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 operator. The forms are to be returned to the Registered Family Child Care Home director or 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 Re	eference:			
Address:			Zip	
Phone:	Home			
	Home	Work	Other	
 Do you know of applicant? (Consi Do you have an 	ns: e the reference release stater any reason(s) why the Depar der conditions in the home or circum y additional comments regard	tment should not issue a Family stances involving anyone residing in the	Child Care Home Registration to this home.)	
	Cionatura et DCC Danner		Data of Contact	
Signature of DSS Representative			Date of Contact	