


SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 1200-14	PAGE NUMBER 1 OF 7
		DISTRIBUTION:	Public
		SUBJECT:	Juvenile Intake Process
RELATED STANDARDS:	None	EFFECTIVE DATE:	June 01, 2026
		SUPERSESION:	11/01/2025
DESCRIPTION: Juvenile Services	REVIEW MONTH: May	 NICK LAMB SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC), Juvenile Division, to have an established intake process for juveniles which assesses the level of care necessary and educates the juvenile and his or her family on the procedures while also answering any questions and eliminating any misconceptions.

II. PURPOSE

The purpose of this policy is to define the process to be followed in the intake of juveniles.

III. DEFINITIONS

Integrated Word Processing Document (IWP):

IWP integrates a standard word processing application with the offender management system (OMS) database to produce offender-specific reports/documents. Information from offender records is automatically transferred from the OMS database to IWP documents. After the IWP document is generated, it is saved to the OMS database where it becomes a permanent part of the offender record with a unique ID number and date/time stamp.

South Dakota Foundation for Medical Care Peer Review Organization (PRO):

Provides the medical necessity review process to access Medicaid funding.

State Review Team (SRT):

An interagency team that reviews cases for consideration for Psychiatric Residential Treatment Facility/Intensive Residential Treatment (PRTF/IRT) level of care. The SRT provides a recommendation to PRO regarding eligibility for services.

IV. PROCEDURES

1. Notice of Commit:

- A. Upon notification of the juvenile's committal to the DOC, the JCA or support staff must provide the new commitment details to JCA supervisor, accounting assistant at DOC Administration, director of Juvenile Services program assistant, and the director of Juvenile Services.
- B. The JCA supervisor will assign the juvenile's case to a JCA.

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2. Intake Data Collection Form:

- A. The JCA must complete the *Intake Data Collection Form* (attachment #1) using a variety of sources to include but not limited to court services, law enforcement, state's attorney, prior service providers, parent or guardian, juvenile, and school. This will be entered in the OMS by the JCA or support staff within seven (7) days of the commitment.

3. Juvenile Photos:

- A. Upon commitment all offenders will have a photo taken holding the standard juvenile photo placard which includes the juvenile's name, date of birth, and unique juvenile offender identification number.
 - 1. Any scars, marks, or other significant identifying facial features will be captured.

All photos must be uploaded into the OMS

- B. Juvenile photos shall be updated at minimum every two (2) years or earlier if there are significant changes in appearance.

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

- A. The YLS/CMI 2.0 interview will be administered with the juvenile by the JCA.
- B. The assessment results will be entered in the OMS by the JCA or support staff within seven (7) days of commitment.
- C. Any requests for overrides will be submitted to director of Juvenile Services.

5. MAYSI 2:

- A. The MAYSI 2 will be administered by the JCA.
- B. The assessment results will be scored on juveniles who are aged twelve to seventeen (12-17). The scoring must be done while on-site with the youth, during the intake process. The results will be recorded in the Juvenile Offender Intake Summary under the Mental Health section.
- C. Juveniles under the age of twelve (12) or over the age of seventeen (17) will not be scored. These cases will require individual responses to be reviewed to determine if there is cause for heightened observation or consultation with behavioral health staff.
- D. In cases where the juvenile scores in the warning zone, the JCA shall complete the Second Screening forms. The JCA shall alert placement staff or others with primary care responsibility of the need for heightened observation.
- E. Cases that result in scores in the warning zone will also require the JCA to notify the respective behavioral health staff at the facility being considered for placement.
- F. Consultation with behavioral health staff will determine if further evaluation is necessary and, if so, the means that will be utilized to accomplish the evaluation.

6. Behavioral Health Data:

- A. The JCA shall complete the Mental Health Data Assessment in the OMS for all juveniles.

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7. Substance Use Disorder Data:

- A. The JCA shall complete the Chemical Dependency Assessment in the OMS for juveniles who have a Treatment Needs Assessment (TNA) on file.

8. Sex Offender Identification Data:

- A. The JCA shall complete the Sex Offender Identification Assessment in the OMS for all juveniles.

9. Placement prior to DOC Commitment Data:

- A. The JCA shall complete the Placement Prior to DOC Commitment Data Assessment in the OMS for all juveniles.

10. Incarcerated Parent Data:

- A. The JCA shall complete the Incarcerated Parent Data Assessment in the OMS for all juveniles.

11. Human Trafficking Screener:

- A. The JCA shall complete the *Human Trafficking Screener Tool* for all juveniles (attachment #2).
- B. In cases where the offender reports they are a victim of human trafficking, notification to appropriate investigative agency should occur consistent with circumstances.
- C. The JCA shall complete the Human Trafficking Screener Tool Assessment in the OMS for all juveniles.

12. Medical Records:

- A. The JCA shall inquire about the medical history of the juvenile when completing the Intake Data Collection Form.
- B. The JCA will also inquire about medical history when meeting with the parent(s) as part of intake interview and to review the Juvenile Living Guide.
- C. Upon determining that the juvenile has a history of health-related problems or a current health condition, the JCA shall notify the placement provider so they may plan accordingly.
- D. The JCA will also initiate the request for relevant medical records to be sent to the facility.

13. Consent for Release of Information:

- A. The JCA must obtain the offender's signature on the *Consent for Release of Information Form* (attachment #11).

14. Juvenile Intake Summary:

- A. The *Juvenile Intake Summary* is used to summarize the intake processes (attachment #3).
- B. The Juvenile Intake Summary is created via the Contact Logs module in the OMS. Select Case Note Type "Intake" and all Contact Subtypes with "Intake" prefix to create narrative for summary.

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C. A comprehensive Intake Summary must include detailed information on the following areas:

1. Court History.
2. Family.
3. Education/Vocational.
4. Social.
5. Substance Abuse.
6. Mental Health
7. Medical/ Insurance.
8. Prior Interventions.
9. Aftercare Placement Options.

15. Financial Documentation:

A. Within seven (7) days of commitment, the JCA will submit the following information:

1. Original DOC Medicaid Application – submitted to director of Juvenile Services program assistant or designee.
2. Court Order of Commitment – submitted to Juvenile Services program assistant or designee.
3. Court Order of Parental Support – submitted to Juvenile Services program assistant or designee.
4. Photocopy of any private insurance card, both front and back of card – submitted to the director of Juvenile Services program assistant or designee.
5. Birth Certificate - submitted to director of Juvenile Services program assistant or designee.
6. Photo ID - submitted to director of Juvenile Services program assistant or designee
7. Updates to any of the above documents.

16. Title XIX:

A. Title XIX, or Medicaid, is a program that pays the medical bills for low-income people who meet the eligibility standards. Medicaid also pays for intensive residential treatment (IRT) and psychiatric residential treatment services for eligible youth. Home Health is a category of Medicaid coverage that youth may be eligible for which requires a primary care provider and referrals for services.

1. The JCA must complete a *Medicaid Application for Child in Custody* for each offender, including those in a community residential placement and/or aftercare status (attachment #4). As part of the application process, the JCA will obtain the youth signature to opt out of Home Health coverage by completing the *Medicaid Health Home Declination Form* (attachment #5).
2. Upon Notice of Commitment, the JCA must send a fully completed original DOC Medicaid Application, birth certificate, and Photo ID to the director of Juvenile Services program assistant or designee.
3. The JCA must update the juvenile's offender address module in the OMS and parents, or any court ordered parties responsible for parental support payment in the Personal and Professional Contacts module, as necessary, to ensure that Medicaid notices are received by the eligible youth throughout the commitment process.

B. The DOC will submit the application to the Department of Social Services.

17. Parental Support:

A. Parental support will be assessed by the court to the parent/guardian of the offender. Payment will be incurred anytime the DOC is billed for placement of the offender, in accordance with court order. Payment will be made directly to the DOC administration in Pierre.

1. The JCA must document the amount of the parental support on the *Parental Support Information Form* through the IWP process in the OMS (attachment #6)
2. The JCA must send a copy of the court order and completed Parental Support Information Form stating the parent/guardian name and the parental support amount to the Juvenile Services program assistant or designee.

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- B. Any parental support orders will be reinstated for those offenders who are revoked from aftercare. The JCA will complete the *Parental Support Reinstatement Form* (attachment #7) through the IWP process in the OMS and forward to the Juvenile Services program assistant or designee. The JCA will advise the parent of the right to request a review hearing with the court regarding the amount of parental support originally ordered.

18. Social Security:

- A. The JCA will determine if the offender is receiving Social Security benefits by interviewing the offender and his parent/guardian.
1. If yes:
 - a. The JCA must document if Social Security benefits are received on the Parental Support Information Form.
 2. If unable to determine:
 - a. The JCA must contact Social Security Regional Office at (866-563-4604) to determine the possibility of benefits. Detailed instructions are available on the Parental Support Information Form to assist you with this call.
- B. The parent shall be advised of the right to investigate eligibility by contacting the Social Security office or referring to the eligibility manual located at the JCA's office.

19. Social Security Income (SSI):

- A. The JCA must document the amount of the SSI on the Parental Support Information form.
1. If unable to determine:
 - a. The JCA must contact Social Security Regional Office at (866-563-4604) to determine the possibility of benefits. Detailed instructions are available on the Parental Support Information Form to assist you with this call.
 - b. The parent shall be advised of the right to investigate eligibility by contacting the Social Security office or referring to the eligibility manual located at the JCA's office.

20. Juvenile Living Guide:

- A. The Juvenile Living Guide will be issued to every juvenile and parent whose child is committed to the DOC (attachment #12 – *Juvenile Living Guide – English* and attachment #13 – *Juvenile Living Guide – Spanish*). The Living Guide will provide introductory information regarding the juveniles' commitment to the DOC.
- B. The JCA will have the juvenile and parent/guardian complete the Receipt of the Juvenile Offender Living Guide. The original will be maintained in the offender's central file.

21. Placement Recommendation Process for Non PRTF Services:

- A. Upon completion of the initial intake requirements, the JCA will make a recommendation to their supervisor for placement, consistent with the youth's level of care requirements. Recommendation shall include the following information: juvenile name, commitment date, date of aftercare revocation when applicable, date of birth, current placement location, committing offense, YLS/CMI 2.0 total score and by domain, YLS/CMI 2.0 risk level, mental health diagnoses, previous placements.
- B. The following guidelines will be used in determining a placement plan for all Non-PRTF delinquent juveniles:
1. Group care, community-based services, alternative services – males and females with supervisory approval.

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2. When making a referral to a private care facility the JCA should complete a *Group/Residential Referral Application* through the IWP process in the OMS and send to the facility with the supporting documents (attachment #8).

C. The director of Juvenile Services must approve all placements for Non-PRTF services.

22. Placement Recommendation for PRTF/IRT Services:

- A. Upon completion of the initial intake requirements, the JCA will make a recommendation to their supervisor for placement, consistent with the youth's level of care requirement. If an offender has a qualifying psychiatric diagnosis and significant behaviors that suggest the need for PRTF/IRT level of care, the JCA should complete a *PRTF Referral Form* (attachment #9) through the IWP process in the OMS. The JCA should submit the form and required supporting documentation to their supervisor and designated staff.
- B. The file will be reviewed by the State Review Team and forwarded to PRO to determine Medicaid eligibility. The JCA will be notified on the outcome of the review.
- C. The director of Juvenile Services must approve all PRTF/IRT services.

23. Reports to the Court:

- A. Initial Status Report - The JCA will provide the court with an Initial Status report through the IWP process in the OMS. This includes a copy of the written narrative intake summary and a summary of any psychological, psychiatric, medical, physical, or health status information within thirty (30) days after the juvenile's commitment date (attachment #10 – *Initial Status Report*).
- B. Court Recommendations for Placement - In cases where the committing court provides a specific recommendation for placement, the JCA should give high consideration to the recommendation. In the event the department seeks a placement inconsistent with the court's recommendation, the JCA shall provide personal and immediate notification to the committing court.

V. RESPONSIBILITY

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

VI. AUTHORITY

None

VII. HISTORY

June 2026
November 2025
June 2025
June 2024
May 2023
October 2021
October 2020

ATTACHMENTS

1. Intake Data Collection Form
2. Human Trafficking Screener Tool
3. Juvenile Intake Summary (*generated in JUV OMS*)
4. Medicaid Application for Child in Custody
5. Medicaid Health Home Declination Form

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6. Parental Support Information Form *(generated in JUV OMS)*
7. Parental Support Reinstatement Form *(generated in JUV OMS)*
8. Group/Residential Referral Application *(generated in JUV OMS)*
9. PRTF Referral Form *(generated in JUV OMS)*
10. Initial Status Report *(generated in JUV OMS)*
11. Consent for Release of Information
12. Juvenile Living Guide - English
13. Juvenile Living Guide - Spanish

INTAKE DATA COLLECTION FORM

OFFENDER

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
GENDER	RACE	DOB	AGE

ALERTS- Prior Community Interventions

ALERT	ALERT TYPE		
COMMUNITY ALERT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> AB <input type="checkbox"/> CUR <input type="checkbox"/> GPS <input type="checkbox"/> SCR <input type="checkbox"/> Warrant Confirmation & Note
Notes:			

ALIASES

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

IDENTIFIERS

SOCIAL SECURITY #	DRIVERS LICENSE #	PHOTO ID #	TRIBE	TRIBAL DISTRICT	ENROLLEMENT #
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PERSONAL INFORMATION

EYES	HAIR	HEIGHT	WEIGHT	PLACE OF BIRTH	COUNTY OF BIRTH	COUNTRY OF BIRTH
PHYSICAL MARKS:						
RELIGIOUS PREFERENCE:						
MARITAL STATUS:						
CITIZENSHIP	GANG AFFILIATION	NUMBER OF CHILDREN	MEDICAID NUMBER			

Distribution: Public

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

COMMITTED FROM DSS	YES	NO	DNA REQUIRED
CHINS	YES	NO	YES NO
DELINQUENT	YES	NO	DATE COLLECTED
CHINS/DELINQUENT	YES	NO	
MILITARY CHILD	YES	NO	
INCARCERATED PARENT	YES	NO	LOCATION:

ADDRESS/CONTACT INFORMATION

ADDRESS 1

PRIMARY **MAILING** **ACTIVE** **YES** **NO**

NAME	SUITE	STREET	CITY	STATE	ZIP	COUNTRY
LAND LINE		CELL #	EMAIL			

ADDRESS 2

PRIMARY **MAILING** **ACTIVE** **YES** **NO**

NAME	SUITE	STREET	CITY	STATE	ZIP	COUNTRY
LAND LINE		CELL #	EMAIL			

ADDRESS 3

PRIMARY **MAILING** **ACTIVE** **YES** **NO**

NAME	SUITE	STREET	CITY	STATE	ZIP	COUNTRY
LAND LINE		CELL #	EMAIL			

OFFENDERS CONTACTS

CONTACT 1

EMERGENCY	NEXT OF KIN	ACTIVE	PRIMARY	MAILING
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP
		SOCIAL <input type="checkbox"/>	
		FAMILY <input type="checkbox"/>	
SS #	DOB	CONTACT TYPE	FIRST LANGUAGE MARITAL STATUS

SUITE STREET CITY STATE ZIP COUNTRY

LAND LINE CELL # EMAIL

CONTACT 2
EMERGENCY **NEXT OF KIN** **ACTIVE** **PRIMARY** **MAILING**
 YES NO YES NO YES NO YES NO YES NO

LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP
 SOCIAL
 FAMILY

SS # DOB CONTACT TYPE FIRST LANGUAGE MARITAL STATUS

SUITE STREET CITY STATE ZIP COUNTRY

LAND LINE CELL # EMAIL

CONTACT 3
EMERGENCY **NEXT OF KIN** **ACTIVE** **PRIMARY** **MAILING**
 YES NO YES NO YES NO YES NO YES NO

LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP
 SOCIAL
 FAMILY

SS # DOB CONTACT TYPE FIRST LANGUAGE MARITAL STATUS

SUITE STREET CITY STATE ZIP COUNTRY

LAND LINE CELL # EMAIL

CONTACT 4
EMERGENCY **NEXT OF KIN** **ACTIVE** **PRIMARY** **MAILING**
 YES NO YES NO YES NO YES NO YES NO

LAST NAME FIRST NAME MIDDLE NAME RELATIONSHIP
 SOCIAL
 FAMILY

SS # DOB CONTACT TYPE FIRST LANGUAGE MARITAL STATUS

SUITE STREET CITY STATE ZIP COUNTRY

LAND LINE CELL # EMAIL

Distribution: Public

CONTACT 5

EMERGENCY **NEXT OF KIN** **ACTIVE** **PRIMARY** **MAILING**
 YES NO YES NO YES NO YES NO YES NO

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	
		SOCIAL <input type="checkbox"/> FAMILY <input type="checkbox"/>		
SS #	DOB	CONTACT TYPE	FIRST LANGUAGE	MARITAL STATUS

SUITE	STREET	CITY	STATE	ZIP	COUNTRY
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LAND LINE	CELL #	EMAIL
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CONTACT 6

EMERGENCY **NEXT OF KIN** **ACTIVE** **PRIMARY** **MAILING**
 YES NO YES NO YES NO YES NO YES NO

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	
		SOCIAL <input type="checkbox"/> FAMILY <input type="checkbox"/>		
SS #	DOB	CONTACT TYPE	FIRST LANGUAGE	MARITAL STATUS

SUITE	STREET	CITY	STATE	ZIP	COUNTRY
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LAND LINE	CELL #	EMAIL
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EDUCATION

SCHOOL	AREA OF STUDY	START DATE	END DATE	LAST GRADE ATTAINED
IEP <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT

EMPLOYER	STATUS	OCCUPATION	SUPERVISOR	START DATE	END DATE
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WAGE	PERIOD	SCHEDULE TYPE	HOURS PER WEEK
IS EMPLOYER AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN EMPLOYER BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TERMINATION REASON:			

MEDICAL

PRIMARY DOCTOR

DENTIST

BROKEN BONES

HEALTH PROBLEMS

CORRECTIVE LENSES

ALLERGIES

Glasses YES NO **Prescribed By:**
Contacts YES NO
Full time YES NO
Part time YES NO

MEDICATIONS

TYPE OF MED	PRESCRIBED FOR	DOSAGE	PRESCRIBED BY
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HEALTH INSURANCE

POLICY HOLDER	POLICY NUMBER	GROUP NUMBER	COMPANY	CITY/STATE
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MENTAL HEALTH

CURRENT DSM DIAGNOSIS

DIAGNOSED BY:

DATE:

AXIS I

AXIS II

AXIS III

AXIS IV

AXIS V

PRIOR OUT-PATIENT TX

AGENCY	PSYCHIATRIST/COUNSELOR	START DATE	END DATE

PRIOR IN-PATIENT TX

FACILITY	START DATE	END DATE	REASON

HUMAN TRAFFICKING SCREENING TOOL FOR YOUTH

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Human Trafficking Screening Tool (HTST)

The contents of this guide and screening tool are based on the Human Trafficking Screening Tool (HTST) utilized by Florida's Department of Children and Families and Department of Juvenile Justice. The content of the HTST is informed by the Shared Hope International *Intervene Practitioner Guide and Intake Tool*, the research and reporting of the Vera Institute's *Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVTT) (2014)*, the Covenant House *Human Trafficking Interview and Assessment Measure (2013)*, and research from the National Human Trafficking Resource Center.

HTST Screening Preparation

The screening should be conducted in a safe and non-threatening environment. Screeners should be well-prepared, comfortable working with victims of trauma, and recognize the need to ask questions in an appropriate manner that is sensitive to the needs of youth. The following guidelines should be followed when preparing to conduct a HTST screening:

- Read through the entire screening instrument and Administration Guide, so that you are familiar with the instrument and able to conduct the screening in a conversational style, allowing the youth to direct the flow of discussion.
- Conduct the screening in a private, quiet environment designed to make the youth feel both physically and emotionally comfortable and safe.
- Be prepared to provide the youth with basic needs such as an interpreter, tissues, drink, food, clothing, medical/therapeutic care, and/or access to services, as appropriate.
- If an interpreter is necessary, he/she should be trustworthy (unknown to the youth being interviewed) and able to use the same wording as the screening when asking questions and the same wording as the youth when answering questions. Use of an agency or certified interpreter is required, and interviewers need to offer such to the youth when possible.
- Do not interview a youth in front of a suspected trafficker or individual who is exhibiting controlling behavior over the youth. Do not allow this person to interpret for youth if he/she does not speak fluent English.
- Recognize that dressing in uniforms, suits, or other formal attire may make youth uncomfortable.
- Use strengths-based and trauma-informed care approaches during the screening, allowing youth to lead the direction of the conversation.
- The screening process may need to take place over multiple contact points if the screener decides that the youth needs more time. The screener may postpone the discussion to a later time when the youth is ready to discuss his/her experiences. When a youth displays acute signs of anxiety, the screener should consider contacting a trained mental health professional to complete a session with the youth.
- For the purpose of this tool, "youth" refers to someone ages 10 through 24.

HTST Administration Guide

The screening instrument contains a number of techniques used to help screeners administer the tool properly. Screeners should be familiar with these techniques, which include the following:

- Instructions to screeners are provided in the HTST in italics throughout the instrument. These instructions guide screeners as to sub-questions that may need to be asked, sections that require information to be filled in, and questions that include prompts for further explanation.
- Introductory comments and questions to youth are in bold typeface. Introductory comments should be read to the youth. Screeners should use a conversational approach to secure answers to the HTST questions, being sensitive to the needs of youth who may be suffering from the effects of exposure to trauma.
- Avoid listing answer options unless the youth feels stuck. All questions should be open-ended rather than multiple choice.
- Screeners should use professional judgment in deciding whether to preface a question or a prompt with phrasing such as, “Please tell me more about that,” or “If you are comfortable, could you tell me about that?”
- Screeners should inform the youth that the purpose of the screening tool is not to punish youth, nor will the screener seek identifying information about potential perpetrators if the youth is not comfortable disclosing. Screeners should help youth understand the purpose of the screening tool is to provide the most helpful, supportive care possible for the youth.
- Screeners should follow state laws and agency guidelines regarding mandatory reporting. In general, screeners should advise youths that confidentiality will not apply if the youth describes a situation where someone is in immediate danger or at risk of being abused or hurting someone else.

Begin the screening by reading the following introductory comments to the youth: This is an interview to better understand your current situation and experiences. I will be asking you questions about yourself. Try to be as honest as you can. Some questions may be sensitive and hard for you to answer. You do not have to answer anything you don't want to answer. You can take a break at any time, ask to finish at a later time, or stop the session. I want you to know you can trust me, and your safety is my priority. What we discuss is confidential, unless you describe a situation where someone has been hurt or may be hurt physically, sexually, or emotionally.¹ If there is something you want to tell me about but you're not comfortable using names, you can tell me as much as you want, and I will not pressure you about sharing anyone's identity. I want to have this conversation to understand your experiences and how I can best help you; this is not about getting you or anyone you care for in trouble. Before we get started, do you have any questions?

¹To determine under what conditions confidentiality should be breached, screeners should adhere to mandated reporting requirements, as identified in SDCL 22-46-9

Section A – Background Information

1. Date Screened: __ / __ / ____
2. Screening Location: _____
3. Screener Name: _____
4. Mode of screening:
 - Interview Completed without need for interpreter
 - Interview completed with the assistance of an interpreter
 - Interpreter needed, but unavailable

Section B – Demographic Information

5. Youth's name: _____
6. ID #: _____
7. Sex: _____
8. Race/ethnicity: _____
9. Preferred language: _____

Section C – Youth Personal Background

10. When you're not in a facility, do you go to school?
 - No (*If no, skip to item 11*)
 - Yes (*If yes, proceed to 10a*)
 - Refused to answer

10a. Where do you go to school? _____

10b. When you're not in a facility, how many days do you attend school in a typical two-week period?

 - 0 days
 - 1-5 days
 - 6-10 days
 - N/a
11. When you're not in a facility, do you get on the Internet, Wi-Fi, or use phone or tablet apps?
 - No
 - Yes (*If yes, proceed to item 11a*)
 - Refused to answer

11a. What kind of sites or apps do you use?

 - Twitter
 - Instagram
 - Snapchat
 - Online game chat

- Instant messaging
- Facebook
- Tinder
- Plenty of Fish
- Craigslist
- Backpage
- Other apps or sites _____
- Refused to answer

12. Have you ever agreed to meet someone you met online or through the Internet or through a phone app?

- No
- Yes (*Prompt by saying, "Tell me more about that."*)
- Refused to answer

➤ Evidence of unsafe online activity? Yes _____ No _____

13. So, do you currently have a boyfriend or girlfriend?

- No (*If no, skip to item 14*)
- Yes (*If yes, proceed to item 13a and 13b*)
- Refused to answer

13a. How old is he or she?

- Less than 10 yrs old
- 10 to 15 years old
- 16 to 17 years old
- 18 to 21 years old
- 22 years or older
- Refused to answer

13b. How did you meet?

- Through a friend
- At school
- Through a family member
- Online
- Public place
- Work
- Other _____
- Refused to answer

14. Do you have any tattoos?

- No (*If no, skip to item 15*)
- Yes (*If yes, proceed to items 14a-14c*)
- Refused to answer
- Staff observed tattoo (*if selected, proceed to items 14a-14c*)

14a. What is the tattoo? (*Screener may respond to this item based on youth response **and/or** based on observation of the tattoo. Check all that apply.*)

- Dollar/currency sign, money bags
- Star/hearts
- Male name
- Female name
- Nickname/street name
- Refused to answer
- Other _____

14b. What does your tattoo mean?

- Family connection
- Personal meaning _____
- Romantic partner's name
- Gang-related
- Suspected trafficker's name/initials
- Forced branding/ownership
- No meaning
- Don't know the meaning
- Refused to answer
- Other _____

14c. Who was with you when you got your tattoo?

- Family member
- Friend
- Romantic partner
- No one
- Suspected trafficker
- Gang member
- Refused to answer

15. Do you have any scars or brands that were made on purpose, not from accident or injury?
(*Screener should respond based upon youth answer **and/or** observation of visible scars*)

- No (*If no, skip to item 16*)
- Yes (*If yes, proceed to item 15a*)
- Screener observes mark(s), but youth denies mark(s) were made intentionally
- Refused to answer

15a. Who was with you when you got your brand or when you received the scar?

- Family member
- Friend
- Romantic partner
- No one
- Suspected trafficker
- Gang member
- Refused to answer

➤ Evidence of Suspicious/Trafficking-Related Tattooing/Branding: Yes _____ No _____

Section D – Living Conditions

Next, I'd like to talk to you about where you live and the people you live with.

16. Where were you living before you came here? What type of place were you living in?

(Screener may prompt youth by listing examples from below)

- House
- Apartment
- Group/foster home
- Car/van
- Shelter
- Rehabilitation facility
- Hotel/motel
- Part of a residence (garage, basement, shed)
- Couch-surfing
- Staying in an abandoned building
- Traveling/in-between residences
- Homeless
- Refused to answer
- Other _____

17. Who lived with you?

- Father
- Mother
- Both parents
- Guardian
- Step-parent
- Relative
- Friend
- Romantic partner
- No one
- Refused to answer
- Other _____

18. Do you pay for where you live?

- No (*If no, skip to item 19*)
- Yes (*If yes, proceed to item 18a*)

18a. How do you pay for where you live?

- Parents/relatives
- Friends
- Romantic partner
- Myself through employment/job
- Myself through selling drugs
- Myself through stealing
- Myself through engaging in sexual acts for money/material gain
- Panhandle/beg
- Refused to answer
- Other _____

19. Have you ever had any contacts or visits from Children's Services? (*Note: Youth may use other terminology including CPS, JFS, HRS, CBC, DCF, DFS, and/or The State*)

- Yes
- No
- Refused to answer

➤ Evidence of unsafe living environment: Yes ____ No ____

Section E – Work Information

Now I'd like to ask you some questions about work situations. What I mean by "work" is anything you have done where you have received something of value (like money, food, clothing, a place to stay, drugs, or gifts) in exchange for your efforts. So your boss may have been a typical employer or may have been a family member, friend, boyfriend or girlfriend, or someone you lived with or had a relationship with.

20. Did you have to support yourself before coming here?

- No (*If no, skip to item 27*)
- Yes (*If yes, proceed to item 21*)

21. How did/do you support yourself? (Check all that apply)

- Agricultural/farm work
- Housekeeping/janitorial work
- Door-to-door sales
- Restaurant work
- Construction
- Retail
- Nails/hair

- Massage
- Personal dancing, stripping, or similar
- Refused to answer
- Drug trafficking
- Other (fill in) _____

21b. What does your parent/guardian/caretaker think of how you support yourself?

- Approve
- Disapprove
- They're not aware
- They have no opinion
- Other _____
- Refused to answer

22. How much money did you make per hour?

- Less than \$8.15/hr
- More than \$8.15/hr but less than \$15/hr
- \$15-25/hr
- More than \$25/hr
- Does not know
- Refused to answer

23. How do you receive money?

- Paid in cash by clients
- Paid in cash by employer/boss
- Money deposited into bank account
- Paid with check
- Paid in-kind through food, a place to stay, clothing, or other non-monetary items/gifts
- Not paid
- Other _____
- Refused to answer

24. Has anyone promised you money that you haven't received?

- No
- Yes
- Refused to answer

25. Does your family owe anyone money that they need your help to repay?

- No
- Yes
- Refused to answer

Screener may prompt for something else that is owed, like a favor, house, property, or land.

➤ Evidence of Deceptive Payment Practices? Yes _____ No _____

26. Do you live and work at the same place?

- No
- Yes
- Refused to answer

27. Can you quit or could you have quit your job at any time without punishment from your boss or supervisor?

- No
- Yes
- Refused to answer

➤ Evidence of Forced Labor? Yes _____ No _____

28. When you think about the future, what do you want to do when you get older? (fill in)

Section F – Leaving or Running Away from Home

29. Have you ever run away, stayed away, or left your home without permission?

- No (If no, skip to item 30)
- Yes (If yes, proceed to item 29a)
- Refused to answer

29a. How many times have you run away or left without permission?

- 1 to 5 times
- 6 to 10 times
- 11 to 20 times
- More than 20 times
- Refused to answer

29b. How long were you gone the last time you left home?

- 1 to 6 days
- 1 to 4 weeks
- 2 to 3 months
- 4 months or longer
- Refused to answer

29c. Where did you go when you left? (*check all that apply*)

- Friend's place
- Relative's place/other biological parent's place
- Romantic partner's place
- Motel/hotel
- Street
- Out of Town
- Pro-social adult's place
- Anti-social adult's place
- Street gang
- Refused to answer

29d. When you were away, how did you support yourself? (*check all that apply*)

- Family/relatives cared for me
- Friends cared for me
- Romantic partner helped
- Worked (legal employment/jobs)
- Money through drugs
- Money/material gain/favors from prostitution, stripping, or similar activities
- Didn't stay away long enough to need support
- Stealing
- Government assistance
- Panhandling
- Borrowed money from friends
- Trafficker/pimp
- Refused to answer
- Other _____

➤ Evidence of Excessive Running Away: Yes ____ No ____

29e. While you were away, did you keep your money, or did someone keep it for you?

- I kept my money
- Someone kept my money for me
- Refused to answer

29f. Who were you with while you were away?

- No one
- Friends
- Romantic partner
- Trafficker/pimp
- Guardian

- Family/relatives
- Street gang
- Refused to answer

29g. Did that person(s) ever give you things like money, drugs, food, clothes, or other things you needed?

- No
- Yes
- Refused to answer

➤ Evidence of Questionable Financial Support While Away? Yes ____ No ____

29h. Did you leave town while you were away from home?

- No
- Yes
- Refused to answer

29i. While you were away, did anyone you were with not allow you to go back home?

- No
- Yes
- Refused to answer

29j. Why did you leave home? (*check all that apply*)

- Abuse/neglect happening at home
- Unsafe in the community (explain how) _____
- To spend more time with friends
- To spend more time with romantic partner
- Forced out of the home by the family or friend
- Conflict at home
- Seeking more independence
- Other _____
- Refused to answer

➤ Evidence of Coercion or Force to Stay on the Run: Yes ____ No ____

Sometimes people find themselves in situations where they feel unsafe, threatened, controlled, or even tricked into doing something they didn't want to do. I am going to ask you a few questions about things that might have made you feel unsafe, threatened, controlled, or tricked into doing something you didn't want to do.

29k. While you were away, did you experience anything that made you feel uncomfortable or unsafe?

- No
- Yes (If so, what?) _____
- Refused to answer

29l. Sometimes young people who are away from home can be taken advantage of and asked to do sexual activities in order to get something they need or want. These activities can include dancing, stripping, posing for photos, or sex of any kind. While you were away, did anyone ever ask you to do something like that?

- No
- Yes
- Refused to answer

➤ Evidence of Sexual Activities for Money, Support, or Gifts? Yes ____ No ____

30. In thinking about your past experiences, has anyone ever locked doors or windows or anything else to stop you from leaving when you wanted to? (*If yes, prompt with, "Tell me about that."*)

- No
- Yes
- Refused to answer

➤ Evidence of Inability to Leave? Yes ____ No ____

31. Has anyone ever forced you to get or use false identification, like a fake ID, green card, different name, different age, or something else?

- No
- Yes
- Refused to answer

➤ Evidence of Forced Identity Deception? Yes ____ No ____

32. Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for you performing a sexual activity?

- No
- Yes
- Refused to answer

➤ Evidence of Compensation for Sexual Activity? Yes ____ No ____

33. Have you ever been involved in a gang?

- Yes (*if yes, proceed to 33a*)
- No (*if no, skip the remaining questions*)
- Refused to answer

33a. How did you get involved?

- Using force through actual violence or threats of violence
- Convinced by gang members that joining would improve quality of life
- Recruited by caretakers who were gang members
- Convinced by gang members that gang involvement would provide protection
- No recruitment occurred (youth volunteered)
- Other _____
- Refused to answer

33b. Did gang leaders ever require you to do something you felt uncomfortable or unsafe doing?

- Yes
- No
- Refused to answer

33c. Did the gang ever receive money, jewelry, drugs, or anything else for something you were made to do?

- Yes
- No
- Refused to answer

Screener, close out the interview by saying the following to the youth:

I want to thank you for being open with me and answering these questions. Do you have any questions or is there anything that you would like to talk about?

NOTES:

Post-Screening Assessment

Did you observe any nonverbal indicators of past victimization? If so, explain.

Did you observe any indicators the youth's responses may have been false? If so, explain.

In considering the totality of the assessment, please identify the youth as the following (check all that apply):

- Non-Victim**
There is no evidence the youth was exploited for labor or commercial sex.
- Victim – Sex Trafficking**
There is reason to believe the youth is a victim of commercial sexual exploitation.
- Victim – Labor Trafficking**
There is reason to believe the youth is a victim of labor exploitation.
- Indicated – Sex Trafficking**
There is suspicion the youth may be a victim of commercial sexual exploitation, but more information is needed.
- Indicated – Labor Trafficking**
There is suspicion the youth may be a victim of labor exploitation, but more information is needed.

**DEPARTMENT OF CORRECTIONS
JUVENILE INTAKE SUMMARY**

Juvenile Name:

JCA:

Juvenile ID:

Judge:

Juvenile DOB:

Address:

Court Narrative

Family Information

Education/Employment

Social

Substance Abuse

Mental Health

Medical

Prior Interventions

Aftercare Placement/Key Issues

Distribution: Public

Receipt Date: ___ / ___ / ___ Recipient ID: _____

**DEPARTMENT OF CORRECTIONS
APPLICATION FOR MEDICAID FOR A CHILD IN CUSTODY**

1. First Name, Middle Name, Last Name, & Suffix			
2. Address	3. City	4. State	5. Zip Code
6. Date of birth (MM/DD/YYYY)		7. Social Security Number (XXX-XX-XXXX)	
8. Sex	9. Race	10. Member of a Federally Recognized Tribe (Y/N)	

11. Is this person a full-time student? Yes No

12. Are you a U.S. citizen? Yes No

13. If no, do you have eligible immigration status? Yes No

Document Type: _____ Document Number: _____

14. Have you been known by any other name? Yes (If yes, please provide information below) No

15. First Name	16. Last Name
----------------	---------------

USE OF SOCIAL SECURITY NUMBER

The Division of Economic Assistance will use the SSN to verify your income and eligibility for Medical Assistance. It is possible the SSN will be used to determine another person's right to Medical Assistance or to comply with Federal law requiring release of information from medical records. The information may be matched with the records in other agencies, such as the Social Security Administration or Internal Revenue Service. The matches may be done by computer or on an individual basis. This is required by section 1137(a)(I) of the Social Security Act and Medical Assistance regulations at 42CFR 435.910.

Juvenile Correction Agent Information

17. First Name, Middle Initial, & Last Name

18. Address	19. City	20. State	21. Zip Code
-------------	----------	-----------	--------------

Placement Information

Committal Date: ___ / ___ / ___ Placement Date: ___ / ___ / ___

Current Placement: _____

Future Placement: _____

Estimated Placement Date: ___ / ___ / ___

Health Insurance Information

22. Are you covered by any health insurance plan? Yes (Please provide copy of the card) No

23. Name of Insurance Company	24. Address of Insurance Company
25. Policy #	26. Group #
27. Policy Holder Name	28. Date Coverage Began

29. Type of Coverage (Inpatient, Out-Patient, Pharmacy, Dental, Vision, etc.)

Income Information

30. Does the applicant plan to file a tax return? Yes No (If yes, please provide information below)

31. Monthly Gross Income	32. Income Source
--------------------------	-------------------

**READ THE FOLLOWING SECTIONS CAREFULLY
BEFORE YOU SIGN AND DATE THIS FORM**

CIVIL RIGHTS GUARANTEE

The provisions of the Civil Rights Act of 1964, as amended, also apply to your case and department representatives shall not, on the grounds of race, color, creed, religion, sex, disability, ancestry, or national origin, exclude you from participation in, deny the benefits of, or otherwise subject you to discrimination under any program or activity administered by the department. Any person who feels that his civil rights have been violated may request a fair hearing. You may also file a complaint of discrimination by writing DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501-2291 or by calling (605) 773-3305.

PRIVACY STATEMENT

Federal and State laws and regulations limit the use and disclosure of confidential information concerning applicants and recipient of all agency programs to purposes directly related to the administration of these programs.

ASSIGNMENT OF RIGHTS OF PAYMENT FOR MEDICAL SUPPORT AND OTHER MEDICAL CARE

As a condition of my eligibility, I assign to the State any rights to medical support and to payment for medical care from any third party. I agree to cooperate with the State in identifying and providing information to assist the State in pursuing any third party that may be liable to pay for care and services. I understand that I must report any payments received for medical care within ten days.

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that, by signing this application, I am agreeing to a review of my eligibility by State and/or Federal officials. This may include inquiries of employers, medical providers, financial institutions, and other business and professional persons and review of any agency records. I also agree that my application authorizes these agencies to release to this agency the information needed to determine my eligibility. I agree to provide the documents necessary to establish eligibility. If documents are not available, I agree to give the name of the person or organization from which this agency may obtain the necessary proof.

I understand that each individual who receives assistance must provide or apply for a social security number. I authorize the use of my (our) social security number for such purposes as identification, program reviews or audits, and computer matching with our other agencies and institutions such as banks, saving and loan associations, and other government agencies, including Internal Revenue Service, to verify eligibility for assistance.

RIGHT TO FAIR HEARING

Right to hearing - If your application for assistance is denied or you do not agree with the action the Department has taken, you may appeal such action. You can have a conference with your Benefits Specialist and receive a full explanation of the proposed action as long as you request the conference within 15 days after this notice was mailed to you.

How to request a hearing - You have the right to request a fair hearing if you disagree with any decision about your application. Hearing requests must be made within 30 days from the date the written notice was received. To request a hearing contact the Office of Administrative Hearings, Kneip Building, 700 Governors Drive, Pierre, SD 57501 (Phone: (605) 773-6851; Fax: (605) 773-6873). The request must indicate what action is being appealed.

Thirty Day Limitation - You may request a fair hearing within (30) days after notice of the proposed action or the conference decision, or thirty (30) days after action should have been taken as provided by law or rule.

Inform your Benefits Specialist of any changes in circumstances that may affect eligibility (income, resources, living arrangement, etc.) These changes must be reported promptly

AUTHORIZATION TO FURNISH INFORMATION AND RELEASE INFORMATION

I hereby authorize any person, agency or institution to supply information requested by the Department of Social Services concerning me or my family, and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by and duly authorized representative of the Department. I further authorize the Department to release such information to providers or cooperating State or Federal Agencies.

The authorization is given only in connection with its use by the Department in the administration of its programs and for no other purposes. It shall continue in effect until such time as I state in writing that it is no longer valid. I hereby release any person, agency or institution from any and all liability to me or my family for supplying such information.

Signature of Applicant: _____ Date: ____/____/____

Signature of Juvenile Correction Agent: _____ Date: ____/____/____

MEDICAID HEALTH HOME DECLINE TO PARTICIPATE FORM

I understand that I may choose not to participate in the Health Home Program. Please complete this form and return it to the Division of Medical Services, 700 Governors Dr., Pierre, SD 57501.

I choose not to participate in the Health Home Program

Please complete the statement below and return it to the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501, or call (605) 773-3495.

I, _____, do not want to participate in Health Homes at this time.
(Name, Please Print)

I know that I can choose to participate in Health Homes at any time if I am eligible for the program.

Signature

Medicaid Number

Reason for declining to participate (Please check all that apply)

___ My provider is not a Health Home Provider

___ I don't understand the program, please call me at _____

___ Other (please explain)

PARENTAL SUPPORT INFORMATION FORM

Juvenile ID #: _____

Date of Birth: _____

Juvenile's Name: _____

Commitment Date: _____

Social Security #: _____

JCA Name: _____

Telephone #: _____

\$ _____ Per month or per week (please circle)

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Telephone: _____

Work Telephone: _____

Currently paying Child Support: Yes No

What State, County or other location is payment made to? _____

\$ _____ Per month or per week (please circle)

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Telephone: _____

Work Telephone: _____

Currently paying Child Support: Yes No

What State, County or other location is payment made to? _____

Date Support Begins: _____
(Beginning date is Date of Commitment plus seven days)

Notes: _____

****Call Rapid City Social Security Administration at (866-354-1123): Dial the appropriate extension according to the juvenile's last name to verify whether the child is eligible to receive benefits (will be prompted for child's SSN and date of birth). AA-LA=Ext. 13920 and LB-ZZ=Ext. 13914. Call the Accounting Assistant in Pierre for any needed assistance.**

Juvenile receiving SS: Yes No

Juvenile receiving SSI: Yes No

This form and a copy of the Court Order stipulating parental support is to be sent to DOC Administration Office for new commitments and for offenders whose aftercare has been revoked.

State of South Dakota
Department of Corrections



PARENTAL SUPPORT REINSTATEMENT FORM

TO:

FROM:

RE: Parental Support Reinstatement

DATE:

Please be advised the amount of \$ ____ per week/month (circle one) for parental support has been reinstated due to the aftercare revocation of ____ effective ____.

The Payment should be sent to:

Department of Corrections
3200 East Highway 34 Suite 6
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Attn: Accounting Department

(When sending payments, please make a note on the check or money order with your child's name: First, Middle Initial and Last). If you have any questions or concerns, please feel free to contact me at the above address or number.

cc: File
Rapid City Senior Secretary

**DEPARTMENT OF SOCIAL SERVICES - CHILD PROTECTION SERVICES
SOUTH DAKOTA DEPARTMENT OF CORRECTIONS
GROUP/RESIDENTIAL REFERRAL APPLICATION**

Juvenile Name:

Gender:

Race:

Date of Birth:

Social Security Number:

Height: Weight:

Medicaid Number:

CID Number:

Discharge Plan:

Permanent Plan:

Level of Service – Please check the level of service that is being sought for the youth.

Community Based Services	NON-PRTF SERVICES	PRTF SERVICES
<input type="checkbox"/> Out of School Time <input type="checkbox"/> Independent Living <input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Respite Care <input type="checkbox"/> Community Reintegration	<input type="checkbox"/> Short Term Assessment <input type="checkbox"/> Professional Foster Care <input type="checkbox"/> Therapeutic Emergency Foster Care <input type="checkbox"/> Group Care-Short Term (30-120 days) <input type="checkbox"/> Group Care-Long Term (6-12 months)	<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Intensive Residential Treatment

Has the Child been reviewed by the State Review Team (SRT)? Yes No

Date that placement is needed:

Tribal Information

Tribe:

Enrollment Number:

Family Services Specialist

Name:

Office:

Supervisor:

Email Address:

Work Phone Number:

Fax Number:

Juvenile Corrections Agent

Name:

Office:

Supervisor:

Email Address:

Work Phone Number:

Fax Number:

Parent/Guardian & Emergency Numbers:			
Name	Relation to Student	Contact Approved	Monitored
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Person Juvenile has been living with or Emergency Contact:	Emergency Phone Number:

Siblings

NAME	Age	Address

No Contact List

NAME	RELATION TO YOUTH

Materials to be Included

- Removal/Commitment Order giving Custody to the State
- Latest Report to the Court
- Initial Family Assessment or Juvenile Offender Intake Summary
- Copy of the Social Security Card
- Copy of Birth Certificate
- Copy of Most Recent Psychiatric Evaluation
- Copy of Most Recent Psychological Evaluation
- Copy of Discharge Summaries from Prior Placements
- Juvenile Living Guide Receipts – Juvenile & Parent (DOC only)

School Records

- Current IEP
 - Report Cards
 - Other Services Provided
 - Speech
 - Language
 - Counseling by School
 - Behavior Issues
- Current Grade Level: _____ IQ Score (if available): _____

Medical Records

EPSDT, Immunization Records, TB Test, Dental, Vision, Hearing

Dates of Last:

TB Test:	Dental Visit:
Vision Test:	Hearing Test:
Physical Exam:	

List Allergies:

Current Medications:

Name & Phone Number of:

Child's Doctor:

Telephone:

Child's Dentist:

Telephone:

Placement History

Name of Facility	Dates of Service	Completed Successfully	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Abuse & Neglect History:

Drug / Alcohol History:

Child:

Parents:

Fetal Alcohol Spectrum Disorder Information:

Behaviors

Aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Starter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Run Away	<input type="checkbox"/> Yes <input type="checkbox"/> No	Huffing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexually Active	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Sexual Behaviors Category is marked "yes":

Was sexual offender treatment recommended, and if so, has the child completed?

Yes No

If yes, where was sexual offender treatment completed at?

Please list any other behaviors that the child may need services for:

Please describe or give examples of each item checked "Yes" or listed as other:

Additional information that would be helpful to know to provide appropriate care for the child:

Reasons for Placement / Desired Treatment Outcomes:

Discharge Plan. Please indicate, in as much detail as possible, what the discharge plan is for the youth upon completion of this program:

Have Parents/Immediate Family been notified of this possible placement? Yes No

If "No", please explain:

In order to maintain safety and security within the facility it may be necessary to utilize seclusion and/or restrain at times. The guidelines for the use of seclusion/restraint are enforced through licensing regulations.

Is the use of seclusion and restraint approved for this referral? Yes No

Name of Person Completing This Form:

Date:

SOUTH DAKOTA PRTF REFERRAL FORM PSYCHIATRIC SERVICES UNDER 21

Please return the application and supporting documentation to the following address: Auxiliary Placement Program, Department of Social Services, 700 Governors Drive, Pierre, SD 57501-2291; or Fax # 605-773-7183; If you have questions, please call the Auxiliary Placement Program @ 605-773-3448.

A. IDENTIFYING INFORMATION

Child's Name: _____ Date of Birth: _____ Date submitted: _____
Gender: Male ; Female ; Medicaid eligible: Yes ; No Medicaid #: _____

B. CHILD'S CURRENT LIVING ARRANGEMENTS (Check the appropriate box and list name of facility/center/hospital)

- Parent/relative/non-relative
- Foster home
- JDC
- Group care center
- Residential treatment facility
- Acute Hospital

C. COMPLETE THIS SECTION IF REFERRAL IS BEING MADE BY DSS CPS, DOC OR TRIBAL/BIA AGENCY

Referring party: DOC ; CPS ; BIA/Tribal agency (identify agency)

Referring party contact information: Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Has the child received a GED: Yes ; No Has the child received a Diploma: Yes ; No

****TRIBAL or BIA AGENCY REFERRAL – COMPLETE THE FOLLOWING QUESTIONS**

Name of school district where child is currently enrolled: _____

TUITION TO BE PAID BY: _____

Is the child on an IEP: Yes ; No ; Currently being tested for IEP ; Primary IEP disability: _____

D. COMPLETE THIS SECTION IF REFERRAL IS BEING MADE BY A PRIVATE PARTY

Referring party: Parent ; School ; Mental Health Therapist ; Hospital ; Court Svc ; HSC ; Other ;

Referring party contact information: _____

Phone: _____ Fax: _____ E-mail: _____

Name of school district where child is currently enrolled: _____

TUITION: Is the child's school district agreeing to pay the tuition: Yes ; No ; Contacting school ;

Is the child on an IEP: Yes ; No ; Currently being tested ; Primary IEP disability: _____

Has the child received a GED: Yes ; No Has the child received a Diploma: Yes ; No

****If referral is being submitted by someone other than the parent / guardian please complete the following:**

Parent Name _____

Revised: 04/12/2024

Effective: 06/01/2026

Distribution: Public

Home Phone:

Work phone:

Cell phone:

Parent Address:

Parent / Guardian e-mail:

E. FACILITY BEING REQUESTED

Name of facility:

Has the facility accepted the child? Yes ; No ; Still reviewing ; Comment

List all other facilities you have contacted for potential admission and their responses:

F. PRIOR OUT OF HOME PLACEMENTS: Yes ; No ; TO INCLUDE: Psychiatric hospital; Human Services Center (HSC), residential treatment facility or group care center: If yes: list facility name, admit/discharge dates and outcome:

G. PRIOR COMMUNITY BASED MENTAL HEALTH TREATMENT Yes ; No ;

If yes list name and timelines of treatment:

If no explain reason community-based treatment has not been attempted:

H. MOST CURRENT PSYCHOLOGICAL / PSYCHIATRIC EVALUATION:

Please request that the evaluation be submitted for review.

Evaluation completed by:

Date

DSM – V Diagnosis:

Psychiatric Medications:

Full Scale IQ:

I. CURRENT BEHAVIORS WITHIN THE LAST 30 DAYS:

J. BEHAVIOR HISTORY INDICATING TIMELINES:

I acknowledge this referral is for a determination if the child meets criteria for placement in a Psychiatric Residential Treatment Facility governed by ARSD 67:16:47. Completion of this form is not a guarantee of service or placement nor is it a commitment on my part to place my child.

Parent / Guardian Signature

Date



**STATE OF SOUTH DAKOTA
DEPARTMENT OF CORRECTIONS
DIVISION OF JUVENILE CORRECTIONS**

Initial Status Report

RE:
DOC commitment date:

Dear Judge _____ :

Enclosed please find the Juvenile Offender Intake Summary for _____, who was committed to the Department of Corrections on MM/DD/YYYY. This will serve as the first month's progress report.

<Enter Additional Comments Here>

Sincerely,

Juvenile Corrections Agent

Enclosure: Juvenile Offender Intake Summary

**DEPARTMENT OF CORRECTIONS
DIVISION OF JUVENILE CORRECTIONS**

CONSENT FOR RELEASE OF INFORMATION

I, (Juvenile name) hereby consent to communication concerning me between , (Facility) and (JCA).

The purpose of this communication and disclosure is to share information about me between the agencies and individuals listed above for treatment planning purposes. The need for this disclosure is based upon the fact that I have been committed to the Department of Corrections and am under the guardianship of the secretary of corrections. The extent of information to be disclosed includes information concerning my activities and services received; assessment or test results. Including any diagnoses identified and any currently prescribed medication(s); information about my attendance or lack of attendance at school, evaluation or treatment sessions and my progress; my cooperation with the treatment program or services; and my prognosis.

The consent for release of information includes the sharing of written records including:

I understand that this consent will remain in effect and cannot be revoked by me until:

- There has been a formal and effective discharge from Department of Corrections jurisdiction.
- (other time when consent can be revoked)
- (other expiration of consent)

I understand that this information may be shared with other representatives of the Department of Corrections who have legitimate interest in this information.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

Witnessed by

Juvenile's signature

Date witnessed

Date signed

SOUTH DAKOTA DEPARTMENT OF CORRECTIONS

Revised: June 2026



JUVENILE LIVING GUIDE

RECEIPT OF JUVENILE LIVING GUIDE - *Juvenile Receipt*

Juvenile's Name: _____
(Please Print Clearly)

I acknowledge receiving a copy of the South Dakota Department of Corrections Juvenile Living Guide.

I understand it is my responsibility to follow all DOC rules, including those contained within the Juvenile Living Guide.

I understand I must keep a copy of this guide in an accessible place for the duration of my commitment to the South Dakota Department of Corrections, and that I may be subject to a replacement fee to replace a lost or damaged guide.

Juvenile's Signature

Date

- Send the completed form to the juvenile's central file located with the JCA.

RECEIPT of JUVENILE LIVING GUIDE - *Parental/Guardian Receipt*

Juvenile's Name: _____

I acknowledge receipt of the South Dakota Department of Corrections (DOC) Juvenile Living Guide. I understand it is my responsibility to read and understand this guide. I will discuss any questions or concerns I have with this guide with the Juvenile Corrections agent assigned to my child.

I understand I am responsible for paying all costs associated with my child's commitment to the DOC, as ordered by the court or otherwise required by the DOC. These costs may include parental support, medical, dental, optometric, and mental health services. I understand it is my responsibility to provide the DOC with a copy (front and back) of my child's insurance and Medicaid information. I understand if my child is placed at a contract facility, he/she may not be eligible for Medicaid coverage. Medicaid may provide coverage for those placed in private group care or a residential treatment facility, provided certain eligibility requirements are met. Parents who are court ordered to pay for health care costs will be responsible for all ordered expenses not covered by private insurance or Medicaid. Any court orders debt owed to the state if not paid, the principal amount times 20%, will be turned over to the Obligation Recovery Center, in accordance with SDCL chapter 1-55.

I understand if my child is receiving Social Security or Supplemental Security Income payments (SSI) from the Social Security Administration, I am not eligible to receive those monies during the time my child is in the custody of the DOC. I understand the DOC may become the payee of those monies during that time.

I understand I have an obligation to participate in my child's treatment process. While services may include out-of-home placement for my child, I will remain committed to participating in such services to increase the likelihood my child will have the opportunity for a successful reentry to the community and discharge from the DOC.

I understand public DOC policies are available for review by my child and parents/guardians of the child.

I understand a list of the DOC's policies is available for public access on the DOC website at <http://doc.sd.gov/>. If I have questions regarding a policy or wish to receive a copy of an attachment located within a particular policy, I may contact DOC staff assigned to my child or the Department of Corrections Administration office, located in Pierre, SD.

Parent's Signature

Date

- Retain the completed form in the juvenile's central file located with the JCA .
- Provide a copy of the signed form to the parent/guardian.

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SECTION I: INTRODUCTION

MISSION STATEMENT

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

VISION

A national leader in corrections that enhances public safety.

VALUES

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

INTRODUCTION

We recognize that anytime a young person is involved in the juvenile justice system, it is likely a difficult time for you and your family. This guide is intended to help you understand what to expect during your commitment. The content and information contained within this handbook applies to all juveniles committed to the South Dakota Department of Corrections (SDDOC) juvenile system and their families. Contained within this guide is basic information about the programs available to you and your rights and responsibilities while committed to the DOC. This guide is not intended to be a complete list of all DOC rules, regulations, requirements, programs, or procedures. If you have questions regarding any information provided in this guide, please contact your juvenile corrections agent.

PERIOD OF COMMITMENT

You have been committed to the DOC until age twenty-one (21) or upon discharge from the DOC, as provided in South Dakota Codified Law (SDCL) § [26-11A-5](#) and § [26-11A-7](#). Your actual length of commitment depends on several factors. This includes your history of offenses, your behaviors while committed and willingness to follow the rules and engage in treatment services during your commitment, and successful completion of the aftercare program and its requirements.

PARENTAL RESPONSIBILITY

In accordance with SDCL § [26-7A-42](#), parents, guardians and custodians of a juvenile committed to the DOC shall maintain financial responsibility of the committed juvenile. The committing judge has the authority to determine the amount of parental support that must be paid to the DOC for the care, custody, and control of a juvenile. Parents or guardians shall remain responsible for the juvenile's

medical and dental costs not otherwise covered. Parents or guardians must report any health and dental insurance coverage to the juvenile corrections agent (JCA) as soon as possible. Any court ordered debt owed to the state, if not paid, the principal times 20%, will be turned over to the Obligation Recovery Center, in accordance with SDCL chapter § 1-55.

We view parents, guardians and custodians as partners and key to helping your child and family function more effectively. We encourage you to engage in all treatment services as they are designed to assist you to fully resume your role as the one who is fully responsible for your child. Our role is intended to be temporary.

SECRETARY OF CORRECTIONS AS GUARDIAN

In accordance with state law, the secretary of corrections (SOC) is the guardian of all juveniles committed to the DOC (see SDCL § 26-7A-92). The SOC may appoint another to act as custodian of a juvenile committed to the DOC (see SDCL § 26-11A-11).

DNA COLLECTION

Every juvenile committed to the DOC as an adjudicated delinquent for a qualifying felony offense, is required to provide a DNA sample, as described in SDCL Chapter § 23-5A and DOC policy 1100-02 *Offender DNA Collection*.

DNA collection requires submission of the person's fingerprints and saliva to the state laboratory in Pierre, SD for recording.

SEX OFFENDER REGISTRATION

During the intake process, the JCA will check each juvenile's name against the national sex offender registry and note if the juvenile is identified as a sex offender. All youth required by state law to register are responsible for completing and abiding by all sex offender registry rules and applicable law. JCAs will ensure youth adjudicated for a qualifying offense are registered, as required by state law. Your JCA will use screening, evaluation, and assessment tools to help identify programming needs and to develop an individual treatment plan.

PRISON RAPE ELIMINATION ACT (PREA)

The SDDOC has a zero-tolerance policy relating to sexual abuse of offenders. The SDDOC will cooperate in the investigation and prosecution of anyone involved in a sexual abuse of a juvenile offender, or negligence or violation of responsibilities, which may have contributed to the abuse of the juvenile. Juveniles who believe they are the victim of a sexual abuse must report this information to their JCA or DOC staff member as soon as possible.

Sexual abuse is any unwanted sexual contact from another person and is defined as "Sexual abuse includes sexual assault, sexual harassment, and sexual misconduct."

Sexual assault is the act of unwanted sexual intrusion, touching, or penetration however slight, by a hand, finger, object, other instrument or contact of the anal, oral, or genital opening of another person or touching of the breast or other body part however slight, by hand, finger, object, or other instrument. This also includes contact, by any person on another by force, overt or implied threat,

coercion, intimidation, compulsion, inducement, or impairment of one's faculties (see SDCL §§ 22-22 and 24-1-26.1).

Sexual harassment is repeated comments or gestures of a sexual nature, unwelcome sexual advances, or requests by another person.

A person commits sexual misconduct when they have active or passive contact, which was not coerced or forced, between the genitals, hand(s), mouth, buttocks, anus, breast, or with an object and the genitals, hand(s), mouth, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties.

If you are not comfortable reporting this directly to staff, either in writing, verbally or through an anonymous report, you may report the abuse or harassment to a friend or family member, so they can report this to the DOC. A report may also be made with the South Dakota Division of Criminal Investigation (DCI). The DOC will respond to all reports of sexual abuse and steps will be taken to protect the victim.

REPORTING OF ABUSE AND HARASSMENT

It is your right to be free of physical or emotional injury, neglect, or sexual abuse. The DOC is committed to maintaining an environment free of harassing, discriminatory and offensive behavior based on race, color, religion, national origin, gender, sex (including pregnancy), age, genetic information, disability, or any other legally protected status. If you believe you are in danger or you have been abused or harassed, you must report this to a staff member, so action can be taken to ensure your safety. All Division of Juvenile Services staff are required to report all known or suspected instances of a juvenile being physically or emotionally injured, neglected or sexually abused, as required by law and DOC policy.

EXTERNAL GRIEVANCE MONITOR FOR SOUTH DAKOTA CONTRACTUAL FACILITIES

In accordance with SDCL §§ 26-6-51 to 26-6-57, an external grievance monitor has been established to receive and resolve complaints related to the quality of care provided to youth placed in the custody or care of any of the following: An intensive residential treatment center, a residential treatment center, a group care center, an independent living preparation program, or a shelter care facility operating in South Dakota. Midwest Wellness Institute will investigate any quality-of-care complaints you or your family may have during your stay. You may contact the Grievance Monitor Monday through Friday between 8:00 a.m. and 5:00 p.m. at 605-573-2000 or online at <https://www.mwihealth.org/youth-services-grievance/>

ISSUES/COMPLAINTS AND REQUESTS FOR REMEDY

All juveniles, regardless of placement location, have the right to share and discuss issues and complaints with staff. If you have concerns or a complaint involving a DOC policy, program, rule, procedure, or decision involving disciplinary actions, placement, or supervision, you should first discuss this with your JCA. Your JCA will review your concerns or complaint and respond to your concerns.

If you are not satisfied with the response you receive from your JCA, you may contact the director of Juvenile Services to request a review of your concern or complaint. You will not be retaliated against for exercising your right to seek a review and response to a concern or complaint.

AMERICANS WITH DISABILITIES ACT (ADA)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), the SDDOC will not discriminate against qualified individuals with disabilities in DOC services, programs, or activities.

The DOC will generally, upon advance notice and request, provide appropriate aids and services leading to effective communication for persons with communication disabilities so they can participate equally in the DOC programs, services, and activities. If you require such aids or services, please contact your JCA.

USE OF FORCE

The DOC follows strict guidelines regarding the use of force. Staff may employ any level of force that is reasonable and necessary to accomplish a lawful objective. Force will never be used as punishment. If you believe you are a victim of excessive force, you must immediately report this to a staff member.

SECTION II: INTAKE, CLASSIFICATION, AND INITIAL PLACEMENT

JUVENILE CORRECTIONS AGENT (JCA)

When you are committed to the DOC, you will be assigned a JCA. Your JCA will maintain regular contact with you, your family and service providers in the community. Your JCA is your single point of contact throughout your commitment to the DOC. Your JCA will advocate for you on your behalf and will work with you, your family, and service providers to help you be successful. Your JCA may also communicate with staff at any facility where you may be placed, the director of Juvenile Services, or other DOC staff regarding changes in your placement, status, care, programming, etc. Your JCA will monitor your progress and is responsible for working with you and your family to identify aftercare placement resources and community-based services to help you succeed.

THE INTAKE PROCESS

Intake involves the initial collection of information about you. This information may come from a variety of sources and will be used to guide decisions about your placement, programming, treatment, and supervision. The information collected will assist your JCA in developing a case plan in coordination with you.

The intake process also involves providing information to you and your family about the juvenile corrections system and what it means to be committed to the DOC. Input from you and your parents or guardians is valued. We understand your parents or guardians know you best and our goal is to work with your parents or guardians to help set goals that will help you succeed.

Intake also involves assessments, screenings, and evaluations, which may be conducted at detention centers, in private placement or at your home by staff or other professionals. These tools help identify areas of concern, risk factors, skills and programming needs or treatment. During the intake process,

you may receive a physical to evaluate your overall health. You will be assessed for medical needs, disabilities, chemical dependency, sexual abuse, risk behaviors, mental health, education, vocational skills, and employment history. The results will be utilized by your JCA and others to help identify and target your areas of need.

Through the standardized risk assessment inventory, (YLS/CMI 2.0), your risks, needs, and responsibility factors are assessed, which are directly linked to decisions regarding placement, case planning, aftercare supervision, and treatment. Your JCA will update this information and conduct or arrange for additional assessments, screening, and evaluations as deemed necessary.

The factors to be considered when determining risk include prior and current offenses, family circumstances, parenting, education, employment, peer relations, substance use/abuse, leisure/recreation, personality, behaviors, attitudes, and orientation. The higher your risk score, the higher the level of supervision you will receive. Risk factors, along with any current psychiatric diagnostic impressions and behavioral concerns, are the initial criteria for determining an appropriate level of care and placement for you. It is important to note that juveniles who are referred to a higher level of care, such as placement at a Psychiatric Residential Treatment Facility (PRTF) or Intensive Residential Treatment Facility (IRT) must meet additional requirements of a medical necessity review by an outside agency to qualify for admission. Admission to this type of facility is not determined solely by the DOC.

You are subject to transfer from any facility, program, or service at the discretion of the SOC, or the director of Juvenile Services.

SECTION III: PRIVATE PLACEMENT

PRIVATE PLACEMENT

You may be placed in a private placement program/facility, consistent with your risk, needs, and medical necessity status. You are required to follow the rules and regulations of the DOC in addition to the rules of the program/facility.

IN-STATE PRIVATE GROUP CARE PLACEMENTS

- **Falls Academy:** 46560 264th Street, Sioux Falls, SD 57107, phone: 605-528-3550
- **McCrossan Boy's Ranch (male only):** 47135 260th Street, Sioux Falls, SD 57107, phone: 605-339-1203
- **Brighter Transition Youth Treatment Center:** 46560 264th Street, Sioux Falls, SD 57107, phone: 605- 528-3550

IN-STATE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

- **Abbott House (female only):** 909 Court Merrill, Mitchell, SD 57301, phone: 605-996-2486
- **Black Hills Children's Home Society:** 24100 S. Rockerville Rd, Rapid City, SD 57702, phone: 605-343-5422
- **Sioux Falls Children's Home Society:** 801 N. Sycamore Ave, Sioux Falls, SD 57110, phone: 605-334-6004
- **Canyon Hills:** 2519 Windmill Drive, Spearfish, SD 57583, phone: 605-559-3501

- **Our Home-Parkston:** 103 W. Maple St., Parkston, SD 57336, phone: 605-928-7907
- **Our Home Huron PRTF (male only):**
40354 210th St, Huron, SD 57350, phone: 605-352-9098
- **Summit Oaks:** 621 East Presentation St, Sioux Falls, SD 57104, phone: 605-221-2346
- **Wellfully:** 22 Waterloo St. Rapid City, SD 57709, phone: 605-342-0345

IN-STATE INTENSIVE RESIDENTIAL TREATMENT FACILITIES (IRTF)

- **Aurora Plains:** 1400 E 10th Street, Plankinton, SD 57368, phone: 605-942-5437

OUT OF STATE PLACEMENTS

- **Benchmark:** 592 West 1350 South, Woods Cross, UT 84087, phone: 801-299-5319
- **Brooksville Youth Academy:** 201 Culbreath Rd, Brooksville, FL 34602,
phone: 352-799-5654
- **Canyon State Academy:** 20061 E Rittenhouse Road, Queen Creek, AZ 85142,
phone: 480-987-9700
- **Cathedral Home:** 4989 North 3rd Street, Laramie, WY 82072, phone: 307-74-8997
- **Coastal Harbor Treatment Center:** 1150 Cornell Ave, Savannah GA, 31406,
phone: 912-354-3911
- **Desert Lily Academy:** 20395 E Rittenhouse Road, Queen Creek, AZ 85142,
phone: 480-987-9700
- Lake Granbury Youth Services: 1300 Crossland Rd, Granbury, TX 76048: phone: (817) 579-0852.**Millcreek Behavioral Health:** 1828 Industrial Drive, Fordyce AR, 71742,
phone: 504-222-1623
- **Nexus-Mille Lacs Family Healing:** 407 130th Avenue South, Onamia, MN 56359
Phone: 320-532-4005
- **Perimeter Behavioral of the Ozarks:** 2466 S 48th Street, Springdale, AR 72762,
phone: 479-957-9857
- **Perimeter Behavioral of Missouri:** 1000 Hospital Road, Waynesville, MO 65583,
phone: 573-774-5353
- **Woodward Academy:** 1251 334th St, Woodward, IA 50276, phone: 515-438-3481

PERSONAL PROPERTY

If you are placed in a facility, please know that the amount and type of personal property you may possess, and your access to the property, will be controlled by the facility through its rules. Your basic living needs will always be met; however, you may be responsible for purchasing or obtaining non-essential property items. Lists of personal property that is permitted and the approved ways of obtaining personal property are available through staff at each facility.

Staff cannot ensure the safety of your personal property from loss, theft or damage resulting from negligent acts or omissions by you or others. Access to certain property may be temporarily forfeited as a consequence of your actions or behaviors.

To prevent the concealing or possession of weapons, drugs, or property which you are not permitted to possess, staff may search your body, property, residence, vehicle, locker, work site, etc. You are

responsible for all property in your control. Searches will not be conducted as a means of punishment or harassment.

Items of personal property you are not allowed to possess, or allowed property possessed in a higher quantity than permitted, are considered contraband and will be removed. You may be required to dispose of the contraband as directed by staff.

Any item discovered in your possession that is deemed dangerous or illegal may be turned over to law enforcement and may result in criminal prosecution and/or disciplinary sanctions.

TOBACCO PRODUCTS

In accordance with state law SDCL § [34-46-2](#) juveniles under the age of twenty-one (21) may not use or possess tobacco products. You are always expected to adhere to your aftercare contract, which may include provisions regarding tobacco use. If you violate state law or your aftercare contract, you may be subject to sanctions.

DRUG AND ALCOHOL TESTING

All juveniles committed to the DOC are subject to drug and alcohol testing. You may be required to submit to random testing, which includes any time there is reason to believe you are under the influence of alcohol, marijuana, or any unauthorized controlled substance, when such substances are found in your possession, or when you are in an area where such substances have been located. Juveniles who test positive or are found to have drugs or alcohol in their possession, are subject to disciplinary sanctions/responses and/or criminal prosecution.

FINANCIAL ACCOUNTS

In some private facilities, you may have an account set up in your name to help you manage your money and pay court-ordered sanctions, restitution, child support, or other obligations. You may also be responsible for certain costs associated with your commitment to the DOC. Questions regarding any account that is set up for you while in private placement (account balances, account statements, deposits, etc.) should be directed to facility staff. Questions regarding any obligations you may be required to make payments towards should be directed to your JCA.

FURLOUGHS FROM A FACILITY

With appropriate supervision, you may be allowed to temporarily leave the facility to attend things such as funeral trips/bedside visits for immediate family members, medical appointments, court appearances, home visits, or other reasons approved by facility staff and your JCA. Your JCA should be your first point of contact to discuss requests for temporary leave from the facility. Any unauthorized departure from a facility or program is considered absconding and will result in a warrant being issued for your arrest. You will be subject to detainment and disciplinary action upon your apprehension. Absconding may extend the time which you must remain committed to the DOC.

SECTION IV: AFTERCARE

RELEASE PLANNING

As part of the release planning process, a determination will be made concerning your residence during your period of aftercare supervision. A suitable family situation is the primary goal for every juvenile in the DOC. We do everything possible, including providing assistance to your family or guardian through referral to Functional Family Therapy or other family therapy, dependent on need to help you return to your home. If placement with your family or other caregiver is not available, you may be placed in a subsequent facility or foster care. These facilities include independent living programs operated by Volunteers of America, McCrossan's, and Brighter Transition Youth Treatment Center. These programs provide a positive living environment for juveniles who are ready to succeed in a community setting.

AFTERCARE CONTRACT

The aftercare supervision program is in place to help equip juveniles with the ability to conduct themselves in a lawful manner and prepare them for discharge from the DOC. The aftercare contract is an individualized legal contract that establishes the conditions of your supervised release. Your release on aftercare is contingent on the development of an acceptable aftercare plan, which will involve input by you, your family, your JCA, program staff, and community treatment providers. Your aftercare contract is based on your own individual needs and risks. The plan will include any legal conditions imposed by the court outlining any expectations or behaviors required of you while on aftercare. The terms of your plan may include the following:

- The location of your residence.
- Your agreement to get approval from your JCA prior to leaving the city, county, or state.
- Abiding by all federal, state, and local laws.
- Attending school daily with no unexcused absences.
- Not using or possessing controlled substances, marijuana, or alcohol.
- Submitting to drug testing when directed.
- Locating and maintaining an agreed upon level of employment.
- Maintaining satisfactory performance in all required treatment and programs.
- Complying with all instructions and directions by staff.
- Following your curfew.
- Involvement in community service.
- Agreeing to a warrantless search of your person, residence, locker, vehicle, or any personal property.
- Establishing a restitution payment plan.

SERVICES

Your JCA will work with you and your family to identify your goals and service needs while on aftercare, consistent with the results of the Youth Level of Service (YLS 2.0) case management inventory. All juveniles with a YLS 2.0 score of moderate or above, are required to have a case plan. The case plan is an individualized services plan developed with input from you and your JCA. Your case plan will define your areas of risk and need and help prepare you for progressively increased responsibility and independence in the community. Your case plan will help prepare you for your responsibilities in the community. Aftercare services may include monitoring, supervision, and interventions by your JCA and individual, family, or cognitive behavioral group counseling, and medication management, as needed. You may be required to work on chemical dependency/treatment issues, sex offender behaviors, education, and/or vocational needs, employment skills, mental health issues, and participate in self-help programs.

SUPERVISION

Your JCA will supervise you while on aftercare and document contacts he/she has with you and your family, and monitors your involvement in programs, treatment, services, counseling, etc. Your JCA will document and respond to any incidents of noncompliance by you involving your aftercare conditions. Your JCA will assist you and help your family/care givers to hold you accountable for maintaining positive behaviors while on aftercare and working on your goals, needs, and challenges. Your aftercare supervision level will be determined by your JCA. Levels of supervision range from maximum to minimum. Supervision, monitoring, and interventions by your JCA will help stress accountability of your actions through the use of incentives and sanctions. You may be eligible to participate in the Independent Living Incentive Plan, which is used to encourage juveniles to prepare to live independently.

REASSESSMENT OF RISK LEVEL

Your JCA will conduct a reassessment of your risk level using the YLS/CMI 2.0 approximately three (3) months following your release from a facility and every six (6) months thereafter. A reassessment will also be completed in the event you commit a new delinquent offense, an aftercare revocation, or other action that affects risk.

RESTITUTION

You may be required to pay restitution related to your offenses or damages, as ordered by the court. Your JCA will assist you in developing a payment schedule at the time you are released to aftercare for any restitution to victims, fines, or other court ordered obligations you owe. Discharge from the DOC constitutes a complete release from all penalties, excluding unpaid fines, fees, or restitution (SDCL 26-11A-20).

VIOLATIONS

Violations of your aftercare contract may result in adverse consequences, consistent with law and the supervision response grid. Adverse consequences include, but are not limited to:

- Community service.
- Verbal reprimand.
- House arrest.
- Electronic monitoring.
- Increased level of supervision,
- Urinalysis testing/breath analysis.
- Aftercare revocation; and
- Return to placement.

REVOCAION

It is our goal to help you succeed. However, if you violate the conditions of your aftercare contract in such a manner that warrants revocation, usually by committing an eligible offense, as defined within SDCL § 26-11A-15, your JCA may initiate revocation of your aftercare. As part of the revocation proceedings, you will be taken into custody and transported to a detention facility or shelter facility. You will be afforded due process with a probable cause hearing within twenty-four (24) hours of placement in the detention/shelter facility. You may request a hearing before two (2) members of the

Board of Pardons and Paroles or waive your right to a hearing. Revocation of aftercare may result in your return to the physical custody of a facility or an alternative community-based program.

SECTION V: JUVENILE CORRECTION OFFICES

Aberdeen Office
1234 4th Avenue SW Suite 1
Aberdeen, SD 57401
(605) 626-2268

Rapid City Office
1501 Centre St. Suite 201
Rapid City, SD 57703
(605) 394-1617

Sioux Falls Office
4001 W Valhalla Blvd,
Suite 103
Sioux Falls, SD 57106
(605) 362-3580

Mitchell Office
116 E 11th Ave
Mitchell, SD 57301
(605) 995-8155


White River Office
PO Box 202
White River, SD 57579
(605)259-3382

Watertown Office
2001 9th Ave. SW Suite 400
Watertown, SD 57201-4029
(605) 882-5002

Yankton Office
1101 Broadway Suite 119
Yankton, SD 57078
(605) 668-3200

REVISION INDEX & SIGNATURE

Revised: September 2020
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Revised: November 2023
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Reviewed: June 2025
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Reviewed: June 2026

	06/01/2026
Eric Anderson, Director of Juvenile Services (Interim)	Date

DEPARTAMENTO DE CORRECCIONES DE SUR DAKOTA

Revisado: **junio de 2026**



JUVENIL GUÍA DE VIDA

Disclaimer: The translation of this material was provided by third-party software and is not legally binding. We have attempted to provide an accurate translation of the original material, but due to nuances in translating English to another language, differences may exist. The English version is the official version.

Descargo de responsabilidad: La traducción lingüística de este material ha sido proporcionada por software de terceros y no es jurídicamente vinculante. Hemos intentado ofrecer una traducción exacta del material original, pero debido a los matices de la traducción del inglés a otro idioma, pueden existir diferencias. La versión en inglés es la oficial.

RECIBO DE GUÍA DE VIDA JUVENIL - *Recibo Juvenil*

Nombre del menor: _____
(Por favor imprime claramente)

Reconozco haber recibido una copia de la Guía de vida para menores del Departamento Correccional de Dakota del Sur.

Entiendo que es mi responsabilidad seguir todas las reglas del DOC, incluidas las contenidas en la Guía de vida juvenil.

Entiendo que debo conservar una copia de esta guía en un lugar accesible durante mi compromiso con el Departamento Correccional de Dakota del Sur, y que puedo estar sujeto a una tarifa de reemplazo para reemplazar una guía perdida o dañada.

Firma del menor

Fecha

- Envíe el formulario completo al archivo central del menor ubicado en la JCA.

RECIBO de la GUÍA DE VIDA JUVENIL - *Recibo del padre/tutor*

Nombre del juvenil: _____

Acuso recibo de la Guía de vida juvenil del Departamento Correccional de Dakota del Sur (DOC). Entiendo que es mi responsabilidad leer y comprender esta guía. Discutiré cualquier pregunta o inquietud que tenga sobre esta guía con el agente de Correccionales Juveniles asignado a mi hijo.

Entiendo que soy responsable de pagar todos los costos asociados con el compromiso de mi hijo con el DOC, según lo ordene el tribunal o lo requiera el DOC. Estos costos pueden incluir apoyo a los padres, servicios médicos, dentales, optométricos y de salud mental. Entiendo que es mi responsabilidad proporcionarle al DOC una copia (anverso y reverso) de la información del seguro y de Medicaid de mi hijo. Entiendo que si mi hijo es ubicado en un centro contratado, es posible que no sea elegible para la cobertura de Medicaid. Medicaid puede brindar cobertura a quienes se encuentran en atención grupal privada o en un centro de tratamiento residencial, siempre que se cumplan ciertos requisitos de elegibilidad. Los padres a quienes la corte les ordene pagar los costos de atención médica serán responsables de todos los gastos ordenados que no estén cubiertos por un seguro privado o Medicaid. Cualquier orden judicial que deba al estado si no se paga, el monto principal multiplicado por el 20%, se entregará al Centro de Recuperación de Obligaciones, de acuerdo con el capítulo 1-55 de SDCL.

Entiendo que si mi hijo recibe pagos del Seguro Social o de Seguridad de Ingreso Suplementario (SSI) de la Administración del Seguro Social, no soy elegible para recibir esos dinero durante el tiempo que mi hijo esté bajo la custodia del DOC. Entiendo que el DOC puede convertirse en el beneficiario de esos dineros durante ese tiempo.

Entiendo que tengo la obligación de participar en el proceso de tratamiento de mi hijo. Si bien los servicios pueden incluir la colocación fuera del hogar para mi hijo, seguiré comprometido a participar en dichos servicios para aumentar la probabilidad de que mi hijo tenga la oportunidad de reingresar exitosamente a la comunidad y ser dado de alta del DOC.

Entiendo que las políticas públicas del DOC están disponibles para que mi hijo y los padres/tutores del niño las revisen.

Entiendo que hay una lista de las políticas del DOC disponible para acceso público en el sitio web del DOC en <http://doc.sd.gov/>. Si tengo preguntas sobre una política o deseo recibir una copia de un archivo adjunto ubicado dentro de una política en particular, puedo comunicarme con el personal del DOC asignado a mi hijo o con la oficina de Administración del Departamento Correccional, ubicada en Pierre, SD.

Firma de los padres

Fecha

- Conserve el formulario completo en el archivo central del menor ubicado en la JCA o escanéelo en COMS.
- Proporcione una copia del formulario firmado al padre/tutor.

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SECCIÓN I: INTRODUCCIÓN

ESTADO DE LA MISIÓN

La misión del Departamento Correccional es proteger a los ciudadanos de Dakota del Sur brindando instalaciones seguras para delincuentes juveniles y adultos confiados a nuestra custodia por los tribunales, para brindar supervisión comunitaria efectiva a los delincuentes una vez que sean liberados.

VISIÓN

Un líder nacional en correccionales que mejora la seguridad pública.

VALORES

- Valoramos a nuestro personal como nuestro mayor activo.
- Valoramos un ambiente seguro para el personal y los internos.
- Valoramos el apoyo y la colaboración de la comunidad.
- Valoramos la confianza del público en el funcionamiento de nuestro departamento.
- Valoramos el uso de prácticas basadas en evidencia para maximizar la rehabilitación del delincuente.
- Valoramos la diversidad y el respeto por todas las personas.
- Valoramos el profesionalismo, el trabajo en equipo y el más alto nivel de ética.
- Valoramos la inversión en nuestro personal a través de la capacitación en prácticas correccionales sólidas y mediante la provisión de oportunidades de desarrollo y avance profesional.

INTRODUCCIÓN

Reconocemos que cada vez que un joven participa en el sistema de justicia juvenil, es probable que sea un momento difícil para usted y su familia. Esta guía está destinada a ayudarlo a comprender qué esperar durante su compromiso. El contenido y la información contenidos en este manual se aplican a todos los menores internados en el sistema juvenil del Departamento Correccional de Dakota del Sur (SDDOC) y sus familias. Esta guía contiene información básica sobre los programas disponibles para usted y sus derechos y responsabilidades mientras esté comprometido con el DOC. Esta guía no pretende ser una lista completa de todas las reglas, regulaciones, requisitos, programas o procedimientos del DOC. Si tiene preguntas sobre la información proporcionada en esta guía, comuníquese con su agente correccional juvenil.

PERIODO DE COMPROMISO

Ha estado internado en el DOC hasta los veintiún (21) años o al momento de su alta del DOC, según lo dispuesto en la Ley Codificada de Dakota del Sur (SDCL) § [26-11A-5](#) y § [26-11A-7](#). La duración real de su compromiso depende de varios factores. Esto incluye su historial de delitos, sus comportamientos mientras estaba comprometido y su voluntad de seguir las reglas y participar en los servicios de tratamiento durante su internamiento, y la finalización exitosa del programa de cuidados posteriores y sus requisitos.

RESPONSABILIDAD DE LOS PADRES

De acuerdo con SDCL § [26-7A-42](#), los padres, tutores y custodios de un menor internado ante el DOC mantendrán la responsabilidad financiera del menor internado. El juez encargado tiene la autoridad para determinar la cantidad de manutención parental que se debe pagar al DOC por el cuidado, custodia y control de un menor. Los padres o tutores seguirán siendo responsables de los costos médicos y dentales del menor que de otro modo no estarían cubiertos. Los padres o tutores deben informar cualquier cobertura de seguro médico y dental al agente correccional juvenil (JCA) lo antes posible. Cualquier deuda ordenada por el tribunal que se deba al estado, si no se paga, el principal multiplicado por el 20 %, se entregará al Centro de Recuperación de Obligaciones, de conformidad con el capítulo § 1-55 de la SDCL.

Consideramos a los padres, tutores y custodios como socios y claves para ayudar a su hijo y a su familia a funcionar de manera más efectiva. Lo alentamos a participar en todos los servicios de tratamiento, ya que están diseñados para ayudarlo a retomar plenamente su papel como el único responsable de su hijo. Nuestro papel pretende ser temporal.

SECRETARIO DE CORRECCIONES COMO TUTOR

De acuerdo con la ley estatal, el secretario de correccionales (SOC) es el tutor de todos los menores internados en el DOC (consulte SDCL § 26-7A-92). El SOC puede designar a otra persona para que actúe como custodio de un menor internado en el DOC (consulte SDCL § 26-11A-11).

COLECCIÓN DE DNA

Todo menor internado ante el DOC como delincuente declarado culpable de un delito grave calificado debe proporcionar una muestra de DNA, como se describe en el Capítulo SDCL § 23-5A y la política 1100-02 del DOC *Colección de DNA*.

La recolección de DNA requiere el envío de las huellas dactilares y la saliva de la persona al laboratorio estatal en Pierre, SD para su registro.

REGISTRO DE DELINCUENTES SEXUALES

Durante el proceso de admisión, la JCA verificará el nombre de cada menor con el registro nacional de delincuentes sexuales y anotará si el menor está identificado como un delincuente sexual. Todos los jóvenes a los que la ley estatal exige registrarse son responsables de completar y cumplir con todas las reglas del registro de delincuentes sexuales y la ley aplicable. Las JCA garantizarán que los jóvenes juzgados por un delito calificado estén registrados, según lo exige la ley estatal. Su JCA utilizará herramientas de detección, evaluación y valoración para ayudar a identificar las necesidades de programación y desarrollar un plan de tratamiento individual.

LEY DE ELIMINACIÓN DE VIOLACIONES EN PRISIÓN (PREA)

El SDDOC tiene una política de tolerancia cero con respecto al abuso sexual de delincuentes. El SDDOC cooperará en la investigación y el enjuiciamiento de cualquier persona involucrada en un abuso sexual de un delincuente juvenil, o negligencia o violación de responsabilidades, que pueda haber contribuido al abuso del menor. Los menores que crean que son víctimas de un abuso sexual deben informar esta información a su JCA o al miembro del personal del DOC lo antes posible.

El abuso sexual es cualquier contacto sexual no deseado por parte de otra persona y se define como "El abuso sexual incluye agresión sexual, acoso sexual y conducta sexual inapropiada".

La agresión sexual es el acto de intrusión, contacto o penetración sexual no deseado, por leve que sea, con una mano, dedo, objeto, otro instrumento o contacto de la abertura anal, oral o genital de otra persona o tocar el seno u otra parte del cuerpo. por leve que sea, con la mano, el dedo, un objeto u otro instrumento. Esto también incluye el contacto de cualquier persona con otra por fuerza, amenaza abierta o implícita, coerción, intimidación, compulsión, inducción o deterioro de las facultades (ver SDCL §§ 22-22 y 24-1-26.1).

El acoso sexual son comentarios o gestos repetidos de naturaleza sexual, insinuaciones sexuales no deseadas o solicitudes de otra persona.

Una persona comete conducta sexual inapropiada cuando tiene contacto activo o pasivo, que no fue coaccionado ni forzado, entre los genitales, la(s) mano(s), la boca, las nalgas, el ano, el seno o con un objeto y los genitales, la(s) mano(s), boca, nalgas, ano o senos de otra persona. El contacto puede ser con o sin ropa usada por una o ambas partes.

Si no se siente cómodo reportando esto directamente al personal, ya sea por escrito, verbalmente o mediante un reporte anónimo, puede reportar el abuso o acoso a un amigo o familiar, para que ellos puedan reportarlo al DOC. También se puede presentar un informe ante la División de Investigación Criminal (DCI) de Dakota del Sur. El DOC responderá a todos los informes de abuso sexual y se tomarán medidas para proteger a la víctima.

DENUNCIA DE ABUSO Y ACOSO

Tiene derecho a no sufrir lesiones físicas o emocionales, negligencia o abuso sexual. El DOC se compromete a mantener un entorno libre de acoso, comportamiento discriminatorio y ofensivo por motivos de raza, color, religión, origen nacional, género, sexo (incluido el embarazo), edad, información genética, discapacidad o cualquier otro estado legalmente protegido. Si cree que está en peligro o que ha sido abusado o acosado, debe informarlo a un miembro del personal, para que se puedan tomar medidas para garantizar su seguridad. Todo el personal de la División de Servicios Juveniles debe informar todos los casos conocidos o sospechados de que un menor haya sufrido lesiones físicas o emocionales, haya sido abandonado o abusado sexualmente, según lo exige la ley y la política del DOC.

MONITOR DE QUEJAS EXTERNO PARA INSTALACIONES CONTRACTUALES DE DAKOTA DEL SUR

De acuerdo con SDCL §§ 26-6-51 a 26-6-57, se ha establecido un monitor de quejas externo para recibir y resolver quejas relacionadas con la calidad de la atención brindada a los jóvenes colocados bajo la custodia o cuidado de cualquiera de los siguientes : Un centro de tratamiento residencial intensivo, un centro de tratamiento residencial, un centro de atención grupal, un programa de preparación para la vida independiente o un centro de atención de refugio que opera en Dakota del Sur. Midwest Wellness Institute investigará cualquier queja sobre la calidad de la atención que usted o su familia puedan tener durante su estadía. Puede comunicarse con el Monitor de Quejas de lunes a viernes entre las 8:00 am y las 5:00 pm al 605-573-2000 o en línea en <https://www.mwihealth.org/youth-services-grievance/>

PROBLEMAS/QUEJAS Y SOLICITUDES DE REPARACIÓN

Todos los menores, independientemente del lugar de colocación, tienen derecho a compartir y discutir problemas y quejas con el personal. Si tiene inquietudes o una queja relacionada con una política, programa, regla, procedimiento o decisión del DOC que involucra acciones disciplinarias, colocación o supervisión, primero debe discutir esto con su JCA. Su JCA revisará sus inquietudes o quejas y responderá a sus inquietudes.

Si no está satisfecho con la respuesta que recibe de su JCA, puede comunicarse con el director de Servicios Juveniles para solicitar una revisión de su inquietud o queja. No sufrirá represalias por ejercer su derecho a solicitar una revisión y respuesta a una inquietud o queja.

LEY DE ESTADOUNIDENSES CON DISCAPACIDADES (ADA)

De acuerdo con los requisitos del Título II de la Ley de Estadounidenses con Discapacidades de 1990 (“ADA”), el SDDOC no discriminará a personas calificadas con discapacidades en los servicios, programas o actividades del DOC.

El DOC generalmente, previa notificación y solicitud previa, proporcionará ayudas y servicios adecuados que conduzcan a una comunicación efectiva para las personas con discapacidades de comunicación para que puedan participar equitativamente en los programas, servicios y actividades del DOC. Si necesita dichas ayudas o servicios, comuníquese con su JCA.

USO DE LA FUERZA

El DOC sigue pautas estrictas con respecto al uso de la fuerza. El personal puede emplear cualquier nivel de fuerza que sea razonable y necesario para lograr un objetivo legal. Nunca se utilizará la fuerza como castigo. Si cree que es víctima de fuerza excesiva, debe informarlo inmediatamente a un miembro del personal.

SECCIÓN II: ADMISIÓN, CLASIFICACIÓN Y COLOCACIÓN INICIAL

AGENTE DE CORRECCIONES JUVENILES (JCA)

Cuando esté comprometido con el DOC, se le asignará un JCA. Su JCA mantendrá contacto regular con usted, su familia y los proveedores de servicios en la comunidad. Su JCA es su único punto de contacto durante su compromiso con el DOC. Su JCA lo defenderá en su nombre y trabajará con usted, su familia y los proveedores de servicios para ayudarlo a tener éxito. Su JCA también puede comunicarse con el personal de cualquier instalación donde pueda ser ubicado, el director de Servicios Juveniles u otro personal del DOC con respecto a cambios en su ubicación, estado, atención, programación, etc. Su JCA monitoreará su progreso y es responsable de trabajar con usted y su familia para identificar recursos de colocación de cuidados posteriores y servicios comunitarios que lo ayudarán a tener éxito.

EL PROCESO DE ADMISIÓN

La admisión implica la recopilación inicial de información sobre usted. Esta información puede provenir de una variedad de fuentes y se utilizará para guiar las decisiones sobre su ubicación, programación, tratamiento y supervisión. La información recopilada ayudará a su JCA a desarrollar un plan de caso en coordinación con usted.

El proceso de admisión también implica brindarles información a usted y a su familia sobre el sistema correccional juvenil y lo que significa estar comprometido con el DOC. Se valoran las aportaciones suyas y de sus padres o tutores. Entendemos que tus padres o tutores te conocen mejor y nuestro objetivo es trabajar con tus padres o tutores para ayudarte a establecer metas que te ayudarán a tener éxito.

La admisión también implica valoraciones, exámenes y evaluaciones, que pueden realizarse en centros de detención, en lugares privados o en su hogar por parte del personal u otros profesionales. Estos ayudan a identificar áreas de preocupación, factores de riesgo, habilidades y necesidades de programación o tratamiento. Durante el proceso de admisión, es posible que reciba un examen físico para evaluar su salud general. Se le evaluará sus necesidades médicas, discapacidades, dependencia química, abuso sexual, conductas de riesgo, salud mental, educación, habilidades vocacionales e historial laboral. Los resultados serán utilizados por su JCA y otros para ayudar a identificar y abordar sus áreas de necesidad.

A través del inventario estandarizado de evaluación de riesgos (YLS/CMI 2.0), se evalúan sus riesgos, necesidades y factores de capacidad de respuesta, que están directamente relacionados con las decisiones relativas a la colocación, la planificación del caso, la supervisión de cuidados posteriores y el tratamiento. Su JCA actualizará esta información y realizará o organizará valoraciones, controles y evaluaciones adicionales según lo considere necesario.

Los factores a considerar al determinar el riesgo incluyen delitos anteriores y actuales, circunstancias familiares, paternidad, educación, empleo, relaciones con pares, uso/abuso de sustancias, ocio/recreación, personalidad, comportamientos, actitudes y orientación. Cuanto mayor sea su puntuación de riesgo, mayor será el nivel de supervisión que recibirá. Los factores de riesgo, junto con cualquier impresión de diagnóstico psiquiátrico actual y preocupaciones de comportamiento, son los criterios iniciales para determinar un nivel apropiado de atención y ubicación para usted. Es importante tener en cuenta que los menores que son remitidos a un nivel más alto de atención, como la colocación en un Centro de tratamiento residencial psiquiátrico (PRTF) o un Centro de tratamiento residencial intensivo (IRT), deben cumplir requisitos adicionales de una revisión de necesidad médica por parte de una agencia externa. para calificar para la admisión. La admisión a este tipo de instalación no la determina únicamente el DOC.

Usted está sujeto a transferencia de cualquier instalación, programa o servicio a discreción del SOC o del director de Servicios Juveniles.

SECCIÓN III: COLOCACIÓN PRIVADA

COLOCACIÓN PRIVADA

Es posible que lo coloquen en un programa/instalación de colocación privada, de acuerdo con su riesgo, necesidades y estado de necesidad médica. Debe seguir las reglas y regulaciones del DOC además de las reglas del programa/instalación.

COLOCACIONES DE ATENCIÓN GRUPAL PRIVADA EN EL ESTADO

- **Falls Academy:** 46560 264th Street, Sioux Falls, SD 57107, teléfono: 605-528-3550

- **McCrossan Boy's Ranch (solo para hombres)** : 47135 260th Street, Sioux Falls, SD 57107, teléfono: 605-339-1203
- **Brighter Transition Youth Treatment Center:** 46560 264th Street, Sioux Falls, SD 57107, teléfono: 605-528-3550

TRATAMIENTO RESIDENCIAL PSIQUIÁTRICO DENTRO EN ESTADO (PRTF)

- **Abbott House (solo para mujeres)** : 909 Court Merrill, Mitchell, SD 57301, teléfono: 605-996-2486
- **Black Hills Children's Home Society** : 24100 S. Rockerville Rd, Rapid City, SD 57702, teléfono: 605-343-5422
- **Sioux Falls Children's Home Society** : 801 N. Sycamore Ave, Sioux Falls, SD 57110, teléfono: 605-334-6004
- **Canyon Hills** : 2519 Windmill Drive, Spearfish, SD 57583, teléfono: 605-559-3501
- **Our Home-Parkston** : 103 W. Maple St., Parkston, SD 57336, teléfono: 605-928-7907
- **Our Home-Huron PRTF (solo hombres)** : 40354 210th St, Huron, SD 57350, teléfono: 605-352-9098
- **Summit Oaks** : 621 East Presentation St, Sioux Falls, SD 57104, teléfono: 605-221-2346
- **Wellfully:** 22 Waterloo St. Rapid City, SD 57709, teléfono: 605-342-0345

TRATAMIENTO RESIDENCIAL INTENSIVO EN EL ESTADO (IRTF)

- **Aurora Plains** : 1400 E 10th^{Street}, Plankinton, SD 57368, teléfono: 605-942-5437

COLOCACIONES FUERA DEL ESTADO

- **Benchmark:** 592 West 1350 South, Woods Cross, UT 84087, teléfono: 801-299-5319
- **Brooksville Youth Academy:** 201 Culbreath Rd, Brooksville, FL 34602, teléfono: 352-799-5654
- **Canyon State Academy:** 20061 E Rittenhouse Road, Queen Creek, AZ 85142, teléfono: 480-987-9700
- **Cathedral Home:** 4989 North 3rd Street, Laramie, WY 82072, teléfono: 307-74-8997
- **Coastal Harbor Treatment Center:** 1150 Cornell Ave, Savannah GA, 31406, teléfono: 912-354-3911
- **Desert Lily Academy:** 20395 E Rittenhouse Road, Queen Creek, AZ 85142, teléfono: 480-987-9700
- **Millcreek Behavioral Health:** 1828 Industrial Drive, Fordyce AR, 71742, teléfono: 504-222-1623
- **Lake Granbury Youth Services:** 1300 Crossland Rd, Granbury, TX; Telefono: (817) 579 0852.
- **Nexus-Mille Lacs Family Healing:** 407 130th Avenue South, Onamia, MN 56359 Teléfono: 320-532-4005
- **Perimeter Behavioral of the Ozarks:** 2466 S 48th Street, Springdale, AR 72762, teléfono: 479-957-9857
- **Perimeter Behavioral of Missouri:** 1000 Hospital Road, Waynesville, MO 65583, teléfono: 573-774-5353
- **Woodward Academy:** 1251 334th St, Woodward, IA 50276, teléfono: 515-438-3481

PROPIEDAD PERSONAL

Si lo ubican en una instalación, sepa que la instalación controlará la cantidad y el tipo de propiedad personal que pueda poseer y su acceso a la propiedad a través de sus reglas. Sus necesidades básicas de vida siempre estarán satisfechas; sin embargo, usted puede ser responsable de comprar u obtener artículos de propiedad no esenciales. Las listas de bienes personales permitidos y las formas aprobadas de obtener bienes personales están disponibles a través del personal de cada instalación.

El personal no puede garantizar la seguridad de su propiedad personal frente a pérdidas, robos o daños resultantes de actos u omisiones negligentes por su parte o por parte de otros. El acceso a determinada propiedad puede perderse temporalmente como consecuencia de sus acciones o comportamientos.

Para evitar ocultar o poseer armas, drogas o bienes que no se le permite poseer, el personal puede registrar su cuerpo, propiedad, residencia, vehículo, casillero, lugar de trabajo, etc. Usted es responsable de todos los bienes bajo su control. No se realizarán registros como medio de castigo o acoso.

Los artículos de propiedad personal que no se le permite poseer, o los bienes permitidos que se poseen en una cantidad superior a la permitida, se consideran contrabando y serán eliminados. Es posible que deba deshacerse del contrabando según las indicaciones del personal.

Cualquier artículo descubierto en su posesión que se considere peligroso o ilegal puede entregarse a las autoridades y puede dar lugar a un proceso penal y/o sanciones disciplinarias.

PRODUCTOS DE TABACO

De acuerdo con la ley estatal SDCL § [34-46-2](#), los menores de veintiún (21) años no pueden usar ni poseer productos de tabaco. Siempre se espera que usted cumpla con su contrato de cuidados posteriores, que puede incluir disposiciones relativas al consumo de tabaco. Si viola la ley estatal o su contrato de cuidados posteriores, puede estar sujeto a sanciones.

PRUEBAS DE DROGAS Y ALCOHOL

Todos los menores internados en el DOC están sujetos a pruebas de drogas y alcohol. Es posible que deba someterse a pruebas aleatorias, que incluyen cada vez que haya motivos para creer que está bajo la influencia del alcohol, la marihuana o cualquier sustancia controlada no autorizada, cuando dichas sustancias se encuentren en su posesión o cuando se encuentre en un zona donde se hayan ubicado dichas sustancias. Los menores que dan positivo o se descubre que tienen drogas o alcohol en su posesión, están sujetos a sanciones/respuestas disciplinarias y/o proceso penal.

CUENTAS FINANCIERAS

En algunas instalaciones privadas, es posible que tenga una cuenta configurada a su nombre para ayudarlo a administrar su dinero y pagar sanciones ordenadas por el tribunal, restitución, manutención de los hijos u otras obligaciones. También puede ser responsable de ciertos costos asociados con su compromiso con el DOC. Las preguntas sobre cualquier cuenta que se configure para usted mientras se encuentra en una colocación privada (saldos de cuenta, estados de cuenta, depósitos, etc.) deben dirigirse al personal del centro. Las preguntas sobre cualquier obligación por la que se le pueda exigir que realice pagos deben dirigirse a su JCA.

LICENCIAS DE UNA INSTALACIÓN

Con la supervisión adecuada, es posible que se le permita salir temporalmente del centro para asistir a eventos como viajes funerarios/visitas a familiares directos, citas médicas, comparecencias ante el tribunal, visitas domiciliarias u otros motivos aprobados por el personal del centro y su JCA. Su JCA debe ser su primer punto de contacto para discutir solicitudes de licencia temporal del centro. Cualquier salida no autorizada de una instalación o programa se considera fuga y resultará en la emisión de una orden de arresto. Estará sujeto a detención y medidas disciplinarias al momento de su detención. Fugarse puede extender el tiempo que usted debe permanecer comprometido con el DOC.

SECCIÓN IV: CUIDADO POSTERIOR

PLANIFICACIÓN DE LANZAMIENTO

Como parte del proceso de planificación de liberación, se tomará una determinación con respecto a su residencia durante su período de supervisión de cuidados posteriores. Una situación familiar adecuada es el objetivo principal de todo menor en el DOC. Hacemos todo lo posible, incluso brindar asistencia a su familia o tutor mediante la derivación a Terapia Familiar Funcional u otra terapia familiar, dependiendo de la necesidad de ayudarlo a regresar a su hogar. Si la colocación con su familia u otro cuidador no está disponible, es posible que lo coloquen en una instalación posterior o en un hogar de crianza. Estas instalaciones incluyen programas de vida independiente operados por Volunteers of America, McCrossan's y Brighter Transition Youth Treatment Center. Estos programas brindan un ambiente de vida positivo para los jóvenes que están listos para tener éxito en un entorno comunitario.

CONTRATO DE CUIDADOS POSTERIORES

El programa de supervisión de cuidados posteriores está implementado para ayudar a equipar a los menores con la capacidad de comportarse de manera legal y prepararlos para el alta del DOC. El contrato de cuidados posteriores es un contrato legal individualizado que establece las condiciones de su liberación supervisada. Su liberación bajo cuidados posteriores depende del desarrollo de un plan de cuidados posteriores aceptable, que incluirá aportes de usted, su familia, su JCA, el personal del programa y los proveedores de tratamiento comunitario. Su contrato de cuidados posteriores se basa en sus propias necesidades y riesgos individuales. El plan incluirá todas las condiciones legales impuestas por el tribunal que describan las expectativas o comportamientos requeridos de usted durante el cuidado posterior. Los términos de su plan pueden incluir lo siguiente:

- La ubicación de su residencia.
- Su acuerdo para obtener la aprobación de su JCA antes de abandonar la ciudad, el condado o el estado.
- Cumplir con todas las leyes federales, estatales y locales.
- Asistir a la escuela diariamente sin ausencias injustificadas.
- No usar ni poseer sustancias controladas, marihuana o alcohol.
- Someterse a pruebas de detección de drogas cuando se le indique.
- Localizar y mantener un nivel de empleo acordado.
- Mantener un desempeño satisfactorio en todos los tratamientos y programas requeridos.
- Cumplir con todas las instrucciones e indicaciones del personal.
- Siguiendo tu toque de queda.

- Participación en el servicio comunitario.
- Aceptar un registro sin orden judicial de su persona, residencia, casillero, vehículo o cualquier propiedad personal.
- Establecer un plan de pago de restitución.

SERVICIOS

Su JCA trabajará con usted y su familia para identificar sus objetivos y necesidades de servicio mientras recibe cuidados posteriores, de acuerdo con los resultados del inventario de gestión de casos del Nivel de servicio juvenil (YLS 2.0). Todos los menores con una puntuación YLS 2.0 moderada o superior deben tener un plan de caso. El plan de caso es un plan de servicios individualizado desarrollado con aportes suyos y de su JCA. Su plan de caso definirá sus áreas de riesgo y necesidad y le ayudará a prepararse para una responsabilidad e independencia progresivamente mayores en la comunidad. Su plan de caso le ayudará a prepararse para sus responsabilidades en la comunidad. Los servicios de cuidados posteriores pueden incluir monitoreo, supervisión e intervenciones por parte de su JCA y asesoramiento individual, familiar o grupal cognitivo conductual y administración de medicamentos, según sea necesario. Es posible que deba trabajar en cuestiones de tratamiento/dependencia química, conductas de delinquentes sexuales, necesidades educativas y/o vocacionales, habilidades laborales, problemas de salud mental y participar en programas de autoayuda.

SUPERVISIÓN

Su JCA lo supervisará mientras recibe cuidados posteriores y documentará los contactos que tenga con usted y su familia, y monitoreará su participación en programas, tratamientos, servicios, asesoramiento, etc. Su JCA documentará y responderá a cualquier incidente de incumplimiento por su parte que involucre sus condiciones de cuidados posteriores. Su JCA lo asistirá y ayudará a su familia/cuidadores a responsabilizarlo de mantener comportamientos positivos mientras recibe cuidados posteriores y trabaja en sus metas, necesidades y desafíos. Su JCA determinará su nivel de supervisión de cuidados posteriores. Los niveles de supervisión varían del máximo al mínimo. La supervisión, el seguimiento y las intervenciones de su JCA ayudarán a enfatizar la responsabilidad de sus acciones mediante el uso de incentivos y sanciones. Puede ser elegible para participar en el Plan de Incentivos de Vida Independiente, que se utiliza para alentar a los jóvenes a prepararse para vivir de forma independiente.

REEVALUACIÓN DEL NIVEL DE RIESGO

Su JCA realizará una reevaluación de su nivel de riesgo utilizando YLS/CMI 2.0 aproximadamente tres (3) meses después de su alta de una instalación y cada seis (6) meses a partir de entonces. También se completará una reevaluación en caso de que cometa un nuevo delito, una revocación de cuidados posteriores u otra acción que afecte el riesgo.

RESTITUCIÓN

Es posible que deba pagar una restitución relacionada con sus delitos o daños, según lo ordene el tribunal. Su JCA lo ayudará a desarrollar un cronograma de pagos en el momento en que sea liberado para recibir cuidados posteriores por cualquier restitución a las víctimas, multas u otras obligaciones ordenadas por el tribunal que usted deba. La exención del DOC constituye una exención completa de todas las sanciones, excluyendo multas impagas, tarifas o restitución (SDCL 26-11A-20).

VIOLACIONES

Las violaciones de su contrato de cuidados posteriores pueden tener consecuencias adversas, de conformidad con la ley y el cuadro de respuesta de supervisión. Las consecuencias adversas incluyen, entre otras:

- Servicio comunitario.
- Amonestación verbal.
- Arresto domiciliario.
- Monitoreo electrónico.
- Mayor nivel de supervisión,
- Pruebas de análisis de orina/análisis de aliento.
- Revocación de cuidados posteriores; y
- Regresar a la colocación.

REVOCACIÓN

Nuestro objetivo es ayudarlo a tener éxito. Sin embargo, si viola las condiciones de su contrato de cuidados posteriores de tal manera que justifique la revocación, generalmente al cometer un delito elegible, según se define en SDCL § 26-11A-15, su JCA puede iniciar la revocación de su contrato de cuidados posteriores. Como parte del procedimiento de revocación, lo pondrán bajo custodia y lo transportarán a un centro de detención o refugio. Se le brindará el debido proceso con una audiencia de causa probable dentro de las veinticuatro (24) horas posteriores a su colocación en el centro de detención/refugio. Podrá solicitar una audiencia ante dos (2) miembros de la Junta de Indultos y Libertad Condicional o renunciar a su derecho a una audiencia. La revocación del cuidado posterior puede resultar en su regreso a la custodia física de una instalación o de un programa comunitario alternativo.

SECCIÓN V: OFICINAS CORRECTIVAS DE MENORES

Oficina de Aberdeen
1234 4ta Avenida SW Suite 1
Aberdeen, SD 57401
(605) 626-2268

Rapid City Oficina
1501 Centro St. Suite 201
Rapid City, SD 57703
(605) 394-1617

Sioux Falls Oficina
4001 W Valhalla Blvd,
habitación 103
Sioux Falls, SD 57106
(605) 362-3580

Oficina Mitchell
116 E 11th Ave
Mitchell, SD 57301
(605) 995-8155

Oficina de Río Blanco
Apartado postal 202
Río Blanco, SD 57579
(605)259-3382

Oficina de Watertown
2001 9^a Avenida SW Suite 400


Oficina de Yankton
1101 Broadway Suite 119

Watertown, SD 57201-4029
(605) 882-5002

Yankton, SD 57078
(605) 668-3200

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	06/01/2026
Eric Anderson, directora de servicios juveniles (interino)	Fecha