

EXIT INTERVIEW CONFIRMATION – CERTIFIED CHILD CARE

Use of form: This form will be provided to the operator or designee at the conclusion of the exit interview. It is intended to communicate in writing, as part of the exit interview, the results of the monitoring visit and is not the final written report. If rule / statute violations were documented, a Noncompliance Statement and Correction Plan will be prepared by the certification worker and sent to the operator at a later date.

Instructions: Add the identifying information in Section A. Check the visit reason in Section B. If probable rule violations are identified, check the box next to all rule violation subject areas in Section C and add explanatory comments if needed. If no rule violations are identified, check the box in Section D. Check the box in Section E if the purpose of the visit is to investigate a complaint or a report of an accident or incident and the investigation results are pending. Section F must be signed and dated by the certification worker and the certified operator or designee at the conclusion of the exit interview. The certification worker will call the certified child care operator if, after review of the information obtained at the visit, additional violation subsections will be cited.

A. PROVIDER INFORMATION:

Provider Name	Provider Number	Date – Monitoring Visit
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B. VISIT REASON: Check all that apply. Monitoring Complaint Investigation Other (specify):

C. RULE VIOLATIONS OBSERVED: One or more probable rule violations may be cited in the subsections listed below of the child care rule chapter DCF 202 Child Care Certification. A Noncompliance Statement and Correction Plan may be issued.

1. <input type="checkbox"/> 202.04(1) BASIS FOR CERTIFICATION 2. <input type="checkbox"/> 202.04(3) APPLICATION FOR CERTIFICATION FAMILY / IN-HOME CERTIFICATION 3. <input type="checkbox"/> 202.08(1) QUALIFICATIONS OF PROVIDERS 4. <input type="checkbox"/> 202.08(2) HOME SAFETY 5. <input type="checkbox"/> 202.08(4) CHILD HEALTH CARE 6. <input type="checkbox"/> 202.08(5) SUPERVISION 7. <input type="checkbox"/> 202.08(6) MAXIMUM NUMBER OF CHILDREN 8. <input type="checkbox"/> 202.08(7) PROVIDER INTERACTIONS WITH CHILDREN 9. <input type="checkbox"/> 202.08(8) ACTIVITIES	10. <input type="checkbox"/> 202.08(8m) EQUIPMENT 11. <input type="checkbox"/> 202.08(9) TRANSPORTATION 12. <input type="checkbox"/> 202.08(10) MEALS AND SNACKS 13. <input type="checkbox"/> 202.08(11) REST 14. <input type="checkbox"/> 202.08(12) PROVIDER AND PARENT COMMUNICATION 15. <input type="checkbox"/> 202.08(13) DISCRIMINATION PROHIBITED 16. <input type="checkbox"/> 202.08(14) MANDATORY CHILD ABUSE REPORTING SCHOOL AGE PROGRAMS 17. <input type="checkbox"/> 202.09(1m) ADMINISTRATION 18. <input type="checkbox"/> 202.09(2) PERSONNEL	19. <input type="checkbox"/> 202.09(3) ORIENTATION 20. <input type="checkbox"/> 202.09(4) FACILITY 21. <input type="checkbox"/> 202.09(5) CHILD HEALTH CARE 22. <input type="checkbox"/> 202.09(6) STAFFING AND GROUPING 23. <input type="checkbox"/> 202.09(7) EMERGENCIES 24. <input type="checkbox"/> 202.09(8) SANITATION 25. <input type="checkbox"/> 202.09(9) STAFF INTERACTIONS WITH CHILDREN 26. <input type="checkbox"/> 202.09(10) ACTIVITIES AND EQUIPMENT 27. <input type="checkbox"/> 202.09(11) MEALS AND SNACKS 28. <input type="checkbox"/> 202.09(12) TRANSPORTATION 29. <input type="checkbox"/> 202.09(13) PARENTS 30. <input type="checkbox"/> 202.09(14) INSURANCE
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Comments (For Certification Agency Use Only):

D. NO RULE VIOLATIONS OBSERVED: No probable rule violations noted in areas reviewed at this visit.

E. DETERMINATION PENDING: Visit for purpose of investigation. Investigation is open, and final determination of probable rule violations is pending at time of exit interview. Probable rule violations are checked above (Section C).

F. INTERVIEW CONFIRMATION: Signing below attests that the monitoring visit results have been discussed.

SIGNATURE – Certification Worker	Date Signed	SIGNATURE – Certified Child Care Operator or Designee	Date Signed
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