FOSTER CARE GROUP HOME AUDIT
RECORD OF EXIT CONFERENCE

PROVIDER:	PROGRAM NO.:	FY:

DATE AND TIME:	LOCATION:

CDSS AUDIT STAFF:

PROVIDER STAFF:	TITLE:
PROVIDER STAFF:	TITLE:
PROVIDER STAFF:	TITLE:

1. Was provider given a copy of:
   - Personnel File Review: _____
   - GH Program Audit Report (SR 2G/SR 2P): _____
   - Other Documentation: _____

2. Did the auditor explain:
   - Program Audit Findings: _____
   - Audit Report Procedures: _____
   - Administrative Review Procedures: _____

3. Summary of discussion of findings:

SIGNATURE OF AUDITOR-IN-CHARGE

4. Is the provider required to submit additional information/documentation prior to the Final Audit Report (**non-provisional only**)? ☐ **YES** ☐ **NO**
If so, what is the due date?_____

List all records required to be submitted:

SIGNATURE OF AUDITOR-IN-CHARGE:	MANAGER SIGNATURE:

I have received copies of all pages of the Record of Exit Conference and agree that the items listed above were discussed at the Exit Conference.

PROVIDER SIGNATURE:	DATE