

## CHILD CARE BACKGROUND CHECK ATTESTATION

**Use of form:** In accordance with Wisconsin Statute 48.686, the Department of Children and Families (DCF) requires child care providers to submit employees and household members for fingerprint background checks. Providers may use the form below to attest they have completed the background check submission for all individuals who are employed at, contract with or reside at the center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

### LICENSEE / CERTIFIED OPERATOR / PROVIDER INFORMATION

Facility ID / Provider Number / Location Number	Child Care Facility / Business Name
Licensee / Certified Operator / Provider Name	Facility / Location Address (Street, City, State, Zip Code)

### ATTESTATION

By signing this form, I hereby attest to all of the following:

- Existing Individuals** – I confirm that all caregivers, noncaregiver employees (including contractors) and household members age 10 and older have been submitted to DCF for background check if they began employment, contracted with or resided at the above named child care center prior to October 1, 2018. Background Check Request forms have been submitted for each individual either by entering them in my Child Care Provider Portal (CCPP) account or by submitting them to DCF or the certification agency.
- New Individuals** – I understand that all new caregivers, noncaregiver employees (including contractors) and household members age 10 and older associated with the center after October 1, 2018 must be submitted to DCF for background check. All individuals must have an eligible preliminary background check decision before they may begin employment, contract with or reside at the child care center.
- I understand that individuals age 18 and older must submit fingerprints for their initial background check and every five years thereafter. Individuals who do not complete the required fingerprint background check may subject the center to enforcement action.
- I acknowledge that I am aware of, and in full compliance with, the new requirements for background check submission. Failure to comply with these requirements may result in enforcement action.
- I affirm that I am the licensee or certified operator of the above named child care center, or that I have been delegated the authority to sign this attestation form on behalf of the center.

### SIGNATURE

Licensee / Certified Operator / Provider Signature	Date
Print Name	Title