

EXIT INTERVIEW CONFIRMATION

Use of form: If the certification worker will mail the Noncompliance Statement and Correction Plan Compliance Statement to the certified child care operator rather than leave a copy immediately, 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, Noncompliance Statement and Correction Plan or Compliance Statement, will be prepared by the certification worker and sent to the operator at a later date.

Instructions: Add the identifying information in Section A. If rule violations are identified, check the box next to all probable rule violation subject areas in Section B and add explanatory comments if needed. If no rule violations are identified, check the box in Section C. Section E 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. RULE VIOLATIONS OBSERVED: One or more probable rule violations may be cited in the subsections checked below. DES-11548 Noncompliance Statement and Correction Plan will be issued.

1. <input type="checkbox"/> 202.04(1) BASIS FOR CERTIFICATION	9. <input type="checkbox"/> 202.08(8) ACTIVITIES	SCHOOL AGE PROGRAMS	
2. <input type="checkbox"/> 202.04(3) APPLICATION FOR CERTIFICATION	10. <input type="checkbox"/> 202.08(8m) EQUIPMENT	17. <input type="checkbox"/> 202.09(1m) ADMINISTRATION	25. <input type="checkbox"/> 202.09(8) SANITATION
FAMILY/INHOME CERTIFICATION		18. <input type="checkbox"/> 202.09(2) PERSONNEL	26. <input type="checkbox"/> 202.09(9) STAFF INTERACTIONS WITH CHILDREN
3. <input type="checkbox"/> 202.08(1) QUALIFICATIONS OF PROVIDERS	11. <input type="checkbox"/> 202.08(9) TRANSPORTATION	19. <input type="checkbox"/> 202.09(3) ORIENTATION	27. <input type="checkbox"/> 202.09(10) ACTIVITIES AND EQUIPMENT
4. <input type="checkbox"/> 202.08(2) HOME SAFETY	12. <input type="checkbox"/> 202.08(10) MEALS AND SNACKS	20. <input type="checkbox"/> 202.09(4) FACILITY	28. <input type="checkbox"/> 202.09(11) MEALS AND SNACKS
5. <input type="checkbox"/> 202.08(4) CHILD HEALTH CARE	13. <input type="checkbox"/> 202.08(11) REST	21. <input type="checkbox"/> 202.09(5) CHILD HEALTH CARE	29. <input type="checkbox"/> 202.09(12) TRANSPORTATION
6. <input type="checkbox"/> 202.08(5) SUPERVISION	14. <input type="checkbox"/> 202.08(12) PROVIDER AND PARENT COMMUNICATION	22. <input type="checkbox"/> 202.09(6) STAFFING AND GROUPING	30. <input type="checkbox"/> 202.09(13) PARENTS
7. <input type="checkbox"/> 202.08(6) MAXIMUM NUMBER OF CHILDREN	15. <input type="checkbox"/> 202.08(13) DISCRIMINATION PROHIBITED	24. <input type="checkbox"/> 202.09(7) EMERGENCIES	31. <input type="checkbox"/> 202.09(14) INSURANCE
8. <input type="checkbox"/> 202.08(7) PROVIDER INTERACTIONS WITH CHILDREN	16. <input type="checkbox"/> 202.08(14) MANDATORY CHILD ABUSE REPORTING		

Comments (For Certification Agency Use Only):

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

D. DETERMINATION PENDING: Visit for purpose of investigation. Investigation is open, and final determination for probable rule violations is pending at time of exit interview.

E. 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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Distribution: White – Certified Child Care Operator
 Yellow – Certification Agency