

## 1.5.H.4 Juvenile Aftercare and Discharge

### I Policy Index:



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### II Policy:

The Department of Corrections may establish an aftercare supervision program to supervise juveniles in the community if they have been conditionally released from a department facility or program, the 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.

#### **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.

#### **Comprehensive Offender Management System (COMS):**

A DOC database for staff use in the management, storage and collection of informational and statistical data pertaining to the Juvenile Division and juvenile corrections agent caseloads.

#### **Effective Practices in Community Supervision (EPICS):**

The EPICS model assists with the development and implementation of case management plans to target the criminogenic needs of higher risk offenders. JCAs will 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/Rehearsal.

### **Juvenile Corrections Agent (JCA):**

For the purposes of this policy, a JCA is an employee or contractual 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.

## **IV Procedures:**

### **1. Development of the Juvenile Aftercare Contract:**

- A. The goal of the aftercare supervision program is to equip the juvenile with the ability to conduct himself/herself in a lawful manner and therefore prepare him/her for discharge from the DOC.
- B. The JCA will develop an individualized [Juvenile Aftercare Contract](#) through the COMS legals module. A printed version of the aftercare contract will be available through the IWP process in COMS (See [Attachment 1](#)) to be reviewed with the juvenile, the juvenile's family/caregiver and treatment facility (when applicable), at least thirty (30) days prior to the juvenile's scheduled release from placement.
  1. The [Juvenile Aftercare Contract](#) (See [Attachment 1](#)) shall be signed by the JCA, the juvenile, the parent/caregiver and facility representative 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 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 Potential/Future Non-Custodial Caregivers:**

- A. If a Juvenile Aftercare Contract includes having the juvenile reside 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 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 caregivers 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 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 who has a substantiated finding of abuse/neglect against them unless the placement is approved by the Director of Juvenile Corrections and the Secretary of Corrections.

2. The JCA will conduct a check of 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/>). A juvenile cannot reside in the home of a known sex offender.
  3. These requirements apply to the non-custodial caregiver and everyone else typically residing in the home that is sixteen (16) years old or older.
- B. An approved caregiver with whom a juvenile is residing must notify the DOC if someone moves into the home that has not already been checked and cleared against the Central Registry and the National Sex Offender Registry.
1. The DOC prefers that the notification take place prior to a new person moving into the home. However, if the approved caregiver cannot give prior notification, the JCA needs to be contacted no later than twenty-four (24) hours of the new person moving into 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 thereafter 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 one (1) or both of his/her biological parents.

#### **4. Release of a Juvenile to Aftercare:**

- A. A juvenile's release from inpatient chemical dependency treatment, group or residential private placement to aftercare involves the following steps:
1. The Secretary of Corrections is required to give fifteen (15) calendar days notice to the prosecuting States Attorney and the committing court 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 States Attorney and committing court within the specified time frame. 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.
- B. A juvenile's release from the STAR Academy to aftercare involves the following steps:
1. The Secretary of Corrections is required to give fifteen (15) calendar days notice to the prosecuting States Attorney and the committing court 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 STAR Academy program manager to send the [Notice of Conditional Release](#) to the States Attorney and committing court within the specified time frame. 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.
- C. The JCA will finalize the aftercare process prior to release and implement the aftercare contract upon the juvenile's release.

- D. 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 a Juvenile on Aftercare:

- A. Monitoring of a juvenile by the JCA ensures that service referrals are effective or are modified when necessary.
1. The JCA is required to make contacts with a juvenile on aftercare as explained in JCC OM 6.4.G.3 [Aftercare - Supervision & Sanctioning Guidelines](#).
  2. Contacts between a JCA and a juvenile will be documented on COMS.
  3. JCAs will use the EPICS model in their interactions with Moderate, High and Very High risk offenders (See JCC OM 6.4.G.3 [Aftercare - Supervision Sanctioning Guidelines](#)).
- B. The JCA will document incidents of the juvenile's 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 juvenile's future 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 placing the juvenile 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, JCA or other authorized personnel will take the juvenile into custody and transport him/her to the detention or shelter facility. The JCA must:
1. Verbally notify the juvenile's parent/guardian 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 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 done telephonically/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 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 Community Corrections to determine DOC 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 (19<sup>th</sup>) 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 Community Corrections for review.
  - 1. Upon receipt, the Director of Juvenile Community Corrections 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 of a Juvenile 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 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 the interstate compact on juveniles is not available due to the juvenile's age or circumstances.
  4. **Category 4** - If the juvenile is on aftercare and has a suitable placement, and a discharge is determined to be in the best interests 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 can 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. Using the "My Work" function in COMS. The JCA shall "Create a Memo" and select "Discharge JCA Pending" and Select "Okay". This will serve to send a memo to the JCA Supervisor to review.
- E. The JCA Supervisor shall use the "My Work" function in COMS as described above to seek any approvals through the Director of Juvenile Community Corrections.
- F. All discharge requests are due by the 15<sup>th</sup> of each month.
- G. Upon approval, the Director of Juvenile Community Corrections will forward recommended discharges to the Director of the Juvenile Division for consideration.
- H. Upon approval by the Director of the Juvenile Division, the Sioux Falls secretary will complete a Discharge Order with the Secretary of Corrections signature included.
- I. Upon receipt of the signed discharge order, the case will be closed and filed in accordance with the records retention procedures.
- J. The Notice of Discharge (NOD) or final community movement must be entered into COMS by the support staff or JCA.

- K. The JCA is required to give fifteen (15) days 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. 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-20](#), [26-11A-20.1](#), [26-11A-22](#), [26-8A-13.1](#) and [26-8A-13.2](#).  
DOC policy 1.3.C.10 – [DNA Collection](#)  
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:

**October 2007:** New policy created from JCA OM.

**October 2008:** **Revised** formatting of policy and attachments in accordance with DOC policy 1.1.A.2. **Added** JCC when referencing OMs throughout policy. **Added** SDCL 26-11A.12, 26-11A-20 and 26-11A-20.1 and **added** reference to DOC policy and JCC OMs in section V. **Replaced** aftercare plan with aftercare contract throughout policy. **Revised** Attachments 6 and 9 to provide consistency regarding legal counsel to be provided **Revised** titles of attachments to be consistent with policy, attachment and WAN.

**October 2009:** **Added** Non-Custodial to heading, **deleted** 30 days within ss (B) and **deleted** statement of any other adults residing with biological parents must have a Central Registry and a National Sex Offender Registry completed in ss (C) all within Screening of Potential/Future Non-Custodial Caregivers. **Replaced** Director of Classification with Director of JCC within ss (F3 of Revocation Aftercare). **Revised** minor wording and titles of forms throughout policy. **Added** SDCL 26-11-22 to section V. **Revised** title of Attachment 2 and directions on how to access it on the DSS website. **Revised** location of Attachments to the DOC tab on the WAN.

**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.

*Denny Kaemingk (original signature on file)*

01/14/2016

Denny Kaemingk, Secretary of Corrections

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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 <p><b>SOUTH DAKOTA DEPARTMENT OF CORRECTIONS</b> <i>Division Of Juvenile Corrections</i></p> <p><b>JUVENILE AFTERCARE CONTRACT</b></p> <p>In the matter of: _____                  Juvenile's Name      Juvenile's #      Date</p> <p>M   Delinquent Child      _____                  M   CHRIS      Date Of Commitment      Date Released to Aftercare      County of Commitment</p> <p>Pursuant to SDCL § 26-11A-12, the above named juvenile is hereby placed on aftercare according to the following terms and conditions.</p> <p><b>AFTERCARE CONDITIONS</b></p> <ol style="list-style-type: none"> <li>1. I will reside with _____ and will follow the rules of my parents/custodian at all times.</li> <li>2. I will secure approval of a Juvenile Corrections Agent prior to leaving city, county or state lines.</li> <li>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.</li> <li>4. I will not have any weapons in my possession at any time.</li> <li>5. I will attend school daily with no unexcused absences or tardies and maintain satisfactory performance.</li> <li>6. I will abide by the following curfew: _____</li> <li>7. I will not use or possess alcohol, marijuana, hallucinatory drugs, narcotics, controlled substances, mood altering drugs or chemicals or possess drug paraphernalia.</li> <li>8. I will submit to drug testing as directed by a Juvenile Corrections Agent.</li> <li>9. I will attend my employment as scheduled with no unexcused absences or tardies and maintain satisfactory performance.</li> <li>10. I will attend and maintain satisfactory performance at all programs as outlined in my case plan.</li> <li>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.</li> <li>12. I will submit to warrantless search and seizure of my person, possessions, vehicle and any other personal property or bodily fluids.</li> </ol> <p>Created: 9/20/2015      Page 1 of 2</p>	<p>South Dakota Department of Corrections      Attachment: Juvenile Aftercare Contract                  Policy      Please refer to DOC policy 1.5.H.4                  Distribution: Public      Management of Juvenile Aftercare and Discharge</p> <p style="text-align: center;"><b>STATEMENT OF UNDERSTANDING</b></p> <p>I understand:</p> <ol style="list-style-type: none"> <li>1. A Juvenile Corrections Agent will supervise my aftercare contract.</li> <li>2. I will be contacted regularly and randomly to monitor my compliance with my aftercare contract.</li> <li>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.</li> <li>4. The conditions of my aftercare may be changed at any time by the Department of Corrections.</li> <li>5. My Juvenile Corrections Agent can change my aftercare placement at any time.</li> <li>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.</li> <li>7. Revocation of aftercare may result in being returned to a group home or correctional facility.</li> <li>8. I have been committed to the Department of Corrections until age 21 or until discharged.</li> <li>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</li> <li>10. Discharge prior to age 21 is at the sole discretion of the Secretary of Corrections.</li> </ol> <p style="text-align: center;"><b>I have read or have had read to me, fully understand and agree to abide by the above conditions of supervision.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Juvenile Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Parent/Custodian Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Juvenile Corrections Agent Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Facility Representative Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table> <p>Created: 9/20/2015      Page 2 of 2</p>	Juvenile Signature	Date	Parent/Custodian Signature	Date	Juvenile Corrections Agent Signature	Date	Facility Representative Signature	Date
Juvenile Signature	Date								
Parent/Custodian Signature	Date								
Juvenile Corrections Agent Signature	Date								
Facility Representative Signature	Date								

## Attachment 2: Guideline for Home Evaluations

The **Guideline for Home Evaluations** form is located on the state's WAN.

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

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

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

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

## 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-660 (2008)</p> <p>Check box that corresponds with facility type for this request:</p> <table border="0"><tr><td><input type="checkbox"/> Adoption</td><td><input type="checkbox"/> Residential Program</td><td><input type="checkbox"/> Relative/Other Caretaker (ROC)</td></tr><tr><td><input type="checkbox"/> Before &amp; After School Center</td><td><input type="checkbox"/> Independent Living Prep Program</td><td><input type="checkbox"/> Relative Placement (RP)</td></tr><tr><td><input type="checkbox"/> Child Placement Agency</td><td><input type="checkbox"/> In Process Registered Child Care</td><td><input type="checkbox"/> Total Child Welfare</td></tr><tr><td><input type="checkbox"/> Home Home</td><td><input type="checkbox"/> Maternity Home</td><td><input type="checkbox"/> Total Child Welfare</td></tr><tr><td><input type="checkbox"/> Group/Residential Facility</td><td><input type="checkbox"/> Registered Child Care Program</td><td></td></tr></table> <p>(Please read instructions on back of this form before completing)</p> <p><b>PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT</b></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 birth. My signature authorizes the 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: _____</p> <p>Date of Birth: _____ Maiden Name: _____</p> <p>Other Names Used: _____</p> <p>Social Security #: _____ Male: ___ Female: ___ Race: _____</p> <p>List All Prior Addresses: (Since birth in chronological order with birthplace first)</p> <table border="1"><thead><tr><th>Street Address</th><th>City</th><th>County</th><th>State</th><th>Date</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>List Full Name (first, last, birth) and Date of Birth of ALL your OWN Children:</p> <table border="1"><thead><tr><th>Name</th><th>Date of Birth</th><th>Name</th><th>Date of Birth</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>The Department of Social Services, its 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>Address: _____</p> <table border="1"><thead><tr><th>Agency Name &amp; Phone Number</th><th>Agency Mailing Address</th><th>Agency License Number</th></tr></thead><tbody><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"/> Residential Program	<input type="checkbox"/> Relative/Other Caretaker (ROC)	<input type="checkbox"/> Before & After School Center	<input type="checkbox"/> Independent Living Prep Program	<input type="checkbox"/> Relative Placement (RP)	<input type="checkbox"/> Child Placement Agency	<input type="checkbox"/> In Process Registered Child Care	<input type="checkbox"/> Total Child Welfare	<input type="checkbox"/> Home Home	<input type="checkbox"/> Maternity Home	<input type="checkbox"/> Total Child Welfare	<input type="checkbox"/> Group/Residential Facility	<input type="checkbox"/> Registered Child Care Program		Street Address	City	County	State	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Date of Birth	Name	Date of Birth	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Agency Name & Phone Number	Agency Mailing Address	Agency License Number	(____) _____	_____	_____	<p><b>INSTRUCTIONS FOR COMPLETING PERMISSION FORM</b></p> <ol style="list-style-type: none"><li>1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.</li><li>2. From choices listed, mark correct <input type="checkbox"/> Box to indicate the appropriate facility/provider type</li><li>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>Foster Day Care applicant</td><td>Adoption Applicant</td><td>Child in applicant</td><td>Teacher</td><td>Facility Director</td></tr><tr><td>Facility/Program Administrator</td><td>Foster Care Applicant</td><td>Site Resident</td><td>Youthcare</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>SPDC Operator</td></tr><tr><td>Other (insert full name)</td><td>Youth Care worker</td><td></td><td></td><td></td></tr></table></li><li>4. List 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.</li><li>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.</li><li>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.</li><li>7. List your social security number, / or X appropriate Male/Female blank, and list your race.</li><li>8. List all addresses from any place you have lived SINCE BIRTH on the appropriate lines. All information is important, but if you are not able to remember the complete address for a previous living location, you must always include the City and State. Always include the Beginning and Ending Dates for each address location.</li><li>9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, children in foster care).</li><li>10. SIGN your name at the bottom of the form. If the screening is for a person under 10 years of age, this person's parent or legal guardian must sign the form. Include your current mailing address at the bottom of the form.</li><li>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 license but has not yet received it's beginning license, mark where indicated.</li><li>12. Return your completed permission form to the appropriate agency.</li></ol> <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>	Foster Day Care applicant	Adoption Applicant	Child in applicant	Teacher	Facility Director	Facility/Program Administrator	Foster Care Applicant	Site Resident	Youthcare	Facility Driver	Secondary Child Care worker	Spouse of Applicant	Site Coordinator	Facility Cook	SPDC Operator	Other (insert full name)	Youth Care worker			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Residential Program	<input type="checkbox"/> Relative/Other Caretaker (ROC)																																																																												
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Other (insert full name)	Youth Care worker																																																																													



## 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											
<b>AUTHORIZATION FOR TEMPORARY DETENTION OR SHELTER</b>												
<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> <table border="1"><tr><td colspan="2">D.O.B.:</td><td rowspan="5">Comments: _____</td></tr><tr><td>Race:</td><td>Sex:</td></tr><tr><td>Height:</td><td>Weight:</td></tr><tr><td>Hair:</td><td>Eyes:</td></tr><tr><td colspan="2">Scars/Marks/Tattoos:</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 <span style="float: right;">Page 1 of 1</span>												

## 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
<b>AFFIDAVIT OF PROBABLE CAUSE</b>	
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 or not being served.	
Dated this [redacted] day of [redacted], 20[redacted]	Juvenile Corrections Agent
<b>Notice of Probable Cause Hearing</b>	
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
<b>Receipt of Affidavit of Probable Cause and Notice of Probable Cause Hearing</b>	
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	
<b>AFTER CARE VIOLATION REPORT</b>			
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 DDC policy 1.5.H.4 Management of Juvenile Aftercare
<b>WAIVER</b>	
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/plans.	
Dated this [REDACTED] day of [REDACTED], [REDACTED].	
Juvenile Corrections Agent	
Juvenile:	[REDACTED]
	(signature)
	Date: [REDACTED]
Parent/Custodian:	[REDACTED]
	(signature)
	Date: [REDACTED]
Witness:	[REDACTED]
	(signature)
	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
<b>NOTICE OF AFTERCARE REVOCATION HEARING</b>	
PLEASE TAKE NOTICE:	
Juvenile Name	
Juvenile ID	
A hearing will be held before _____, (Name of presiding official) of _____ (Location) in _____, SD. At _____, (City/Town) on the _____ day of _____, _____. 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 Pardons and Paroles makes a written determination that doing so is not in your best interest.	
If it is decided that you have violated aftercare supervision, or that the purposes and objects of aftercare supervision are not being served, either you will be continued on aftercare supervision on the same or modified terms and conditions or your conditional release on aftercare supervision will be revoked and you will be returned to a correctional facility.	
Dated this _____ day of _____, _____,	
	Juvenile Corrections Agent
Receipt of Notice of Aftercare Revocation Hearing	
Received by:	
Signature of Juvenile	Date:
cc: Juvenile Board of Pardons and Paroles Parent/Custodian Juvenile Corrections Agent Supervisor File	
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## **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.