CERTIFIED MAIL

Provider Name

Provider Address

Provider Address

Provider DVN:

RE: **Request for Attendance Records**

Dear      :

As a child care provider with the Department of Social Services, you agreed to submit attendance records upon request and to retain your records for a period of five (5) years. At this time, we are requesting that you submit attendance records for the following month(s) within 10 business days. Failure to submit the requested attendance records may result in a claim.

Please submit records pertaining to Child(ren)'s Name or All Subsidy Children in care during the following time period:

Month/Date/Year to Month/Day/Year

Please mail the attendance records to:

Attn: Your Name

 Child Care Provider Relations Unit

 Address

 Address

If you have any questions or require further information, please contact me at Telephone Number.

 Name

 Child Care Provider Relations Unit

CC: Provider File