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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62595 (06/2024) | **STATE OF WISCONSIN**  **42 CFR 483.160(b)**  **Wis. Admin. Code § DHS 129.18(3)(a)** | |
| **LONG TERM CARE FACILITY FEEDING ASSISTANT ROSTER**  This department form is not mandatory; however, the Department of Health Services (DHS) 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 | | |
| **Name of Feeding Assistant** | **Job Title** | **Date of Training Completion** |
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