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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62595 (04/2020) | **STATE OF WISCONSIN** | |
| **LONG TERM CARE FACILITY FEEDING ASSISTANT ROSTER**  This department form is not mandatory; however, CFR 483.160(b) requires a facility to maintain, and to make available to the department upon request, a feeding assistant roster of all feeding assistants used by the facility. | | |
| Name – Facility | | License No. |
| **Name of Feeding Assistant** | **Job Title** | **Date of Training Completion** |
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