**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Review of the Use of Child Welfare Funding**

**Use of form:** The use of this form is required to document the review of an out-of-home caregiver or a member of the out-of-home caregiver’s family has been determined to have received improper payments from the Wisconsin Shares Child Care program and child care payments have been suspended. The out-of-home caregiver or their family member will be required to make repayment of the improper child care payments and may be prosecuted for committing fraud against the child care program. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

The Department of Children and Families wants to ensure that funds used to support placements made through the child welfare system are being used appropriately by out-of-home caregivers with other programs in the department to ensure that the children for whom the funds are to be used for are being appropriately managed.

**Instructions:** Complete this form and return within two weeks from the contact with the Department of Children and Families representative to:

BPOHC

DCF/DSP – Room E200

P.O. Box 8916

Madison, WI 53708-8916

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| --- | --- | --- |
| Name – Licensing / Placing Agency | | Telephone Number |
| Address – Licensing / Placing Agency | | |
| **PROVIDER DCF WAS CONTACTED ABOUT** | | |
| Name of Out-of-Home Caregiver(s) | Address (Street, City, State, Zip Code) | |

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| Type of Out-of-Home Caregiver (Check all that apply.) | | | | | | | | | | | |
| Kinship Care-CO | | | | Kinship Care-Voluntary | Foster Care | | | | Treatment Foster Care | | Group Home |
| **Yes** | **No** | **N/A** |  | | | | | | | | |
|  |  |  | Did the out-of-home caregiver inform the licensing / placing agency of the improper payments received from the Wisconsin Shares child care assistance program? | | | | | | | | |
|  |  |  | Did the out-of-home caregiver inform the licensing / placing agency of the child care license no longer being active? If “Yes” identify the reason why the child care license is no longer active. | | | | | | | | |
|  | | | License surrendered by stipulation  License revoked  License closed voluntarily | | | | | | | | |
|  |  |  | Are there children from the Public Child Welfare System in the care of this out-of-home caregiver? | | | | | | | | |
|  |  |  | If “Yes” is the child(ren) being appropriately cared for? Explain by addressing at least the following: Safety of the child(ren), whether or not reimbursement for the child(ren)’s care is being managed appropriately, and is this a stable placement given the improper payments for child care made to the provider? | | | | | | | | |
|  |  |  | Is the licensing or placing agency taking any action given the improper payments made to the out-of-home caregiver? Explain any actions being taken or why no actions are being taken. | | | | | | | | |
|  |  |  | Many of these providers are suspected of significant improper payments of the Wisconsin Shares Child Care assistance program. What is the repayment capacity and plan in place to ensure this provider is able to manage reimbursement provided for a child’s care, so that these funds are not being used to repay money owed back the department for the Wisconsin Shares improper payments? | | | | | | | | |
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| Name – Agency Representative (Print or type) | | | | | |  | Title | | | | |
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| **SIGNATURE** – Agency Representative | | | | | |  | | Date Signed (mm/dd/yyyy) | |  | |

Thank you for your cooperation and commitment to ensuring the safety and well-being of children placed in out-of-home care and the integrity of out-of-home care programs.