



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 300-01	PAGE NUMBER 1 OF 9
		DISTRIBUTION: Public	
		SUBJECT: Facility Access & ID Requirements	
RELATED STANDARDS:	<b>ACA 5-ACI:</b> IC-14, 2G-01,3A-19 <b>PREA:</b> 115.5, 115.17(a & b), 115.17(e-h)	EFFECTIVE DATE: March 01, 2024	
		SUPERSESSSION: 04/01/2023	
DESCRIPTION: Facilities - Security & Management	REVIEW MONTH: February	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) that designated staff members within (DOC) are authorized to issue badges and cards to qualifying individuals upon completion of all mandatory training, testing, and/or after signing all required documentation forms.

## II. PURPOSE

The purpose of this policy is to provide procedures for authorization and identification of all individuals entering or exiting DOC property, to provide for security searches for the purpose of detecting contraband, to eliminate unauthorized access by the general public, and to prevent escapes of offenders.

## III. DEFINITIONS

### Approved Contract Worker:

Long term, non-DOC service providers that successfully complete training requirements and are issued DOC ID Badges.

### Background Check:

A review of records collected and stored in the criminal record repository of the National Crime Information Center (NCIC), Dakota Crime I, and South Dakota DOC offender visiting database.

### Background Standards:

An objective set of confidential standards which identify disqualifiers utilized to determine the eligibility of an applicant and/or someone seeking admission into a DOC facility. Such standards will be static during the year but reviewed on an annual basis with this policy to ensure statutory compliance and alignment with the mission of the Department of Corrections. All standards will be specifically formulated to ensure compliance with ADA and EEO laws and guidelines, personnel rules, and applicable statutes. The standards will reflect the department's mission and the specific needs and requirements necessary for persons who work in a corrections (law enforcement) environment. All standards will be maintained as criminal justice records and pursuant to statute and will not be disclosed except to the secretary of corrections, inspector general, respective division directors, and the Bureau of Human Resources and Administration. All changes to standards will be approved by the secretary.

### Designated Access Points/Points of Entry:

Entrance/exit points to a DOC facility as established by the warden.

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### **DOC ID Badge:**

Blue badge issued to DOC employees and approved contract workers; includes photo, name, location, and date issued on the back of the badge. Badge must be returned to DOC upon termination/separation.

### **Facility:**

A place, institution, or building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

### **Personal Body Alarm:**

A small battery powered emergency notification or alert device that, when activated, emits a loud sound (in excess of one hundred ten (110db) decibels). Activation occurs when the attached alarm pin is removed from the body of the alarm by pulling the lanyard. The alarm shall be carried in a pocket or attached to a belt or waistline of the pants.

### **Student Preceptor/Intern:**

A student preceptor/intern is a person who completes clinical/professional experience in exchange for a grade/credit in a desired course of study.

### **Temporary Card:**

Red or green cards issued to approved individuals who do not have a DOC ID badge at points of entry of institutions. Based on training requirements completed, red cards indicate that an escort is required; green cards indicate that no escort is required.

### **Vendor:**

A person employed by a private company who provides a short-term service to a DOC facility as needed, i.e., plumbers, electricians, etc.

### **Visitor:**

A person wishing to enter a DOC facility who is not a DOC staff member, volunteer, intern, approved contractor, or an offender.

### **Volunteer:**

A person from the community who freely chooses to provide direct and/or indirect programming or activities to offenders at a DOC facility. Volunteers are not compelled to provide services and are not compensated for the services provided. May be an individual, organization, or members of an organization. *An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency [PREA 115.5].*

### **Volunteer Handbook:**

Establishes procedures that are designed to provide volunteers with information, outline expectations, outline safety and security measures, and communicate the importance of confidentiality.

## **IV. PROCEDURES**

### **1. Identification Badges and Cards:**

- A. Identification badges are issued based on training completed by staff and approved contractors.
  1. Staff and contractor positions have required levels of training; staff and contractors will be provided a level of access based on successful completion of the training requirements.
  2. Badges include the individual's photo, name, location, and date issued.
- B. Badge and card access levels are:
  1. Blue Badge – Full access within facilities/offices.
  2. Red Card – Escort by DOC staff only.

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3. Green Card – Unescorted and are restricted from certain areas of the facility as determined by the warden or designee.
  - a. Green and red cards are for short term use and do not include a photo or name.

## 2. Required Documentation:

- A. Prior to entering a DOC facility, all persons are required to complete the appropriate documentation, submit to a background check, and provide proper proof of identity, prior to being issued any DOC badge or card.
  1. All persons are required to complete/sign the *Background Check Authorization*, and/or the *DOC Release and Waiver of Liability*, and/or *Volunteer Work Agreement*, and/or the *Consent to Search Authorization and Registration* as applicable (see attachments #1, #6, #2, #3, and #9). Those who refuse to do so will not be allowed inside the secure perimeter of a DOC facility.
    - a. State employees from another agency are not required to complete the DOC Release and Waiver of Liability.
- B. It is the responsibility of the facility/office point of entry to ensure those individuals issued a green or red card appear on the facility/office approved access list.
- C. The Background Check Authorization and the DOC Release and Waiver of Liability forms are valid for one (1) year from date of signature. Volunteer Work Agreements are valid only for the days specified on the form.
- D. The DOC access list:
  1. The DOC approved access list will be controlled by the warden, or designee, and is based on the needs and security requirements of the facility/office.
- E. Background Checks
  1. *A criminal record check is conducted on all new employees, contractors, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance. This record will include comprehensive identifier information to be collected and run against law enforcement indices [ACA 5-ACI-1C-14].*
  2. Background checks are required for all persons entering DOC facilities including all individuals who apply for positions that are full time, part time, student interns, volunteers, contracted staff, etc.
  3. The Bureau of Human Resources and Administration (BHRA) will review all applications to determine eligibility for employment, create an employment packet to include advisements, authorizations, essential function acknowledgments, and other related documentation, and exercises applicable to the position being applied for.
    - a. The collection of personal information during the background process is used to determine the eligibility of applicants for employment and any use of the information outside the scope of its intended purpose is unauthorized. The DOC has a duty to protect the rights of applicants who disclose personal information during the background investigation process. Backgrounds are conducted for business purposes and the information contained in background files is considered criminal justice records, which is confidential. The information contained in background files may only be used for employment purposes or conducting internal investigations as needed. The background files of successful applicants are available to those individuals involved in the hiring process who would need the information to complete their job duties and the BHRA manager. The files of all applicants are confidential and cannot be divulged to anyone outside the inspector general (IG) without the written consent of the applicant and the prior permission of the IG or designee. Any violation of this policy may result in corrective and/or disciplinary action.
  4. Background checks will be completed by NCIC certified and trained staff assigned by the warden or designee. For returning or repeat visitors, this check is repeated annually.
    - a. Upon completion of the required phase(s) of the process, the staff certified and trained in NCIC will make a recommendation to the warden or designee regarding eligibility based upon the confidential standards criteria.

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5. The warden has the discretion to allow certain visitors access without a background check being conducted (e.g., law enforcement representatives, etc.), or to query the offender visiting database to see if the individual is on an offender's visiting list.
    - a. Persons who have an active warrant (to include traffic, misdemeanor, or felony); are on active parole, probation, or other forms of conditional release (e.g., community programs, intensive supervision) for a misdemeanor or felony; or who have been off supervision for a felony for less than at least three (3) years, will not normally be approved to access DOC facilities. Under special circumstances, approval may be granted for access. Decisions with respect to all such persons will be made on an individual basis.
  6. ***The DOC shall either conduct criminal background records checks at least every five (5) years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees [PREA 115.17(e)].***
- F. Prison Rape Elimination Act Requirements:
1. ***DOC will not hire or promote anyone who may have contact with offenders, and will not enlist the services of any contractor who may have contact with offenders, who [PREA 115.17(a)]:***
    - a. ***Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).***
    - b. ***Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or***
    - c. ***Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) of this section.***
  2. ***DOC will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders [PREA 115.17(b)].***
  3. ***DOC will ask all applicants and employees who may have contact with offenders directly about previous misconduct, described in 115.17(a), in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. DOC will also impose upon employees a continuing affirmative duty to disclose any such misconduct [PREA 115.17(f)].***
  4. ***Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination [PREA 115.17(g)].***
  5. ***Unless prohibited by law, DOC will provide information on substantiated allegations of sexual abuse, sexual assault or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work [PREA 115.17(h)].***
- G. Coordination of Badge/Card Issuance:
1. Access:
    - a. After the submission and review of all required documentation, the designated training staff will coordinate with the warden or his/her designee, the cultural activities coordinator (CAC), and BHRA in issuing appropriate badges or cards based on the level of training completed.
    - b. Documentation submitted for visitor access will be reviewed by the warden or designee.
    - c. The training specialist or designated staff person will maintain a current, complete list of all individuals who are issued a DOC ID badge.
    - d. The green or red cards will be maintained daily in the control room/at respective points of entry.

### 3. DOC ID Badge Access/Use and Management:

- A. All staff must present their DOC ID badge to enter a facility; no badge means no entry.
- B. Staff and all others issued a DOC ID badge (not including uniform staff) must display their badge, so it is readily visible from the front when inside the secure perimeter of a DOC facility.

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- C. All staff issued a DOC badge will scan their badge at the proximity card readers located in and around the institution.
- D. Each warden or his/her designee has the final authority to determine who may enter the facility.
  - 1. Possession of a DOC ID badge does not automatically entitle a person access to any/all DOC facilities.
- E. DOC ID badge holders must surrender their DOC ID badge at the request of the secretary of corrections (SOC), warden, director, or their designee.
- F. Missing, lost, or damaged DOC ID badges must be reported immediately to the facility's training department and supervisor.
  - 1. Anyone that finds DOC ID badge will turn it into a supervisor or the nearest control room.
  - 2. DOC staff will attempt to contact the badge holder to advise them their badge has been turned in or received in the mail.
- G. The DOC ID badge holder is responsible for notifying their supervisor and obtaining a new badge if their name or facility where they are assigned, changes.
- H. Upon termination/separation of employment, DOC ID badge holders will immediately surrender their badge to the SOC, warden, director, or their designee.

#### **4. Metal Detector Search Procedures:**

- A. All persons entering DOC facilities are required to pass through a metal detector and/or submit to search by hand-held detection wand, upon request.
- B. Metal detectors have the potential to affect the functionality of certain medical devices, such as implanted cardiac pacemakers, defibrillators, and nerve stimulators.
  - 1. Although the risk is low, those who have such devices are advised not to remain near a metal detector longer than necessary.
  - 2. Any person subject to search who is unable to walk-through the metal detector will be subject to a screening by a hand-held detector or hand pat search.
  - 3. Persons with an electronic medical device must advise the staff person conducting the search of the existence of the device prior to the search being initiated and present, when possible, the medical card received when device was surgically inserted. Staff will not hold the wand near the location of the device longer than necessary/to complete the search. The person may request a hand pat search in lieu of search with the hand-held metal detector wand.
  - 4. Any person who fails a metal detector or wand search (has an alert) is subject to a second search to verify cause of the reaction.
  - 5. Any person who fails to pass the metal detector or hand-held wand search who cannot or will not identify the cause of the reaction, may be denied access to the institution. The OIC will be notified immediately.

#### **5. Search of Staff:**

- A. The DOC reserves the right to conduct searches of staff and their belongings to monitor compliance with DOC rules, policies, and state law and to preserve the safety, security, and disciplined operation of the institution. Staff are required to consent to search or inspection of their person, property, work areas, lockers, and personal vehicles while on DOC property (see attachment #9 - *Consent to Search Authorization and Registration – Staff-Volunteers-Contractors*).

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- B. Institutional staff are required to place all property items they intend to bring into the facility in an approved, clear, plastic bag. All bags, containers, boxes, intended for introduction into the institution are subject to search. State issued laptops in a state issued laptop bag are allowed.
1. Any staff found to have introduced contraband to state grounds and/or DOC facilities will be subject to disciplinary measures.
  2. Food, drink, and medication may not exceed the amount necessary for more than sixteen (16) hours of work.
  3. Legal documents may be searched but not read.
  4. Upon any discovery of a security violation or reasonable suspicion of misconduct, the OIC will be notified immediately. If necessary, the IG will be notified.
- C. Pat searches of an employee may be authorized by the warden, inspector general, or designees and will be conducted by an employee of the same gender in a private location.

## 6. Search of Visitors:

- A. Signs will be posted in the lobby, admission area, public entrance, or access point to the DOC facility advising all people entering the facility they are subject to search. Each facility will provide notice of prohibited items. This may be supplemented by a list of items permitted during visits.
- B. Participation in visits is strictly voluntary. Visitors are subject to search by DOC staff. Hand pat searches may be conducted by staff members of the same gender as the visitor. Visitors may request a search by the same gender. Visitors will be searched before entering the facility and are subject to search during the visit and prior to departing from the institution.
- C. If a visitor is under the age of eighteen (18), the parent or guardian shall be present during the search.
1. A visitor's refusal to be searched (including search of personal belongings), or refusal to give consent to conduct a search of a visitor under the age of eighteen (18), is sufficient cause to terminate the visit, restrict or limit future visits and/or deny admission to the institution. Under no circumstance will force be used to facilitate search of a visitor. Refused visits will be reported to the OIC.
  2. Searches of visitors during visits may be targeted or random.
  3. If a pat search or metal detector search is insufficient to eliminate the possibility a visitor is concealing contraband, the visitor will be denied access to the visit room and advised to exit the institution. The OIC will be notified.
- D. DOC canine teams may be used to screen persons participating in visits at a DOC facility. A visitor's participation in visits and voluntary presence within the visit room constitutes consent to be searched by the canine.
- E. Any visitor found in possession of a controlled substance or Class A Contraband, as defined by South Dakota Codified Law, may be reported to law enforcement.
1. Staff will gather and record vital information, such as name, address, phone number, automobile make, model, physical description, and license plate number.
  2. Visitors will not be forcibly detained. Any evidence seized or discovered during search of visitors, or their belongings will be retained and processed in accordance with the best practices regarding preservation of chain of custody.
  3. Possession of unauthorized articles with the intent to deliver to an offender is a felony. Staff will document the incident on an incident report.

## 7. Access to DOC Property by Persons without a DOC ID Badge:

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- A. All persons without a DOC ID badge on will:
1. Produce an employer issued ID of the approved company performing work at the DOC property or produce a photo ID (e.g., driver license, state ID, or passport), which will be exchanged for a red (escort required) or green (no escort required) temporary card.
    - a. A red card is issued when the individual has completed a background check, the required DOC eight (8) hour training for part time/contract/temp/or volunteer orientation. A red card carrier does not supervise offenders and will be required to carry a body alarm.
    - b. A green card is issued when the individual has completed a background check, the required DOC eight (8) hour training for part time/contract/temp/or volunteer orientation and successfully completed the SD DOC self-defense training.
- B. Vendors, repair persons, construction companies, and any other contractors will be informed of allowable items and that tools being brought into the facilities must be inventoried. Two (2) copies of the tool inventory (see DOC policy 300-04 – *Tool Control*) must be brought to the facility/office; one (1) to be kept with the tools and one (1) for the facility/office.
- C. Media access will only be granted by the SOC.

## 8. Vehicle and Pedestrian Access onto DOC Property:

- A. Pedestrians and vehicles shall enter and exit only at designated access points. All vehicles entering or leaving DOC owned or leased property are subject to being searched. Prior to a vehicle entering into the inner physical perimeter of a correctional facility, all items defined as contraband, including but not limited to flares, weapons, ammunition, tools, and toolboxes shall be inventoried or removed and secured in a safe manner.
1. General:
    - a. Vehicles will be logged in and out of the facility at designated access points.
    - b. All persons shall exit the vehicle, with the exception of offenders being transported.
    - c. Vehicles will be searched by assigned DOC employees prior to entering and exiting the property.
  2. DOC employees will permit access and/or egress of DOC employees transporting offenders by verification from the DOC transporting officers.
  3. Vehicle entrance into the inner physical perimeter of a facility by persons without a DOC ID badge:
    - a. All persons shall present photo IDs (e.g., driver license, state ID, or passport).
    - b. DOC employees will ensure all persons are cleared to enter the property and will then issue the appropriate red or green card in exchange for their photo ID.
    - c. All persons will exchange DOC temporary cards for their photo IDs, prior to departure from the facility designated access points.
    - d. All DOC facilities shall ensure all vehicles are under direct escort by DOC employees or are under constant monitoring by a control post while inside the secure perimeter.
  4. Vehicle Entrance by Authorized Transporting Agencies:
    - a. Transporting officers will be required to present their agency badges, prior to facility admittance. A secured storage area for all weapons/ammunition will be provided outside the physical perimeter of each facility. This area shall provide for the safe loading and unloading of all weapons.
  5. The IG, special investigations unit (SIU), and designated parole staff are permitted to retain their weapons in the vehicle locked in a gun vault or locking gun rack approved by the IG, while on DOC owned or leased property. However, these weapons are never allowed inside the secure perimeter of the institution.
  6. *The facility's perimeter is controlled by appropriate means to provide that offenders remain within the perimeter and to prevent access by the general public without proper authorization [ACA 5-ACI-2G-01].*
- B. Construction Worker Access for Large Scale, Ongoing, Construction Projects:
1. General:

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- a. The facilities manager, in cooperation with the director of Prisons or designee, will identify construction projects that would benefit from having construction workers issued a card for the duration of the project. All others will follow policy for persons without a DOC ID badge.
  - b. A background check will be completed and shall follow procedures listed in policy.
  - c. Once access is approved, the facilities manager will notify the warden of the workers who are approved for a red/green card. All construction workers shall be required to read and fill out a Consent to Search Authorization and Registration.
  - d. Any approved construction worker who is later found to have an outstanding warrant will be denied access until such time the warrant has been satisfied and the warden approves facility entry. The appropriate law enforcement agency will be notified immediately of all construction workers onsite found to have outstanding warrants.
  - e. Any time a construction worker violates a DOC security practice or rule, the construction worker may be removed from the DOC property until such time as the issue is reviewed by the warden for a final determination.
2. The warden/designee will:
- a. Maintain copies of all the consent to search forms and construction worker issue records.
  - b. Give an orientation to the contractors as to what is expected of all persons working on DOC property or near offenders.

## 9. Records Maintenance:

- A. The warden of each facility will designate a staff person within the institution to maintain the completed Background Check Authorization, DOC Release and Waiver of Liability, and Volunteer Work Agreement forms.

## 10. Declaration of Contraband:

- A. The following items are identified as items of contraband and will not be permitted into the DOC facilities without expressed written consent from the warden. Individuals who introduce these items into a DOC facility will be held accountable under the appropriate provisions of the DOC and the codified laws of this state.
  1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, metal utensil/drinking straw, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
  2. Alcoholic beverages.
  3. Controlled substances.
  4. Offender possession of any key, key pattern, key replica, or lock pick.
  5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
  6. Any un-canceled postage stamp or implement of the United States postal service.
  7. Any counterfeit or forged identification card.
  8. Any combustible material.
  9. Any drug, other than a controlled substance, in quantities larger than two doses unless otherwise prescribed and authorized by health services.
  10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
  11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
  12. Any chain, rope, or ladder.
  13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
  14. Any portable electronic communication device including but not limited to cell phones, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.



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15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

## V. RESPONSIBILITY

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

## VI. AUTHORITY

- A. SDCL § [24-2-22](#) Possession of unauthorized articles with intent to deliver to inmate as felony.
- B. SDCL § [62-1-5.1](#) Volunteers serving state or political subdivision without pay--Computing or imputing wage--Certain persons not deemed volunteers.
- C. ARSD [17:50:02:08](#) Search of visitors.

## VII. HISTORY

March 2024  
January 2023  
March 2013  
March 2012  
February 2011  
February 2010  
September 2008  
June 2008 – New policy

## ATTACHMENTS *(\*Indicates document opens externally)*

- 1. Background Check Authorization\* *(Included in Volunteer Handbook)*
- 2. Volunteer Work Agreement\* *(Included in Volunteer Handbook)*
- 3. Consent to Search Authorization and Registration - Visitors\*
- 4. Acknowledgment of Understanding PREA Volunteer Training *(Included in Volunteer Handbook)*
- 5. DOC Volunteer Acknowledgment Form\* *(Included in Volunteer Handbook)*
- 6. DOC Release and Waiver of Liability\*
- 7. Acknowledgment of Understanding – Ethics Policy\*
- 8. Volunteer Handbook\*
- 9. Consent to Search Authorization and Registration – Staff-Volunteers-Contractors\* *(Included in Volunteer Handbook)*
- 10. DOC Policy Implementation / Adjustments

Distribution: Public

### Background Check Authorization

**CHECK ONE:**    M-2    W-2    Volunteer    Special Event Visitor    Clergy    Vendor/Contractor    Tour    Other

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Social Security Number

Full Name (Please Print): \_\_\_\_\_                                      DOC Contact's Name: \_\_\_\_\_

\_\_\_\_\_  
Maiden /Alias Names:

\_\_\_\_\_  
Street Address/P.O.                                      City                                      State                                      Zip Code  
Box

-   -                                      -   -                                      -   -

\_\_\_\_\_  
Home Telephone                                      Work Telephone Number                                      Cell Phone Number (optional)  
Number

\_\_\_\_\_  
Date of Birth                                      Driver License Number #                                      State Issuing Driver License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background. I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith. The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
Signature of                                      Date                                      Staff Signature                                      Date  
Applicant

\_\_\_\_\_  
Printed Name                                      Printed Name

**Non-Custody Background Information**

Reason for Entry: \_\_\_\_\_                                      Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>Office Use Only:</b>	
Background Check Complete:	Yes      No      (Attach Printouts)
NCIC Investigation form and visit list check completed by: _____	
Has this individual's name ever appeared on an inmate visit list? _____ yes      _____ no (If yes, attach visit list details)	
Has this individual's name ever appeared on an inmate phone list? _____ yes      _____ no (If yes, attach phone list details)	
Signature _____	Date _____
Reviewed and Approved: ___ yes      ___ no	
Signature/AW or Major _____	Date _____
Reviewed and Approved: ___ yes      ___ no	
Signature/Warden _____	Date _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECURITY QUESTIONNAIRE**

Please answer the following questions to the best of your knowledge. If you have any questions or you are unclear about a question, please discuss it in the interview.

- 1. Have you ever been convicted of a felony or misdemeanor? \_\_yes \_\_no
- 2. Have you ever been convicted of any misdemeanor crime related to domestic violence? \_\_yes \_\_no
- 3. Have you been charged with a felony or misdemeanor in which a conviction determination is pending? \_\_yes \_\_no
- 4. Have you ever been convicted of DUI, DWI, or a related offense? \_\_yes \_\_no
- 5. Have you ever engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? \_\_yes \_\_no
- 6. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? \_\_yes \_\_no
- 7. Have you ever been civilly or administratively adjudicated to have engaged in the activities described in the previous question? \_\_yes \_\_no
- 8. Do you know anyone incarcerated in a correctional facility? \_\_yes \_\_no
- 9. Do you know anyone who has ever been incarcerated in a correctional facility? This includes anyone who is or has been on parole. \_\_yes \_\_no
- 10. Have you ever served as a sponsor for an offender? \_\_yes \_\_no
- 11. Do you know anyone who works for the South Dakota Department of Corrections (SDDOC), or has ever worked for the SDDOC? \_\_yes \_\_no
- 12. Do you use illegal drugs of any type? \_\_yes \_\_no
- 13. Have you ever been terminated for cause from any job? \_\_yes \_\_no
- 14. Have you ever been in the United States military service? \_\_yes \_\_no
- 15. If so, have you ever been discharged from the United States military service under less than honorable conditions? \_\_NA \_\_yes \_\_no

If you answered yes to any of the questions above, list the number of the question and explain:

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I certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of facts called for in this questionnaire is cause for cancellation of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER WORK AGREEMENT

I, \_\_\_\_\_ understand that my services are voluntary,

that I will not be compensated and that volunteer workers are provided workers' compensation coverage pursuant to SDCL § 62-1-5.1. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be cancelled at any time by notification to either party.

I have read the above agreement, understand it, and agree to serve as a:

\_\_\_\_\_ volunteer at \_\_\_\_\_  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

## Consent to Search Authorization and Registration - Visitors

**A DOC Facility is:** A place, institution, or building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

**A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Guests will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**

1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, metal utensil/drinking straw, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
2. Alcoholic beverages.
3. Controlled substances.
4. Offender possession of any key, key pattern, key replica, or lock pick.
5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
6. Any un-canceled postage stamp or implement of the United States postal service.
7. Any counterfeit or forged identification card.
8. Any combustible material.
9. Any drug, other than a controlled substance, in quantities larger than two doses unless otherwise prescribed and authorized by health services.
10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
12. Any chain, rope, or ladder.
13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
14. Any portable electronic communication device including but not limited to cell phones, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.
15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

**B. Penalties:**

1. Anyone violating section A is subject to an investigation and may be barred from the facility and is subject to criminal prosecution.

**C. Declaration of Consent and Waiver:**

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed copy of this form, must be received ten (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me. I also acknowledge any vehicle that I may bring on the grounds of this facility

may be searched when reasonable suspicion arises that I have/am violating DOC policy/SD law as it relates to the introduction of contraband. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.

- I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections' facilities.

**Section 1: Guest Data**

Date:	Purpose of Visit/DOC Person of Contact:
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**Section II: Guest Vehicle Data**

License#	State	Make of Car	Model	Year	Color	<b>If you were a passenger, you must identify the car in which you arrived.</b>
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**Section III: Guest Data**

Name (Printed)						
Last:	First:	MI:	DOB:	Sex:		
Address:		City:		St:	Zip:	
Driver's License#:		State:	Height	Weight	Hair	Eyes
Social Security Number: (Optional)						
Company Name If Applicable		Address:				
City:	ST:	Zip:	Phone:		Facility/Office/Destination:	

**The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.**

<b>Signature:</b>	<b>Date:</b>
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## ACKNOWLEDGMENT OF UNDERSTANDING PREA VOLUNTEER TRAINING

I hereby certify that I have attended the South Dakota Department of Corrections / In-service Training / Basic Training on the Prison Rape Elimination Act (PREA) and the accompanying Standards.

**The Training included:**

- (1) Zero-tolerance policy for sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (2) How to fulfill staff responsibilities under agency sexual abuse, prevention, detection, reporting, and response policies and procedures;
- (3) Offenders' right to be free from sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (4) The right of offenders and employees to be free from retaliation for reporting sexual abuse which includes sexual harassment, sexual misconduct, and sexual assault.
- (5) The dynamics of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (6) The common reactions of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with offenders.
- (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
  - a. How to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Date(s) training received: \_\_\_\_\_

I acknowledge that I have received the training listed above. Furthermore, I have had an opportunity to ask any questions pertaining to the training and I understand the training provided.

Volunteer Name (printed) \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## DOC VOLUNTEER ACKNOWLEDGMENT FORM

By my signature below, I acknowledge that I have attended the required training and have received and reviewed a Volunteer Handbook. Through the discussion and presentation of the subjects during training, I understand how the issues, materials, and subjects covered apply to me as a volunteer and are consistent with preserving the safety and security of the facility. I understand it is my responsibility to abide by all DOC policies and procedures, in accordance with the training.

If I have questions about the training, materials presented, or DOC policy and procedures, I understand it is my responsibility to seek clarification from the cultural activities coordinator.

I acknowledge I have received and understood the information provided on the DOC's Zero Tolerance towards all forms of offender sexual abuse.

Printed Name:

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Signature:

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Date:

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\*(completed form shall be filed with the volunteer's training file).



## DOC RELEASE AND WAIVER OF LIABILITY

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:

South Dakota State Penitentiary, Jameson Prison, Sioux Falls Minimum Center, Mike Durfee State Prison, Yankton Minimum Center, Rapid City Minimum Center, South Dakota Women’s Prison, or Pierre Minimum Center.

I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from such entry and/or participation in DOC activities.
  
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities.

I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that it is the intention of the parties that the State and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss, or expense resulting to me due to accidents, mishaps, misconduct, negligence, or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.

Name:			Date of Birth:	
Signature:				
Address:				
Date:				

## Acknowledgment of Understanding – Ethics Policy

I hereby certify that I have attended the South Dakota Department of Corrections (DOC) Basic Training on the Staff Code of Ethics policy and have read and understand said policy.

**The training included, and I understand the following, summarized in brief on this form:**

1. I cannot receive or provide any favors, gifts, items, bribes, and money for/from offenders.
2. I may face disciplinary action which may be in a variety of forms; some examples are criminal prosecution, civil prosecution, termination of employment, written reprimands, and barring from DOC facilities, if I disobey the ethics policy.
3. I understand that I may not have a conflict of interest in the workplace or with offenders.
4. I will not bring in any sort of dangerous weapon into the facility.
5. I cannot attempt to achieve personal, fiscal, or influential gain through my employment at the DOC.
6. The DOC has zero tolerance for any sexual abuse.
7. Staff are required to report any violations of policy or procedure.
8. I will never transfer, distribute, or pass any item on behalf of an offender.
9. I will never reach out to an offender's family/friend/victim/ or anyone on their behalf.
10. I will never develop an inappropriate relationship with an offender or fraternize with an offender.
11. I understand that certain standards of conduct apply to all staff who supervise offenders.
12. I will never solicit, trade, barter, or accept any gift on behalf of an offender or for an offender.
13. I will not use telecommunications to communicate with an offender's family, friend, victim, or anyone in any acquaintance of that offender. This includes social media.
14. I will comply and assist in any investigation that is being conducted by a legitimate agency.
15. I will not act as a sponsor for an offender in any way.
16. I will not use any unauthorized media recorder.
17. I will not disclose any PII in an unapproved manner.
18. I will not withhold information that may assist the safety and security of the DOC.
19. I will not disrupt the efficiency and morale of the DOC, including its staff, offenders, and facilities.
20. I understand that this is not an exhaustive list of rules and regulations, and I understand I am expected to know the entire policy.

**I acknowledge that I have received the training listed above and more. Furthermore, I have had an opportunity to ask any questions pertaining to the training and I understand the training provided. I also am aware where to find this policy in case I have future questions.**

Staff Name: \_\_\_\_\_ (Printed) Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Training Received: \_\_\_\_\_

# SOUTH DAKOTA DEPARTMENT OF CORRECTIONS

Revised: March 2024



**V**OLUNTEER HANDBOOK

## MISSION STATEMENT

The mission of the Department of Corrections is to protect the citizens of South Dakota by providing safe and secure facilities for juvenile and adult offenders committed to our custody by the courts, to provide effective community supervision to offenders upon their release and to utilize evidence-based practices to maximize opportunities for rehabilitation.

## ZERO TOLERANCE

The South Dakota Department of Corrections (DOC) has a zero-tolerance policy relating to sexual abuse which includes sexual harassment, sexual misconduct, and sexual assault of an offender. The DOC will cooperate in the investigation, discipline, and prosecution of anyone involved in a sexual abuse or sexual harassment of an offender in a DOC facility or under DOC placement.

## VISION

A national leader in corrections that enhances public safety by employing evidence-based practices to maximize the rehabilitation of offenders.

## VALUES

- We value our staff as our greatest asset.
- We value a safe environment for staff and offenders.
- We value community support and collaboration.
- We value public trust in the operation of our department.
- We value the use of evidence-based practices to maximize offender rehabilitation.
- We value diversity and the respect for all individuals.
- We value professionalism, teamwork, and the highest standard of ethics.
- We value investment in our staff through training in sound correctional practice and through the provision of opportunities for development and career advancement.

## DEFINITIONS

### **Cultural Activities Coordinator (CAC):**

The designated DOC staff member from each facility who serves as the volunteer services program coordinator for cultural, religious and leisure activities and programs offered to offenders at the facility. This person is responsible for volunteer recruitment, maintaining volunteer records, compliance with required volunteer forms, and coordinating training for volunteers.

### **Major Activities/Events:**

Typically, not included in the regular activities offered at the facility. Major Activities/Events require a Project Application and are subject to approval by designated staff. Offender access may be impacted by classification, housing, scheduling, status, disciplinary sanctions, available space, custody level and risk. Outside guests and visitors may participate if approved by the facility prior to the event being held.

### **Project Application:**

A document used by offenders or volunteers to request permission from the Warden or designee to offer a major activity/event or to organize a project involving offenders and DOC resources (staffing, space, available supplies). The application may be obtained through the CAC. Must be completed and submitted to the CAC a minimum of 30 (thirty) days prior to the proposed day.

### **Regular Activities:**

Scheduled and offered on a regular, reoccurring basis. Activities may be posted on a schedule made available to offenders and staff. Offender access may be limited. Offenders are supervised by DOC staff with volunteers providing oversight of the activity as needed. Outside guests may be permitted to attend and assist with the activity with approval by the CAC.

### **Sexual Abuse - Staff/Volunteer/Contractor on Offender:**

Sexual abuse includes sexual assault, sexual harassment, and sexual misconduct.

### **Sexual Harassment - Staff/Volunteer/Contractor on Offender:**

Includes any non-contact behavior or act that subjects another person to verbal or written statements or gestures of sexual or romantic nature; creating or encouraging an atmosphere of intimidations, hostility, or offensiveness as perceived by the individual who observes the sexually offensive behavior or act including but not limited to the following:

1. Any repeated and/or unwelcome sexual advances, requests for sexual favors, obscene or profane language or verbal comments or actions of a derogatory or offensive sexual nature, including demeaning reference to gender, inappropriate, sexually suggestive, or derogatory comments about body or clothing, or obscene language or sexually harassing gestures, or written statements of a sexual or romantic nature.
2. Indecent exposure or any intentional or unwanted displays of anus, genitals, breasts, or other body parts to sexually harass another person or masturbation in the presence or direct vision of another person.
3. Taking or soliciting photographs or images of a person's nude breast's, genitals, buttocks, or naked body while performing bodily functions.
4. Any repeated unwelcome sexual advances, requests for sexual favors, unequal treatment, or other unwelcome verbal and physical conduct based on sex when:
  - a. Submission to such conduct is made either explicit or implicit as a term or condition of an individual's employment; or
  - b. Submission to or rejections of such conduct is used as the basis for employment decisions about a person; or
  - c. Such conduct has the purpose or effect of substantially and unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive or educational environment.

### **Volunteer:**

A person from the community who freely chooses to provide direct and/or indirect programming or activities to offenders at a correctional facility. Volunteers are not compelled to provide services and are not compensated for the services provided. May be an individual, organization, or members of an organization. *An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency (PREA 115.5).*

Training and expectations will be consistent for all volunteers regardless of the frequency or amount of offender contact. Volunteers are required to review and be familiar with the *South Dakota Department of Corrections Volunteer Handbook*. Volunteers must submit required documents and forms and successfully complete all required training as follows:

#### Escorted access:

- Initial 8-Hour volunteer training curriculum
- an annual 4-hour refresher course thereafter

#### Unescorted access:

- the requirements listed above, plus
- an additional 2-Day Situational Awareness (SD DOC self-defense) training with an annual 4-hour refresher thereafter.

## **I. DOC FACILITY PROCEDURES**

### **A. Cultural Activities Coordinator (CAC):**

1. The cultural activities coordinator (CAC) serves as the volunteer services program coordinator. Duties include initiating, supervising, and monitoring the volunteer service program and managing regular activities and events offered to offenders.
2. The working relationship between offender groups and DOC staff is important to the safe and efficient operation of the facility. The CAC is the liaison between DOC staff, volunteers, and offenders. The CAC relays important information to and from staff and volunteers. Effective communication is vital to sustaining the mission of the DOC and operation of a successful volunteer services program.

3. The CAC is the initial point of contact for volunteers. If you have questions, concerns or need assistance, please contact the CAC.

## **B. Entering the Facility and Security Clearance Checks:**

1. Each volunteer will complete a *Background Check Authorization* (see attachment #1). This form is valid for one (1) year from the date of completion and must be submitted at least ten (10) working days prior to initial entry to the facility. DOC will complete background checks annually as part of refresher training. Each facility is responsible for completing background checks on volunteers assigned to that facility.
2. Each volunteer is required to sign a *Volunteer Work Agreement* prior to beginning their volunteer service at the facility (see attachment #2).
3. Each volunteer is required to sign a *DOC Volunteer Consent to Search Authorization and Registration – Staff-Volunteers-Contractors* form (see attachment #3), *Acknowledgement of Understanding PREA Volunteer Training* form (see attachment #4) and a *DOC Volunteer Acknowledgement Form* (see attachment #5) prior to having any contact with offenders.
4. Volunteers must adhere to the following requirements when accessing the facility:
  - a. Present a valid state issued ID card to the control room staff prior to admittance to the facility.
  - b. The control room officer will confirm the volunteer's identity through their valid driver license or another accepted photo ID and match with the name on the approved Volunteer Access List. All volunteers must be issued a facility pass identification card prior to coming inside the facility. Volunteers will not be granted entrance without the approved, color-coded pass issued to them while their state issued ID is retained in the control unit. Upon completion of volunteer activities, the state issued ID will be returned when the color-coded facility pass is returned.
  - c. For security purposes, all volunteers are required to wear a "body alarm" inside all DOC facilities. These are typically issued by the control room officer prior to entry into the secure perimeter and must be returned to the control room upon departure.
  - d. Volunteers will be required to pass through a metal detector prior to entering all DOC facilities. Having clothing with excessive metal parts, jewelry, etc., may delay entry. You will be required to remove outer clothing (jackets and coats, gloves, hats) and may be required to remove belts, heavy metal jewelry or shoes in order to clear the metal detectors. Please become familiar with common property items not permitted within the facility. Your person, and any property which you intend to introduce into a facility is subject to search at any time while on DOC grounds. Failure to consent to search shall be grounds for removal. Certain security requirements may apply at the facility where you volunteer, such as requiring all property brought into the facility to be in an approved clear plastic bag to make identification of the enclosed items easier. No personal cell phones, computers, or tablets are allowed inside DOC facilities.
  - e. Only volunteers over the age of eighteen (18) are allowed to enter a DOC facility.
  - f. Volunteers cannot be relatives, friends, or business associates of an offender at the facility where they are volunteering. Volunteers may not be on an offender's approved visit or telephone lists.
  - g. Former offenders, (not currently on DOC supervision) may be permitted to volunteer or participate in activities with prior approval from the warden.
  - h. DOC staff are not permitted to volunteer at a DOC facility.
  - i. No volunteer is allowed inside a facility while under the influence of illicit drugs or alcohol. Possession or introduction of such items with the intent to distribute these to an offender in a DOC facility will result in notification of local law enforcement.
  - j. Volunteers may not escort other visitors or individuals who have not completed required DOC training into the facility.

## **C. Sexual Abuse of an Offender:**

1. Sexual contact or any type of romantic relationship between a volunteer and an offender is expressly forbidden and illegal.
2. You cannot enter in to any consensual sexual or romantic relationship with an offender. In all such relationships, the volunteer is considered the abuser. Offenders cannot provide consent.
3. Sexual abuse, which includes sexual misconduct, sexual assault and sexual harassment, or discrimination of any offender by a volunteer is expressly forbidden. All allegations of sexual abuse, to include sexual harassment, sexual discrimination, or sexual assault will be investigated.
4. Volunteers are required to immediately report any knowledge, suspicion, or information they may have of any incident of sexual abuse, sexual harassment, or discrimination of an offender to their supervisor.
5. In addition, the DOC maintains a workplace free of harassing, discriminatory, or offensive behavior based on race, color, religion, national origin, sex, age, genetic information, disability, or any other legally protected status or characteristic.

#### **D. Inappropriate Relationships and Prohibited Physical Contact:**

1. Physical contact with an offender is limited to a simple handshake.
2. Being alone with an offender shall be avoided.
3. Volunteers may not become emotionally, romantically, financially, or sexually involved with any offender or a member of an offender's immediate family. Volunteers are expected to maintain appropriate and professional boundaries with offenders and their family.
4. Any volunteer who believes they are or may be the object of an offender's attempt to form a relationship beyond a professional level, must report the information to the CAC or supervisor immediately.
5. Volunteers must demonstrate professionalism and integrity. Volunteers must conduct themselves and perform their duties and tasks in such a way as to set a positive example for the offenders they supervise. Respect offenders and they will respect you.

#### **E. Confidentiality:**

1. Volunteers are expected to respect the integrity and confidentiality of all privileged information, including personal identifying information (PII).
2. Volunteers will always review, and control information provided to offenders. No items may be given to offenders without receiving prior approval from the CAC. This includes all reading material. Volunteers shall not divulge or otherwise release information considered sensitive or confidential to unauthorized persons. If in doubt, consult with the CAC or supervisor. Information shared with volunteers by staff may not be intended for offenders.
3. Do not use full names when discussing offenders outside the facility. Disclosure of personally identifying information to unauthorized persons, in an unauthorized manner, or for unauthorized purposes is prohibited.
4. Do not engage in discussions with offenders about staff members, other offenders or share details about your personal life.
5. If you intend to publish information pertaining to your volunteer position, including information about the facility, staff, or offenders, you are required to discuss this in advance with the warden. Special rules apply to interviewing staff or offenders. The DOC is sensitive to the rights of victims and the necessity of managing information released about the department, staff, and offenders. Volunteers are not permitted to take pictures of offenders or staff.

#### **Volunteers are not permitted to discuss any volunteer activity or offender names with any media outlets.**

6. Audio or visual recording equipment (including all cell phones) is not permitted in the facility. You have an affirmative duty to immediately report any information relayed to you by an offender that may cause a threat to the safety or security of the facility, staff, or offenders.
7. Endangering the well-being of staff, offenders, or the public through willful, reckless, or negligent misconduct, including willful, reckless violation of laws, rules, or policies, is violation of the DOC code of ethics.

## II. ACTIVITY PROCEDURES

### A. Know Your Schedule:

1. A schedule of the activities at the facility is posted weekly. Please ensure your activity starts and finishes on time. Facilities function on a structured schedule to ensure sufficient staffing, supervision, time, and space and must accommodate many activities and programs offered to offenders. Security staff has the authority to cancel, terminate, or interrupt any activity or program based on the need to preserve safety, security, and the safe operation of the facility.
2. If your group must make changes to its schedule, these must be communicated in advance to the CAC. The CAC will accommodate such changes when possible.

### B. Be on Time:

1. Be at the facility a minimum of fifteen (15) minutes prior to the time when the activity is scheduled to start. If you must cancel an activity or are running late, contact the control room as soon as possible.
2. Remember, it takes time to get checked into the facility and to prepare for an activity. Please be patient.
3. If an activity starts late, it will still conclude at the regularly scheduled end time. Facility operations run on a schedule. If you start late, the event still ends at the time scheduled to prevent disruption of facility operations.

### C. Dress Code:

1. Volunteers entering a facility shall maintain an appearance which limits distractions, such as provocative or inappropriate dress. Dress that presents a risk to safety and/or security is also prohibited.
2. Volunteers interacting with offenders or engaged in activities within a DOC facility must be cognizant of the potential dangers inherent in working in a correctional facility. This includes dressing accordingly while in the facility.
3. Volunteers shall abide by the established dress code at the facility.
  - a. Dress conservatively.
  - b. No shorts, dresses hemmed above the knees or with thigh high slits.
  - c. No low-cut blouses.
  - d. No see-through garments of any type.
  - e. No tank tops with straps thinner than three (3) inches, halter tops or tube tops.
  - f. No spandex, leggings, or leotards.
  - g. No clothes with any holes.
  - h. No clothing that resembles offender clothing. This includes the colors of red or orange.
  - i. No excessive jewelry.
  - j. No open-toed shoes.
4. Language, logos, symbols, pictures, designs, or embroidery on clothing or clothing accessories must be appropriate for a correctional facility. Clothing or clothing accessories that advertise alcohol, tobacco products, illegal substances, gangs, derogatory religious themes, racial references, profanity, gambling, or sexual implications is NOT appropriate and will not be allowed to enter the facility.
5. Tattoos advocating or depicting any form of negative religious, racial, ethnic or gender bias, illicit drugs, drug paraphernalia, drug use or perceived as being affiliated with any security threat group, street gang, or containing nudity or vulgar wording, must be concealed/covered while in the facility.
6. Control room staff will determine if there is an issue with your dress that violates policy. If you disagree with the decision, you may request to speak with the officer in charge (OIC) or contact the CAC. Be respectful of staff decisions. The requirements are in place to ensure your safety and to limit distractions, inappropriate comments, and disruptions. Prisons are unique environments which require rules and requirements to maintain safety and security.

### D. What to Bring:

1. Bring only materials that have been approved in advance by the CAC and are for the intended purposes of the activity.



2. You must turn in your **valid** driver license to the control room to be issued your religious volunteer badge. The badge must be turned back into the control room prior to you leaving the facility at which time your driver's license will be returned. Only those volunteers who are on the approved volunteer list will be allowed inside the facility.

#### **E. Contraband:**

1. This is defined as any item an offender is not authorized to have. Approved items may be contraband if altered, possessed in a higher quantity than authorized, used in ways for which it is not intended, or obtained through an unapproved source.
2. Never bring any item into a facility for an individual offender or at an offender's request. Always check with the CAC before bringing in any items which are intended for distribution to offenders, it does not matter how small or seemingly insignificant.
3. The following items are **not** allowed in DOC facilities:
  - a) Cell phones or pagers; smart watches
  - b) Knives, guns, belt tools (Leatherman™ or similar multi-purpose tool)
  - c) Tobacco
  - d) Candy
  - e) Literature not pre-approved
  - f) Purses
  - g) Radios
  - h) Food
  - i) Lighters
  - j) Cameras or other recording devices
  - k) Money (in excess of \$20)
  - l) Hats
  - m) Medications
4. SDCL § 24-2-22. Possession of unauthorized articles with intent to deliver to a prisoner is a felony. Any employee or other person who delivers, procures to be delivered, or possesses with the intention to deliver to any offender in a state penitentiary, or deposits or conceals in or around any facility or place used to house offenders, or in any mode of transport entering upon the grounds of any facility or place and its ancillary facilities used to house offenders, any article which is unlawful for an offender to possess pursuant to state law or the rules of the Department of Corrections with the intent that any offender obtain or receive such article, is guilty of a **Class 6 felony**.

#### **F. Supervision and Response to an Emergency:**

1. While inside a DOC facility, you will be under the supervision of staff. This may include staff supervision through physical presence or camera monitoring. Staff may remain present or conduct regular checks while conducting rounds. If you have questions or concerns, or require assistance while inside the facility, feel free to approach any staff who are in the area supervising or conducting rounds.
2. Volunteers should have no expectation of privacy while inside the secure perimeter of a DOC facility. Some facilities require office doors to remain open when meeting with offenders or windows in the office to permit visual monitoring of offenders and volunteers.
3. If an emergency occurs within the facility, staff will provide clear instructions and direction for volunteers. It is your duty and responsibility to comply to the best of your ability with these directions. Respond quickly and calmly. Following these instructions will help keep you safe until the situation is resolved.

#### **G. Dos and Don'ts:**

1. Do refer offenders to staff if they require assistance or share concerns with you which you believe staff should be made aware of.
2. Do listen respectfully to what the offender is willing to share, their comments and opinions.
3. Do remind offenders who become distracted of the purpose of the activity and their responsibilities as an activity participant.
4. Do ask staff to remove disruptive offenders who are interfering with the activity, not following instructions, or not attending the activity for the intended and identified purpose.

5. Do maintain professional boundaries with offenders. Do not become their friend. Remind yourself of the service you agreed to provide when you became a volunteer. That is your purpose and the basis for your being permitted to access the facility and to interact with offenders.
6. Do remain accountable for your actions and behaviors while in the facility and interacting with staff and offenders.
7. Do be aware of your surroundings and keep yourself safe.

### III. VOLUNTEER GUIDELINES

#### A. Interacting with Offenders:

1. The DOC appreciates your time and dedication to the volunteer program. The following is a list of positive characteristics and practices to follow while conducting all volunteer activities:
  - a. Be friendly with offenders but avoid familiarity.
  - b. Practice keeping a professional distance from offenders and their personal issues and agendas and maintain appropriate boundaries.
  - c. Be consistent. Establish what is appropriate, what is not appropriate, what will not be tolerated, and enforce these expectations equally and fairly.
  - d. Do not be surprised when you are asked by an offender to do something that clearly violates rules or contradicts what you have learned in volunteer training. Offenders test volunteers to identify those who are willing to do things they shouldn't. Offenders will exploit those volunteers who allow themselves to be manipulated into doing things they shouldn't.
  - e. Be firm but fair and recognize individual differences.
  - f. Understand your access to certain offenders may be limited or otherwise not permitted. This may be based on the offender's status, custody level, medical issues, or other issues. Examples are disciplinary, behavioral health precautions, infirmary, capital punishment, restrictive housing, etc. Access to these restricted areas must be first scheduled with the facility so that an escort can be pre-scheduled.
  - g. The CAC will assign a designated area for you to provide services and interact with offenders. Volunteers may not access any other area of the facility unless approval is given by the warden and there is an escort assigned to the volunteer.
  - h. Volunteers may be allowed in housing units or cells of offenders to provide religious rites and sacraments as long as they are escorted and have prior approval from the warden or designee.

#### B. Maintain Your Boundaries:

1. Never accept calls or messages from offenders from within a DOC facility. This is a violation of professional boundaries. Communication with offenders should remain limited to activities and times you volunteer at the facility. This includes interacting directly or indirectly with an offender or offender families through social media. If you are contacted by an offender or their representative outside of your role as a volunteer, you must notify the CAC or DOC staff immediately.
2. If you become aware of others violating facility rules, you are required to report this to the CAC or staff member immediately. Safety and security are everyone's responsibility.
3. Remember, volunteers who do not follow the rules, policies, or activity guidelines, discredit the activity and their position as a volunteer. Such violations may place the person or others in danger and result in a loss of volunteer status and/or termination of the activity or even criminal charges.

### IV. REQUIRED VOLUNTEER DOCUMENTATION

- A. Prior to having contact with offenders, all volunteers of the South Dakota Department of Corrections (DOC) are required to complete and have on file the following:
  1. Background Check Authorization.
  2. Volunteer Work Agreement.
  3. Consent to Search Authorization and Registration.
  4. Acknowledgment of Understanding PREA Volunteer Training.

5. DOC Volunteer Acknowledgement Form.

B. All volunteers must consent to a criminal history background check a minimum of once every five (5) years to comply with the PREA Screening of Staff and Volunteers requirement.

1. A volunteer will not be admitted to the facility if their criminal record reveals a history of any sexual misconduct.
2. Volunteers are required to notify the CAC within one (1) business day if they become involved in any sexual misconduct investigation in a facility or community setting, are indicted, charged, or convicted of any sexual misconduct offense, or disciplined for any sexual misconduct in an employment setting.
3. Knowingly submitting false information will result in termination from the volunteer program.

C. Return Addresses:

Please return the above completed documents to the CAC of your respective facility.

All required documents must be completed and turned into the CAC **at least Ten (10) working days prior to your initial visit** to the facility. You will be notified by the CAC when your annual renewal is and the deadline to turn in the required items.

*The following are the mailing addresses of the adult DOC institutions:*

**South Dakota State Penitentiary**

Attn.  
P.O. Box 5911  
Sioux, Falls, SD 57117-5911

**South Dakota Women’s Prison**

Attn:  
3200 East Highway 34  
Pierre, SD 57501

**Mike Durfee State Prison**



Attn:  
1412 Wood Street  
Springfield, SD 57062

*Note:* If the paperwork has been submitted to one facility and you are visiting another facility, please advise the CAC prior to your visit. The paperwork is valid in all DOC facilities.

**Thank You**  
**For Your Participation**

**REVISION INDEX**

- Revised:** July 11, 2008
- Revised:** August 10, 2009
- Revised:** August 20, 2010
- Revised:** October 2018
- Revised:** June 2019
- Revised:** January 2023
- Revised:** March 2024

 Amber Pirraglia, Director of Prisons	 Date
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**Attachments:**

1. Background Check Authorization.
2. Volunteer Work Agreement.
3. Consent to Search Authorization and Registration – Staff-Volunteers-Contractors.
4. Acknowledgment of Understanding PREA Volunteer Training.
5. DOC Volunteer Acknowledgment Form.

## Background Check Authorization

**CHECK ONE:**    M-2    W-2    Volunteer    Special Event Visitor    Clergy    Vendor/Contractor    Tour    Other

\_\_\_\_\_  
 Last Name                      First Name                      MI                      Social Security Number

\_\_\_\_\_  
 Maiden /Alias Names:

\_\_\_\_\_  
 Street Address/P.O. Box                      City                      State                      Zip Code

\_\_\_\_\_  
 Home Telephone Number                      Work Telephone Number                      Cell Phone Number (optional)

\_\_\_\_\_  
 Date of Birth                      Driver's License Number #                      State Issuing Driver's License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background. I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers and dates of birth.

\_\_\_\_\_  
 Signature of Applicant                      Date                      Staff Signature                      Date

\_\_\_\_\_  
 Printed Name                      Printed Name

**FOR OFFICE USE ONLY:**   Background Check Complete:    Yes    No   (Attach Printouts)

Major Signature                      Date                      Associate Warden/Designee Signature                      Date

Approved:                       Yes                       No

# VOLUNTEER WORK AGREEMENT

I, \_\_\_\_\_ understand that my services are voluntary,

that I will not be compensated and that volunteer workers are provided workers' compensation coverage pursuant to SDCL § 62-1-5.1. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be cancelled at any time by notification to either party.

I have read the above agreement, understand it, and agree to serve as a:

\_\_\_\_\_ volunteer at \_\_\_\_\_  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

## **Consent to Search Authorization and Registration – Staff-Volunteers-Contractors**

**A DOC Facility is:** A place, institution, or building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

**A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Staff-Volunteers-Contractors will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**

1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, metal utensil/drinking straw, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
2. Alcoholic beverages.
3. Controlled substances.
4. Offender possession of any key, key pattern, key replica, or lock pick.
5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
6. Any un-canceled postage stamp or implement of the United States postal service.
7. Any counterfeit or forged identification card.
8. Any combustible material.
9. Any drug, other than a controlled substance, in quantities larger than two doses unless otherwise prescribed and authorized by health services.
10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
12. Any chain, rope, or ladder.
13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
14. Any portable electronic communication device including but not limited to cell phones, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.
15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

**B. Penalties:**

1. Anyone violating section A is subject to an investigation and may be barred from the facility and subject to criminal prosecution.

**C. Declaration of Consent:**

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed policy form Consent to Search Authorization and Registration, must be received ten

- (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me or of any vehicle that I may bring on the grounds of this facility. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.
  3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections' facilities.

**Section 1: Staff-Volunteer-Contractor Data**

Date:	Purpose of Visit/DOC Person of Contact:
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**Section II: Staff-Volunteer-Contractor Vehicle Data**

License#	State	Make of Car	Model	Year	Color	<i>If you were a passenger, you must identify the car in which you arrived.</i>

**Section III: Staff-Volunteer-Contractor Data**

Name (Printed)						
Last:	First:	MI:	DOB:	Sex:		
Address:		City:		St:	Zip:	
Driver's License#:			State:	Height	Weight	Hair
Social Security Number: (Optional)			Eyes			
Company Name If Applicable			Address:			
City:	ST:	Zip:	Phone:		Facility/Office/Destination:	

***The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.***

<b>Signature:</b>	<b>Date:</b>
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## ACKNOWLEDGMENT OF UNDERSTANDING PREA - VOLUNTEER TRAINING

I hereby certify that I have attended the South Dakota Department of Corrections / In-service Training / Basic Training on the Prison Rape Elimination Act (PREA) and the accompanying Standards.

**The Training included:**

- (1) Zero-tolerance policy for sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (2) How to fulfill staff responsibilities under agency sexual abuse, prevention, detection, reporting, and response policies and procedures;
- (3) Offenders' right to be free from sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (4) The right of offenders and employees to be free from retaliation for reporting sexual abuse which includes sexual harassment, sexual misconduct, and sexual assault.
- (5) The dynamics of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (6) The common reactions of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with offenders.
- (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
  - a. How to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Date(s) training received: \_\_\_\_\_

I acknowledge that I have received the training listed above. Furthermore, I have had an opportunity to ask any questions pertaining to the training and I understand the training provided.

Volunteer Name (printed) \_\_\_\_\_

\_\_\_\_\_



## DOC VOLUNTEER ACKNOWLEDGMENT FORM

By my signature below, I acknowledge that I have attended the required training and have received and reviewed a Volunteer Handbook. Through the discussion and presentation of the subjects during training, I understand how the issues, materials, and subjects covered apply to me as a volunteer and are consistent with preserving the safety and security of the facility. I understand it is my responsibility to abide by all DOC policies and procedures, in accordance with the training.

If I have questions about the training, materials presented, or DOC policy and procedures, I understand it is my responsibility to seek clarification from the cultural activities coordinator.

I acknowledge I have received and understood the information provided on the DOC's Zero Tolerance towards all forms of offender sexual abuse.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*(completed form shall be filed with the volunteer's training file).



# VOLUNTEER WORK AGREEMENT

I, \_\_\_\_\_ understand that my services are voluntary,

that I will not be compensated and that volunteer workers are provided workers' compensation coverage pursuant to SDCL § 62-1-5.1. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be cancelled at any time by notification to either party.

I have read the above agreement, understand it, and agree to serve as a:

\_\_\_\_\_ volunteer at \_\_\_\_\_

from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

## **Consent to Search Authorization and Registration – Staff-Volunteers-Contractors**

**A DOC Facility is:** A place, institution, or building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

**A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Staff-Volunteers-Contractors will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**

1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, metal utensil/drinking straw, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
2. Alcoholic beverages.
3. Controlled substances.
4. Offender possession of any key, key pattern, key replica, or lock pick.
5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
6. Any un-canceled postage stamp or implement of the United States postal service.
7. Any counterfeit or forged identification card.
8. Any combustible material.
9. Any drug, other than a controlled substance, in quantities larger than two doses unless otherwise prescribed and authorized by health services.
10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
12. Any chain, rope, or ladder.
13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
14. Any portable electronic communication device including but not limited to cell phones, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.
15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

**B. Penalties:**

1. Anyone violating section A is subject to an investigation and may be barred from the facility and subject to criminal prosecution.

**C. Declaration of Consent:**

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed policy form Consent to Search Authorization and Registration, must be received ten

- (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me or of any vehicle that I may bring on the grounds of this facility. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.
  3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections' facilities.

**Section 1: Staff-Volunteer-Contractor Data**

Date:	Purpose of Visit/DOC Person of Contact:
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**Section II: Staff-Volunteer-Contractor Vehicle Data**

License#	State	Make of Car	Model	Year	Color	<i>If you were a passenger, you must identify the car in which you arrived.</i>

**Section III: Staff-Volunteer-Contractor Data**

Name (Printed)						
Last:	First:	MI:	DOB:	Sex:		
Address:		City:		St:	Zip:	
Driver's License#:			State:	Height	Weight	Hair
Social Security Number: (Optional)			Eyes			
Company Name If Applicable			Address:			
City:	ST:	Zip:	Phone:		Facility/Office/Destination:	

*The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.*

<b>Signature:</b>	<b>Date:</b>
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## ACKNOWLEDGMENT OF UNDERSTANDING PREA - VOLUNTEER TRAINING

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**The Training included:**

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- (4) The right of offenders and employees to be free from retaliation for reporting sexual abuse which includes sexual harassment, sexual misconduct, and sexual assault.
- (5) The dynamics of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (6) The common reactions of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with offenders.
- (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
  - a. How to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Date(s) training received: \_\_\_\_\_

I acknowledge that I have received the training listed above. Furthermore, I have had an opportunity to ask any questions pertaining to the training and I understand the training provided.

Volunteer Name (printed) \_\_\_\_\_

\_\_\_\_\_

## DOC VOLUNTEER ACKNOWLEDGMENT FORM

By my signature below, I acknowledge that I have attended the required training and have received and reviewed a Volunteer Handbook. Through the discussion and presentation of the subjects during training, I understand how the issues, materials, and subjects covered apply to me as a volunteer and are consistent with preserving the safety and security of the facility. I understand it is my responsibility to abide by all DOC policies and procedures, in accordance with the training.

If I have questions about the training, materials presented, or DOC policy and procedures, I understand it is my responsibility to seek clarification from the cultural activities coordinator.

I acknowledge I have received and understood the information provided on the DOC's Zero Tolerance towards all forms of offender sexual abuse.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*(completed form shall be filed with the volunteer's training file).

## Consent to Search Authorization and Registration - Staff-Volunteers-Contractors

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**A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Staff-Volunteers-Contractors will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**

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5. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
6. Any un-canceled postage stamp or implement of the United States postal service.
7. Any counterfeit or forged identification card.
8. Any combustible material.
9. Any drug, other than a controlled substance, in quantities larger than two doses unless otherwise prescribed and authorized by health services.
10. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
11. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
12. Any chain, rope, or ladder.
13. Any cigarettes, tobacco products, chewing tobacco, vape pens/devices, or vape cartridges.
14. Any portable electronic communication device including but not limited to cell phones, smart watches, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices issued and authorized by the SDDOC.
15. Any article or thing that poses or may pose a threat to the security of the SDDOC facility/office as determined by the warden. This shall include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any batteries, cameras, film, flashbulbs, flashlights, pets (unless authorized through a facility dog program), plant life, or any article or substance that is not specifically allowed by this facility.

### **B. Penalties:**

1. Anyone violating section A is subject to an investigation and may be barred from the facility and is subject to criminal prosecution.

### **C. Declaration of Consent and Waiver:**

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed copy of this form, must be received ten (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children



accompanying me or of any vehicle that I may bring on the grounds of this facility. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.

3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections' facilities.

**Section 1: Staff-Volunteer-Contractor Data**

Date:	Purpose of Visit/DOC Person of Contact:
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**Section II· Staff-Volunteer-Contractor Vehicle Data**

License#	State	Make of Car	Model	Year	Color	<b>If you were a passenger, you must identify the car in which you arrived.</b>
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**Section III· Staff-Volunteer-Contractor Data**

Name (Printed)						
Last:	First:	MI:	DOB:	Sex:		
Address:		City:		St:	Zip:	
Driver's License#:		State:	Height	Weight	Hair	Eyes
Social Security Number: (Optional)						
Company Name If Applicable			Address:			
City:		ST:	Zip:	Phone:		Facility/Office/Destination:

**The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.**

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------