

Employment Application

PERSONAL INFO

Name	Last Name	Middle Initial
Address		
City	State	Zip
Phone	Email	

POSITION DETAILS

Position Applying for _____

If Classroom Position, Age, Group Preference

No Preference
 Infants/Toddlers
 Two's/Three's
 Preschool
 School Age

Preferred Hours

No Preference
 Part Time
 Full Time

EXPERIENCE

Employer	Position	Date
1.		
2.		
3.		

EDUCATION

School	Program	Date
1.		
2.		
3.		

On what date would you be available to start? _____

Signature _____

Date _____

CCC STAFF FILE CHECKLIST

REFER TO JUNE 2018 REGULATION BOOKLET 114-503 H & K & 114-505-G
Information must be kept on file at the facility.

- ____ **Verification of experience:** A written statement on each child care employee. The facility's name, address and permit number and employee's dates of employment are required.
- ____ **Copy of all staff member's High School Diploma, GED, Degree or Certificate of Completion or Undergraduate Degree.** (Consult your Regional Office if a Certificate of Completion is presented).
- ____ **Copy of current Infant/Child CPR and First Aid Card, if applicable.**
- ____ **Medical Statement (DSS Form 2001)** completed and signed by staff and updated as needed.
- ____ **Consent to Release Information (DSS Form 2924)** – All staff members, 18 years old and older must have a sex offender registry, a child abuse and neglect registry, and database checks in each state where they have lived in the previous 5 years. This is required prior to employment and at each renewal. An employee **MAY NOT** work without these results on file.
- ____ **Health Assessment (DSS Form 2926)** to be completed within 3 months prior to employment or within 30 days of hire and every four years thereafter – signed by physician or health source person.
- ____ **TB test is required prior to employment and must be on (DHEC Form 1420).** TB test must be repeated if staff has a positive test, has been exposed or a break in service for 6 months or longer.
- ____ **State and Federal background check results** – An employee **MAY NOT** work without state AND federal fingerprint results on file. The fingerprint checks must be repeated every 5 years or a break in service for more than 6 months.
- ____ **Criminal Background Check Questionnaire (DSS Form 1706)** – This comprehensive criminal background form must be completed by all employees and submitted to the DSS Office of Inspector General at least 2 days **AFTER** being fingerprinted.
- ____ **Non-Criminal Justice Applicant Privacy Rights Notification (DSS Form 1081) and Privacy Act Statement (DSS Form 1083)** must be signed by staff person when obtaining their criminal background checks. These forms must be maintained in your file and a copy sent to the Regional Office.
- ____ **A facility agreement** must be signed and dated by parents and staff, that acknowledges their acceptance and understanding of ALL center policies DSS Regulation 114-503 F (4) including those that refer to or apply to DSS licensing regulations including the discipline policies 114-506 B (1) thru (8) which shall be **CLEARLY DEFINED** and states corporal punishment will **NOT** be used according to DSS Regulations 114-506 B (2).
- ____ **Training record (Renewals ONLY)** – 15 clock hours per year for staff and 20 clock hours per year for Director(s). Training for two years prior to renewal visit will be checked and training must be on an Official Transcript from the SC Endeavors. To request copies **PRIOR TO VISIT** phone toll free 1-866-845-1555 or visit their website at www.scendeavors.com. All staff members are required to complete annual training in blood borne pathogens which includes an exposure control plan.
- ____ **Directors need to maintain copies of the three letters of references** in their file.
- ____ **Director/Staff Evidence of Non-Conviction and Statement of Compliance (DSS Form 2925)** must be completed for **provisional** hire and notarized. This form is only completed once and maintained on file at the facility. A **provisional employee must be directly supervised** by, and in the presence of a non-provisionally caregiver at all times when providing direct care to children.

Employee's Name _____ Date of Hire _____

EMPLOYEE ACKNOWLEDGMENT FORM

I have received and read the All About Faith Learning Center Employee Point and Procedures Handbook expect to be guided by the rules and policies contained therein. I further understand and agree that my employment with All About Faith Learning Center is at will and may be terminated by the Director of the All About Faith Learning Center at any time for any reason or without reason. I understand that nothing in the Personnel Policies and Procedures handbook or in any oral statement or representation by any employee or representative of All About Faith Learning Center shall be deemed to create a contract of employment or any other modification of the at will employment relationship. I also understand that any or all the provisions contained in the Employee Policy and Procedures Handbook may be modified, amended, or eliminated by All About Faith Learning Center of any time with or without notice.

Employee Signature Date:

Employee Social Security Number.

Center Director Signature Date:

**South Carolina Department of Social Services
Child Care Licensing
DIRECTOR/STAFF EVIDENCE OF NON-CONVICTION
AND STATEMENT OF COMPLIANCE**

This form must be completed by all persons applying for employment with, or employment by, or seeks to provide caregiver services in, or is a caregiver at a child care facility. Keep a copy for your facility file.

The South Carolina Child Care Licensing Law, Section 63-13-40 D(1) et seq., Code of Laws states, "To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child. (2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background check, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child."

This questionnaire and certification is deemed to be continuous in nature, and any future violation or non-compliance with the applicable statute herein must be reported immediately to DSS Child Care Licensing.

I have read and become familiar with S.C. Code Section 63-13-40 (as amended), which provides the requirements for employment in a childcare facility.

I affirm that I am an employee, employer, or seeking employment in a childcare facility, and that I am in compliance with the provisions of S.C. Code Section 63-13-40 (as amended).

I understand that if I am found to be in violation of S.C. Code Section 63-13-40 (as amended), such non-compliance will affect the issuance or status of the licensure/approval/registration of this facility.

I understand, that in accordance with the requirements of S.C. Code Section 63-13-40 (C) (as amended) that all application forms provided for employment at a childcare facility must include, at the top of the application form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in Subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such a facility, 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.

Name: (Please print) _____

Address: _____

Facility Name: _____

Facility Address: _____
Street
City
State
Zip
Select County ...

County

Director: _____ Facility Approval/License/Registration No.: _____

I AFFIRM TO THE ABOVE NON-CONVICTION AND STATEMENT OF COMPLIANCE.

Staff's Signature: _____ Staff's Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME

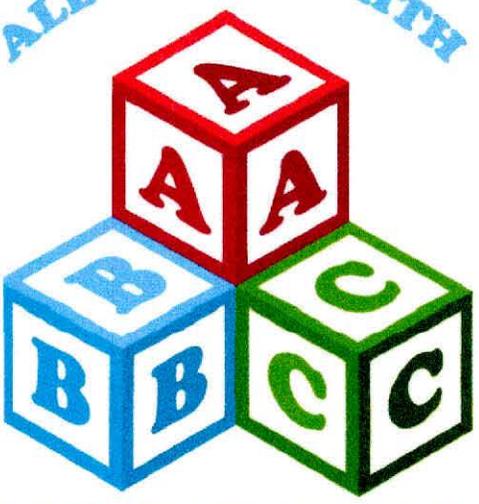
This _____ day of _____, 20 _____,

Notary Public for South Carolina

My Commission Expires: _____

ALL ABOUT FAITH

DAYCARE REFERENCE SHEET



LEARNING CENTER

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).

Print Name

Date

Signature

Child Care Licensing, Division of Early Care and Education
DSS Division/Office/Unit Name

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.

Print Name

Date

Signature

Child Care Licensing, Division of Early Care and Education

DSS Division/Office/Unit Name

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



Child Care and Development Block Grant (CCDBG) Act Criminal Background Check Questionnaire

Title 42 U.S.C., §9858 (f) – Criminal Background Checks

South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment

Please follow all instructions carefully or your form cannot be processed timely. Be sure to sign and date the **Certification Statement on Page 5** and the **Release Form on Page 6**. If you have any questions, please contact your immediate supervisor or the assigned background investigator.

Purpose of this Form

In accordance with Title 42 United States Code (U.S.C.) §9858 (f) – Criminal Background Checks; U.S. Department of Health and Human Services (DHHS), Title 45 Code of Federal Regulations (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); South Carolina Code of Laws, Section §63-13-40 (A) – Background Checks for Employment; and states shall have requirements, policies and procedures to require all licensed, regulated and registered child care providers; as defined under Title 42 U.S.C. §9858 (f)(i)(2) and South Carolina Code of Laws, Section §63-13-40 (A), to conduct a comprehensive criminal background check upon all current and prospective employees who are employed by a child care provider for compensation or whose activities involve unsupervised access to children who are cared for by the child care provider.

The information obtained from this form is used as the basis for this criminal background check. Providing this information is **not** voluntary for positions with unsupervised access to children. The required investigation cannot be completed, or completed in a timely manner, if each item of information requested is not provided in full. The CCDF requires child care service providers to complete criminal background checks **at least once every five (5) years**.

Authority to Request this Information

The South Carolina Department of Social Services is authorized to ask for this information under 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).

Federal and State agencies are routinely required to utilize a Social Security Number to identify individuals in agency records; this is to insure the accuracy of those records. This background investigation requires that a detailed search be conducted within all Federal and State criminal and sex offender registries and repositories and that a review be conducted of all Federal and State arrest and conviction information.

The Investigative Process

Criminal background checks are conducted using your responses on this form to develop information to determine eligibility for existing and/or prospective child care providers staff members; as defined under Title 42 U.S.C. §9858(f)(i)(2). The information that you provide on this form will be verified during the investigation. As a normal part of this process, you may be contacted by SCDSS to update, clarify, and/or explain information obtained during the background check. It is important that you respond as soon as possible if contacted.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You must sign and date, in **BLUE** ink, the original and each copy you submit.
2. Type, or print your answers in ink (if your form is not legible, it will not be accepted).
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, you may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences, employment history, to include, periods of self-employment, unemployment, or educational experience; you may use a blank piece of paper that lists the question reference number next to the additional information. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page**.

Disclosure of Information

The information you provide is for the purpose of completing background checks pursuant to State and Federal laws and is protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by both State and Federal Privacy Acts. The information on this form, and information collected during your criminal background investigation shall not be disclosed without your consent, except as permitted by law.

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

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.				SOCIAL SECURITY NUMBER		
City	County	State	Country (if not in the United States)			
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)			Home (include area code)			
Day			Day			
Night () -			Night ()			
G 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>				

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



Criminal Background Check Questionnaire

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**.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. Enter your Social Security Number before going to the next page

Signature (Sign in **BLUE** Ink)

Date



School Employee Certificate of Evaluation for Tuberculosis

Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____

Worksite, e.g. public or private school, kindergarten, nursery, or daycare facility for infants and children _____ Date employed _____

TEST RESULTS	TUBERCULIN SKIN TEST _____ <small style="margin-left: 150px;">Date Given</small> 5 TU Mantoux Method _____ mm _____ <small style="margin-left: 100px;">Date Interpreted</small>	CHEST X-RAY Date _____ Interpretation:	REMARKS
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD or IGRA results ¹ <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ <input type="checkbox"/> Preventive treatment started _____ but not completed ² <input type="checkbox"/> Preventive treatment not prescribed/refused ² <input type="checkbox"/> History of tuberculosis disease. Treatment started _____ and completed _____ <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non-contagious as of _____ and medically cleared to start/resume school employment on _____		
CERTIFICATION	<input type="checkbox"/> This is to certify that I have examined the person named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976. _____ <small>Physician's Signature</small>		
			_____ <small>Date</small>

**South Carolina Department of Social Services
Child Care Licensing**

Staff Health Assessment

NAME: _____ DOB: _____

- Type of Activity in Child Care (Check all applicable)**
- Adult Member of Household
 Food Preparation
 Caring for children
 Desk Work
 Driver of Vehicle
 Facility Maintenance

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER WHO DOES HEALTH ASSESSMENTS

PART I – MEDICAL HISTORY – Does this person have any of the following medical problems?

	Yes	No
History of myocardial infarction, angina pectoris, coronary insufficiency?		
History of epilepsy?		
Diabetes?		
Current drug or alcohol dependency?		
Disabling emotional disorder?		
Does this person have any special medical or mental problems which might interfere with the health of the children or that might prohibit this person from providing adequate care for the children? If yes, explain on reverse of form.		
Speech disorder?		
Significant physical findings/chronic medical condition or physical impairment?		
Other special medical problem or chronic disease which requires restriction of activity, medication or which might affect his/her work role? If so, specify on reverse of form.		

PART II – AS SHOWN BY PHYSICAL EXAMINATION, DOES THE INDIVIDUAL HAVE:

	Yes	No
At least 20/20 combined vision, corrected by glasses if needed?		
Normal hearing?		
Normal blood pressure?		
Date of Examination		

PART III – COMMUNICABLE DISEASES – Does this person have a communicable disease which would prohibit him/her from working in a child care facility?

Yes No If yes, please comment: _____

Tuberculosis Certification

Must be completed within 12 months prior to employment. TB Certification must be documented on the DHEC 1420, School Employee Certificate of Evaluation of TB according to SC DHEC Regulation 61-22
DHEC 1420 can be obtained at SCDHEC.gov

Immunization Status

Facility staff are at risk of exposure to childhood diseases. Prospective employees who will work with infants should have a review of their immunization status. Employees are also at risk of exposure to live virus, such as polio and CMV, and one-time adult dose of TDAP. Immunization status reviewed: Yes No

Comments: _____

Print Name & Address of Health Care Provider _____ Telephone Number _____

Signature of Health Care Provider _____ Date Signed _____

HEALTH ASSESSMENTS MUST BE OBTAINED AT LEAST EVERY FOUR (4) YEARS AFTER INITIAL ASSESSMENT

**South Carolina Department of Social Services
Child Care Regulatory Services
MEDICAL STATEMENT**

To be completed by staff, volunteers, and emergency personnel:

Name: _____ SSN: _____
Last First Middle

Home Address: _____
Number Street City State Zip

Date of Birth: _____ Male Female Telephone: _____

Statement of your present health in your own words: _____

Have you ever had or do you now have any of the following:

Illness/Condition	Yes	No	Illness/Condition	Yes	No
Vision Problems			Rupture or Hernia		
Ear, Nose, Throat Problems			Hemorrhoids		
Hearing Loss			Sugar or Albumen in Urine		
Frequent/Severe Headaches			Jaundice		
Dizziness or Fainting Spells			Diabetes		
Head Injury			Heart Problems		
Epilepsy or Seizures			Bone, Joint or other Deformity		
Shortness of Breath or Lung Problems			Back Problems		
Spitting up Blood			Tumor, Growth or Cancer		
Tuberculosis			Nervous Condition		
Skin Disease			Drug or Narcotic Habit		
Pain or Pressure in Chest			Adverse Reaction to Medication		
High Blood Pressure			Alcoholism		
Frequent Indigestion			Illnesses or injury not mentioned above		
Stomach, Liver or Intestinal Problems			Loss of consciousness		
Have you ever been refused employment or been unable to hold a job for reasons of health?					
Have you ever been denied life insurance?					
Have you ever been rejected for or discharged from military service for physical, mental or other reasons?					

If any item is checked "Yes", please explain: _____

Please provide appropriate information below regarding freedom from tuberculosis (TB):
NEW EMPLOYEE: Enter below date of written evidence from a physician or health resource attesting you are free from communicable TB. _____
Date of Verification

CURRENT EMPLOYEE: Check below if you are required to have additional tuberculosis tests.
 No more TB tests required TB tests required every _____

I CERTIFY THAT THE ABOVE INFORMATION SUPPLIED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature Date

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 Employer
Criminal Background Check Questionnaire



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 <u>BLUE</u> Ink)	Date
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