

Mississippi Division of Youth Services
POLICY AND PROCEDURE UPDATE

Date:

To:

From: Procedures Office

Policy/Procedure:

Policies and procedures must be reviewed at least annually to assure they are current and complete. You are the administrator responsible for the policy/procedure cited above. Please review the cited policy and procedure to assure it is current. Indicate what action you have taken in the space below. Please complete the review of this policy and procedure by the last day of this month.

Thank you.

Action Taken

I have reviewed the above cited policy. The action taken is checked below:

- ☐ I have reviewed the policy/procedure and found it is current and complete. No revisions and/or further action are needed at this time.
- ☐ I have reviewed the policy/procedure and found that minor changes were needed. A paper copy of the policy/procedure is attached. I have marked or written what changes need to be made on that paper copy.
- ☐ I have reviewed the policy/procedure and found major changes were needed. I have attached a disk with the rewritten policy/procedure on it.

Signed

Date