

Successful Youth • Strong Leaders • Safer Communities

POLICY

SUBJECT: Quarterly Meetings with Superintendents

NUMBER: HC-316-19

APPLICABLE TO: Residential Facility and Somatic Health Staff

APPROVED:	/s/ signature on original		
	Sam Abed, Secretary		
DATE.	3/15/19		

I. POLICY

The Health Services Supervisor shall meet with the Superintendent at least quarterly to discuss and assess the effectiveness of the facilities' health-care program, review any environmental factors that need improvement, review procedural changes, and, if needed, recommend corrective actions.

II. <u>AUTHORITY</u>

- A. Md. Code Ann., Human Services, §9-203 and §9-204
- B. American Correctional Association (ACA) Standard 4-JCF-4C-37 and 4-JCF-4C-58

III. <u>DIRECTIVES/POLICIES RESCINDED</u>

Quarterly Meetings with Superintendents, HC-330-18

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. <u>REVISION HISTORY</u>

DESCRIPTION OF REVISION	DATE OF REVISIO
New policy issued.	2/27/18
Procedures revised to include a requirement for an analysis of youth injuries, creation of a prevention plan to address corrective measures, and a quarterly assessment of the plans effectiveness	3/23/18
Policy re-issued with new number; old policy rescinded.	3/11/19



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PROCEDURES

SUBJECT: Quarterly Meetings with Superintendents

NUMBER: HC-316-19

APPLICABLE TO: Residential Facility and Somatic Health Staff

APPROVED: /s/ signature on original

Wallis Norman, Deputy Secretary

DATE: 3/13/17

I. PURPOSE

To provide procedures for structured meetings between the Nursing Supervisor and the Superintendent. Meetings shall occur at least quarterly and shall be held to assess the effectiveness of the facilities' health care program.

II. <u>DEFINITIONS</u>

None

III. <u>PROCEDURES</u>

- A. The Nursing Supervisor shall meet with Superintendent at least quarterly. Topics to be discussed at the meetings shall include but are not limited to the following:
 - 1. Effectiveness of the facilities' health care program;
 - 2. Analysis of youth injuries, creation of a prevention plan to address corrective measures, and a quarterly assessment of the plans effectiveness;
 - 3. Description of any presenting environmental factors that may need improvement;
 - 4. Conditions that may pose a danger to the health or safety of staff or youth;
 - 5. Review of the status of changes that were effected since the last meeting date;
 - 6. Recommendations for any corrective actions if needed; and
 - 7. Review of last meeting minutes.
- B. The Nursing Supervisor or designee shall immediately report to the Superintendent or the Shift Commander any condition that poses a danger to staff or youth health and safety.
- C. The Nursing Supervisor shall submit a summary report of each meeting to the Superintendent and the Regional Nurse Manager. A copy of the summary shall be kept on file at the facility in the Health Center.

IV. <u>RESPONSIBILITY</u>

The Health Administrator and Superintendent are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. <u>DIRECTIVES/POLICIES REFERENCED</u>

No policies referenced.

VIII. <u>APPENDICES</u>

None



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT:	Quarterly	Meetings	with Su	perintendents
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NUMBER: HC-316-19

APPLICABLE TO: Residential Facility and Somatic Health Staff

REVISED: March 11, 2019

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE	PRINT FULL NAME
DATE	WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.