

1.1.D.1 Staff Training Requirements

I Policy Index:



Date Signed: 03/07/2013
Distribution: Public
Replaces Policy: 1D.1
Supersedes Policy Dated: 04/07/2012
Affected Units: All Units
Effective Date: 03/11/2013
Scheduled Revision Date: November 2013
Revision Number: 7
Office of Primary Responsibility: DOC Administration

II Policy:

Each institution/unit of the Department of Corrections (DOC) will have a planned and coordinated staff training program. Each institution/unit's Chief Executive Officer will identify staff to serve as the training officer(s).

III Definitions:

Staff Member:

For the purposes of this policy, a staff member is any person employed by the DOC, full or part time, including an individual under contract assigned to the DOC, an employee of another State agency assigned to the DOC, authorized volunteers and student interns.

IV Procedures:

1. Institution/Agency Duties:

- A. Each institution/unit will develop written procedures for the implementation of this policy.
- B. Each institution/unit will develop a training program that addresses the training requirements of staff members and specific employment positions within the institution/unit to help staff members fulfill the responsibilities of their individual positions.
 1. The training program will be consistent with Bureau of Human Resources rules and address licensure and certification requirements of the positions.
 2. All training completed by staff must be documented.

2. Categories of Training That Will Be Established:

- A. Initial (pre-service) training for all staff upon employment with an institution/unit.
- B. Annual refresher (in-service) training that serves to maintain minimum competencies in necessary job skills and informational areas (See section on [In-Service Training](#)).

- C. Emergency training for pre-identified staff.
- D. Other specialty training as determined necessary.

3. Pre-Service Training Content:

- A. The curriculum for pre-service training will include, at a minimum:
 - 1. Bureau of Human Resources State Government Orientation.
 - 2. Overview of South Dakota Department of Corrections.
 - 3. Overview of the Departments mission, goals, policies and procedures.
 - 4. Cultural Awareness.
 - 5. Position Orientation.
 - 6. Summary of employee rights and responsibilities.
 - 7. Measures to ensure the safety and security of all staff employed by DOC.
 - 8. Procedures to protect offenders from abuse, neglect, self-harm, rape and suicide while in the care of DOC.
 - 9. Prevention of sexual abuse and sexual harassment of offenders.
 - a. The pre-service Prison Rape Elimination Act (PREA) training shall apply to all staff members that may have contact with inmates. The training shall include:
 - 1) Zero-tolerance policy for sexual abuse and sexual harassment.
 - 2) How to fulfill staff responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
 - 3) Inmates' right to be free from sexual abuse and sexual harassment.
 - 4) The right of inmates and staff members to be free from retaliation for reporting sexual abuse and sexual harassment.
 - 5) The dynamics of sexual abuse and sexual harassment in a confinement/correctional setting.
 - 6) The common reactions of sexual abuse and sexual harassment victims.
 - 7) How to detect and respond to signs of threatened and actual sexual abuse.
 - 8) How to avoid inappropriate relationships with inmates.
 - 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender conforming inmates.
 - 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to law enforcement.
 - b. Such training shall be tailored to the gender of the inmates at each DOC facility. Staff members shall receive additional training if the staff member is reassigned from a male facility to a female facility or vice versa.
 - 10. Any other training or education deemed necessary by the facility Chief Executive Officer.
- B. The remainder of the curriculum for pre-service training will be specific for each job classification and employee position and will include that information which the employee must know to perform the duties of the position and provide for the care and custody of offenders.

4. In-Service Training:

- A. In-service training topics for the second and subsequent years of employment will be identified with input by staff, through needs assessment and as determined by institution/unit based procedures.
- B. In-service topics will include those topics necessary for fulfillment of the responsibilities of the position as well as addressing staff development needs.

5. Policy Review:

- A. The following list of DOC policies shall be incorporated into adult and juvenile in-service and annual training programs:

#	Policy #	Policy Title	Applicable Staff
1.	1.1.A.1	Mission Statement	All Staff
2.	1.1.A.8	Adult and Juvenile Joint Transportation	Affected Adult & Juvenile Inst. Staff
3.	1.1.C.1	Code of Ethics (Including SDCL Signature Form)	All Staff
4.	1.1.C.2	Supervision of Offenders	All Staff
5.	1.1.C.3	Reporting an Abused or Neglected Child	All Staff
6.	1.1.C.6	Outside Employment	All Staff
7.	1.1.C.10	Harassment	All Staff
8.	1.3.A.3	Use of Force – Adult Institutions	Adult Institution Staff
9.	1.3.A.4	Use of Force – Juvenile Institutions	Juvenile Institution Staff
10.	1.3.E.4	Prevention of Offender Sexual Assault/Rape	All Staff
11.	1.4.E.7	Suicide Prevention	All Staff
12.	1.5.G.3	Use of Force – Parole Services Staff	Parole Services Staff
13.	1.5.H.3	Use of Force – Juvenile Community Corrections	Juvenile Comm. Corrections Staff

- B. Staff are required to sign the [Receipt and Acknowledgement – DOC Policies](#) form during pre-service training acknowledging they are fully aware of, have reviewed, understand and agree to abide by these policies (See [Attachment 1](#)).
- C. Staff will have access to the policies listed above and will review the policies on an annual basis and upon substantial revision of any of the policies listed above.
 - 1. Staff are required to sign the [Receipt and Acknowledgement – DOC Policies](#) form for each of the above listed policies acknowledging they are fully aware of, have reviewed, understand and agree to abide by the policy.

6. Operational Memorandum (OM) Review:

- A. Each staff member will be provided access and/or will receive training on OMs applicable to their duties during pre-service training, annual training, and/or upon substantial revision of the OM, as required by the Chief Executive Officer or designee.
- B. Staff are required to review and sign the [Receipt and Acknowledgement – Unit OMs](#) form specific to their assigned institution/unit acknowledging they are fully aware of, have reviewed, understand and agree to abide by the required OMs (See [Attachment 3](#)).
 - 1. Staff will have access to the OMs and will review the OMs on an annual basis and upon substantial revision of any of the OMs.

V Related Directives:

- DOC policy 1.1.A.1 – [Mission Statement](#)
- DOC policy 1.1.A.8 -- [Adult and Juvenile Joint Transportation Procedures](#)
- DOC policy 1.1.C.1 – [Code of Ethics](#)
- DOC policy 1.1.C.2 – [Supervision of Offenders](#)
- DOC policy 1.1.C.3 – [Reporting an Abused or Neglected Child](#)
- DOC policy 1.1.C.6 – [Outside Employment](#)
- DOC policy 1.1.C.10 – [Harassment](#)
- DOC policy 1.3.A.3 – [Use of Force – Adult Institutions](#)
- DOC policy 1.3.A.4 – [Use of Force – Juvenile Institutions](#)
- DOC policy 1.3.E.4 – [Prevention of Offender Sexual Assault/Rape](#)
- DOC policy 1.4.E.7 – [Suicide Prevention](#)
- DOC policy 1.5.G.3 – [Use of Force – Parole Services Staff](#)
- DOC policy 1.5.H.3 – [Use of Force – Juvenile Community Corrections](#)

VI Revision Log:

March 2002: **Added** section on Policy Review.

December 2003: **Revised** the policy statement. **Added** a section on Institution/Agency Duties.

November 2008: **Revised** formatting of policy and attachments in accordance with DOC policy 1.1.A. 2.

Added South Dakota to ss (A2) and **added** ss (A7 and A8) to Pre-Service Training Content. **Added** statement regarding receiving training and annually, **replaced** copies with access, **added** DOC policies 1.1.A.1, 1.1.C.10, 1.3.E.4, 1.5.G.3 and 15.H.3, **revised** title of 1.4.E.7, **revised** designated staff for each policy all within ss (A), **added** Pre-Service training in ss (B), **replaced** former ss B1 to C, **revised** wording of ss (C) to include training and **revised** wording in ss (C2) to include annually the above 5 highlighted policies all of Policy Review. **Replaced** agency with unit throughout policy. **Added** OM section. **Added** DOC policies 1.1.A.1, 1.1.C.10, 1.3.E.4, 1.5.G.3 and 1.5.H.3 to Section V. **Revised** title of Attachment 1 to be consistent throughout policy, attachment and the WAN and **updated** Attachment 1 with current policies to be reviewed and **added** policy requirements for each DOC unit. **Added** Attachment 2 to the policy.

November 2009: **Revised** title of DOC policy 1.4.E.7. **Updated** picture of Attachment 1.

November 2010: **Revised** formatting of Section I. **Added** new Attachment 2 and **revised** numbering of subsequent Attachment.

January 2012: **Deleted** “Non-Public” and **Replaced** with “Public”. **Added** definition of Staff. **Added** “Adult and Juvenile Joint Transportation” to annual training requirements in Section 5. **Deleted** Bureau of Personnel and **Replaced** with Bureau of Human Resources.

December 2012: **Added** new 9. and a. 1-10 and b. to Section 3.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

03/11/2013

Date

Attachment 1: Receipt and Acknowledgement – DOC Policies

The **Receipt and Acknowledgement – DOC Policies** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Receipt and Acknowledgement – DOC Policies** by:
 - a. Placing mouse on the word “here” above
 - b. Press and hold the “Ctrl” key on the keyboard
 - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Receipt and Acknowledgement – DOC Policies**

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections		Attachment: Receipt and Acknowledgement (DOC Policies)				
Policy		Please refer to DOC policy 1.1.D.1				
Distribution: Public		Staff Training Requirements				
RECEIPT AND ACKNOWLEDGEMENT (DOC POLICIES)						
Employee Name _____						
DOC Division	Policy Number	Policy Description	Date reviewed	Time of review (minutes)	Employee Initials	
All Units	1.1.A.1	Mission Statement				
	1.1.A.1.1	Code of Ethics including DOC Signature Form				
	1.1.A.2	Supervision of Offenders				
	1.1.A.3	Reporting an Abused or Neglected Child				
	1.1.A.8	Outside Employment				
	1.1.A.10	Assessment				
	1.3.E.4	Prevention of Offender Sexual Assault/Rape				
	1.4.E.7	Suicide Prevention				
Juvenile Institutions	1.3.A.4	Use of Force – Juvenile Institutions				
Juvenile Comm. Corr.	1.3.H.5	Use of Force – Juvenile Community Corrections				
Adult Institutions	1.3.A.3	Use of Force – Adult Institutions				
Parole Services	1.5.G.3	Use of Force – Parole Services Staff				
DOC Administration	N/A	Required to read all policies listed above with "All Units"				
By my signature I hereby acknowledge that I have reviewed, discussed with my supervisor or trainer, understand, and agree to abide by each policy identified in this document. I have been asked if I have any questions about each of these policies and I have no questions. I understand that I will immediately address any future questions regarding these policies with my supervisor. I further agree to report to my immediate supervisor, or such person within the chain of command, any violations I observe that are violations of Department of Corrections Policy or Institutional Unit OHS.						
Employee Signature _____		Date _____	Supervisor or Trainer's Signature _____		Date _____	
Revised: 10/09/2009			Page 1 of 1			

South Dakota Department of Corrections		Attachment: Receipt and Acknowledgement (DOC Policies)				
Policy		Please refer to DOC policy 1.1.D.1				
Distribution: Public		Staff Training Requirements				
RECEIPT AND ACKNOWLEDGEMENT (DOC POLICIES)						
<i>Additional DOC policies required to be read by Immediate supervisor:</i>						
Employee Name _____						
DOC Division	DOC Number	DOC Description	Date reviewed	Time of review (minutes)	Employee Initials	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
By my signature I hereby acknowledge that I have reviewed, discussed with my supervisor or trainer, understand, and agree to abide by each policy identified in this document. I have been asked if I have any questions about each of these policies and I have no questions. I understand that I will immediately address any future questions regarding these policies with my supervisor. I further agree to report to my immediate supervisor, or such person within the chain of command, any violations I observe that are violations of Department of Corrections Policy or Institutional Unit OHS.						
Employee Signature _____		Date _____	Supervisor or Trainer's Signature _____		Date _____	
Revised: 10/09/2009			Page 1 of 1			

Attachment 2: SDCL Signature Form

The **SDCL Signature Form** is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **SDCL Signature Form** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **SDCL Signature Form**.

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: SDCL Signature Form Please refer to DOC policy 1.1.C.1 and 1.1.D.1 Code of Ethics and Staff Training Requirements
SDCL SIGNATURE FORM <i>South Dakota Codified Laws Applicable to DOC Code of Ethics Policy</i>	
SOUTH DAKOTA CODIFIED LAW § 24-1-26.1 SEXUAL ACTS PROHIBITED BETWEEN PRISON EMPLOYEES AND PRISONERS Any person, employed by the state, or employed within any state prison or other detention facility, who knowingly engages in an act of sexual penetration with another person who is in detention and under the custodial, supervisory, or disciplinary authority of the person so engaging, is guilty of a <u>Class 6 Felony</u> .	
SOUTH DAKOTA CODIFIED LAW § 22-22-7.6 SEXUAL ACTS PROHIBITED BETWEEN JUVENILE CORRECTIONS EMPLOYEES AND DETAINEES Any person employed at any jail or juvenile correctional facility, who knowingly engages in an act of sexual contact or sexual penetration with another person who is in detention and under the custodial, supervisory, or disciplinary authority of the person so engaging, and which act of sexual contact or sexual penetration does not otherwise constitute a felony pursuant to the provisions of chapter § 22-22, is guilty of a <u>Class 6 felony</u> . A juvenile correctional facility pursuant to this section is a juvenile detention facility as defined in subdivision 26-7A-1(16) or a juvenile facility operated by the Department of Corrections under § 1-15-1.4.	
SOUTH DAKOTA CODIFIED LAW § 24-2-22 POSSESSION OF UNAUTHORIZED ARTICLES WITH INTENT TO DELIVER TO PRISONER AS FELONY. Any employee or other person who delivers or procures to be delivered, or possesses with the intention to deliver, to any inmate in the state penitentiary, or deposits or conceals in or around any facility or place used to house inmates, or in any mode of transport entering upon the grounds of any facility or place and its ancillary facilities used to house inmates, any article which is unlawful for an inmate to possess pursuant to state law or the rules of the Department of Corrections with the intent that any inmate obtain or receive such article, is guilty of a <u>Class 6 Felony</u> .	
By my signature I hereby acknowledge that I have reviewed, discussed with my supervisor or trainer, understand, and agree to abide by each statute identified in this document. I have been asked if I have any questions about each of these statutes and I have no questions. I understand that I will immediately address any future questions regarding these statutes with my supervisor. I further agree to report to my immediate supervisor, or such person within the chain of command, any violations I observe that are violations of these statutes.	
_____ Name/Signature	_____ Date
_____ Witness	
Revised: 11/30/2010	Page 1 of 1

Attachment 3: Receipt and Acknowledgement – Unit OMs

The **Receipt and Acknowledgement – Unit OMs** form is located on the state’s WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Receipt and Acknowledgement – Unit OMs** by:
 - a. Placing mouse on the word “here” above
 - b. Press and hold the “Ctrl” key on the keyboard
 - c. Click the left button of mouse.

2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Receipt and Acknowledgement – Unit OMs**.

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Receipt and Acknowledgement Please refer to DOC policy 1.1.D.1 Staff Training Requirements			
RECEIPT AND ACKNOWLEDGEMENT (UNIT OMS)					
Employee Name					
DOC Division	OM Number	OM Description	Date reviewed	Time of review (minutes)	Employee Initials
Check One:					
<input checked="" type="checkbox"/> SDSP					
<input type="checkbox"/> MDSP					
<input type="checkbox"/> SDWP					
<input type="checkbox"/> STAR					
<input type="checkbox"/> JCC					
<input type="checkbox"/> Parole Serv					
<input type="checkbox"/> Parole Ent.					
By my signature, I hereby acknowledge that I have reviewed, discussed with my supervisor or trainer, understand, and agree to abide by each OM identified in this document. I have been asked if I have any questions about each of these OMs and I have no questions. I understand that I will immediately address any future questions regarding these OMs with my supervisor. I further agree to report to my immediate supervisor, or such person within the chain of command, any violations I observe that are violations of Department of Corrections Policy or Institutional Unit OMs.					
Employee Signature		Date	Supervisor or Trainer's Signature		Date
Revised: 11/14/2008			Page 1 of 1		