



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 300-25	PAGE NUMBER 1 OF 9
		DISTRIBUTION: Public	
		SUBJECT: Mother - Infant Program	
RELATED STANDARDS: None		EFFECTIVE DATE: January 15, 2026	
		SUPERSESION: 12/01/2024	
DESCRIPTION: Facilities - Security & Management	REVIEW MONTH: November	:  <u>Nick Lamb (Dec 19, 2025 12:34:35 CST)</u> <b>NICK LAMB</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

The policy of the South Dakota Department of Corrections (DOC) is to provide the Mother - Infant Program for eligible offenders. The DOC shall have provisions in place to ensure the safety, security, custody, control, and care of offenders participating in the program.

## II. PURPOSE

The purpose of this policy is to provide staff members with procedural guidelines for the South Dakota Women's Prison Mother - Infant Program. Participation in the program provides offenders an opportunity to perpetuate the bonding of a mother/child relationship. The program allows the mother/child relationship to develop and continue during the mother's incarceration. The program supports the goal of agencies to keep the mother and child together.

## III. DEFINITIONS:

### Mother Infant Committee:

The Mother Infant Committee will be composed of the following members: operations major, housing captain, health services administrator (HSA), behavioral health supervisor, and Mother - Infant coordinator. The committee will confer with other staff members as the need arises. The committee will meet monthly to review new applications, discuss program development, and assess progress of participants.

### Post-Partum Period:

The period of recovery immediately following childbirth, miscarriage, or termination of a pregnancy. The recovery period is typically recognized as six (6) weeks (for a vaginal birth, or uncomplicated pregnancy, loss, or termination) to eight (8) weeks (for a cesarean birth or complicated vaginal delivery, loss, or termination). The end of the post-partum period is typically defined by release from the care of a medical professional.

## IV. PROCEDURES

### 1. Offender Eligibility:

- A. An offender is eligible to participate in the Mother - Infant program if her initial parole eligibility Date (INPD) or next review date (NRD) is within thirty (30) months of the birth of her baby. Mothers requesting to participate in the Mother - Infant Program for any time exceeding thirty (30) months must receive a positive recommendation from the Mother - Infant Committee and receive final approval from the warden and director of prisons. Generally, participation does not exceed a maximum of thirty (30) months. Length of the program may be reduced as outlined in this policy.

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- B. Offenders assigned to a transition program or protective custody will be considered on a case-by case-basis.
- C. Offenders and secondary caregivers with the following offenses within their criminal history, are not eligible:
1. Kidnapping (All).
  2. Manslaughter 1st and 2<sup>nd</sup>.
  3. Murder 1st and 2<sup>nd</sup>.
  4. Rape All.
  5. Robbery (All).
  6. Arson (All).
  7. Burglary 1<sup>st</sup>.
  8. Commission of a Felony While Armed with Firearm (All).
  9. Possession of a Weapon by Offender.
  10. Criminal Pedophilia.
  11. Possession of Weapon in Jail.
  12. Aggravated Assault – Baby (includes subsequent offense).
  13. Aggravated Assault Against Law Enforcement.
  14. Child Abuse (All).
  15. Sexual Contact (All).
  16. Vehicular Homicide.
  17. Vehicular Battery.
  18. Removal of a Child from State.
  19. Stalking (includes 1st felony offense, subsequent offense and child 12 or younger).
  20. Discharging a Firearm at an Occupied Structure or Motor Vehicle (with bodily injury).
  21. Photographing Child in Obscene Act.
  22. Possession of a Firearm by a Felon.
  23. Sliming (felony).
  24. Indecent Exposure (All).
  25. Simple Assault (All).
  26. Possession of Child Pornography.
  27. Incest (All).
  28. Discharging a Firearm from a Moving Vehicle.
  29. Sexual Exploitation of a Child (includes subsequent offense).
  30. Threatening to Commit a Sexual Offense.
  31. Solicitation of a Minor (includes subsequent offense).
  32. Riot (All).
  33. Enticing Away a Child.
  34. Violation of Drug Free Zone (reviewed on a case-by-case basis).
  35. Distribution of Drugs/Controlled Substance/Flunitrazepam to a Minor.
  36. Permitted Physical or Sexual Abuse of a Child.
  37. Indecent Exposure Involving a Child under 13.
- D. Included are attempts, conspiracy, or solicitation to commit these offenses, as delineated in statute and documented in the offender management system (OMS). Includes accessory to any of the above listed crimes. Offenders with a documented history of child abuse (non-criminal) will be considered on a case-by-case basis, after review of their crime, history with or reporting to a state Department of Social Services (DSS) Child Protection Services (CPS). NCIC criminal history shall be used to confirm legal history. Pending charges and outstanding warrants for possible child abuse shall be considered.
- E. Exceptions may be made at the discretion of the warden and director of prisons.
- F. Selection of mothers who are eligible to participate in the Mother - Infant program will be through majority recommendation of the Mother - Infant Committee.

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- G. The Mother - Infant program coordinator will review the mother's application folder for completeness and include the committee's recommendation along with the reason the committee approved or denied the application to the warden. The warden has final authority to approve or deny the application.
- H. An offender may appeal the decision of the warden by completing an *Informal Resolution Request* form (attachment in DOC policy 500-04 – *Grievance Procedure*), which shall follow the process outlined in the policy.

## 2. Application and Admission of Pregnant Offender:

- A. The Mother - Infant program coordinator will provide information about the Mother - Infant Program to all pregnant offenders anticipated to deliver while in DOC custody.
- B. The facility health services administrator (HSA) or designee will provide a list of offenders who are pregnant, including their delivery date to the Mother - Infant coordinator and warden monthly.
- C. The Mother - Infant coordinator will add the alert notification in the OMS, including the expected delivery date as provided by clinical services. This will serve as the end date of the alert and may be adjusted as deemed necessary based on changes in the actual delivery date.
- D. Pregnant offenders requesting to participate in the program will complete the *Mother – Infant Program Application* (attachment #1).
- E. The application must be completed by the offender and sent to the Mother - Infant coordinator. Applicants will be considered based upon the applicant's current offense(s), prior criminal history, psychological and medical background, substantiated drug use during pregnancy, length of sentence, and overall suitability for the program.
- F. Offenders who are accepted into the program will meet with the Mother - Infant coordinator about the requirements and expectations of the program. The requirements of the program shall be included within the Mother - Infant posted operational rules.
- G. Offenders who are accepted into the program who are within four (4) weeks of their delivery date will receive a tour of the house and their assigned room. Offenders may be moved into the house at the direction of the Mother - Infant coordinator up to four (4) weeks before their anticipated delivery date. This time frame may be lengthened or shortened at the direction of the warden. The Mother – Infant coordinator shall coordinate the move with the housing captain.
- H. Each mother will designate a community caregiver for her child. The *Community Caregiver Agreement* (attachment #2) must be completed and signed by the mother and designated community caregiver.
- I. The mother must affirm this person will be the primary caregiver of the child upon release. Exceptions will be given to mothers going to inpatient substance use treatment centers.

## 3. Participation:

- A. The mother and secondary caretakers must participate in the following classes or programs:
  1. Common Sense Parenting (SDWP Education Department).
  2. Parenting Inside Out.
  3. Healthy Start.
  4. Understanding Me (Right Turn).
  5. Responsive Parenting (Right-Turn/DSS).
  6. Infant / Child CPR (Right-Turn).

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7. Lactation Counseling (Avera) (Optional).
  8. Other programming as determined by the Mother - Infant Program coordinator.
- B. All mothers and secondary caretakers are required to attend workshops, guest speakers, seminars, webinars, etc. as directed by the Mother - Infant Program coordinator.
- C. The mother must remain in compliance with her individual program directive (IPD).
- D. Satisfactory overall institutional performance must be maintained by all Mother – Infant participants and secondary caretakers, and will include the following:
1. Must cooperate within the Mother - Infant house, substantially follow the posted operational rules of the Mother – Infant house and appropriately collaborate with the staff and other participants.
  2. Must fulfill work assignment(s), consistent with DOC policy pertaining to offender work assignments and as permitted by medical and mental health eligibility coding. Post partum recovery is at least six (6) weeks unless the offender is cleared to return to work sooner by health services staff.
- E. Participants must continue to receive medical and mental health clearance to participate in the program. Mothers will receive at least two (2) visits per week for the first two months following birth of their child from behavioral health staff and follow all clinical recommendations for continued behavioral health services following the two months.
- F. The mother will be responsible for the primary care of their child. The mother must consistently provide for the daily needs of their child, including feeding, bathing, and laundry. The secondary caregiver’s role is to support the mother in ensuring the child’s needs are met when the mother is temporarily unavailable, i.e., at work, programming, appointments or engaged in leisure activities to support the mother’s healthy wellbeing.
- G. The Mother - Infant coordinator shall maintain records for the Mother - Infant Program. The records will consist of the following:
1. Completed application form for program participation.
  2. Notification of acceptance or rejection.
  3. Completed program agreement.
  4. Weekly or as needed case notes in COMS, to be entered by the Mother - Infant coordinator.
  5. Evaluation of offender’s course/class performance may be completed by the program facilitator/instructor.
  6. Community caregiver agreement.
  7. Record of immunizations for the child.
  8. Copy of child’s birth certificate.
  9. Copy of child’s social security card or number.
  10. Child allergy notations or other notable medical needs or issues.
  11. Public assistance credentials (such as Women, Infants, & Children (WIC)) for each eligible member.
- H. Participants may be searched at any time, to include children, property, and room.

#### **4. Removal from the Program:**

- A. Removal from the Mother - Infant Program may be voluntary or involuntary.
- B. Voluntary requests from a participant to be removed from the Mother - Infant Program must be in writing and submitted to the Mother – Infant coordinator.
- C. Involuntary removal from the program may be pursued in response to any of the following:
1. Suspicion of physical, sexual, emotional, or mental abuse or neglect of the child, or substantiated child abuse, as defined by DSS policy.

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2. Physical altercations of any kind involving participants of the Mother - Infant program or staff.
  3. Failure to comply with the participant's IPD.
  4. Major disruption in physical plant capabilities of essential needs, such as HVAC, water, or sewer capabilities or structural concerns that render the house uninhabitable.
  5. Serious infectious or communicable disease, where an exposure control plan is warranted, as determined by the HSA.
  6. Medical/mental health needs or medical/mental health concerns of the participant or child.
  7. Possession or use of drugs/non-prescribed medications.
- D. The Mother - Infant Committee will have five (5) days to respond after receipt of a recommendation by the referring authority for voluntary or involuntary removal. The committee will meet with the offender. A written recommendation by the committee will be forwarded to the warden.
- E. Upon receipt of the recommendation from the Mother - Infant Committee, the warden will make a decision regarding removal from the Mother - Infant program and notify the director of prisons.
- F. The warden will notify the Mother - Infant coordinator, in writing, of the decision. The Mother - Infant coordinator will notify the committee of the final approved action.
- G. The Mother - Infant coordinator will notify the mother of the decision and assist in making the necessary arrangements for the child to release to the custody of the designated community caregiver. as indicated in the participant's packet. Appropriate placement and/or transportation to placement must be confirmed prior to removal of the child. The Mother - Infant coordinator will facilitate a meeting between the mother and community caregiver in the visit room prior to the child being transferred to the community caregiver to discuss plans for continued care of the child. The mother will be removed from the house and placed in appropriate housing. If the mother is unable to attend the meeting or the child has been removed from the mother for concerns involving the child's safety, the child will be cared for by the approved secondary caregiver, or designee, as determined by the Mother - Infant coordinator.

## 5. Care of the Child:

- A. Care of the child is the primary responsibility of the mother.
- B. Feeding.
1. Mothers may breast feed their infant.
  2. Lactation consultants may be provided at the request of any mother who chooses to breast feed her infant.
  3. Each mother is responsible for her infant's bottle preparations, including formula, milk, water, sanitation of equipment, and proper storage of all supplies.
  4. Donated items must be unopened and in intact tamper-proof, sealed containers.
- C. When the mother is unavailable, the approved secondary caregiver will provide essential care for the infant. The secondary caregiver shall follow any instructions or schedules provided by the mother, in her absence.
- D. When the mother is planning to be unavailable, the mother is responsible for scheduling care for their child through one of the following avenues: secondary caregivers or another mother residing in the unit. Schedules will be approved the week prior by the Mother - Infant coordinator and posted weekly.
- E. Prospective Mother - Infant secondary caregivers shall meet the following criteria:
1. Successfully complete an interview with the mother and Mother - Infant Program coordinator.
  2. Have a high school diploma, GED, or attending GED classes.
  3. Complete all required training, programming, classes. etc.
  4. Maintain full compliance with their IPD.

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- F. The mother shall decide whether to accept a secondary caregiver. The Mother - Infant coordinator may be consulted in the decision-making process.
- G. Secondary caregivers may care for no more than two (2) infants at once.
- H. In the event the mother may be temporarily off site, i.e., court hearing, medical appointment hospitalized, the child may be cared for by the secondary caregiver. The mother should provide advance consent and instructions regarding the temporary placement, time permitting. If this is not possible, the Mother – Infant coordinator shall make decisions based on the best interest of the child, taking into consideration the probable duration of the mother’s absence.
- I. If a mother is unable to provide direct care for their child for an extended period, to be determined by the Mother - Infant coordinator and warden, the infant will be placed with the pre-approved community caregiver.

## 6. Child Access:

- A. Children may accompany the mother to appropriate activities, as approved by the Mother – Infant coordinator.
- B. Children are not permitted to accompany mothers or caregivers into the facility unless for approved, legitimate, reasons as approved by the Mother – Infant coordinator and housing captain. When children are inside the facility all offender movement shall be halted to maintain complete separation of the child from other offenders.
  - 1. Haircuts will be offered and provided to children within the house by the mother or approved secondary caregiver.
- C. Visiting guidelines are as follows:
  - 1. Mothers and their infant may participate in general population visiting.
  - 2. A mother and her infant are subject to the same visiting rules and regulations that apply to general population including approved items that may be brought into the visit room by the mother.
- D. Children are not allowed in the general population recreation area. Children directly supervised by the mother or secondary caregiver are permitted in the area directly outside the Mother - Infant house during approved times. Mothers and caregivers are not allowed to be closer than ten (10) feet from the perimeter fence or gate.
  - 1. Children are not allowed outside the house when work is being completed on the grounds surrounding the house including general maintenance of the house or perimeter fence, lawn care, or snow removal, or as directed by staff working in the area.
- E. The Mother - Infant coordinator shall approve all requests to host special celebrations within the house, i.e., recognized holidays and children’s birthdays. Requests shall be in writing and submitted to the Mother - Infant coordinator at least two (2) weeks in advance.

## 7. Photo Procedures:

- A. Opportunities for photos of participants shall be approved by the Mother - Infant coordinator.
- B. Photos may include the mother and/or mother’s child only unless an exception is granted by the Mother - Infant coordinator. Children must be fully clothed in each picture. All rules pertaining to offender photos shall apply.

## 8. General Rules:

- A. Participants are subject to the same disciplinary procedures as general population.

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- B. Each participant shall show consideration toward others including staff, mothers, caregivers, and all children.
  - 1. No arguing, quarreling, fighting, harassing, threatening or inappropriate comments directed toward others.
  - 2. No swearing or cursing. Appropriate language only.
  - 3. No horseplay.
- C. Offender movement to and from the house through secured gates and doors shall be supervised by staff.
- D. Participants are responsible for each child’s personal property. Personal property must be secured and stored in assigned locations. State provided property shall be made available for all participants to access and use.
- E. All participants shall contribute to providing a safe, secure, and nurturing environment for children. Physical, mental, or verbal punishment, abuse, threats, or harassment will not be tolerated.
- F. Ear, nose, or body piercing of children is not permitted.
- G. Tattooing of children is not permitted.
- H. Children are not permitted to wear jewelry.

**9. Child Property Inventory:**

- A. Children must be clothed in proper, seasonally appropriate clothing.
  - 1. Care of clothing is the responsibility of each mother.
  - 2. Clothing shall be provided by the state, donations from approved outside groups, or sent in by family directly from an outside vendor (must be pre-approved by the Mother – Infant coordinator). Donated clothing becomes the property of the Mother – Infant program. The Mother - Infant coordinator shall determine and approve child clothing that will be sent with the mother or community caregiver when the child leaves the program.
- B. The infant’s in-room property inventory shall not exceed the following:

(8) Sleepers	(2) Sleep sacks	(4) Bibs	(2) Pacifiers
(8) Onesies	(2) Hats	(4) Burp cloths	(1) Brush/comb set
(4) Receiving blankets	(8) Pairs of socks	(2) Pair of mittens	(1) Nose syringe
(3) Heavy blankets)	(2) Pairs of shoes	(1) Mobile	(1) Nail clipper
(1) Snowsuit (seasonal)	(8) Pairs of pants	(1) Lotion	(4) Personal books
(2) Jackets/coat/sweaters (seasonal)	(8) Outfit tops	(1) Diaper bag	(4) Personal toys
(3) Changing pad sheets	(1) Diaper rash cream	(2) Packs of diapers	(2) Packs of wipes
(3) Crib sheets	(1) Shampoo/body wash	(1) Breast pump	

Basic child hygiene items shall be made available.

- C. All child clothing must be machine washable and dryable. Mother’s and children’s laundry will be washed in the washer and dryer located in the house. during scheduled times and days. Infant detergent is only for use on infant clothing. Caregivers shall not launder their clothing in the house.

**10. Medical Care for Mother and Infant:**

- A. Mothers shall receive medical care through health services or referred to outside providers, as approved by facility health services.

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- B. Well-baby pediatric checks and other appointments, as recommended by outside medical providers, will be scheduled by the Mother - Infant coordinator, with input from the mother. The mother shall accompany the child to all outside appointments. The Mother - Infant coordinator shall arrange for transportation to all outside appointments. All children shall be transported in age-appropriate child car seats.
- C. If the mother determines their child requires outside medical care, the Mother - Infant coordinator will contact the clinic for an appointment or arrange for transport of the mother and child to urgent care, if outside normal clinic hours of operation. In the case of a medical emergency involving a child, participants shall notify the Mother - Infant coordinator or use the phone to call housing control. Staff shall contact 911 to request and ambulance as deemed necessary. The duty officer (DO) shall be notified when a child is taken to an outside medical provider for emergency/immediate medical care.
- D. In the event the child is hospitalized, the mother may accompany/remain with the child, if permitted by hospital policy and approved by the warden. The DO must be notified of all hospital admits involving a child. Appropriate hospital supervision of the offender is the responsibility of the OIC.
1. The Mother - Infant coordinator will check on the child's status daily (Monday-Sunday). The DO will include the child in the required hospital visits, consistent with policy.
  2. Necessary child property may be brought to the hospital for extended hospital stays by the Mother - Infant coordinator.
- E. Mothers are required to follow all regularly recommended well-baby and child checkups.
1. Medical costs are covered by Medicaid.
  2. Children's prescribed medication(s) will be picked up from the designated pharmacy by the Mother - Infant coordinator. All directions on the medication shall be followed.
  3. OTC medications such as Infant Tylenol, Ibuprofen (only for children over twelve (12) months old), or simethicone drops for gas may be administered to children by mothers or the caregiver as necessary, consistent with the product instructions.
- F. When medication is needed:
1. Medication times, doses, and amounts for all medications, whether prescribed or over the counter, will be documented on the *Medication Tracking for Infants* form (attachment #3), by a staff member.
  2. All medication shall be secured in the house medicine cabinet. Staff shall provide participants access to medicine secured in the cabinet as necessary, consistent with the provider's orders. Mothers and primary caregivers shall administer/apply all prescribed medications to the child under staff supervision. The medication will be secured by supervising staff when proper administration is completed.
  3. Under no circumstances will prescription medications be reissued or administered to any child or others not prescribed the medication.
  4. Unused or expired medications shall be disposed of properly.
  5. All OTC medications and mother or child hygiene products not secured in the medicine cabinet must be properly secured and controlled by mothers and caregivers and keep out of reach of children.
- G. Children must be current with required immunizations.
1. Records of immunizations will be kept on file with the community medical provider. Any copies or duplicates provided to the mother shall be kept in the mother/infant's file and released to the mother upon departure from the program.

## 11. Employment and Job Responsibilities:

- A. Each mother who has been cleared for work by clinical staff will participate in full time (minimum of forty (40) hours a week) employment and/or programming within an institutional work assignment and/or program, as approved by the job board or participation in the work release program.

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- B. A weekly cleaning and house chores schedule shall be posted and kept current by the Mother - Infant coordinator. All participants shall assist in completing daily house duties. All living quarters, common areas and outside yard/deck spaces shall be maintained in a neat and organized state. All common surfaces and shared items shall be regularly and properly cleaned and disinfected.

## 12. Release Process:

- A. Mothers releasing to community supervision or discharging their sentence(s) will have an approved and appropriate reentry plan that includes and identifies continued care and services for their child, including a primary medical provider, contact information for local WIC/DSS offices and services and child care. All processes regarding the release of an offender from custody shall apply to mothers releasing to the community from the Mother - Infant Program. Transportation must be appropriate for transport of a child.
- B. Mothers shall be provided all child-related documents, including medical information in the possession of DOC, social security cards, birth certificates, Medicaid cards, WIC information, etc.
- C. The child's property list will be checked by the Mother - Infant coordinator to ensure all personal property of the child/mother is sent with the mother or community care provider upon the child's departure from the program.

(2) Unopened packages of diapers	(3) Sleepers	(3) Bottles/sippy cups	(1) Tube diaper rash ointment
(2) Large cans of formula	(3) Outfits	(2) Bibs	(1) Body lotion
(1) Box of cereal	(1) Coat or jacket	(1) Brush/comb set	(1) Bottle body wash
(2) Unopened packages of wipes	(1) Pair of shoes	(1) Nail clippers	Any medication child is taking
(2) Pacifiers (if still being used)	(4) Pair of socks	(2) Receiving blankets	Boppy (if still being used)
(12) Containers of baby food	(4) Undershirts or onesies	(2) Heavy blankets	

- D. All hygiene products and medications assigned or prescribed to the child will be sent with the mother or community care provider

## V. RESPONSIBILITY

The director of Prisons and facility policy review committee are responsible for the annual review and maintenance of this policy.

## VI. AUTHORITY

None.

## VII. HISTORY

January 2026  
December 2024  
November 2023  
July 2022 – New policy

## ATTACHMENTS

1. Mother - Infant Program Application
2. Community Caregiver Agreement
3. Medication Tracking for Infants
4. MIP Checklist

### MOTHER - INFANT PROGRAM APPLICATION

I, \_\_\_\_\_ ID# \_\_\_\_\_ hereby wish to apply for the Mother - Infant Program and assume full liability for my newborn infant(s) while he/she/they reside at the South Dakota Women’s Prison and agree to hold the South Dakota Department of Corrections’ employees harmless from any claims, demands, or legal actions arising out of or in any way connected with my infant(s).

Offender’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Due Date: \_\_\_\_\_

Requested Babysitter: \_\_\_\_\_

Alternate child Placement: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Number of Times Pregnant: \_\_\_\_\_

Number of Live Births/ Cesareans: \_\_\_\_\_

Number of Miscarriages: \_\_\_\_\_

Ages of Live Children: \_\_\_\_\_

#### REQUIREMENTS

##### MOTHER

Custody Level: \_\_\_\_\_

Crime(s): \_\_\_\_\_

Classes: PARENTING COMPLETED: \_\_\_\_\_

##### BABYSITTER

Custody Level: \_\_\_\_\_

Crime(s): \_\_\_\_\_

Have you ever had an ongoing time where you were the sole care provider of your children?

How Long? \_\_\_\_\_

Mother-Infant Committee Review Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

### COMMUNITY CAREGIVER AGREEMENT TEMPORARY GUARDIANSHIP APPOINTMENT

I, \_\_\_\_\_ (name), of \_\_\_\_\_ (address),  
City Of \_\_\_\_\_, County of \_\_\_\_\_, State of South Dakota, commit and  
Dispose custody, support, and education of \_\_\_\_\_ (Child's name), date of  
birth \_\_\_\_\_, my \_\_\_\_\_ (Son/Daughter), to \_\_\_\_\_ (Temporary  
Guardian), the guardian of the person and estate of the above name child.

The appointment is to take effect immediately and is to continue during the minority of the above-named child. The appointment will terminate upon written notice or upon the death of the appointee of his/her resignation of this appointment.

In witness whereof, I have executed the instrument at Pierre, South Dakota this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

We, the undersigned, hereby agree to assume temporary guardianship over \_\_\_\_\_ (Child's Name) pursuant to the terms and conditions of this agreement.

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



### MIP CHECKLIST

Offender Name	
DOC Number	
Estimated Delivery Date	
INPD/NRD	

**Legal History**

Does the offender have offenses within their criminal history that makes them ineligible?

Yes  No Explanation \_\_\_\_\_

**Medical History**

Does the offender have medical concerns that cannot be adequately addressed within the MIP?

Yes  No Explanation \_\_\_\_\_

Has the offender been compliant with medical services?

Yes  No Explanation \_\_\_\_\_

**Behavioral Health History**

Is the offender diagnosed with any mental health disorder?

Yes  No Explanation \_\_\_\_\_

Is the offender SMI?

Yes  No Explanation \_\_\_\_\_

Is the offender currently prescribed psychotropic medications? If so, what is their compliance rate?

Yes  No Explanation \_\_\_\_\_

Is the offender currently on the awareness list?

Yes  No Explanation \_\_\_\_\_

Does the offender have behavioral health concerns that cannot be adequately addressed within the MIP?

Yes  No Explanation \_\_\_\_\_

**Date of the initial MIP Committee Meeting:** \_\_\_\_\_

**MIP Committee Meeting Outcome:**

Admitted  
 Denied Explanation \_\_\_\_\_

**Date of subsequent MIP Committee Meeting, if requested/required:** \_\_\_\_\_

**MIP Committee Meeting Outcome**

Admitted  
 Denied Explanation \_\_\_\_\_