DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

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.

LICENSEE / PROVIDER INFORMATION

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

RECORDS INFORMATION

Date range of records requested

Type of original records removed:

- ☐ Attendance Records
- ☐ Children's Records
- ☐ Staff Records
- ☐ Payment Agreements
- ☐ Computerized Records
- ☐ EBT Cards
- ☐ Parent Account Information
- ☐ Provider Policy Documents
- ☐ Other (explain) _____
- ☐ Transportation Records (If checked, see below)
  - ☐ This facility is approved to provide transportation but does not use Wisconsin Shares funds for providing transportation.
  - ☐ This facility is approved to provide transportation and does use Wisconsin Shares funds for providing transportation.

Dates or date ranges of records removed	Dates or date ranges of records missing from the files

Number of pages collected:

Other Information (if required)

ADMINISTRATIVE AGENCY INFORMATION

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

ATTESTATION

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 the attendance requirements of the Wisconsin Shares Subsidy Program.

☐ I attest that I have no child care EBT cards or card information (this includes copies, documents, or photos of account numbers, PINs) in my possession.

☐ 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
SIGNATURE – 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
SIGNATURE – Agency Employee	Date and Time Signed

Distribution: White – Center Representative / Certified Provider; Pink – Administrative Agency