

ODMRDD Office of Provider Standards  
 2007 Provider Compliance Review  
**PROVIDER COMPLIANCE  
 ON-SITE REVIEW ITINERARY**

<b>Name of Provider:</b>			
<b>Date of Review:</b>		<b>County of Review:</b>	
<b>Provider Compliance Survey Team Leader:</b>			
<b>Provider Compliance Survey Team Members:</b>			
<b>Survey Task</b>	<b>Time</b>	<b>Provider / County / Department Representatives</b>	
<b>Survey Team Arrival:</b>			
<b>Entrance Conference:</b>			
<b>Agency Provider Policy and Procedure Review:</b>			
<b>Personnel Records Review:</b>			
<b>Survey Team Conference:</b>			
<b>Site Visit (If Required):</b> (Identify site and reason for visit)			
<b>Exit Conference:</b>			
<b>Notes/Other Information (as needed):</b>			

**If you have questions regarding the itinerary for this review, please contact:**

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Surveyor Name

Surveyor Phone Number

@dmr.state.oh.us

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