

1.5.H.4 Juvenile Services Aftercare and Discharge

I Policy Index:



Date Signed: 01/28/2021
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Affected Units: Division of Juvenile Services
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Office of Primary Responsibility: Director of Juvenile Services and DOC Administration

II Policy:

The Department of Corrections (DOC) may establish an aftercare supervision program to supervise juvenile offenders in the community who have been conditionally released from a facility, program, Human Services Center, detention center, shelter, group home, group care center or residential treatment center (See SDCL § 26-11A-12).

III Definitions:

Aftercare Contract:

An individualized legal contract that establishes the conditions of supervised release. The contract is established through the Comprehensive Offender Management System (COMS) legal cases module, conditions function.

Case Plan:

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

Comprehensive Offender Management System (COMS):

A DOC database for management, storage and collection of informational and statistical data pertaining to the Juvenile Services Division and Juvenile Corrections Agent caseloads.

Effective Practices in Community Supervision (EPICS):

The EPICS model assists with development and implementation of case management plans to target the criminogenic needs of higher risk offenders. Juvenile Corrections Agents use this structured approach in their interactions with Moderate, High and Very High-risk offenders. The four components of EPICS are: Check In, Review, Intervention and Homework and Rehearsal.

Exit Survey:

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

Juvenile Corrections Agent (JCA):

For the purposes of this policy, a Juvenile Corrections Agent (JCA) is an employee of the DOC responsible for the supervision of juveniles, pursuant to SDCL § [26-11A-12](#).

Working Day:

A standard workweek day, Monday through Friday, except for recognized state holidays, recognized national holidays and any other special holidays declared by the Governor of South Dakota or the President of the United States.

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

The YLS/CMI 2.0 is a standardized instrument used to assess criminogenic risk factors, need, and responsivity factors in youth and in the formulation of a treatment plan. The YLS/CMI was revised to the 2.0 version by updating the normative sample with a larger offender group, expanding the age range to include 12 to 18 years old and adding more non-criminogenic needs and responsivity considerations to Part III. This version also includes new recommended cutoff scores based on gender and setting.

IV Procedures:

1. Development of the Juvenile Aftercare Contract:

- A. The goal of the aftercare supervision program is to equip juveniles with the ability to conduct themselves in a lawful manner and prepare them for discharge from the DOC.
- B. The JCA will develop an individualized Juvenile Aftercare Contract through the COMS legal module. A printed version of the contract will be available as an IWP in COMS (See [Attachment 1](#)) and reviewed with the juvenile, the juvenile's parent/guardian/caregiver and treatment facility staff (when applicable), at least thirty (30) days prior to the juvenile's scheduled release from placement.
 1. The Juvenile Aftercare Contract will be signed by the JCA, the juvenile, the parent/guardian/caregiver and facility representative (when applicable) and maintained in the juvenile's case file consistent with JCC OM 6.1.E.2 [Organization of Files](#).
 2. The juvenile cannot move to aftercare unless all of the required signatures are obtained and noted on the Juvenile Aftercare Contract (See SDCL § [26-11A-22](#)).

2. Case Planning:

- A. Any juvenile whose YLS/CMI 2.0 assessment results in a score of Moderate, High or Very High will have a case plan developed (See JCC OM 6.1.E.3 [Program Planning](#)).

3. Screening of Non-Custodial Caregivers:

- A. If a Juvenile Aftercare Contract includes the juvenile residing with a non-custodial caregiver, the JCA must complete a Home Evaluation (See [Attachment 2](#)) and ensure the following background checks are completed:
 1. The JCA will also request and obtain the results of a Central Registry screen from the Department of Social Services (See SDCL § [26-8A-13.1](#)).

- a. The potential non-custodial caregiver(s) must consent to the screening by completing the Permission to Screen for Reports of Abuse or Neglect form (See SDCL § 26-8A-13.2 and Attachment 3).
 - 1) A DOC juvenile cannot reside in the home of any non-custodial caregiver who refuses to consent to the screen.
 - 2) A juvenile cannot reside in the home of any non-custodial caregiver who has a conviction for child abuse/neglect or a substantiated finding of abuse/neglect against them, unless the placement is approved by the Director of Juvenile Services.
2. The JCA will conduct a check on all potential non-custodial caregivers through the National Sex Offender Registry to determine if they are listed as a convicted sex offender (See <http://www.nsopr.gov/>).
3. These requirements apply to the non-custodial caregiver and everyone else typically residing in the home who is sixteen (16) years of age or older.
- B. An approved caregiver with whom a juvenile is residing must notify the DOC if someone moves into the home (may include other dwellings located on the same property at the home) who has not been cleared against the Central Registry and the National Sex Offender Registry.
 1. The DOC prefers that notification take place prior to the person moving into the home. However, if the approved caregiver cannot give prior notification, the JCA must be contacted with twenty-four (24) hours of the person taking up residence in the home.
 2. The JCA will ensure the required screenings listed in part A of this section are requested within three (3) calendar days and completed as soon as possible.
- C. The DOC does not require a Central Registry screen or a National Sex Offender Registry check if the juvenile is residing with a legal guardian, legal custodian or biological parent(s).

4. Release to Aftercare:

- A. A juvenile's release from inpatient chemical dependency treatment, group placement or residential private placement to aftercare involves the following steps:
 1. The Secretary of Corrections is required to provide notice to the prosecuting state's attorney and the committing court at least fifteen (15) calendar days prior to the juvenile being released back to their jurisdiction (See SDCL § 26-11A-22).
 2. The Secretary of Corrections has designated the juvenile's supervising JCA to send the electronic Notice of Conditional Release to the state's attorney and committing court within the specified time frame. This action is generated when the JCA records a proposed conditional release date in the COMS system. Any changes in release dates must be updated in COMS to generate a subsequent electronic notice.
- B. The JCA will finalize the aftercare process prior to release and implement the aftercare contract upon the juvenile's release.
- C. The JCA will supervise the juvenile in accordance with Juvenile Community Corrections (JCC) OM 6.4.G.3 *Aftercare-Supervision and Sanctioning Guidelines*.

5. Monitoring on Aftercare:

- A. Monitoring of a juvenile by the JCA ensures service referrals are effective or modified when necessary.
 - 1. The JCA is required to make contact with a juvenile on aftercare, as explained in JCC OM 6.4.G.3 [Aftercare - Supervision & Sanctioning Guidelines](#).
 - 2. Contacts will be documented on COMS.
 - 3. JCAs shall use the EPICS model in their interactions with Moderate, High and Very High risk juveniles (See JCC OM 6.4.G.3 [Aftercare - Supervision Sanctioning Guidelines](#)).
- B. The JCA will document incidents involving failure to abide by the conditions of the aftercare contract in the COMS Aftercare Violations module. An *Aftercare Incident Report* form (See [Attachment 4](#)) will be available through the IWP process in COMS.
 - 1. The *Aftercare Incident Report* will include a description of the incident as well as the action taken to correct the behavior.
 - 2. The action taken may become a supplemental condition of the aftercare contract.
 - 3. The JCA will obtain the juvenile's signature on the aftercare incident report
 - 4. The JCA will keep a copy of the aftercare incident report in the juvenile's file.
- C. Every violation of the aftercare contract will receive a response.
 - 1. Responses will be proportionate to the violation.
 - 2. Refer to JCC OM 6.4.G.3 [Aftercare - Supervision & Sanctioning Guidelines](#) for graduated sanction guideline and incentives matrix.

6. Revocation of Aftercare:

- A. A JCA can place a juvenile in custody and begin revocation proceedings only if it is alleged the juvenile has violated a condition of the aftercare contract by committing an eligible offense, as delineated in SDCL § [26-11A-15](#).
- B. Revocation of the aftercare contract may result in the juvenile being placed in a group home, private facility, correctional facility or other approved program/plan.
- C. If the juvenile violates a condition of his/her aftercare, and the violation is one in which revocation is authorized by SDCL § [26-11A-15](#), the JCA will:
 - 1. Notify the JCA supervisor so that planning for the Probable Cause Hearing may begin.
 - 2. Arrange for temporary detention/shelter location.
 - 3. Complete the Authorization for Temporary Detention or Shelter through the IWP process in COMS (See [Attachment 5](#)).
 - a. The JCA will consult with local law enforcement to apprehend the juvenile.

- b. Copies of the Authorization for Temporary Detention or Shelter should be provided to local law enforcement and the temporary detention/shelter facility.
 4. Prepare an Affidavit of Probable Cause, through the IWP process in COMS otherwise known as a Notice of Probable Cause Hearing (See [Attachment 6](#)).
 - D. A law enforcement officer, the JCA or other authorized personnel will take the juvenile into custody and transport the juvenile to the detention or shelter facility. The JCA must:
 1. Verbally notify the juvenile's parent/guardian/caregiver of the temporary detention/shelter.
 2. Schedule the Probable Cause Hearing within twenty-four (24) hours (excluding weekends & holidays).
 3. Serve the Affidavit of Probable Cause (Notice of Probable Cause Hearing) on the juvenile.
 4. Notify the parent/guardian/caregiver orally or by copy of the form if possible, of the upcoming hearing.
 - E. The JCA supervisor or designee will conduct the Probable Cause Hearing within twenty-four (24) hours of the juvenile's placement in temporary detention/shelter.
 1. This hearing may be completed telephonically or electronically.
 2. The JCA and JCA supervisor will determine the offender's placement while awaiting the revocation hearing. The JCA must:
 - a. Complete the Aftercare Violation Report through the IWP process in COMS (See [Attachment 7](#)).
 - b. Allow the juvenile the opportunity to waive the Aftercare Revocation Hearing and admit to the violation. The parent/guardian/caregiver must sign if the juvenile agrees.
 3. If the juvenile waives the Aftercare Revocation Hearing and admits to the violation, the JCA will forward a copy of the Affidavit of Probable Cause, and the Waiver, which is completed through the IWP process in COMS to the JCA supervisor (See [Attachment 8](#)).
 - F. If the juvenile does not waive the Aftercare Revocation Hearing:
 1. The JCA and the JCA supervisor will work with the Executive Director of the Board of Pardons and Paroles to schedule the Aftercare Revocation Hearing within forty-five (45) days of the Probable Cause Hearing. This may involve arranging for court appointed counsel.
 2. The JCA will complete the Notice of Aftercare Revocation Hearing through the IWP process in COMS (See [Attachment 9](#)). The completed Notice must be given to the juvenile at least five (5) working days prior to the hearing.
 3. The JCA will arrange for the juvenile's placement pending revocation. The JCA will work with the JCA supervisor (JCAS) and Director of Juvenile Services to determine placement prior to the hearing.

- G. The Chairman of the Board of Pardons and Paroles will appoint a two-person panel and will hold an Aftercare Revocation Hearing within forty-five (45) days of the Probable Cause Hearing. This hearing may be done telephonically or electronically.
- H. If aftercare is revoked through self-admission or action by the Board of Pardons and Paroles, the JCA will:
 - 1. Complete an YLS/CMI 2.0 reassessment to determine risk level and juvenile needs and transfer him/her to appropriate placement.
 - 2. Update all Intake Process requirements (See JCC OM 6.4.A.1 [Intake Process](#)).
- I. If the Board does not revoke the juvenile's aftercare, the JCA will ensure the juvenile is returned to appropriate aftercare supervision.

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

- A. A risk and needs evaluation will be conducted for any juvenile remaining under the jurisdiction of the DOC upon his/her nineteenth (19th) birthday (See SDCL § [26-11A-20.1](#)). The evaluation will include:
 - 1. A written summary of the juvenile's progress made while under the jurisdiction of the DOC.
 - 2. The ongoing needs of the juvenile.
 - 3. What risks the juvenile would present to the community or self if discharged.
 - 4. Recommendations regarding further treatment and transition services that may prepare the juvenile for discharge from the DOC.
- B. This evaluation process will be initiated by the JCA consistent with JCC OM 6.4.B.2 [Classification and Assessment Process](#) and as applicable, JCC OM 6.4.A.2 [Sex Offender Requirements](#).
- C. The written summary and any supporting documentation will be forwarded to the Director of Juvenile Services for review.
 - 1. Upon receipt, the Director will schedule a review staffing with the JCA and JCA supervisor.
 - 2. The staffing outcome will be documented in the Contact Logs module in COMS., using the "RAN"- Risks and Needs Evaluation Staffing case note code.
 - 3. The documentation will include any additional referrals made, or other actions taken to ensure the treatment needs of the juvenile and the safety interest of the public are best served.

8. Discharge from the DOC:

- A. Consistent with SDCL § [26-11A-20](#), the JCA may recommend the following discharge types:
 - 1. **Category 1** - As a reward for good conduct and upon satisfactory evidence of reformation.

2. **Category 2** - As a result of a conviction for a new crime committed as an adult, if the juvenile is placed on adult probation or sentenced to the county jail or state penitentiary.
 3. **Category 3** - If the juvenile, upon reaching the age of majority, lives outside the jurisdiction of the State of South Dakota and an interstate compact is not available.
 4. **Category 4** - If the juvenile is on aftercare, has a suitable placement and discharge is determined to be in the best interest of the juvenile.
 5. **Category 5** - The juvenile has reached the age of 21 years.
- B. The JCA may submit a request for discharge by completing the "Discharge Summary" via the Contact Logs module in COMS (See [Attachment 10](#)). Select Case Note Type "Discharge" and all Contact Subtypes with "Discharge" prefix to create narrative for the summary. The JCA may generate the document through the IWP process in COMS.
1. The summary must include the following information:
 - a. Background information.
 - b. Aftercare Adjustment.
 - c. Reason for Discharge.
 - d. Discharge Recommendations.
 - e. Documentation of DNA collection (See DOC policy 1.3.C.10 [Offender DNA Collection](#)).
 - f. Discharge Type
- C. The JCA will approve the discharge summary through the Contact Logs module in COMS. Select Case Note Type "Discharge" and Contact Subtype "Discharge JCA Pending" to create note indicating approval.
- D. The JCA Supervisor will approve the discharge summary as described above using Contact Subtype "Discharge JCAS Approved" to seek any approvals through the Director of Juvenile Services.
- E. All discharge requests are due by the 15th of the month.
- F. Upon approval by the Director of the Juvenile Services, the Sioux Falls secretary will complete a Discharge Order with the Secretary of Corrections signature included.
- G. Upon receipt of the signed discharge order, the case will be closed and filed in accordance with the records retention procedures.
- H. The Notice of Discharge (NOD) or final community movement must be entered into COMS by the support staff or JCA.
- I. The JCA is required to give fifteen (15) day notice to the States Attorney's office and committing court prior to the juvenile being discharged. This action is generated as a result of the JCA recording a proposed discharge date in the COMS system. Any changes in discharge date must be updated in COMS to generate a subsequent electronic notice.

9. Exit Survey:

- A. The JCA will provide the Exit Survey to the juvenile and parent/guardian/caregiver for completion (See [Attachment 11](#)) at the time the notice of discharge is entered into COMS.
- B. The JCA will submit the completed survey to the West Regional Community Corrections Specialist.

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

- A. A payment schedule will be established at the time of release to aftercare for any restitution to victims, fines, or other court ordered financial obligations.
- B. The JCA will include this as a requirement in the aftercare contract. However, no offender will remain under the guardianship and supervision of the DOC for the sole purpose of collection of court ordered restitution.
- C. Discharge from the DOC constitutes a complete release from all penalties, excluding unpaid fines, fees, or restitution (SDCL § [26-11A-20](#)).
- D. Any victim seeking assistance from the DOC to collect unpaid restitution related to a discharged case, will be advised of their right to pursue collection of the restitution order in the same manner as a judgment against the defendant in a civil action (See SDCL § [23A-27-25.6](#) and [UBC v. Ochs, 2010 SD 30, ¶ 25](#)).

V Related Directives:

SDCL §§ [23A-27-25.6](#), [26-11A-12](#), [26-11A-15](#), [26-11A-20](#), [26-11A-20.1](#), [26-11A-22](#), [26-8A-13.1](#) and [26-8A-13.2](#).

DOC policy 1.3.C.10 – [Offender DNA Collection](#)

JCC OM 6.1.E.2 – [Organization of Files](#)

JCC OM 6.1.E.3 – [Program Planning](#)

JCC OM 6.4.G.3 – [Aftercare-Supervision and Sanctioning Guidelines](#)

JCC OM 6.4.A.1 – [Intake Process](#)

JCC OM 6.4.A.2 – [Sex Offender Requirements](#)

JCC OM 6.4.B.2 – [Classification and Assessment Process](#)

[UBC v. Ochs, 2010 SD 30, ¶ 25](#)

VI Revision Log:

New policy in October 2007

Removed revision history 2008-2009.

July 2010: **Revised** title of policy to include Discharge. **Revised** formatting of Section 1. **Replaced** 26-11A-12 with 26-11A-22 in ss (C9 of Development of the Aftercare Contract), **replaced** same statute in (Attachment 3) and **revised** picture of same attachment. **Revised** ss (D of Payment of Restitution, Fines, or Other Court Ordered Obligations) to reference SDCL 23A-27-25.6 and UBC v. Ochs. **Added** SDCL 23A-27-25.6 and UBC v. Ochs to Section V. **Revised** other minor wording throughout policy.

September 2010: **Revised** entire policy statement. **Revised** definition of Aftercare Contract. **Added** definitions of Case Plan and EPICS. **Added** Juvenile to heading of Development of the Juvenile Aftercare Contract, **replaced** aftercare contract with aftercare supervision program within ss (A), **revised** ss (B1) to remove reference of JOTS and to include JCM OM 6.1.E.2, **deleted** former ss (B2) regarding adding and deleting items relating to the contract within JOTS, **deleted** ss (C1-C8) regarding the directions on developing the aftercare contract and **deleted** reference to each signature in former ss

(C9, now B2) all within (Development of the Juvenile Aftercare Contract). **Added** section on (Case Planning). **Added** new ss (A3) regarding EPICS and **added** incentive matrix to ss (C2) both within (Monitoring a Juvenile on Aftercare). **Deleted** reference to their jurisdiction regarding committing court within ss (I of Discharge of a Juvenile From the DOC). **Added** new Attachment 1, Juvenile Aftercare Contract and **revised** subsequent numbering of Attachments throughout policy.

May 2011: **Added** "The contract is established through the COMS legal cases module, conditions function." to the definition of Aftercare Contract. **Deleted** definition of "YLS/CMI (Youth Level of Services/Case Management Inventory): An assessment used to identify a juvenile's major needs, strengths, barriers, and incentives. The YLS/CMI is also used to select the most appropriate goals for the juvenile and to produce an effective case management plan" and **Replaced** with "Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0):

Added definition of Corrections Offender Management System (COMS): **Added** "through the COMS legal module. A printed version of the aftercare contract will be available through the IWP process in COMS to be reviewed" to Section 1 B. **Added** "electronic" and "This action is generated as a result of the JCA recording a proposed conditional release date in the COMS system. Any changes in release dates must be updated in COMS to generate a subsequent electronic notice." to Section 4 A. 2. **Deleted** 3. copy of the Notice of Conditional Release will be kept in the juvenile's file" from Section 4 A. **Added** "This action is generated as a result of STAR Academy personnel recording a proposed conditional release date in the COMS system. Any changes in release dates must be updated in COMS to generate a subsequent electronic notice." to Section 4 B. 2. **Deleted** 3. "A copy of the Notice of Conditional Release will be kept in the juvenile's file." **Deleted** "on the Incident Report-Aftercare form" and **Replaced** with "in the COMS Aftercare Violations module. An Aftercare Incident Report form will be available through the IWP process in COMS." to Section 5 B. **Added** "with the TOPAZ signature pad in COMS." to Section 5 B.3. **Added** "through the IWP process in COMS" to Section 6 C. 3. **Added** "through the IWP process in COMS" to Section 6 C. 4. **Added** "through the IWP process in COMS" to Section 6 E. 2. a. **Added** "which is completed through the IWP process in COMS" to Section 6 E. 3 **Added** "through the IWP process in COMS" to Section 6 F. 2. **Deleted** "A member" and **Replaced** with "The Chairman" and **Added** "appoint a two-person panel and" Deleted "thirty" and **Replaced** with forty-five" in Section 6 G. **Deleted** "Case Note section in JOTS" to Section 7 C. 2. **Added** "function in JOTS" and **Replaced** with "via the Contact Logs module in COMS. Select Case Note Type "Discharge" and all Contact Subtypes with "Discharge" prefix to create narrative for the summary. The JCA can generate the document through the IWP process in COMS" to Section 8 B. **Deleted** 1. "This screen can be accessed through the Main Data Entry Screen, Discharge Summary command button". in Section 8 B. **Deleted** "/Behavior" in Section 8 b. **Deleted** "See field help screen in JOTS for detailed instruction" in Section 8 B. f. **Deleted** "notify the JCA supervisor via email that the discharge summary has been entered into JOTS" and **Replaced** with "approve the discharge summary through the Contact Logs module in COMS. Select Case Note Type "Discharge" and Contact subtype "Discharge JCA Pending" to create note indicating approval." to Section 8 C. **Added** new D. and E. and **Renumbered** subsections that follow in Section 8. **Added** "or final community movement" and **Deleted** "JOTS" and **Replaced** with "COMS" in Section 8 J. **Deleted** "The JCA will send a letter of intent to discharge to the States Attorney and court within the designated time frame" and **Replaced** with "This action is generated as a result of the JCA recording a proposed discharge date in the COMS system. Any changes in the discharge date must be updated in COMS to generate a subsequent electronic notice" in Section 8 I.

November 2012: **Changed** title of policy from "Management of Juvenile Aftercare and Discharge" to "Juvenile Aftercare and Discharge". **Deleted** "30" days and **Replaced** with "45" days in Section 6 F.1.

October 2013: **Deleted** "with the Topaz signature pad in COMS" in Section 5 B. 3.

October 2014: **Reviewed** with no changes.

December 2015: **Deleted** "when" and **Replaced** with "if it is allowed" and **Deleted** "is accused of violating" and **Replaced** with "has violated" and **Added** "by committing an eligible offense as delineated in SDCL" in Section 6 A. **Added** "a condition" and **Deleted** "in a manner that warrants revocation is allowed by law" and **Replaced** with "and the violation is one in which revocation is authorized by SDCL" in Section 6 C.

October 2016: Deleted B. in Section referencing release from STAR. Deleted “Director of Juvenile Community Corrections” and Replaced with Director of Juvenile Services. Deleted “one (1) or both of his/her biological parents” and Replaced with “legal guardian or legal custodian” in Section 3 C.

June 2017: Added Section 9 and Attachment 11.

December 2017: Reviewed with no changes.

October 2018: Reviewed with no changes.

December 2019: Deleted “and the Secretary of Corrections or designee” from Section 3 A. 1. a. Deleted D. in Section 8. Added “approve the discharge summary as described above using Contact Subtype “Discharge JCAS Approved”” and Deleted “use the “My Work” function in COMS as described above to” in Section 8 C.

January 2021: Updated image of Attachment 2 and added PolicyTech as a location for the form.

Updated image of Attachment 3 and updated the DSS website link. Deleted “or click here” on Attachment 11 page.

Mike Leidholt (original signature on file)

Mike Leidholt, Secretary of Corrections

01/28/2021

Date


Attachment 1: Juvenile Aftercare Contract

The **Juvenile Aftercare Contract** form will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Caase Management/Contact Logs module
3. Select IWP icon on Syscon toolbar
4. Select document type "Aftercare Contract" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

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		SOUTH DAKOTA DEPARTMENT OF CORRECTIONS <i>Division Of Juvenile Corrections</i>	
JUVENILE AFTERCARE CONTRACT			
In the matter of,		Juvenile's Name	Juvenile's #
			Date
M/ Delinquent Child			
M/ CHINS	Date Of Commitment	Date Released to Aftercare	County of Commitment
Pursuant to SDCL § 26-11A-12, the above named juvenile is hereby placed on aftercare according to the following terms and conditions.			
AFTERCARE CONDITIONS			
1.	I will reside with _____ and will follow the rules of my parents/custodian at all times.		
2.	I will secure approval of a Juvenile Corrections Agent prior to leaving city, county or state lines.		
3.	I will abide by all federal and state laws and municipal ordinances. I will contact my JCA within 24 hours of any contact with law enforcement.		
4.	I will not have any weapons in my possession at any time.		
5.	I will attend school daily with no unexcused absences or tardies and maintain satisfactory performance.		
6.	I will abide by the following curfew: _____		
7.	I will not use or possess alcohol, marijuana, hallucinatory drugs, narcotics, controlled substances, mood altering drugs or chemicals or possess drug paraphernalia.		
8.	I will submit to drug testing as directed by a Juvenile Corrections Agent.		
9.	I will attend my employment as scheduled with no unexcused absences or tardies and maintain satisfactory performance.		
10.	I will attend and maintain satisfactory performance at all programs as outlined in my case plan.		
11.	I will comply with all instructions in matters affecting my supervision, and cooperate by promptly and truthfully answering inquiries directed to me by a Juvenile Corrections Agent.		
12.	I will submit to warrantless search and seizure of my person, possessions, vehicle and any other personal property or bodily fluids.		
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South Dakota Department of Corrections		Attachment: Juvenile Aftercare Contract	
Policy		Please refer to DDC policy 1.5.H.4	
Distribution: Public		Management of Juvenile Aftercare and Discharge	
STATEMENT OF UNDERSTANDING			
I understand:			
1.	A Juvenile Corrections Agent will supervise my aftercare contract.		
2.	I will be contacted regularly and randomly to monitor my compliance with my aftercare contract.		
3.	My family, school, employer and any service providers and others will be contacted regularly and randomly to monitor my compliance with my aftercare contract.		
4.	The conditions of my aftercare may be changed at any time by the Department of Corrections.		
5.	My Juvenile Corrections Agent can change my aftercare placement at any time.		
6.	Any Juvenile Corrections Agent can place me in custody and may begin revocation proceedings if I am accused of violating any of the conditions of this contract.		
7.	Revocation of aftercare may result in being returned to a group home or correctional facility.		
8.	I have been committed to the Department of Corrections until age 21 or until discharged.		
9.	My Juvenile Corrections Agent may recommend early discharge from the Department of Corrections if I successfully complete the conditions of my aftercare contract, and		
10.	Discharge prior to age 21 is at the sole discretion of the Secretary of Corrections.		
I have read or have had read to me, fully understand and agree to abide by the above conditions of supervision.			
Juvenile Signature		Date	
Parent/Custodian Signature		Date	
Juvenile Corrections Agent Signature		Date	
Facility Representative Signature		Date	
Created: 9/20/2010 Page 2 of 1			

Attachment 2: Guideline for Home Evaluations

The **Guideline for Home Evaluations** form is located:

- PolicyTech
- <M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Juvenile Aftercare Guidelines For Home Evaluations.doc>

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

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South Dakota Department of Corrections Policy Distribution: Public	Attachment: Guideline for Home Evaluations Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare	South Dakota Department of Corrections Policy Distribution: Public	Attachment: Guideline for Home Evaluations Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare	South Dakota Department of Corrections Policy Distribution: Public	Attachment: Guideline for Home Evaluations Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare
GUIDELINES FOR HOME EVALUATIONS Personal and Family Background: Who is living in the placement resource's home? <input type="text"/> Is the placement resource married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have they been married? <input type="text"/> What are the placement resource's hobbies/interests? <input type="text"/> Parenting: Does the placement resource have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many children reside in the home? <input type="text"/> Where do they live? <input type="text"/> What is the placement resource's relationship like with their children? <input type="text"/> Have the placement resource describe expectations they have for their own children, rules, chores, etc. and consequences for not following through with the same. <input type="text"/> School/Employment: Is the placement resource currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where is he/she employed? <input type="text"/> What are the placement resource's work hours? <input type="text"/> Will the placement resource be available to attend meetings and transport the youth placed in their home to appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Health and Medical: Have the placement resource describe any significant medical or mental health history, if applicable. <input type="text"/> Income Statement: Ask the placement resource if they feel they can support the juvenile being considered for placement in their home? <input type="checkbox"/> Yes <input type="checkbox"/> No Would it create a financial hardship? <input type="text"/> Child Abuse/Neglect: Describe background investigation requirements to be considered as a placement resource (allow them an opportunity to self disclose any issues). <input type="text"/> Has the placement resource ever been investigated by the Department of Social Services for abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what were the circumstances that led to the investigation and what was the outcome of the investigation? <input type="text"/> Criminal History: Has the placement resource ever had contact with law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what and when? <input type="text"/> Has the placement resource ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what and when? <input type="text"/> Has the placement resource ever been placed on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what and when? <input type="text"/>		Condition of Home: Describe general condition of home. <input type="text"/> Does the placement resource rent or own their home? <input type="checkbox"/> Is the placement resource on any subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, would placement of juvenile impact their housing status? <input type="text"/> How many bedrooms are in the home? <input type="text"/> What are the sleeping arrangements for the DOC youth in the home? <input type="text"/> Is there running water, electricity, natural gas, etc. to the home and is it in fact operational? <input type="text"/> Motivation/Cooperation: Will the placement resource support the conditions of Aftercare, and allow for the supervision of the juvenile in their home? <input type="text"/> Ask placement resource to describe their reason for considering the placement of the youth in their home. <input type="text"/>	

Attachment 3: Permission to Screen for Reports of Abuse or Neglect

The **Permission to Screen for Reports of Abuse or Neglect** form is located on the state's DSS website.

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

1. Click [here](#) to access the **Permission to Screen for Reports of Abuse or Neglect** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.

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

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<p>DSS CP-593 06/18</p> <p>Check ONE box that corresponds with the facility type or Reason for this request.</p> <table border="0"><tr><td><input type="checkbox"/> Adoption</td><td><input type="checkbox"/> Head Start Program</td><td><input type="checkbox"/> Relative/Other Caretaker (DOC)</td></tr><tr><td><input type="checkbox"/> Before & After School Center</td><td><input type="checkbox"/> Independent Living Prep Program</td><td><input type="checkbox"/> Relative Placement (CPS)</td></tr><tr><td><input type="checkbox"/> Child Placement Agency</td><td><input type="checkbox"/> In-Process Regulated Child Care</td><td><input type="checkbox"/> Tribal Child Welfare</td></tr><tr><td><input type="checkbox"/> Foster Home</td><td><input type="checkbox"/> Child Advocacy Centers</td><td><input type="checkbox"/> CASA</td></tr><tr><td><input type="checkbox"/> Group/Residential Facility</td><td><input type="checkbox"/> Regulated Child Care Program</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p>(Please read instruction on back of this form before completing)</p> <p>SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT</p> <p>In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.</p> <p>FULL Legal Name: _____ Date of Birth: ____/____/____</p> <p>Maiden Name: _____ Other Names Used: _____</p> <p>Social Security #: _____ Sex: _____ Race: _____ Resource #: _____</p> <p>List All Prior City, State and Years lived since age 10 (ie., 1989-2010): Use additional blank sheet of paper if necessary</p> <table border="1"><thead><tr><th>City</th><th>State</th><th>Date</th><th>City</th><th>State</th><th>Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p>List Full Name (First, Middle, Last Name at birth) and Date of Birth of ALL of your children: (Do not list other people's children for whom you might provide daycare)</p> <table border="1"><thead><tr><th>First</th><th>Middle</th><th>Last</th><th>DOB(mm/dd/yyyy)</th><th>First</th><th>Middle</th><th>Last</th><th>DOB(mm/dd/yyyy)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p>The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.</p> <p>My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.</p> <p>Signed: _____ Date: _____</p> <p>Your Current Address: _____</p> <table border="1"><thead><tr><th>Agency Contact Person Phone Number & E-mail</th><th>Agency Name & Address</th><th>Provider/Agency License Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p><input type="checkbox"/> N/A – DSS field office/Head Start <input type="checkbox"/> N/A – License not yet issued</p>	<input type="checkbox"/> Adoption	<input type="checkbox"/> Head Start Program	<input type="checkbox"/> Relative/Other Caretaker (DOC)	<input type="checkbox"/> Before & After School Center	<input type="checkbox"/> Independent Living Prep Program	<input type="checkbox"/> Relative Placement (CPS)	<input type="checkbox"/> Child Placement Agency	<input type="checkbox"/> In-Process Regulated Child Care	<input type="checkbox"/> Tribal Child Welfare	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Child Advocacy Centers	<input type="checkbox"/> CASA	<input type="checkbox"/> Group/Residential Facility	<input type="checkbox"/> Regulated Child Care Program	<input type="checkbox"/> Other: _____	City	State	Date	City	State	Date																									First	Middle	Last	DOB(mm/dd/yyyy)	First	Middle	Last	DOB(mm/dd/yyyy)																																	Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number							<p>DSS CP-593 06/18</p> <p>INSTRUCTIONS FOR COMPLETING PERMISSION FORM</p> <ol style="list-style-type: none">1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. Please complete in blue or black ink only on white paper.2. From choices listed, mark correct <input type="checkbox"/> box to indicate the appropriate facility/provider type.3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:<table border="0"><tr><td>Family Day Care applicant</td><td>Adoption Applicant</td><td>Child to Applicant</td><td>Teacher</td><td>Facility Director</td></tr><tr><td>Facility/Program Administrator</td><td>Foster Care Applicant</td><td>Site Assistant</td><td>Volunteer</td><td>Facility Driver</td></tr><tr><td>Secondary Child Care Worker</td><td>Spouse of Applicant</td><td>Site Coordinator</td><td>Facility Cook</td><td>GfDC Operator</td></tr><tr><td>Other household member</td><td>Youth Care worker</td><td> </td><td> </td><td> </td></tr></table>4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.7. List your social security number, sex and your race and resource# if applicable.8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.9. List the full name (first, middle, last name at birth) and date of birth for all of your own children (even if the children are adults, deceased or do not live with you). Do not list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).10. SIGN your name at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. Include your current full mailing address at the bottom of the form.11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.12. Return your completed permission form to the appropriate agency.13. You may submit your completed screening to DSSCRS@state.sd.us <p>If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.</p> <p>FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.</p>	Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director	Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver	Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GfDC Operator	Other household member	Youth Care worker			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Head Start Program	<input type="checkbox"/> Relative/Other Caretaker (DOC)																																																																																																																	
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Attachment 4: Incident Report - Aftercare

The **Incident Report – Aftercare** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Aftercare Violations/Violations & Sanctions module
3. Select IWP icon on Syscon toolbar
4. Select document type "Aftercare Incident Report" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Incident Report - Aftercare Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare.	
INCIDENT REPORT - AFTERCARE			
Juvenile:	<input type="text"/>	DOC Number:	<input type="text"/>
Date Released on Aftercare:	<input type="text"/>	Date of Incident:	<input type="text"/>
Description of Incident:	<input type="text"/>		
Action Taken:	<input type="text"/>		
<p>The above information accurately reflects the incident. I agree to abide by the action taken, which becomes a condition of aftercare. I understand that failure to comply with the action taken and further incidents may result in revocation of my aftercare.</p>			
Juvenile Signature		Date	
<input type="text"/>		<input type="text"/>	
Parent(s) Signature		Date	
<input type="text"/>		<input type="text"/>	
The above incident and response was discussed with the juvenile on this date:			
<input type="text"/>			
Juvenile Corrections Agent			
<input type="text"/>			
Revised: 02/24/2008		Page 1 of 1	

Attachment 5: Authorization for Temporary Detention or Shelter or Detainer During Aftercare

The **Authorization for Temporary Detention or Shelter** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Legals/Legal cases module
3. Select IWP icon on Syscon toolbar
4. Select document type "Detainer During Aftercare" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Authorization for Temporary Detention or Shelter Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare																				
AUTHORIZATION FOR TEMPORARY DETENTION OR SHELTER																					
<p>_____ is accused of violating the terms and conditions of aftercare supervision, or the purposes and objects of aftercare supervision are not being served.</p> <p>It is hereby authorized that any law enforcement officer of this state take physical custody of the juvenile, pursuant to SDCL § 26-11A-13, to place the juvenile in a temporary detention or shelter facility pending a hearing to determine if probable cause exists to revoke the juvenile's aftercare supervision.</p> <p>Temporary detention or shelter facilities are authorized by SDCL §§ 26-7A-23 and 24 to house juveniles taken into custody for violation of the terms and conditions of aftercare supervision or if the purposes and objects of aftercare supervision are not being served. The Department of Corrections shall reimburse the county for such temporary detention or shelter expenses pursuant to SDCL § 26-11A-19.</p> <p>Dated this _____ day of _____, 20____</p> <p style="text-align: center;">_____ Juvenile Corrections Agent Name: _____ Phone: _____</p> <p style="text-align: center;">Juvenile Information</p> <table border="1"><tr><td>D.O.B.:</td><td>_____</td><td>Comments:</td><td>_____</td></tr><tr><td>Race:</td><td>_____</td><td>Sex:</td><td>_____</td></tr><tr><td>Height:</td><td>_____</td><td>Weight:</td><td>_____</td></tr><tr><td>Hair:</td><td>_____</td><td>Eyes:</td><td>_____</td></tr><tr><td>Scars/Marks/Tattoos:</td><td colspan="3">_____</td></tr></table>		D.O.B.:	_____	Comments:	_____	Race:	_____	Sex:	_____	Height:	_____	Weight:	_____	Hair:	_____	Eyes:	_____	Scars/Marks/Tattoos:	_____		
D.O.B.:	_____	Comments:	_____																		
Race:	_____	Sex:	_____																		
Height:	_____	Weight:	_____																		
Hair:	_____	Eyes:	_____																		
Scars/Marks/Tattoos:	_____																				
Revised: 10/24/2008	Page 1 of 1																				

Attachment 6: Affidavit of Probable Cause

The ***Affidavit of Probable Cause*** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Aftercare Violations/Violation Response module
3. Select IWP icon on Syscon toolbar
4. Select document type "Affadavit of Probable Cause" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Affidavit of Probable Cause Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare
AFFIDAVIT OF PROBABLE CAUSE	
In my capacity as Juvenile Corrections Agent, I charge that [redacted] on or about the [redacted] day of [redacted], 20[redacted], has violated aftercare by [redacted], and that such violates the terms and conditions of aftercare or the purposes and objects of aftercare supervision are not being served.	
Dated this [redacted] day of [redacted], 20[redacted]	Juvenile Corrections Agent
Notice of Probable Cause Hearing	
A hearing will be held before, [redacted] at [redacted], in [redacted], South Dakota at [redacted], on the [redacted] day of [redacted], 20[redacted]. To determine if there is probable cause to believe that you may have violated terms and conditions of your aftercare supervision or to determine if there is probable cause to believe that the purposes and objects of aftercare supervision are not being served.	
If, at the conclusion of the hearing, the hearing officer determines:	
<input type="checkbox"/> There is probable cause to believe that you may have violated terms and conditions of your aftercare supervision.	
<input type="checkbox"/> Or if there are reasonable grounds to believe that the purposes and objects of aftercare supervision are not being served.	
You will be held in temporary detention or shelter pending a final hearing on whether aftercare should be revoked.	
You have the right to appear in person and speak on your behalf, and you have the right to be represented by legal counsel.	
Dated this [redacted] day of [redacted], 20[redacted]	Juvenile Corrections Agent
Receipt of Affidavit of Probable Cause and Notice of Probable Cause Hearing	
Received by:	Date:
(Signature By Juvenile)	
Original: Juvenile Copies: Parent Juvenile Corrections Agent Supervisor File	
Revised: 11/26/2008	Page 1 of 1

Attachment 7: Aftercare Violation Report

The **Aftercare Violation Report** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Aftercare Violations/Violations & Sanctions module
3. Select IWP icon on Syscon toolbar
4. Select document type "Aftercare Violation Report" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Aftercare Violation Report Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare
AFTER CARE VIOLATION REPORT	
Report to: Board of Pardons and Parole	Date: [REDACTED]
Juvenile Name: [REDACTED]	Juvenile #: [REDACTED]
Date released on aftercare: [REDACTED]	Date of Probable Cause Hearing: [REDACTED]
Violation Specified/Described	
[REDACTED]	
Supporting Evidence:	
[REDACTED]	
Adjudications During Aftercare	
[REDACTED]	
Aftercare Supervision Contacts	
[REDACTED]	
Aftercare Adjustment And Evaluation Summary:	
[REDACTED]	
Previous Aftercare Action:	
[REDACTED]	
Recommendation:	
[REDACTED]	
[REDACTED]	
Respectfully submitted,	
[REDACTED]	
Juvenile Corrections Agent	
cc: Juvenile Parent Juvenile Corrections Agent Supervisor File	
Revised: 10/24/2008	Page 1 of 1

Attachment 8: Waiver

The **Waiver** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Aftercare Violations/Violation Response module
3. Select IWP icon on Syscon toolbar
4. Select document type "Waiver" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Waiver Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare
WAIVER	
I, [REDACTED], have been furnished a true copy of the Aftercare Violation Report dated [REDACTED], [REDACTED].	
I have been fully advised of my right to an Aftercare Revocation Hearing before a member of the Board of Pardons and Paroles to determine whether I did, in fact, violate the terms and conditions of aftercare supervision, or to determine if the purposes and objects of aftercare supervision are not being served.	
I have been advised of my rights to appear at such a hearing and speak on my own behalf; to present witnesses or documentary evidence in my behalf; to cross-examine witnesses who have testified or presented documentary evidence against me (unless the member of the Board of Pardons and Paroles makes a written determination that doing so is not in my best interests); and to be represented by legal counsel.	
With a full understanding of these rights, and not acting under any threat, fear, coercion, or promise, and acting of my own free will, I hereby waive my rights to an Aftercare Revocation Hearing, admit to the violation and agree to placement in a group home, private facility, correctional facility or other approved program plan.	
Dated this [REDACTED] day of [REDACTED], [REDACTED].	
Juvenile Corrections Agent	
Juvenile:	[REDACTED]
	(signature) [REDACTED] Date [REDACTED]
Parent/Custodian:	[REDACTED]
	(signature) [REDACTED] Date [REDACTED]
Witness:	[REDACTED]
	(signature) [REDACTED] Date [REDACTED]
Copies: Juvenile Parent/Custodian Juvenile Corrections Agent Supervisor File	
Revised: 10/24/2008	Page 1 of 1

Attachment 9: Notice of Aftercare Revocation Hearing

The **Notice of Aftercare Revocation Hearing** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Aftercare Violations/Violation Response module
3. Select IWP icon on Syscon toolbar
4. Select document type "Notice of Aftercare Revocation Hearing" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view document

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Notice of Aftercare Revocation Hearing Please refer to DOC policy 1.5.H.4 Management of Juvenile Aftercare	
NOTICE OF AFTERCARE REVOCATION HEARING		
PLEASE TAKE NOTICE:		
Juvenile Name: [REDACTED]		
Juvenile ID: [REDACTED]		
A hearing will be held before [REDACTED], (Name of presiding official) of [REDACTED] (Location) in [REDACTED], SD. At [REDACTED], (am/pm) on the [REDACTED] day of [REDACTED], [REDACTED]. A copy of the Aftercare Contract and Aftercare Violation Report are attached to this notice.		
The questions at this hearing will be whether you did, in fact, violate terms and conditions of your aftercare supervision or if the purposes and objects of your aftercare supervision are not being served, and, if so, whether your conditional release on aftercare supervision should be revoked.		
You have the following rights regarding this hearing:		
1. To appear in person and speak on your behalf;		
2. To be represented by legal counsel;		
3. To present witnesses or documentary evidence in your behalf;		
4. To cross-examine witnesses who have testified or presented documentary evidence against you.		
Unless the member of the Board of Paroles and Pardon makes a written determination that doing so is not in your best interest.		
If it is decided that you have violated aftercare supervision, or that the purposes and objects of aftercare supervision are not being served, either you will be continued on aftercare supervision on the same or modified terms and conditions or your conditional release on aftercare supervision will be revoked and you will be returned to a correctional facility.		
Dated this [REDACTED] day of [REDACTED], [REDACTED],	Juvenile Corrections Agent	
Receipt of Notice of Aftercare Revocation Hearing		
Received by:	Signature of Juvenile	Date:
cc: Juvenile Board of Paroles and Pardon Parole Officer Juvenile Corrections Agent Supervisor File		
Revised: 11/26/2008	Page 1 of 1	

Attachment 10: Discharge Summary

The **Discharge Summary** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

1. Select offender record in COMS.
2. Select Case Management/Contact Logs module
3. Select IWP icon on Syscon toolbar
4. Select document type "Discharge Summary" utilizing the List of Values (LOV)
5. Select "New" and then "Generate" to view the document.

Image not available

Attachment 11: Juvenile Exit Survey

The **Waiver** will be generated as an Integrated Word Processing (IWP) document in COMS located in JCCCOM/Community Management.

The image displays four pages of a survey form. The first page is the 'Juvenile Exit Survey and Parent/Family Questionnaire' cover sheet, which includes instructions for completion and a 'Thank you for your participation' message. The second page is the 'Juvenile Exit Survey' form, which contains various questions about the respondent's experience with the Department of Corrections, including sections for 'Check your current employment', 'Check your current education', and 'Check your current housing'. The third page continues the survey with questions about 'Check your current employment', 'Check your current education', and 'Check your current housing'. The fourth page is the 'Parent/Family Questionnaire', which asks for contact information and includes questions about the respondent's relationship with the juvenile and their satisfaction with the services provided. Each page includes a 'Revised 1/16/2021' date and a 'Page 1 of 4' indicator.