

Child Care and Development Block Grant Act
Title 42 U.S.C., §9858 (f) – Criminal Background Checks
South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment

Criminal Background Check Questionnaire

☐ New Hire

Persons completing this form should begin with the questions below.

A FULL NAME <input type="checkbox"/> If you have only initials in your name, use them and state "IO". <input type="checkbox"/> If you have no middle name, enter "NMN." <input type="checkbox"/> If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.					B DATE OF BIRTH			
Last Name		First Name		Middle Name	Jr., II, etc.	Month	Day	Year
C PLACE OF BIRTH - Use the two-letter code for the State. City County State Country (If not in the United States)						SOCIAL SECURITY NUMBER		
D OTHER NAMES USED:								
Name		Month/Year	Month/Year	Name		Month/Year	Month/Year	
#1		To		#3		To		
Name		Month/Year	Month/Year	Name		Month/Year	Month/Year	
#2		To		#4		To		
E OTHER IDENTIFYING INFORMATION		Height (feet and inches)	Weight (pounds)	Hair Color		Eye Color	Sex (mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	
F TELEPHONE NUMBERS		Work (include Area Code and extension) <input type="checkbox"/> Day <input type="checkbox"/> Night () -			Home (include area code) <input type="checkbox"/> Day <input type="checkbox"/> Night ()			
G1 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.		<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. <i>Answer items b and d</i>					Your Mother's Maiden Name	
		<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. <i>Answer items b, c and d</i>						
		<input type="checkbox"/> I am not a U.S. citizen. <i>Answer items b and e</i>						
G2 FACILITY LICENSE NUMBER _____								
G2 FACILITY NAME _____								
FACILITY ADDRESS _____								
STREET ADDRESS _____								
CITY, STATE, ZIP CODE _____								
FACILITY EMAIL _____								

H APPLICANT EMAIL ADDRESS: _____

Enter your Social Security Number before going to the next page _____

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H WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back five (5) years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence, do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. For military assignments, be sure to specify your location as closely as possible. For example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas. If additional space is needed, please list on additional paper.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To Present					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#6	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#7	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#8	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#9	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#10	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#11	To					
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#12	To					

Enter your Social Security Number before going to the next page

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i CRIMINAL ARREST HISTORY

YOUR POLICE RECORD (Do not include anything that happened before your 18 th birthday.)					Yes	No
Have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code	

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on **page 6**.

A person who has been convicted of a crime enumerated in subsection (A) of S.C. Code Ann., Section 63-13-40 who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

Certification That My Answers Are True

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature (Sign in BLUE Ink)	Date
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AUTHORIZATION FOR RELEASE OF INFORMATION

*(Please read this authorization to release information carefully, then sign and date it in **BLUE** ink.)*

I Authorize an investigator, or other duly authorized representative, of the South Carolina Department of Social Services (SCDSS), Office of Inspector General pursuant to Federal and State laws, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my residential, employment history, public safety agency contacts or investigations, and/or criminal history record information. I authorize the investigator or duly accredited representative conducting my criminal background check will provide the results of my criminal background check to the child care provider who submitted the request to the SCDSS in the form of a written statement. The statement provided by the SCDSS will indicate whether I, as an existing or prospective child care employee, am eligible or ineligible for employment in accordance with federal and state laws.

This will be accomplished without revealing any disqualifying criminal history information or any other related information regarding that individual pursuant to Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment.

I Further Authorize an investigator or other duly accredited representative of the South Carolina Department of Social Services, Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility to deliver CCDF services, as an employee of a child care provider for compensation or as an individual whose activities involve unsupervised access to children who are cared for by the referenced child care provider. I understand that I may request a copy of such records, as may be available to me under the law.

I Understand that the information released by records custodians and sources of information is for official use by the South Carolina Department of Social Services for the purposes provided in Title 42 U.S.C. §9858 (f) – Criminal Background Checks; Title 45 C.F.R., Subchapter A, Section 98.43 – Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act); and South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment; and that it may be redisclosed by the South Carolina Department of Social Services only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed.

Signature (Sign in **BLUE** Ink)

Date

Noncriminal Justice Applicant's Privacy Rights

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.** ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. ³

Agency/Facility Name

Applicant Name (Printed)

Agency/Facility OCA/CC Number

Applicant Signature

Agency/Facility Address

Date

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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 regulations. 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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a challenge, correction, or updating an FBI identification record as set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

Agency/Facility Name

Applicant Name (Printed)

Agency/Facility OCA/CC Number

Applicant Signature

Agency/Facility Address

Date

This document must be retained by the entity.