

### Removal of Records Receipt – Child Care Centers

**Use of form:** Under the authority of s. 48.66(1)(a), Wis. Stats., and DCF 201, 202, 250, 251, and 252 Wis. Admin. Codes, the child care administrative agency is removing original records for the purposes of administrative review and / or audit.

**Instructions:** The agency employee removing the original records will **complete the form, sign and date it** and obtain a signature from the licensee or certified provider. The original copy of the form will be left with the licensee or certified provider who must retain it as proof that the facility / provider is not out of compliance with record keeping rules.

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**LICENSEE / PROVIDER INFORMATION**

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Facility ID / Provider Number	Name – Facility / Business
Name – Licensee / Provider	Address – Facility / Location (Street, City, State, Zip Code)

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**RECORDS INFORMATION**

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Date range of records requested

Type of original records removed:

Attendance Records       Children's Records       Staff Records  
 Classroom Attendance Records       Computerized Records       Other (explain) \_\_\_\_\_  
 Transportation Records (If checked, see below)  
 This facility is not approved to provide transportation.  
 This facility is approved to provide transportation but does not bill the Wisconsin Shares program for providing care for the children while they are being transported to and from the facility.  
 This facility is approved to provide transportation and bills the Wisconsin Shares program for providing care for the children while they are being transported to and from the facility.

Dates or date ranges of records removed	Dates or date ranges of records missing from the files
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Number of pages collected:  
Other Information (if required)

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**ADMINISTRATIVE AGENCY INFORMATION**

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Name – Agency	Name – Agency Employee
Address – Agency (Street, City, State, Zip Code)	Telephone Number – Agency

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**ATTESTATION**

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**A. Licensee / Provider**

Yes  N/A I acknowledge that because I am unable to provide the missing records at this time, that even if the missing records are later submitted, the agency may not consider the submitted records as legitimate.

Yes  N/A Except where noted above, I confirm that the records I am providing are all of the records used to support billing to the Wisconsin Shares Subsidy Program.

I attest that the information contained on this form is correct and complete to the best of my knowledge.

Name – Licensee / Provider (PRINT)	Title – Licensee / Provider
<b>SIGNATURE</b> – Licensee / Provider	Date and Time Signed

**B. Administrative Agency**

In compliance with Wisconsin statutes and administrative codes, the child care provider has voluntarily provided the above-mentioned records to this agency.

Name – Agency Employee (PRINT)	Title – Agency Employee
<b>SIGNATURE</b> – Agency Employee	Date and Time Signed