**South Carolina Department of Social Services**
**ABC Quality Rating and Improvement System**

# CENTRAL REGISTRY CONSENT TO RELEASE INFORMATION AND COMPLIANCE STATEMENT

The Child Care Development Fund (CCDF) federal law reauthorization of 2015 and state law (S. Bill 595) requires that all staff employed by or that provide caregiver services in license-exempt child care programs participating in ABC Quality must have a Central Registry and Sex Offender review conducted to determine any abuse or neglect perpetrated by the person upon a child.

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

Street Address of Facility: _____ City: _____ State: _____

Zip Code: _____ County: _____ Facility Phone Number: _____

**Print or Type: Do not use initials. Spelling of the entire name is required to avoid processing delays.**

Full Name: _____ DOB: _____ Sex: _____
Last First Middle
Maiden/Former Name: _____ Race: _____ Complete SSN ***(No X's)***: _____

Current Address: _____

Lists other addresses that you have lived at in the past 5 years, including dates of each residency: _____

_____

_____

This serves as my consent to authorize SC DSS Division of Early Care and Education staff to conduct a search of the Central Registry and Database of Child Abuse and Neglect and National Sex Offender Registry 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 by using this form. I understand that all information provided on this form will be released to the individual/organization listed above. This consent is effective for a search of the Central Registry and Database of Child Abuse and Neglect and National Sex Offender Registry for working in any licensed-exempt child care facility participating in ABC Quality in the state of SC. If it appears to me that the information in the registry has not been updated or is inaccurate, I will notify SC DSS, ABC Quality immediately at 1-800-763-2223.

**Your signature <u>MUST</u> be witnessed.**

_____ _____ _____ _____
Signature of Applicant Date Witnessed by Director/Operator/Designee Date

Submit this form to **SCDSS, ABC Quality, 3150 Harden Street Extension, Room 2117, Columbia, SC 29203**.

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**<u>This section is to be completed by authorized DSS employees only.</u>**

Results of Search of the Central Registry, Database and National Sex Offender Registry.

- ❑ The applicant is not listed as a perpetrator in the Central Registry or Database of Child Abuse and Neglect.
- ❑ The applicant **is listed** as a perpetrator in the **Central Registry**. According to state law, being named as a perpetrator prohibits an individual from being employed in a child care facility.
- ❑ The applicant **is listed** as a perpetrator in the **Database** of Child Abuse and Neglect. According to state law, being named as a perpetrator prohibits an individual from being employed in a license-exempt ABC Quality child care facility for up to 7 years.
- ❑ 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)

Child Abuse and Neglect/ National Sex Offender Registry Check Completed by: _____ _____
Authorized DSS Employee Date