



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 1200-05	PAGE NUMBER 1 OF 7
		DISTRIBUTION: Public	
		SUBJECT: Juvenile Services Aftercare and Discharge	
RELATED STANDARDS:	None	EFFECTIVE DATE: June 15, 2024	
		SUPERSESION: 06/01/2023	
DESCRIPTION: Juvenile Services	REVIEW MONTH: May	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to establish an aftercare supervision program to supervise juvenile offenders in the community who have been conditionally released from a facility, program, Human Services Center, detention center, shelter, group home, group care center, or residential treatment center.

II. PURPOSE

The purpose of this policy is to establish the development and delivery of aftercare services for youth under the supervision of the juvenile division of the Department of Corrections.

III. DEFINITIONS

Aftercare Contract:

An individualized legal contract that establishes the conditions of supervised release.

Case Plan – Juvenile:

An individualized service plan that targets a juvenile’s areas of both risk and need and prepares him/her for progressively increased responsibility and independence in the community.

Effective Practices in Community Supervision (EPICS):

The EPICS model assists with development and implementation of case management plans to target the criminogenic needs of higher risk offenders. Juvenile corrections agents (JCAs) use this structured approach in their interactions with moderate, high, and very high-risk offenders. The four components of EPICS are: Check In, Review, Intervention, and Homework.

Exit Survey:

A questionnaire given to the juvenile and parent or guardian to provide information to inform work and provide insight to the DOC on how to improve services provided to juveniles and their families.

Juvenile Corrections Agent (JCA):

A juvenile corrections agent (JCA) is an employee of the DOC responsible for the supervision of juveniles.

Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0):

The YLS/CMI 2.0 is a standardized instrument used to assess criminogenic risk, need, and responsivity factors in youth and in the formulation of a treatment plan. The YLS/CMI was revised to the 2.0 version by updating the normative sample with a larger offender group, expanding the age range to include 12 to 18 years old and adding more

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non-criminogenic needs and responsivity considerations to Part III. This version also includes new recommended cutoff scores based on sex and setting.

IV. PROCEDURES

1. Development of the Juvenile Aftercare Contract:

- A. The goal of the aftercare supervision program is to equip juveniles with the ability to conduct themselves in a lawful manner and prepare them for discharge from the DOC.
- B. The JCA will develop an individualized *Juvenile Aftercare Contract* through the COMS legal module. A printed version of the contract will be available as an IWP in COMS (see attachment #1) and reviewed with the juvenile, the juvenile's parent/guardian/caregiver, and treatment facility staff (when applicable), at least thirty (30) days prior to the juvenile's scheduled release from placement.
 1. The Juvenile Aftercare Contract will be signed by the JCA, the juvenile, the parent/guardian/caregiver and facility representative (when applicable) and maintained in the juvenile's case file.
 2. The juvenile cannot move to aftercare unless all of the required signatures are obtained and noted on the Juvenile Aftercare Contract.

2. Case Planning:

- A. Any juvenile whose YLS/CMI 2.0 assessment results in a score of moderate, high, or very high will have a case plan developed.

3. Screening of Non-Custodial Caregivers:

- A. If a Juvenile Aftercare Contract includes the juvenile residing with a non-custodial caregiver, the JCA must complete a *Guidelines for Home Evaluation* (see attachment #2) and ensure the following background checks are completed:
 1. The JCA will also request and obtain the results of a Central Registry screen from the Department of Social Services.
 - a. The potential non-custodial caregiver(s) must consent to the screening by completing the *Permission to Screen for Reports of Abuse or Neglect* form (see the [DSS website](#)).
 - 1) A DOC juvenile cannot reside in the home of any non-custodial caregiver who refuses to consent to the screen.
 - 2) A juvenile cannot reside in the home of any non-custodial caregiver who has a conviction for child abuse/neglect or a substantiated finding of abuse/neglect against them unless the placement is approved by the director of juvenile services.
 2. The JCA will conduct a check on all potential non-custodial caregivers through the National Sex Offender Registry to determine if they are listed as a convicted sex offender (See <http://www.nsopr.gov/>).
 3. These requirements apply to the non-custodial caregiver and everyone else typically residing in the home who is sixteen (16) years of age or older.
- B. An approved caregiver with whom a juvenile is residing must notify the DOC if someone moves into the home (may include other dwellings located on the same property at the home) who has not been cleared against the Central Registry and the National Sex Offender Registry.
 1. The DOC prefers that notification take place prior to the person moving into the home. However, if the approved caregiver cannot give prior notification, the JCA must be contacted with twenty-four (24) hours of the person taking up residence in the home.
 2. The JCA will ensure the required screenings listed in part A of this section are requested within three (3) calendar days and completed as soon as possible.

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- C. The DOC does not require a Central Registry screen or a National Sex Offender Registry check if the juvenile is residing with a legal guardian, legal custodian, or biological parent(s).

4. Release to Aftercare:

- A. A juvenile's release from inpatient substance use disorder treatment, group placement or residential private placement to aftercare involves the following steps:
1. The secretary of corrections (SOC) is required to provide notice to the prosecuting state's attorney and the committing court at least fifteen (15) calendar days prior to the juvenile being released back to their jurisdiction.
 2. The SOC has designated the juvenile's supervising JCA to send the electronic Notice of Conditional Release to the state's attorney and committing court within the specified time frame. This action is generated when the JCA records a proposed conditional release date in the COMS system. Any changes in release dates must be updated in COMS to generate a subsequent electronic notice.

The JCA will finalize the aftercare process prior to release

5. Monitoring on Aftercare:

- A. Monitoring of a juvenile by the JCA ensures service referrals are effective or modified when necessary.
1. The JCA is required to make contact with a juvenile on aftercare.
 2. Contacts will be documented on COMS.
 3. JCAs shall use the EPICS model in their interactions with moderate, high, and very high-risk juveniles.
- B. The JCA will document incidents involving failure to abide by the conditions of the aftercare contract in the COMS Aftercare Violations module. An Aftercare Incident Report form (see attachment #4 – *Incident Report - Aftercare*) will be available through the IWP process in COMS.
1. The Aftercare Incident Report will include a description of the incident as well as the action taken to correct the behavior.
 2. The action taken may become a supplemental condition of the aftercare contract.
 3. The JCA will obtain the juvenile's signature on the aftercare incident report.
 4. The JCA will keep a copy of the aftercare incident report in the juvenile's file.
- C. Every violation of the aftercare contract will receive a response.
1. Responses will be proportionate to the violation.
 2. Refer to DOC Policy 1200-17 - *Aftercare - Supervision & Sanctioning Guidelines* for graduated sanction guideline and incentives matrix.

6. Revocation of Aftercare:

- A. A JCA can place a juvenile in custody and begin revocation proceedings only if it is alleged the juvenile has violated a condition of the aftercare contract by committing an eligible offense, as delineated in SDCL.
- B. Revocation of the aftercare contract may result in the juvenile being placed in a group home, private facility, correctional facility, or other approved program/plan.
- C. If the juvenile violates a condition of his/her aftercare, and the violation is one in which revocation is authorized, the JCA will:
1. Notify the JCA supervisor so that planning for the probable cause hearing may begin.
 2. Arrange for temporary detention/shelter location.
 3. Complete the *Authorization for Temporary Detention or Shelter or Detainer During Aftercare* through the IWP process in COMS (see attachment #5).
 - a. The JCA will consult with local law enforcement to apprehend the juvenile.

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- b. Copies of the Authorization for Temporary Detention or Shelter should be provided to local law enforcement and the temporary detention/shelter facility.
 4. Prepare an Affidavit of Probable Cause, through the IWP process in COMS otherwise known as a Notice of Probable Cause Hearing (see attachment #6 – *Affidavit of Probable Cause*).
- D. A law enforcement officer, the JCA or other authorized personnel will take the juvenile into custody and transport the juvenile to the detention or shelter facility. The JCA must:
 1. Verbally notify the juvenile’s parent/guardian/caregiver of the temporary detention/shelter.
 2. Schedule the probable cause hearing within twenty-four (24) hours (excluding weekends & holidays).
 3. Serve the Affidavit of Probable Cause (Notice of Probable Cause Hearing) on the juvenile.
 4. Notify the parent/guardian/caregiver orally or by copy of the form, if possible, of the upcoming hearing.
- E. The JCA supervisor or designee will conduct the probable cause hearing within twenty-four (24) hours of the juvenile’s placement in temporary detention/shelter.
 1. This hearing may be completed telephonically or electronically.
 2. The JCA and JCA supervisor will determine the offender’s placement while awaiting the revocation hearing. The JCA must:
 - a. Complete the *Aftercare Violation Report* through the IWP process in COMS (see attachment #7).
 - b. Allow the juvenile the opportunity to waive the aftercare revocation hearing and admit to the violation. The parent/guardian/caregiver must sign if the juvenile agrees.
 3. If the juvenile waives the Aftercare Revocation Hearing and admits to the violation, the JCA will forward a copy of the Affidavit of Probable Cause, and the *Waiver*, which is completed through the IWP process in COMS to the JCA supervisor (see attachment #8).
- F. If the juvenile does not waive the Aftercare Revocation Hearing:
 1. The JCA and the JCA supervisor will work with the chairperson of the board to schedule the aftercare revocation hearing within forty-five (45) days of the Probable Cause Hearing. This may involve arranging for court appointed counsel.
 2. The JCA will complete the *Notice of Aftercare Revocation Hearing* through the IWP process in COMS (see attachment #9). The completed notice must be given to the juvenile at least five (5) working days prior to the hearing.
 3. The JCA will arrange for the juvenile’s placement pending revocation. The JCA will work with the JCA supervisor (JCA) and director of Juvenile Services to determine placement prior to the hearing.
- G. The chairman of the Board of Pardons and Paroles will appoint a two (2) person panel and will hold an aftercare revocation hearing within forty-five (45) days of the probable cause hearing. This hearing may be done telephonically or electronically.
- H. If aftercare is revoked through self-admission or action by the Board of Pardons and Paroles, the JCA will:
 1. Complete an YLS/CMI 2.0 reassessment to determine risk level and juvenile needs and transfer him/her to appropriate placement.
 2. Update all Intake Process requirements.
- I. If the Board does not revoke the juvenile’s aftercare, the JCA will ensure the juvenile is returned to appropriate aftercare supervision.

7. Risks and Needs Evaluation Upon Age Nineteen (19):

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- A. A risk and needs evaluation staffing will be conducted for any juvenile remaining under the jurisdiction of the DOC upon his/her nineteenth (19th) birthday. The evaluation will include:
1. A written summary of the juvenile's progress made while under the jurisdiction of the DOC.
 2. The ongoing needs of the juvenile.
 3. What risks the juvenile would present to the community or self if discharged.
 4. Recommendations regarding further treatment and transition services that may prepare the juvenile for discharge from the DOC.
- B. The JCA Supervisor is responsible for scheduling the staffing with the director of Juvenile Services.
1. The written summary and any supporting documentation will be forwarded to the director of Juvenile Services for review prior to the staffing. The staffing outcome will be documented in the Contact Logs module in COMS., using the "RAN"- Risks and Needs Evaluation Staffing case note code.
 2. The documentation will include any additional referrals made, or other actions taken to ensure the treatment needs of the juvenile and the safety interest of the public are best served.

8. Discharge from the DOC:

- A. Consistent with SDCL § 26-11A-20, the JCA may recommend the following discharge types:
1. Category 1 - As a reward for good conduct and upon satisfactory evidence of reformation.
 2. Category 2 - As a result of a conviction for a new crime committed as an adult, if the juvenile is placed on adult probation or sentenced to the county jail or state penitentiary.
 3. Category 3 - If the juvenile, upon reaching the age of majority, lives outside the jurisdiction of the State of South Dakota and an interstate compact is not available.
 4. Category 4 - If the juvenile is on aftercare, has a suitable placement and discharge is determined to be in the best interest of the juvenile.
 - Category 5 - The juvenile has reached the age of twenty-one (21) years.
 5. The JCA may submit a request for discharge by completing the *Discharge Summary* via the Contact Logs module in COMS (see attachment #10). Select case note type "Discharge" and all contact subtypes with "Discharge" prefix to create narrative for the summary. The summary must include the following information:
 - a. Background information.
 - b. Aftercare adjustment.
 - c. Reason for discharge.
 - d. Discharge recommendations.
 - e. Documentation of DNA collection (see DOC policy 1000-02 - *Offender DNA Collection*).
 - f. Discharge type.
- B. The JCA will approve the discharge summary through the Contact Logs module in COMS. Select case note type "Discharge" and contact subtype "Discharge JCA Pending" to create note indicating approval.
- C. The JCA supervisor will approve the discharge summary as described above using contact subtype "Discharge JCAS Approved" to seek any approvals through the director of Juvenile Services.
- D. All discharge requests are due by the 15th of the month.
- E. Upon approval by the director of Juvenile Services, the Sioux Falls secretary will complete a Discharge Order and obtain the approval and signature of the SOC.
- F. Upon receipt of the signed discharge order, the case will be closed and filed in accordance with the records retention procedures.

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- G. The Notice of Discharge (NOD) or final community movement must be entered into COMS by the support staff or JCA.
- H. The JCA is required to give fifteen (15) day notice to the states attorney's office and committing court prior to the juvenile being discharged. This action is generated as a result of the JCA recording a proposed discharge date in the COMS system. Any changes in discharge date must be updated in COMS to generate a subsequent electronic notice.

9. Exit Survey:

- A. The JCA will provide the Exit Survey to the juvenile and parent/guardian/caregiver for completion (see attachment #11 – *Juvenile Exit Survey*) at the time the notice of discharge is entered into COMS.
- B. The JCA will submit the completed survey to the juvenile justice specialist.

10. Payment of Restitution, Fines, or Other Court Ordered Obligations:

- A. A payment schedule will be established at the time of release to aftercare for any restitution to victims, fines, or other court ordered financial obligations.
- B. The JCA will include this as a requirement in the aftercare contract. However, no offender will remain under the guardianship and supervision of the DOC for the sole purpose of collection of court ordered restitution.
- C. Discharge from the DOC constitutes a complete release from all penalties, excluding unpaid fines, fees, or restitution.
- D. Any victim seeking assistance from the DOC to collect unpaid restitution related to a discharged case, will be advised of their right to pursue collection of the restitution order in the same manner as a judgment against the defendant in a civil action.

V. RESPONSIBILITY

The director of Juvenile Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

- A. SDCL § [23A-27-25.6](#). Fine, costs, or restitution as a lien in civil action--No discharge from imprisonment until full amount paid.
- B. SDCL § [26-8A-13.1](#) Certain child protection records to be provided to the court, court services, state's attorney, or agencies--Discovery--Fees.
- C. SDCL § [26-8A-13.2](#) Consent of possible caretaker required for central registry screenings.
- D. SDCL § [26-11A-12](#) Aftercare supervision program for juveniles conditionally released--Foster care--Terms, conditions, and duration of aftercare given in writing.
- E. SDCL § [26-11A-15](#) Aftercare revocation--Hearing--Notice--Written statement of allegations--Witnesses and evidence--Representation.
- F. SDCL § [26-11A-20](#) Grounds for discharge of juvenile--Department's jurisdiction ends at age twenty-one.
- G. SDCL § [26-11A-20.1](#) Risk and needs evaluation required for juvenile who is not discharged by age nineteen.
- H. SDCL § [26-11A-22](#) Committing court to receive notice of intent to discharge juvenile--State's attorney to notify any involved victim.
- I. UBC v Ochs, 2010 SD 30 ¶ 25 (<https://caselaw.findlaw.com/sd-supreme-court/1520302.html>)

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VII. HISTORY

June 2024
May 2023
October 2022
December 2021
January 2021
December 2019
October 2018
December 2017
June 2017
October 2016
December 2015
October 2014

ATTACHMENTS *(*Indicates the document opens externally)*

1. Juvenile Aftercare Contract (generated in JUV COMS)
2. Guidelines for Home Evaluations (JUV COMS Report)
3. Permission to Screen for Reports of Abuse or Neglect (located on [DSS website](#))
4. Incident Report – Aftercare (generated in JUV COMS)
5. Authorization for Temporary Detention or Shelter or Detainer During Aftercare (generated in JUV COMS)
6. Affidavit of Probable Cause (generated in JUV COMS)
7. Aftercare Violation Report (generated in JUV COMS)
8. Waiver (generated in JUV COMS)
9. Notice of Aftercare Revocation Hearing (generated in JUV COMS)
10. Discharge Summary (generated in JUV COMS)
11. Juvenile Exit Survey*
12. Parent Exit Survey*
13. DOC Policy Implementation / Adjustments



SOUTH DAKOTA
DEPARTMENT OF CORRECTIONS
Division Of Juvenile Corrections

JUVENILE AFTERCARE CONTRACT

In the matter of,	_____		
	<i>Juvenile's Name</i>	<i>Juvenile's #</i>	<i>Date</i>
_____	_____	_____	_____
<i>Juvenile Status</i>	<i>Date Of Commitment</i>	<i>Date Released to Aftercare</i>	<i>County of Committal</i>

Pursuant to SDCL § 26-11A-12, the above named juvenile is hereby placed on aftercare according to the following terms and conditions.

AFTERCARE CONDITIONS

1. I will reside with _____ and will seek permission from my JCA prior to any change in residence.
2. I will secure approval of a Juvenile Corrections Agent prior to leaving city, county or state lines.
3. I will abide by all federal and state laws and municipal ordinances. I will contact my JCA within 24 hours of any contact with law enforcement.
4. I will not have any weapons in my possession at any time.
5. I will attend school as required and maintain satisfactory performance.
6. I will abide by the following curfew: _____
7. I will not use or possess alcohol, marijuana, hallucinatory drugs, narcotics, controlled substances, mood altering drugs, or chemicals or possess drug paraphernalia.
8. I will submit to drug testing as directed by a Juvenile Corrections Agent.
9. I will attend my employment as scheduled and maintain satisfactory performance.
10. I will attend and maintain satisfactory performance at all programs as outlined in my case plan.
11. I will comply with all instructions in matters affecting my supervision and cooperate by promptly and truthfully answering inquiries directed to me by a Juvenile Corrections Agent.
12. I will submit my person, property, place of residence, vehicle and personal effects to search and seizure at any time, with or without a search warrant, whenever reasonable suspicion that a new violation may have occurred as determined by a Juvenile Corrections Agent or law enforcement. I agree to such a search and seizure at any place within or outside of the boundaries of the State of South Dakota, and at any place within or on an Indian Tribe or Indian Reservation.

- 13. If I owe restitution, I will set up a restitution payment plan and maintain regular payments towards my court ordered obligation. My restitution amount is:

STATEMENT OF UNDERSTANDING

I understand:

- 1. A Juvenile Corrections Agent will supervise my aftercare contract;
- 2. I will be contacted regularly and randomly to monitor my compliance with my aftercare contract;
- 3. My family, school, employer and any service providers and others will be contacted regularly and randomly to monitor my compliance with my aftercare contract;
- 4. The conditions of my aftercare may be changed at any time by the Department of Corrections;
- 5. My Juvenile Corrections Agent can change my aftercare placement at any time;
- 6. Any Juvenile Corrections Agent can place me in custody and may begin revocation proceedings if I am accused of violating an act subject to transfer proceedings pursuant to 26-11-3.1, a crime of violence pursuant to subdivision 22-1-2(9), sex offense pursuant to 22-24B-1, felony sexual registry offense pursuant to chapter 22-24B, or burglary in the second degree pursuant to 22-32-3; or that the juvenile presents a significant and likely risk of physical harm to another person and has committed a new law violation;
- 7. Revocation of aftercare may result in being returned to a group home or correctional facility;
- 8. If I owe restitution, a payment plan will be set up and I will be expected to follow this plan. Failure to follow this plan could result in a civil judgment against me per SDCL 23A-28-1.
- 9. I have been committed to the Department of Corrections until age 21 or until discharged;
- 10. My Juvenile Corrections Agent may recommend early discharge from the Department of Corrections if I successfully complete the conditions of my aftercare contract; and
- 11. Discharge prior to age 21 is at the sole discretion of the Secretary of Corrections.

I have read, or have had read to me, and fully understand and agree to abide by the above conditions of supervision.

Juvenile Signature

Date

Parent/Custodian Signature

Date

Juvenile Corrections Agent Signature

Date

Facility Representative Signature

Date

GUIDELINES FOR HOME EVALUATIONS

Personal and Family Background:

Who is living in the placement resource's home?

Is the placement resource married? Yes No

If yes, how long have they been married?

What are the placement resource's hobbies/interests?

Parenting:

Does the placement resource have any children? Yes No

If so, how many children reside in the home?

Where do they live?

What is the placement resource's relationship like with their children?

Have the placement resource describe expectations they have for their own children, rules, chores, etc. and consequences for not following through with the same.

School/Employment:

Is the placement resource currently employed? Yes No

If so, where is he/she employed?

What are the placement resource's work hours?

Will the placement resource be available to attend meetings and transport the youth placed in their home to appointments? Yes No

Health and Medical:

Have the placement resource describe any significant medical or mental health history, if applicable.

Income Statement:

Ask the placement resource if they feel they can support the juvenile being considered for placement in their home? Yes No

Would it create a financial hardship?

Child Abuse/Neglect:

Describe background investigation requirements to be considered as a placement resource (allow them an opportunity to self-disclose any issues).

Has the placement resource ever been investigated by the Department of Social Services for abuse or neglect? Yes No

If so, what were the circumstances that led to the investigation and what was the outcome of the investigation?

Criminal History:

Has the placement resource ever had contact with law enforcement? Yes No

If so, for what and when?

Has the placement resource ever been arrested? Yes No

If so, for what and when?

Has the placement resource ever been placed on probation or parole? Yes No

If so, for what and when?

Condition of Home:

Describe general condition of home.

Does the placement resource rent or own their home?

Is the placement resource on any subsidized housing? Yes No

If so, would placement of juvenile impact their housing status?

How many bedrooms are in the home?

What are the sleeping arrangements for the DOC youth in the home?

Is there running water, electricity, natural gas, etc. to the home and is it in fact operational?

Motivation/Cooperation:

Will the placement resource support the conditions of Aftercare, and allow for the supervision of the juvenile in their home?

Ask placement resource to describe their reason for considering the placement of the youth in their home.

Permission to Screen for Central Registry 03-2021

Check **ONE** box that corresponds with the facility type or Reason for this request.

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Head Start Program | <input type="checkbox"/> Relative/Other Caretaker (DOC) |
| <input type="checkbox"/> Before & After School Center | <input type="checkbox"/> Independent Living Prep Program | <input type="checkbox"/> Relative Placement (CPS) |
| <input type="checkbox"/> Child Placement Agency | <input type="checkbox"/> In-Process Regulated Child Care | <input type="checkbox"/> Tribal Child Welfare |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Child Advocacy Centers | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Group/Residential Facility | <input type="checkbox"/> Regulated Child Care Program | <input type="checkbox"/> Other: _____ |

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided in over the age 18 in the last 10 years. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ **Date of Birth:** _____

Maiden Name: _____ **Other Names Used:** _____

Social Security #: _____ **Sex:** _____ **Race:** _____ **Resource #:** _____

List All Prior Cities/States lived in since the age of 18 or the last 10 years. You may use additional blank sheet of paper if necessary.

City	State	Date (MM/YY)	City	State	Date (MM/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List Full Birth Name and Date of Birth of ALL of your children:

First	Middle	Last	DOB(MM/DD/YY)	First	Middle	Last	DOB(MM/DD/YY)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below. Parent/Guardian signature is also required if the individual completing the form is under the age of 18.

Signed: _____ Date _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail **Agency Name & Address** **Provider/Agency License Number**

_____	_____	_____
_____	_____	<input type="checkbox"/> N/A – DSS field office/Head Start
_____	_____	<input type="checkbox"/> N/A – License not yet issued

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 18 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. Please complete in blue or black ink only on white paper.
2. From choices listed, mark correct box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied. Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. Print your full name. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. Print your maiden name on the appropriate line. If this section does not apply to you, write N/A.
6. List any other names you have used. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource number if applicable.
8. List all cities/states you resided in over the age 18 in the last 10 years on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full birth name (first, middle, last name at birth) and date of birth for all your own children. Include all children, even if the children are adults, deceased or do not live with you. Do not list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. Sign your name at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form.
11. Include your current full mailing address at the bottom of the form.
12. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
13. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.

Completed forms may be emailed to: DSSCRS@state.sd.us for processing.

INCIDENT REPORT - AFTERCARE

Juvenile:

DOC Number:

Date Released on

Date of Incident:

Aftercare:

**Description of Incident &
Action Taken:**

The above information accurately reflects the incident. I agree to abide by the action taken, which becomes a condition of aftercare. I understand that failure to comply with the action taken and further incidents may result in revocation of my aftercare.

Juvenile Signature

Date

Parent/Custodian Signature

Date

Parent/Custodian Signature

Date

The above incident and response were discussed with the juvenile on this date: _____

Juvenile Corrections Agent

South Dakota Department of Corrections

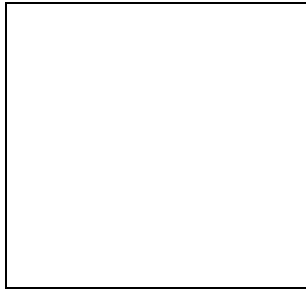


Authorization for Temporary Detention or Shelter

, is accused of violating the terms and conditions of aftercare supervision, or the purposes and objects of aftercare supervision are not being served.

It is hereby authorized that any law enforcement officer of this state take physical custody of the juvenile, pursuant to SDCL § 26-11A-13, to place the juvenile in a temporary detention or shelter facility pending a hearing to determine if probable cause exists to revoke the juvenile’s aftercare supervision.

Temporary detention or shelter facilities are authorized by SDCL §§ 26-7A-23 and 24 to house juveniles taken into custody for violation of the terms and conditions of aftercare supervision or if the purposes and objects of aftercare supervision are not being served. The Department of Corrections shall reimburse the county for such temporary detention or shelter expenses pursuant to SDCL § 26-11A-19.



DOB:		Comments:
Race:	Sex:	
Height:	Weight:	
Hair:	Eyes:	
Scars:	Marks:	

Juvenile Corrections Agent

Name: **Date:** **Phone:**

AFFIDAVIT OF PROBABLE CAUSE

In my capacity as Juvenile Corrections Agent, I charge that _____ on or about the _____ day of _____, 20____ has violated aftercare by _____, and that such violates the terms and conditions of aftercare or the purposes and objects of aftercare supervision are not being served.

Date: _____

Juvenile Corrections Agent

Notice of Probable Cause Hearing

A hearing will be held before _____ at _____, in _____, South Dakota at _____ am pm on the _____ day of _____, 20____. To determine if there is probable cause to believe that you may have violated terms and conditions of your aftercare supervision or to determine if there is probable cause to believe that the purposes and objects of aftercare supervision are not being served.

If, at the conclusion of the hearing, the hearing officer determines:

There is probable cause to believe that you may have violated terms and conditions of your aftercare supervision.

Or if there are reasonable grounds to believe that the purposes and objects of aftercare supervision are not being served.

You will be held in temporary detention or shelter pending a final hearing on whether aftercare should be revoked.

You have the right to appear in person, and speak on your behalf, and you have the right to be represented by legal counsel at your own expense.

Date: _____

Juvenile Corrections Agent

Receipt of Affidavit of Probable Cause and Notice of Probable Cause Hearing

Received by: _____ Date: _____
(Signature of Juvenile)

Original: Juvenile
Copies: Parent/Custodian
Juvenile Corrections Agent Supervisor
File

AFTERCARE VIOLATION REPORT

Report to: **Board of Pardons and Parole**

Date:

Juvenile Name:

Juvenile ID#:

Date released on aftercare:

Date of Probable Cause Hearing:

Violation Specified/Described:

Supporting Evidence:

Adjudications During Aftercare:

Aftercare Supervision Contacts:

Aftercare Adjustment And Evaluation Summary:

Previous Aftercare Action:

Recommendation:

Respectfully submitted,

Juvenile Corrections Agent

cc: Juvenile
Parent
Juvenile Corrections Agent Supervisor
File

WAIVER

I, _____, have been furnished a true copy of the Aftercare Violation Report dated, _____, 20__.

I have been fully advised of my right to an Aftercare Revocation Hearing before a member of the Board of Pardons and Paroles to determine whether I did, in fact, violate the terms and conditions of aftercare supervision, or to determine if the purposes and objects of aftercare supervision are not being served.

I have been advised of my rights to appear at such a hearing and speak on my own behalf; to present witnesses or documentary evidence in my behalf; to cross-examine witnesses who have testified or presented documentary evidence against me (unless the member of the Board of Pardons and Paroles makes a written determination that doing so is not in my best interest); and to be represented by legal counsel.

With a full understanding of these rights, and not acting under any threat, fear coercion, or promise, and acting of my own free will, I hereby waive my rights to an Aftercare Revocation Hearing, admit to the violation and agree to placement in a group home, private facility, correctional facility, or other approved program/plan.

_____	_____
Juvenile Corrections Agent	Date
_____	_____
Juvenile	Date
_____	_____
Parent/Custodian	Date
_____	_____
Witness	Date

Copies: **Juvenile**
 Parent/Custodian
 Juvenile Corrections Agent Supervisor
 File

NOTICE OF AFTERCARE REVOCATION HEARING

PLEASE TAKE NOTICE:

Juvenile Name:

Juvenile ID:

A hearing will be held before _____ (name of presiding official) at _____ (Location) in _____, SD at _____ (☐am ☐pm) on the _____ day of _____, 20____. A copy of the Aftercare Contract and the Aftercare Violation Report are attached to this notice.

The questions at this hearing will be whether you did, in fact, violate terms and conditions of your aftercare supervision or if the purposes and objects of your aftercare supervision are not being served, and, if so, whether your conditional release on aftercare supervision should be revoked.

You have the following rights regarding this hearing:

1. To appear in person and speak on your behalf;
2. To be represented by legal counsel;
3. To present witnesses or documentary evidence in your behalf and;
4. To cross-examine witnesses who have testified or presented documentary evidence against you.

Unless the member of the Board of Pardons and Paroles makes a written determination that doing so is not in your best interest.

If it is decided that you have violated aftercare supervision, or that the purposes and objects of aftercare supervision are not being served, either you will be continued on aftercare supervision on the same or modified terms and conditions, or your conditional release on aftercare supervision will be revoked and you will be returned to a correctional facility.

Juvenile Corrections Agent

Date

Receipt of Notice of Aftercare Revocation Hearing

Received by:

Signature of Juvenile

Date

CC: Juvenile
Board of Pardons and Paroles
Parent/Custodian
Juvenile Corrections Agent Supervisor
File



Department of Corrections
Juvenile Offender Discharge Summary

Juvenile Name:

Juvenile ID:

Juvenile DOB:

Judge:

JCA:

DNA Required?:

Date Signed:

Discharge Date:

Background Information

Aftercare Adjustment / Behavior

Reasons For Discharge

Discharge Recommendation

JCA:

Date:

Supervisor:

Date:

CEO:

Date:

Juvenile Exit Survey



Instructions:

The Department of Corrections would like to obtain information from youth and parents served. The information collected will be kept confidential and will be for internal use only. Completing this survey and questionnaire is a way for you to share your experience with the Department of Corrections. Your opinions about the Department of Corrections and other services accessed are important in assisting the agency to make changes/improvements as needed.

The Exit Survey and Questionnaire will be returned to a Community Corrections Specialist and will not be viewed by the Juvenile Corrections Agent. Please be honest with your responses as this information will be kept confidential. Thank you for your input and cooperation.

1. What is your name?

2. Since commitment to DOC the relationship with my family improved.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

3. Are you currently enrolled in school?

Yes No

4. What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school)

6th 7th 8th 9th 10th 11th 12th I am working toward my GED

I dropped out of school, and I am not working on getting a high school diploma or GED

5. Have you earned your high school diploma or GED?

Yes No

6. Are you enrolled in college/technical school?

Yes No Not Applicable

7. Did you receive any assistance in the area of post-secondary education?

Yes *No* *Not Applicable*

8. If yes, what assistance did you receive and from who?

9. My JCA referred me to the Department of Labor and Regulation for services.

Agree *Disagree*

10. Since my commitment to DOC, my peer group changed.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

11. Since my commitment to DOC, my relationship with my peers has improved.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

12. Since my commitment to DOC, my substance use has

Remained the same *Decreased* *Stopped* *I have never used substances*

13. My JCA referred me to community-based services (i.e., counseling, MRT, ART, DTB, chemical dependency group, etc.)

Agree *Disagree*

14. What service was most beneficial and why?

15. I had a positive relationship with my JCA.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

16. The supervision and services I received on DOC were beneficial.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

17. My JCA cared about my success.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

18. I gave input to my case plan goals.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

19. My JCA used incentives (gift cards, food, praise, etc.) to recognize positive changes in my behavior.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

20. In what ways (if any) do you feel DOC successfully met your needs?

21. In what ways (if any) do you feel DOC failed to meet your needs?

22. What suggestions do you have for DOC to be more helpful?

Parent Exit Survey



Instructions

The Department of Corrections would like to obtain information from youth and parents served. The information collected will be kept confidential and will be for internal use only. Completing this survey and questionnaire is a way for you to share your experience with the Department of Corrections. Your opinions about the Department of Corrections and other services accessed are important in assisting the agency to make changes/improvements as needed.

The Exit Survey and Questionnaire will be returned to a Community Corrections Specialist and will not be viewed by the Juvenile Corrections Agent. Please be honest with your responses as this information will be kept confidential. Thank you for your input and cooperation.

1. What is your child's name?

2. What is your relation?

Parent Relative Guardian Other (please specify): _____

3. I had a positive working relationship with my child's JCA.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

4. The JCA explained the expectations and process for your child to successfully complete supervision.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

5. The JCA provided opportunities for me to participate in my child's programming.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

6. I provided input to my child's case plan and goals.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

7. The JCA referred my child and/or family to community-based services (i.e., counseling, FFT, MRT, chemical dependency groups, etc.)

Agree *Disagree*

8. What service was most beneficial and why?

9. The JCA was helpful and knowledgeable about community resources

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

10. The supervision my child received while on DOC was beneficial.

Strongly agree *Agree* *Neither agree nor disagree* *Disagree* *Strongly disagree*

11. In what ways (if any) do you feel DOC successfully met your child's needs?

12. In what ways (if any) do you feel DOC failed to meet your child's needs