FOSTER CARE GROUP HOME AUDIT RECORD OF EXIT CONFERENCE

PROVIDER:			PR	PROGRAM NO.: FY:		
DAT	E AND TIME:	LOCATION:				
CDS	SS AUDIT STAFF:					
PRC	WIDER STAFF:		TITLE:			
PROVIDER STAFF:				TITLE:		
PROVIDER STAFF:				TITLE:		
1.	Was provider given a copy Personnel File Re GH Program Audi Other Documenta	view: t Report (SR 2G/SR 2P):				
	Did the auditor explain: Program Audit Fin Audit Report Proc Administrative Rev	edures: view Procedures:				
э.	Summary of discussion of f	indings				
SIGI	NATURE OF AUDITOR-IN-CHARGE					

4.	Is the provider required to submit additional information/doce Report (non-provisional only)? If so, what is the due date?	□ YES		NO		
	List all records required to be submitted:					
0101						
	ATURE OF AUDITOR-IN-CHARGE:		atad abawa			
I have received copies of all pages of the Record of Exit Conference and agree that the items listed above we discussed at the Exit Conference.						
PRO	/IDER SIGNATURE:]	DATE			