

# Quarterly Medical Meeting

Detention Center: \_\_\_\_\_

Date: \_\_\_\_\_

Quarter:  1  2  3  4

Attendees:

Name	Title

<b>1) Effectiveness of the facility's health care program:</b> _____ _____
<b>2) Environment factors that need improvement:</b> _____ _____
<b>3) Changes effected since the last meeting date:</b> _____ _____
<b>4) If needed, recommend corrective action plan:</b> _____ _____ _____

<b>Condition that poses a danger to staff or juvenile health reported within the last quarter:</b> _____ _____ _____
<b>Action Taken:</b> _____ _____

<b>Comments:</b> _____ _____ _____
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<b>Signature of Health Care Authority:</b>	
<b>Signature of Facility Administrator:</b>	
<b>Signature of Compliance Manager: (If applicable)</b>	

## Quarterly Summary Report

<b>Date Report Submitted:</b>	<b>Health Care Authority:</b>	<b>Facility Administrator:</b>