay a Central Registry Fee.

Items to choose from:

Item Description	Item Price
Central Registry Check	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200	\$125.00

Enter Central Registry Check for:

[Add Invoice Line](#) | [Cancel](#)

Enter name of person having Central Registry done.

Click Here

Repeat this process for each person having a Central Registry done.

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

To add an invoice item for another facility, click "Change Facilities" button.

Items to choose from:

Item Description	Item Price
Central Registry C	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200 + Children) - Due Date: 01/01/2011	\$125.00

Click Here to make a DHEC payment

Invoice: 138

Invoice Line Items:

No invoice line items available.

[<< Return to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review Invoice >>](#)

Online Payment Step 2: Add/Modify Invoice Items

You are selecting items to be applied towards the following child care facility:

Facility: 22498 - CCC Test Case

[Change Facilities](#)

123 Testing Way

Columbia SC, 29205

Richland County

(803) 888-8888

To add an invoice item for another facility, click "Change Facilities" button.

Items to choose from:

Item Description	Item Price
Central Registry Charge	\$8.00
DHEC Inspection	\$60.00
Licensed Center (200 + Children) - Due Date: 01/01/2011	\$125.00

Click Here to make a DHEC payment

Invoice
Invoice

No invoice line items available

Click Here to pay a Licensing Fee. If your fee is not due, nothing will happen when you click here.

[<< Return to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review](#)

Facility: 23038 - 123 Center
Test Address
Columbia SC, 29210
Richland County
() -

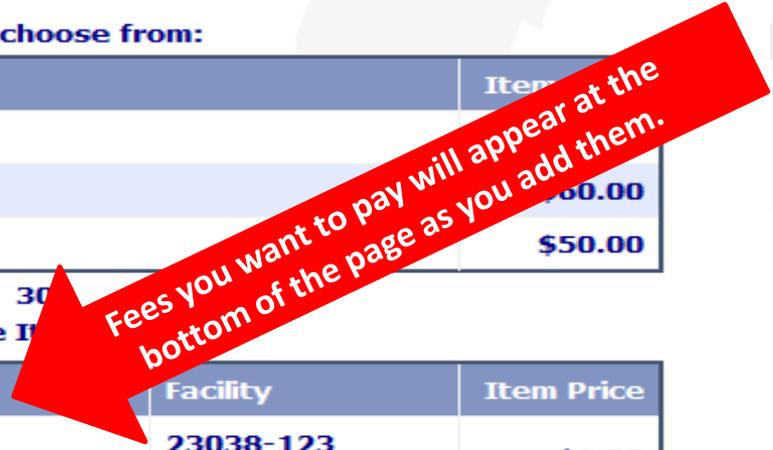
[Change Facilities](#)

To add an invoice item for another facility, click "Change Facilities" button.

Invoice Items to choose from:

Item Description	Item Price
Central Registry Check	
DHEC Inspection	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	\$50.00

Invoice: 30
Invoice Line 1



Delete	Item Description	Facility	Item Price
Delete	Central Registry Check - Test One	23038-123 Center	\$8.00
Delete	Central Registry Check - Test Two	23038-123 Center	\$8.00
Delete	DHEC Inspection	23038-123 Center	\$60.00
Delete	Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:			\$ 126.00

[<< Return to Step 1: Select Facility/Provider](#)

[Continue to Step 3: Review Invoice >>](#)

Click Here to add fees for another facility. You can pay for more than 1 facility at a time.

Change Facilities

To add an invoice item for another facility, click "Change Facilities" button.

Columbia SC, 29210
 Richland County
 () -

Invoice Items to choose from:

Item Description	Item Price
Central Registry Check	
DHEC Inspection	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	\$50.00

Invoice: 30
 Invoice Line 1

Fees you want to pay will appear at the bottom of the page as you add them.

Delete	Item Description	Facility	Item Price
Delete	Central Registry Check - Test One	23038-123 Center	\$8.00
Delete	Central Registry Check - Test Two	23038-123 Center	\$8.00
Delete	DHEC Inspection	23038-123 Center	\$60.00
Delete	Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:			\$ 126.00

<< Return to Step 1: Select Facility/Provider

Continue to Step 3: Review Invoice >>

Click Here to add fees for another facility. You can pay for more than 1 facility at a time.

Change Facilities

To add an invoice item for another facility, click "Change Facilities" button.

Columbia SC, 29210
Richland County
() -

Invoice Items to choose from:

Item Description	Item Price
Central Registry Check	
DHEC Inspection	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	\$50.00

Invoice: 30
Invoice Line 1

Fees you want to pay will appear at the bottom of the page as you add them.

Delete	Item Description	Facility	Item Price
Delete	Central Registry Check - Test One	23038-123 Center	\$8.00
Delete	Central Registry Check - Test Two	23038-123 Center	\$8.00
Delete	DHEC Inspection	23038-123 Center	\$60.00
Delete	Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:			\$ 126.00

Click "Delete" to remove an item.

<< Return to Step 1: Select Facility/Provider

Continue to Step 3: Review Invoice >>

Click Here to add fees for another facility. You can pay for more than 1 facility at a time.

Change Facilities

To add an invoice item for another facility, click "Change Facilities" button.

Columbia SC, 29210
Richland County
() -

Invoice Items to choose from:

Item Description	Item Price
Central Registry Check	
DHEC Inspection	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	\$50.00

Invoice: 30
Invoice Line 1

Fees you want to pay will appear at the bottom of the page as you add them.

Delete	Item Description	Facility	Item Price
Delete	Central Registry Check - Test One	23038-123 Center	\$8.00
Delete	Central Registry Check - Test Two	23038-123 Center	\$8.00
Delete	DHEC Inspection	23038-123 Center	\$60.00
Delete	Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:			\$ 126.00

Click "Delete" to remove an item.

Click Here when you have added all the fees you want to pay.

Continue to Step 3: Review Invoice >>

Online Payment Step 3: Review Invoice

Invoice: 307

[Print DSS Invoice \(to save invoice, change file type to pdf\)](#)

Invoice Line Items:

Item Description	Facility	Item Price
Central Registry Check - Test One	23038-123 Center	\$8.00
Central Registry Check - Test Two	23038-123 Center	\$8.00
DHEC Inspection	23038-123 Center	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
	Invoice Total:	\$ 126.00

[<< Return to Step 2: Add/Modify Invoice Items.](#)

[Continue to Step 4: Pay Now Through SC.gov >>](#)

Review your invoice for accuracy.

Online Payment Step 3: Review Invoice

Invoice: 307

[Print DSS Invoice \(to save invoice, change file type to pdf\)](#)

Invoice Line Items:

Item Description	Facility	Item Price
Central Registry Check - Test One	23038-123 Center	\$8.00
Central Registry Check - Test Two	23038-123 Center	\$8.00
DHEC Inspection	23038-123 Center	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:		\$ 126.00

[<< Return to Step 2: Add/Modify Invoice Items.](#)

[Continue to Step 4: Pay Now Through SC.gov >>](#)

Click Here to make changes to your invoice.

Review your invoice for accuracy.

Online Payment Step 3: Review Invoice

Invoice: 307

[Print DSS Invoice \(to save invoice, change file type to pdf\)](#)

Invoice Line Items:

Item Description	Facility	Item Price
Central Registry Check - Test One	23038-123 Center	\$8.00
Central Registry Check - Test Two	23038-123 Center	\$8.00
DHEC Inspection	23038-123 Center	\$60.00
Licensed Center (13-49 Children) - Due Date: 01/01/2012	23038-123 Center	\$50.00
Invoice Total:		\$ 126.00

[<< Return to Step 2: Add/Modify Invoice Items.](#)

[Continue to Step 4: Pay Now Through SC.gov >>](#)

Click Here to make changes to your invoice.

Click Here to begin making payment.

South Carolina Department of Social Services



Order Summary

Payment Method

To continue, please select one of the following:

- Credit Card
- Check

Select Check or Credit Card (Select
"Credit Card" to use a Debit Card).

CANCEL | CONTINUE

South Carolina Department of Social Services



Order Summary

Payment Method

To continue, please select one of the following:

Credit Card

Check

Select Check or Credit Card (Select "Credit Card" to use a Debit Card).

Click Here to continue

CONTINUE

For Credit or Debit Cards, enter the information on this page and follow the instructions through page 44. Instructions for paying by check begin on page 45.

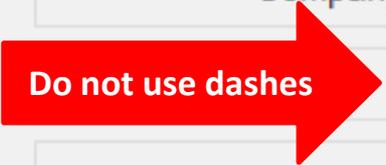
Cardholder Information

Title:	<input type="text"/>	<input type="button" value="▼"/>
Customer Name:	<input type="text"/>	
Company Name:	<input type="text"/>	
Phone:	<input type="text"/>	Example: 1234567899*
Fax:	<input type="text"/>	
Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:	<input type="text"/>	*
State/Province:	South Carolina	<input type="button" value="▼"/> *
Country:	United States	<input type="button" value="▼"/> *
Zip Code:	<input type="text"/>	*
Email:	<input type="text"/>	

For Credit or Debit Cards, enter the information on this page and follow the instructions through page 44. Instructions for paying by check begin on page 45.

Cardholder Information

Title:	<input type="text"/>	<input type="text"/>
Customer Name:	<input type="text"/>	
Company Name:	<input type="text"/>	
Phone:	<input type="text"/>	Example: 1234567899*
Fax:	<input type="text"/>	
Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:	<input type="text"/>	*
State/Province:	South Carolina	<input type="text"/>
Country:	United States	<input type="text"/>
Zip Code:	<input type="text"/>	*
Email:	<input type="text"/>	



For Credit or Debit Cards, enter the information on this page and follow the instructions through page 44. Instructions for paying by check begin on page 45.

Cardholder Information

Title:	<input type="text"/>	<input type="text"/>
Customer Name:	<input type="text"/>	
Company Name:	<input type="text"/>	
Phone:	<input type="text"/>	Example: 1234567899*
Fax:	<input type="text"/>	
Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:	<input type="text"/>	*
State/Province:	<input type="text" value="South Carolina"/>	<input type="text"/>
Country:	<input type="text" value="United States"/>	<input type="text"/>
Zip Code:	<input type="text"/>	*
Email:	<input type="text"/>	

Do not use dashes

Required so that you will receive a receipt by e-mail.

Facility Address

**Click Here if your Facility Address and Credit/Debit
Card Billing Address are the same**

COPY CARDHOLDER INFO

Customer Name:

*

Contact Phone:

Address Line 1:

*

Address Line 2:

City:

*

State/Province:

*

Country:

*

Zip Code:

*

CANCEL BACK CONTINUE

Facility Address

Click Here if your Facility Address and Credit/Debit Card Billing Address are the same

COPY CARDHOLDER INFO

Customer Name:

Contact Phone:

Address Line 1:

Address Line 2:

City:

State/Province:

Country:

Zip Code:

Complete the information on this page if your Facility Address and Card Billing Address are different.

CANCEL BACK CONTINUE

Facility Address

Click Here if your Facility Address and Credit/Debit Card Billing Address are the same

COPY CARDHOLDER INFO

Customer Name:

Do not use dashes

Contact Phone:

Address Line 1:

Address Line 2:

City:

State/Province:

SELECT STATE

Country:

SELECT COUNTRY

Zip Code:

Complete the information on this page if your Facility Address and Card Billing Address are different.

CANCEL BACK CONTINUE

Facility Address

Click Here if your Facility Address and Credit/Debit Card Billing Address are the same

COPY CARDHOLDER INFO

Customer Name:

Do not use dashes

Contact Phone:

Address Line 1:

Address Line 2:

City:

State/Province:

SELECT STATE

Country:

SELECT COUNTRY

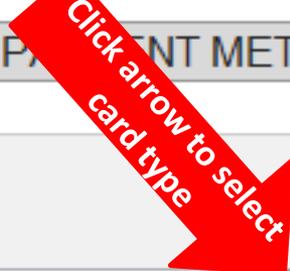
Zip Code:

Complete the information on this page if your Facility Address and Card Billing Address are different.

Click Here to continue

CONTINUE

Credit Card Information



Credit Card Type: *

Card Number:

Expiration Date: *

Name On Card:

Card Verification Number:

Credit Card Information

Credit Card Type: *

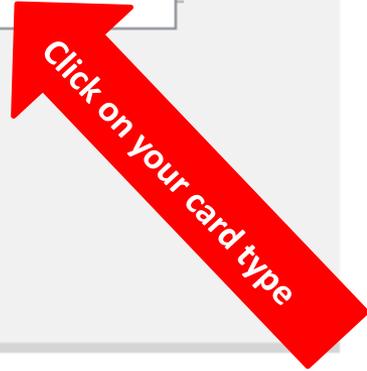
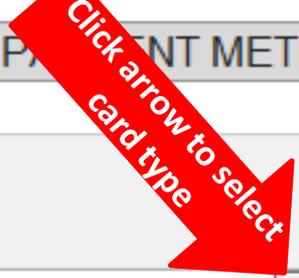
Card Number:

Expiration Date: *

Name On Card:

Card Verification Number:

- SELECT CARD TYPE
- SELECT CARD TYPE
- Visa
- Mastercard
- Discover
- AmericanExpress



Credit Card Information

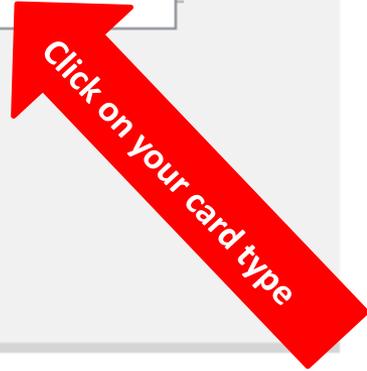
Credit Card Type: *

Enter card number (no dashes) 

- SELECT CARD TYPE
- SELECT CARD TYPE
- Visa
- Mastercard
- Discover
- AmericanExpress

Click arrow to select card type 

Expiration Date: *

Click on your card type 

Name On Card:

Card Verification Number:

Credit Card Information

Credit Card Type: *

Expiration Date: *

Name On Card: *

Card Verification Number: *

*
::: SELECT CARD TYPE :::
Visa
Mastercard
Discover
AmericanExpress

Enter card number (no dashes)

Click arrow to select card type

Click on your card type

Click arrow to select expiration month

- ::: SELECT MONTH :::
- ::: SELECT MONTH :::
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Credit Card Information

Credit Card Type: *

*

Expiration Date: *

Name On Card: *

Card Verification Number: *

*
::: SELECT CARD TYPE :::
Visa
Mastercard
Discover
AmericanExpress

Enter card number (no dashes)

Click arrow to select card type

Click on your card type

Click arrow to select expiration month

Click arrow to select expiration year

- ::: SELECT MONTH :::
- ::: SELECT MONTH :::
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- ::: SELECT YEAR :::
- ::: SELECT YEAR :::
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022

Credit Card Information

Credit Card Type: *

Expiration Date: *

Card Verification Number:

Enter card number (no dashes)

Enter your name as it appears on card

Click arrow to select card type

Click on your card type

- SELECT CARD TYPE
- SELECT CARD TYPE
- Visa
- Mastercard
- Discover
- AmericanExpress

Click arrow to select expiration month

Click arrow to select expiration year

- SELECT MONTH
- SELECT MONTH
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- SELECT YEAR
- SELECT YEAR
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022

Credit Card Information

Credit Card Type: *

Expiration Date: *

Card Verification Number:

*
::: SELECT CARD TYPE :::
Visa
Mastercard
Discover
AmericanExpress

Enter card number (no dashes)

Enter your name as it appears on card

Enter Card Verification Number (see note below)

Click arrow to select card type

Click on your card type

Click arrow to select expiration month

Click arrow to select expiration year

- ::: SELECT MONTH :::
- SELECT MONTH
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- ::: SELECT YEAR :::
- SELECT YEAR
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022

Card Verification Number: For Visa, MasterCard and Discover cards, the Card Verification Number is a 3 digit number on the back of the card. For American Express cards, this number is a 4 digit number on the front of the card located just above the end of the account number. Card verification numbers are **NOT** your card's secret PIN (Personal Identification Number). You should never enter your PIN when asked to provide your card verification number.

Verify that the information on this page is correct.

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1	SKUL10	Licensed Center (13-49 Children) - Due Date: 01/01/2012 - 23038-123 Center	\$50.00	\$50.00
1		Administrative Fee	\$3.14	\$3.14
			Total	\$129.14

Customer Info
Reference Number 320

Credit Card

Cardholder Information	Facility Address
Customer Name: Test name Phone: (123) 456 - 7899 Fax: Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204 Email: test.name@dss.sc.gov	Customer Name: Test name Phone: (123) 456 - 7899 Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS INFORMATION

Credit Card Information

Credit Card Type: Mastercard
Credit Card Number: *****5100
Name on Card: Test name
CVV Number: ***
Expiration Date: 04/2018

CANCEL | BACK | MAKE PAYMENT

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1	SKUL10	Licensed Center (13-49 Children) - Due Date: 01/01/2012 - 23038-123 Center	\$50.00	\$50.00
1		Administrative Fee	\$3.14	\$3.14
			Total	\$129.14

Verify that the information on this page is correct.

Customer Info
Reference Number 320

Credit Card

Cardholder Information	Facility Address
Customer Name: Test name Phone: (123) 456 - 7899 Fax: Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204 Email: test.name@dss.sc.gov	Customer Name: Test name Phone: (123) 456 - 7899 Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS INFORMATION

Click "Back" to change any information on the previous page.

Click "Cancel" to end the entire transaction and return to the DSS Child Care website.

Credit Card Information

Credit Card Type: Mastercard
Credit Card Number: *****5100
Name on Card: Test name
CVV Number: ***
Expiration Date: 04/2018

CANCEL | BACK | MAKE PAYMENT

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1	SKUL10	Licensed Center (13-49 Children) - Due Date: 01/01/2012 - 23038-123 Center	\$50.00	\$50.00
1		Administrative Fee	\$3.14	\$3.14
			Total	\$129.14

Verify that the information on this page is correct.

Customer Info
Reference Number 320

Credit Card

Cardholder Information	Facility Address
Customer Name: Test name Phone: (123) 456 - 7899 Fax: Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204 Email: test.name@dss.sc.gov	Customer Name: Test name Phone: (123) 456 - 7899 Address Line 1: 2638 Two Notch Road Address Line 2: City: Columbia State: SC Country: US Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS | INFORMATION

Credit Card Information

Credit Card Type: Mastercard
Credit Card Number: *****5100
Name on Card: Test name
CVV Number: ***
Expiration Date: 04/2018

Click Here to Make Payment.
Skip to page 52.

Click "Back" to change any information on the previous page.

Click "Cancel" to end the entire transaction and return to the DSS Child Care website.

CANCEL | BACK | MAKE PAYMENT

To pay by check, enter the information on this page and follow the instructions through page 51. Skip to page 52 if you used a Credit or Debit card.

Facility Address

Customer Name:	<input type="text"/>	*
Contact Phone:	<input type="text"/>	
Address Line 1:	<input type="text"/>	*
Address Line 2:	<input type="text"/>	
	<input type="text"/>	

City:	<input type="text"/>	*
State/Province:	<input type="text" value="::: SELECT STATE :::"/>	▼ *
Country:	<input type="text" value="::: SELECT COUNTRY :::"/>	▼ *
Zip Code:	<input type="text"/>	*

CANCEL BACK CONTINUE

To pay by check, enter the information on this page and follow the instructions through page 51. Skip to page 52 if you used a Credit or Debit card.

Facility Address

Customer Name: *

Contact Phone:

Address Line 1: *

Address Line 2:

Do not use dashes

City: *

State/Province: *

Country: *

Zip Code: *

CANCEL BACK CONTINUE

To pay by check, enter the information on this page and follow the instructions through page 51. Skip to page 52 if you used a Credit or Debit card.

Facility Address

Customer Name: *

Contact Phone:

Address Line 1: *

Address Line 2:

Do not use dashes

City: *

State/Province: *

Country: *

Zip Code: *

Click Here to continue

CONTINUE

E-check Information

Is this payment being funded specifically by a foreign source (bank or company), an International ACH Transaction ("IA")?

Bank Account Type*
 Business
 Consumer

ABA routing number:

Verify ABA routing number:

Bank account number:

Verify bank account number:

Type of account:

Name of bank at which account is maintained:

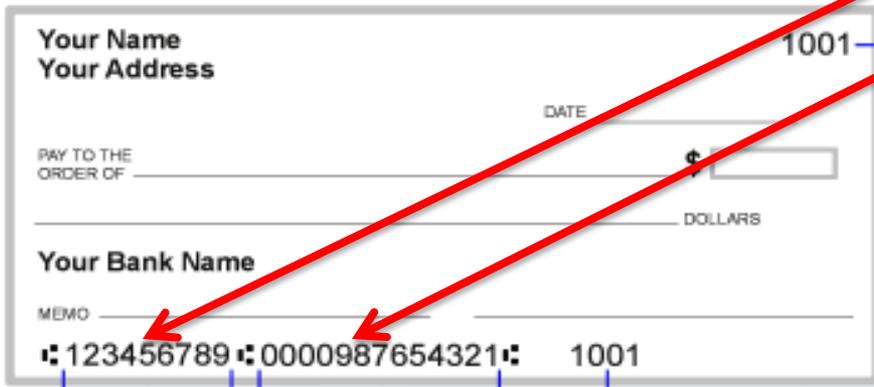
Name under which the account is maintained in the bank:

Enter your checking account information.

Refer to the picture of a check below to help you find the ABA routing number and your bank account number.

The ABA routing number is a 9 digit number located at the beginning of a line of numbers located at the bottom of your check.

The bank account number is the next set of numbers at the bottom of the check. The final set of numbers is the check number which you will not enter on this page.



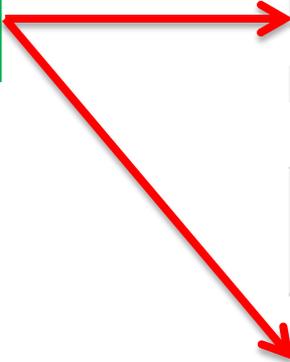
9 Digit Routing Number Your Account Number Check Number

Your payment has not been processed. Please verify your payment information. If it is correct, click the Make Payment button

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1		Electronic Check Fee	\$2.50	\$2.50
			Total	\$78.50

Verify that the information on this page is correct.



Customer Info

Reference Number 335

E-check

Facility Address

Customer Name: Test Name

Phone:

Address Line 1: 2638 Two Notch Road

Address Line 2:

City: Columbia

State: SC

Country: US

Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS INFORMATION

E-check Information

Type of Account: Checking

Account Number: ****4321

Name of bank at which account is maintained: DSS Bank

Name under which account is maintained at the bank: Test Name

CANCEL | BACK | MAKE PAYMENT

Your payment has not been processed. Please verify your payment information. If it is correct, click the Make Payment button

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1		Electronic Check Fee	\$2.50	\$2.50
			Total	\$78.50

Verify that the information on this page is correct.

Customer Info

Reference Number 335

E-check

Facility Address

Customer Name: Test Name

Phone:

Address Line 1: 2638 Two Notch Road

Address Line 2:

City: Columbia

State: SC

Country: US

Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS INFORMATION

Click "Back" to change any information on the previous page.

Click "Cancel" to end the entire transaction and return to the DSS Child Care website.

E-check Information

Type of Account: Checking

Account Number: ****4321

Name of bank at which account is maintained: DSS Bank

Name under which account is maintained at the bank: Test Name

CANCEL | BACK | MAKE PAYMENT

Your payment has not been processed. Please verify your payment information. If it is correct, click the Make Payment button

Order Summary

Qty	SKU	Product	Price	Total
1	SKUREGCHK	Central Registry Check - Test One - 23038-123 Center	\$8.00	\$8.00
1	SKUREGCHK	Central Registry Check - Test Two - 23038-123 Center	\$8.00	\$8.00
1	SKUDHEC	DHEC Inspection - 23038-123 Center	\$60.00	\$60.00
1		Electronic Check Fee	\$2.50	\$2.50
			Total	\$78.50

Verify that the information on this page is correct.

Customer Info

Reference Number 335

E-check

Facility Address

Customer Name: Test Name

Phone:

Address Line 1: 2638 Two Notch Road

Address Line 2:

City: Columbia

State: SC

Country: US

Zip Code: 29204

MODIFY PAYMENT METHOD | MODIFY ADDRESS INFORMATION

E-check Information

Type of Account: Checking

Account Number: ****4321

Name of bank at which account is maintained: DSS Bank

Name under which account is maintained at the bank: Test Name

Click Here to Make Payment.

Click "Back" to change any information on the previous page.

Click "Cancel" to end the entire transaction and return to the DSS Child Care website.

CANCEL | BACK | MAKE PAYMENT

This page will appear while your payment is processing. You don't need to do anything on this page.



Processing data. Please wait and do not refresh page or click back button.

This page will be updated automatically.



RECEIPT

Click Here if you want to print
your receipt.

PLEASE PRINT THIS PAGE

South Carolina Department of Social Services

Address:

P.O. Box 1520
Columbia, SC 29202-1520

Contact Details:

Phone: (803) 898-9020
Fax: (803) 898-9029

Reference Number: 333

Order ID: 10139

TPE Order ID: 323150

Order Date: 2/17/2012 10:04:11 AM

Cardholder Information

Name: Test Name
2638 Two Notch Road
Columbia, SC 29204 US

Email: test.name@dss.sc.gov
Phone: (123) 456 - 7899

Facility Address

Name: Test Name
2638 Two Notch Road
Columbia, SC 29204 US

Phone: (123) 456 - 7899

Payment for Products or Services

Item 1

SKU / Product: SKUREGCHK / Central Registry Check - Test One - 23038-123 Center

Quantity: 1

Item Price: \$8.00

RECEIPT

Click Here if you want to print
your receipt.

PLEASE PRINT THIS PAGE

South Carolina Department of Social Services

Address:

P.O. Box 1520
Columbia, SC 29202-1520

Contact Details:

Phone: (803) 898-9020
Fax: (803) 898-9029

Reference Number: 333

Order ID: 10139

TPE Order ID: 323150

Order Date: 2/17/2012 10:04:11 AM

You will also receive an e-mail with this information if you used a credit or debit card.

Cardholder Information

Name: Test Name
2638 Two Notch Road
Columbia, SC 29204 US

Email: test.name@dss.sc.gov
Phone: (123) 456 - 7899

Facility Address

Name: Test Name
2638 Two Notch Road
Columbia, SC 29204 US

Phone: (123) 456 - 7899

Payment for Products or Services

Item 1

SKU / Product: SKUREGCHK / Central Registry Check - Test One - 23038-123 Center

Quantity: 1

Item Price: \$8.00

Item 2

SKU / Product: SKUREGCHK / Central Registry Check - Test Two - 23038-123 Center

Quantity: 1

Item Price: \$8.00

Item 3

SKU / Product: SKUDHEC / DHEC Inspection - 23038-123 Center

Quantity: 1

Item Price: \$60.00

Item 4

Product: Administrative Fee

Quantity: 1

Item Price: \$2.29

Your statement will reflect a payment to SC.gov.

Total \$78.29

Payment Method (Credit Card)

Credit Card Type: Mastercard

Card Number: *****5100



CONTINUE

Item 2

SKU / Product: SKUREGCHK / Central Registry Check - Test Two - 23038-123 Center

Quantity: 1

Item Price: \$8.00

Item 3

SKU / Product: SKUDHEC / DHEC Inspection - 23038-123 Center

Quantity: 1

Item Price: \$60.00

Item 4

Product: Administrative Fee

Quantity: 1

Item Price: \$2.29

Your statement will reflect a payment to SC.gov.

Total \$78.29

Payment Method (Credit Card)

Credit Card Type: Mastercard

Card Number: *****5100



You will return to the Child Care Licensing website.

Online Licensing Payments: Payment Confirmation



Thank You for your payment!

Here are some links to forms that may be required for items on your invoice.

[DHEC - Fire Inspection Request \(Fill & Save or Print a Blank Copy\)](#)

Click here if you made a DHEC Inspection Payment

[Consent to Release – Central Registry \(Fill & Save or Print a Blank Copy\)](#)

Online Licensing Payments: Payment Confirmation



Thank You for your payment!

Here are some links to forms that may be required for items on your invoice.

[DHEC - Fire Inspection Request \(Fill & Save or Print a Blank Copy\)](#)

Click here if you made a DHEC Inspection Payment

[Consent to Release – Central Registry \(Fill & Save or Print a Blank Copy\)](#)

Complete the DHEC-Fire inspection Request and mail to your Regional Licensing Office.

Online Licensing Payments: Payment Confirmation



Thank You for your payment!

Here are some links to forms that may be required for items on your invoice.

[DHEC - Fire Inspection Request \(Fill & Save or Print a Blank Copy\)](#)

Click here if you made a DHEC Inspection Payment

[Consent to Release – Central Registry \(Fill & Save or Print a Blank Copy\)](#)

Click here if you made a Central Registry Payment

Complete the DHEC-Fire inspection Request and mail to your Regional Licensing Office.

Online Licensing Payments: Payment Confirmation



Thank You for your payment!

Here are some links to forms that may be required for items on your invoice.

[DHEC - Fire Inspection Request \(Fill & Save or Print a Blank Copy\)](#)

Click here if you made a DHEC Inspection Payment

[Consent to Release – Central Registry \(Fill & Save or Print a Blank Copy\)](#)

Complete the DHEC-Fire inspection Request and mail to your Regional Licensing Office.

Click here if you made a Central Registry Payment

Complete a Central Registry Form for each person having a Central Registry done and mail to the Central Office at:

Child Care Licensing
2638 Two Notch Road, Suite 217
Columbia, SC 29204

Use full first, middle, & last names – No initials.

The Child Care Licensing Online Payment System is provided by SC.gov, a third party, working under a contract administered by the South Carolina Budget and Control Board, Division of State Information Technology (DSIT). The total price of items or services purchased through SC.gov, the state's official web portal, includes funds used to develop, maintain, enhance and expand the service offerings of the state's portal.



This concludes the presentation. If you have questions, please call Child Care Licensing at (803)898-9020 or toll-free at 1-800-556-7445.