

**Mississippi Department of Human Services
 Division of Youth Services
 Medical Services
 Oakley Youth Development Center**

SUPPLY CONTROL MONITORING FORM

Supply Item Name	Actual # Present	Actual # Recorded	Discrepancy/Comments

Health Care Personnel Completing Monitoring Form: _____

Date: _____ Time: _____ Accountability accurate: Yes No

Reviewed by Director of Medical Services: _____
SignatureDate