

Request For Child Care Provider Investigation



GA Department of Early Care and Learning
Childcare and Parent Services
Audits and Compliance Division
2 Martin L. King Jr. Drive
East Tower, Suite 754
Atlanta, GA 30334
CAPS.Investigations@dec.al.ga.gov

County Name: _____ County Number: _____

*Legal Name of Child Care Provider: _____

*Name of Owner: _____

Provider ID #: _____ *SSN or Federal Tax ID #: _____

*Address/Location Where Care is Provided:

Phone: _____

Type of Child Care Provider: Child Care Learning Center Family Child Care Learning Home
 Informal Care Giver License-Exempt Provider

*Estimated Amount of Overpayment: \$ _____

*Estimated Dates of Overpayment: From _____ to _____

CAPS Case(s) associated with overpayment:

Case Name: _____ Case Number: _____

Case Name: _____ Case Number: _____

Case Name: _____ Case Number: _____

Case Name: _____ Case Number: _____

(For additional cases, please attach list)

*Reason for Referral:

(Please attach any statements received from the child care provider or parental authority.)

Referral Source Signature and Date Phone Number E-mail Address

*Asterisk indicates mandatory information. Field is required to be completed on order to process referral.