

South Carolina Department of Social Services  
Child Care Licensing

**ORIGINAL OR CONTINUING REGISTRATION STUDY  
FOR A FACILITY OPERATED BY A RELIGIOUS BODY OR GROUP**

Name of Facility:	County:
Physical Address: (Street, City, State, Zip Code)	Telephone:
Mailing Address, If Different from Physical Location: (Street, City, State, Zip Code)	Hours Facility Operates: From:                      To:
Name of Facility Director:	

**This is to certify that the above-named facility is owned and operated by the following faith-based or publicly recognized religious educational or religious charitable institution.**

Name of Organization:		
Address: (Street, City, State, Zip Code)	Telephone:	
Official Signature:	Official Title:	Date:

**The following information shall be prepared prior to the DSS visit for the original or continuing registration study:**

- A. An approval letter from the local zoning board (for new facilities only).
- B. Requests for sanitation (DSS Form 2905) and fire inspections (DSS Form 2941).
- C. Completed and signed original application (DSS Form 2902).
- D. Completed list of staff (DSS Form 2946).
- E. Completed list of children (DSS Form 2945).
- F. Completed Central Registry Checks on all current staff (DSS Form 2924).
- G. State fingerprint results for all current staff.
- H. Copies of current certificates for basic first aid and child/infant cardiopulmonary resuscitation for caregivers. (At least one certified caregiver must be on the premises at all times while facility is in operation.)
- I. Sample of weekly menu, including snacks and beverages.
- J. Training records for director and caregivers on file. (For renewals only.)

**As director/operator, in accordance with the provisions of Sections 63-13-110 and 63-13-1010 through 63-13-1080, Code of Laws of South Carolina, I will comply with all of the requirements applicable to religious bodies or groups including floor space, staff:child ratios and staff training.**

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Director's Signature