

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

ORIGINAL OR RENEWAL REGISTRATION OF FAMILY CHILD CARE HOME (FCCH)

Section A – General Information

Name: (Last, first, middle) _____ Sex: _____ Date of Birth: _____

Physical Address: (Street, city, state, zip) _____

Telephone: (Must be listed and working) _____

Mailing Address: (If different from physical address) _____

Hours of Operation: _____ County: _____

Section B – Enrollment Information

Complete the following information on each child including your own, related and foster children until they reach 12 years of age.

Child's Name	Is this child related to you?	Is this your foster child?	Age	Days in FCCH (Ex.: Mon. Wed. Fri.)	Arrival Time	Departure Time
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Section C – Registration Requirements

I hereby request for my Family Child Care Home (FCCH) to be registered with the South Carolina Department of Social Services in compliance with the following provisions of Section 63-13-10 et seq., Code of Laws of South Carolina and regulations for FCCH's (DSS Regulation #114-528, April 1993).

- I have read the regulations and Suggested Standards, Guidelines for Operators of Family Child Care Homes Subject to Registration. Yes No
- I have furnished a copy or reviewed with each enrollee's parent the regulations and Suggested Standards, Guidelines for Operators of Family Child Care Homes Subject to Registration with the procedure for filing complaints. N/A (New application) Yes No
- I have provided the Department of Social Services (DSS) with a signed statement from each parent verifying the action in number 2, above, has been completed. N/A (New application) Yes No
- I agree to provide DSS with any facts or data relevant to the operation of my FCCH. Yes No
- I have provided DSS with three (3) reference statements, including addresses and telephone numbers specifically from non-related sources. N/A (Renewal) Yes No
- I understand that the number of children present in my home at any given time shall not exceed the number specified on the Statement of Registration. (No more than six (6) children.) Yes No

(Complete back of form) →

7. I understand that a change in location shall void the Statement of Registration. Yes No
8. My home telephone number is available to parent(s)/guardian(s) of enrolled children. Yes No
9. My home telephone number is either published or listed with the telephone company. Yes No
10. I have obtained a check of the Central Registry of Child Abuse and Neglect, a check of the Sex Offender Registry (18 years of age and older), and criminal history background on myself (operator), substitute caregivers, emergency persons, volunteers, and household members 15 years of age and older as required. Yes No
11. Are you a Foster Parent? Yes No
 If yes, list foster children in Section B on page 1.
 If yes, also check all that apply: DSS DSS-IFC Mentor SAFY GAP Other: _____
12. The current Statement of Registration for my FCCH is displayed in a prominent location in my FCCH. N/A (New application) Yes No
13. I understand that it is my responsibility to report an occurrence which may affect the status of the Registration, including but not limited to the following: Yes No
- a. Accidents or injuries requiring professional medical treatment of any child or staff person.
 b. Major damage to the FCCH.
 c. Charges or convictions of crimes against the operator, household member(s) or staff.
 d. Any Child Protective Services Reports involving the operator, household member(s), or staff.
14. I have liability insurance. Yes No
 If no, I have signed statements from parents that they have been informed. Yes No
15. Any Caregiver, Emergency Person(s), and Household Members who care for children must have 2 hours of training each year. I and anyone else caring for children in my Family Child Care Home have completed the required 2 hours of training for this year. Yes No

NOTE: CRIMINAL BACKGROUND CHECKS ARE NOT REQUIRED FOR SUBSEQUENT RENEWALS.

 Signature of Operator Date

 Signature of Department Representative Title Date