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| Agency:       | Part 5. POST Field Training Model |
| Field Training Program Manual– Volume 2 | Date:       |

section 12

Control of Persons/Prisoners/Mentally Ill

12.1 – 12.7 Competency Requirements

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**Note to Administrators**

In order for POST to review and approve your agency’s Field Training Manual, you MUST submit the following electronic files:

1) POST-approved Field Training Application ([Form 2-229](https://post.ca.gov/portals/0/post_docs/publications/2-229.pdf))

2) Your department’s Policy & Procedure Manual

3) Your completed Guide (Volumes 1 & 2), including ALL competency requirements covered in Part 5, Sections 1–18.

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| SECTION 12 | CONTROL OF PERSONS/PRISONERS/MENTALLY ILL |
| Check one ONLY: [ ]  Phase 1 [ ]  Phase 2 [ ]  Phase 3 [ ]  Phase 4 [ ]  Phase 5 |  |
| Trainee |       |  FTO  |       |

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| 12.1 CONTROL/SEARCHING OF PERSONS |
| 12.1.01 Safety Tactics |
|  | The trainee shall be able to safely and effectively control (verbally and physically) one or more suspects, applying all officer safety tactics, including: |
|  | 1. Approach
2. Cover position with vehicle(s) and person(s)
3. Position of advantage
 | 1. What to watch out for
2. Communications with cover officer/danger signals
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.1.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.1.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.1.02 Search Techniques |
|  | The trainee shall be able to demonstrate effective search techniques for both male and female suspects, including: |
|  | 1. Constant alertness, including keeping hands in view
2. Maintaining control and position of advantage
 | 1. Standing, kneeling, and prone position searches
2. Safeguarding of weapons
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
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| 12.1.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.1.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.1.03 Searching the Opposite Sex |
|  | The trainee shall review and explain agency policy regarding searching individuals of the opposite sex. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
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| 12.1.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.1.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.2 HANDCUFFING |
| 12.2.01 Purpose of Handcuffing |
|  | The trainee shall identify the purposes of handcuffing. These shall minimally include the temporary restraint of a suspect to prevent: |
|  | 1. Attack
2. Escape
 | 1. Destruction or concealment of evidence or contraband
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| 12.2.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.2.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.2.02 Handcuffing/Restraint Device Principles |
|  | The trainee shall discuss various handcuffing principles that should be met in order to reasonably guarantee the temporary restraint of a suspect. The principles shall minimally include: |
|  | 1. Control of the suspect(s) and the handcuffs
2. Proper positioning of the suspect’s hands, key outlets, and double locking mechanisms
3. Reasonable degree of tightness
4. Observation of restrained suspects
 | 1. Other approved restraints devices (e.g., flex cuffs, hobbles, etc.)
2. Safe and controlled removal of handcuffs and other restraint devices
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.2.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.2.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.2.03 Agency Policy Regarding Handcuffing Prisoners |
|  | The trainee shall review and explain the agency policy regarding the handcuffing of prisoners, including males, females, juveniles, mentally ill, pregnant females, and all other types of detainees/prisoners. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.2.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.2.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.2.04 Handcuffing and Transporting Single or Multiple Suspects |
|  | The trainee shall be able to safely and effectively handcuff single or multiple suspects and, if necessary, transport single and multiple suspects away from an arrest scene. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.2.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.2.04 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3 LEGAL RESPONSIBILITIES AND REQUIREMENTS WITH PRISONERS |
| 12.3.01 Protecting Prisoners |
|  | The trainee shall review and explain the legal responsibilities for protecting prisoners. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.3.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3.02 Prisoner Provisions |
|  | The trainee shall discuss the legal responsibilities for providing prisoners with shelter, food, and medical care. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.3.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3.03 Prisoner’s Right to Make Calls |
|  | The trainee shall review and explain prisoners’ rights to telephone calls. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.3.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3.04 Property Receipts |
|  | The trainee shall explain the requirements for issuing property receipts. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.3.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.04 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3.05 Local Policy/Legal Aspects of Prisoners’ Rights and Privileges |
|  | The trainee shall review and explain local policy and the legal aspects pertaining to the rights and privileges of prisoners, including the constitutional rights of prisoners while in custody. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.3.05 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.05 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.3.06 Willful Inhumanity or Oppression toward Prisoners |
|  | The trainee shall identify the provisions pertaining to willful inhumanity or oppression toward prisoners in the custody of an officer. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.3.06 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.3.06 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.4 TRANSPORTING PRISONERS |
| 12.4.01 Agency Policy |
|  | The trainee shall review and explain the agency’s policy regarding the transportation of prisoners. This explanation shall minimally include: |
|  | 1. Prisoners restrained with specialty devices (e.g., hobble, expectorant shields, etc.)
2. Sick, injured, mentally ill, physically challenged, or pregnant prisoners
3. Juveniles with/without adults
4. Females
5. Use of seat belts
 | 1. Search of area where prisoner is to be placed prior to transportation
2. Search of area where prisoner has been following transportation
3. Proper positioning of officer(s) and prisoner(s) within the vehicle
4. Close and constant observation of prisoner(s)
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.4.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.4.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.4.02 Transport of Prisoner(s) in a Patrol Vehicle |
|  | Given situations in which prisoners must be transported in a patrol vehicle, the trainee shall safely place the handcuffed (if according to agency policy) prisoners into the vehicle and safely transport the prisoners to the predetermined destination. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | Signature | Date | Signature | Date | Signature | Date |
| FTO: |  |       |  |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |  |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
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| 12.4.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.4.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.4.03 Prior to Booking a Prisoner |
|  | The trainee will review and explain the legal constraints, agency policy and procedure, and custody facility requirements relative to medical clearance/approval prior to booking. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.4.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.4.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5 BOOKING PRISONERS |
| 12.5.01 Booking Juveniles |
|  | The trainee shall explain how to properly book a juvenile prisoner in conformance with agency policy, legal codes, and minimum jail standards, including: |
|  | 1. Miranda advisement
2. Right to phone calls
3. What notifications are required
4. Secure/non-secure detention of juveniles
5. Strip search of juveniles
 | 1. Requirements pertaining to confinement of a child under 16 years of age with an adult accused or convicted of a crime
2. Custody alternatives
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.5.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.02 Jail Facility |
|  | The trainee shall acquire (preferably through a tour) an understanding of the basic functions, layout, organization, and staffing of the jail facility his/her agency utilizes most often. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.03 Securing Weapons Prior to Entering Custody Facility |
|  | The trainee will review and explain reasons and procedures for securing his/her weapon prior to entering any custody facility. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.04 Booking Documents/Procedures |
|  | The trainee shall demonstrate his/her ability to complete the proper procedure of booking an inmate into a facility, including: |
|  | 1. Complete and accurate pre-booking form, receiving sheet, and/or probable cause declaration/statement to include charges and subsections
2. Confirm arrestee is adult versus juvenile
3. Valid court and/or warrant paperwork
 | 1. Inmate is medically screened and has medical clearance and approval form
2. Physical condition as to injuries and/or current medical problems (delirium tremens, heart problems, etc.)
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.04 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.05 Booking Adult Prisoners |
|  | The trainee shall explain how to properly book adult prisoners in conformance with agency policy, legal codes, and minimum jail standards, including: |
|  | 1. Alcoholics
2. Narcotic/Drug Users
3. Mentally Ill
4. Sex Offenders
 | 1. Escape Risks
2. Non-conformists
3. Civil Bookings
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.05 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.05 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.06 Other Types of Prisoners |
|  | The trainee shall identify other prisoners who may warrant special consideration, including: |
|  | 1. Injured or sick
2. Females (including pregnant females)
3. Elderly
4. Gang members or police informants
 | 1. Current or former peace officers, judges, etc.
2. High-profile prisoners
3. Any other prisoner(s) who may need specialized classification/housing needs
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.06 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.06 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.07 Inmate Classification |
|  | The trainee shall explain the concept of inmate classification, to include: |
|  | 1. Sex
2. Age
3. Criminal sophistication
4. Seriousness of offense
 | 1. Assaultive behavior
2. Medical disabilities
3. Gang affiliation
4. Overt sexual behavior
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.5.07 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.07 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.08 Legalities of Prisoner/Inmate Searches |
|  | The trainee shall review and explain the legalities of prisoner/inmate searches, including: |
|  | 1. Search by same sex
2. Clothed search
3. Strip or skin search, including documentation
 |  |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
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| 12.5.08 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.08 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.09 Prisoner Release |
|  | The trainee will review and explain methods and procedures for releasing a prisoner. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.5.09 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.09 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.5.10 Response to Jail Emergencies |
|  | The trainee shall discuss his/her agency’s response, if any, to a jail emergency, including: |
|  | 1. Fire
2. Earthquake
 | 1. Civil disorder
2. Escape
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.5.10 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.5.10 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.6 PEOPLE WITH DISABILITIES |
| 12.6.01 Americans with Disabilities Act ([ADA](http://www.dol.gov/dol/topic/disability/ada.htm)) |
|  | The trainee shall recognize that the ADA also covers people with developmental and mental impairments and impacts law enforcement as follows: |
|  | 1. Requires reasonable adjustments and modifications in policies and practices or procedures, on a case-by-case basis
2. Prohibits the arrest of an individual for behavioral manifestations of a disability that is not criminal in nature
 | 1. Requires that the safety and civil rights of people with disabilities be protected during transport and while detained
2. Requires officers to make accommodations for persons with disabilities, except where safety is compromised
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.6.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.6.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.6.02 Behavior Due to Disabilities |
|  | The trainee shall acknowledge that some disabilities (including intellectual disabilities, cerebral palsy, epilepsy, autism, and other neurological conditions) are not readily apparent and that sometimes people with developmental or cognitive disabilities may have little or no conscious ability to control their behavior. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.6.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.6.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.6.03 Dealing with Cognitive Impairment |
|  | The trainee shall recognize and demonstrate effective communications for person with cognitive impairments to minimally include: |
|  | 1. Give one direction or ask one question at a time
2. Allow the person to process what you have said and respond (10-15 seconds, then repeat)
3. Avoid questions that tell the person the answer you expect (avoid questions with yes/no answers)
4. Repeat questions from a slightly different perspective, if necessary
 | 1. Avoid questions about time, complex sequences, or reasons for behavior
2. Use concrete terms and ideas; avoid jargon or figures of speech
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| 12.6.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.6.04 Non-compliance as a Warning Sign |
|  | The trainee shall explain how non-compliance is a warning sign that indicates a person may need more time to mentally grasp and respond to what is being said or asked of them and that it may be due to fear, confusion, auditory hallucinations, etc., rather than defiance. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
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| Trainee: |       |       |       |       |       |       |
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| 12.6.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.6.04 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.6.05 Standard Tactical Assessments and Safeguards |
|  | Recognizing that safety (officer safety, public safety, and the safety of the person in crisis) is always the top priority when dealing with impaired people, the trainee shall explain and demonstrate standard tactical assessments and safeguards, including: |
|  | 1. His/her own abilities to physically control the person
2. Escape routes
3. Use of cover
4. Call for backup
 | 1. The T.A.C.T. Model
2. Tone (Present a calm and firm demeanor/Maintain respect and dignity)
3. Atmosphere (Reduce distractions/Respect personal space)
4. Communication (Establish contact/Develop rapport)
5. Time (Slow down/Reassess)
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| 12.6.05 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7 MENTAL ILLNESS CASES |
| 12.7.01 State Law and Agency Policy |
|  | The trainee shall review and explain state law and agency policy regarding mental illness cases. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
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| Trainee: |       |       |       |       |       |       |
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| 12.7.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.01 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.02 Considerations When Handling or Dealing with Mentally Ill/Emotionally Disturbed Persons |
|  | The trainee shall identify considerations to be made when handling and dealing with mentally ill or emotionally disturbed persons, to minimally include: |
|  | 1. Ignoring verbal abuse
2. Avoiding excitement
3. Avoiding unnecessary deception
4. Requesting backup to minimize resistance
5. Requesting an ambulance prior to confronting subject, if necessary
 | 1. Keeping the disturbed person in sight constantly
2. Continual alertness
3. Seizing firearms for safekeeping
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

Additional Information:

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| 12.7.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.02 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.03 Mental Health Facility or Regional Center |
|  | The trainee shall identify the appropriate mental health facility or regional center within the agency's jurisdiction to be used for evaluation, treatment, counseling, or referral. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.03 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.04 72-Hour Hold |
|  | The trainee shall identify and explain the criteria as set forth in the Welfare and Institutions Code which an individual may be committed for a 72-hour hold. This includes: |
|  | 1. Danger to himself/herself
2. Danger to others
 | 1. Gravely disabled
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.04 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.05 Required Procedures for [WIC 5150](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=5.&title=&part=1.&chapter=2.&article=1.) |
|  | The trainee shall explain procedures required of officers for safeguarding the rights of a person detained under the authority of Welfare & Institutions Code 5150, including: |
|  | 1. The circumstance under which the person's condition was called to their attention and the observation constituting probable cause for detention must be recorded on the Application for 72-Hour Detention for Evaluation and Treatment
2. Advisement of Miranda rights, as appropriate, when criminal action is involved
3. Reasonable precaution must be made to safeguard personal property in the possession of, or on the premises occupied by, the person
 | 1. The person must be informed of the officer’s name and agency and the reason the person is being detained
2. If taken into custody at a residence, inform the person of personal items that may be brought along (with approval), right to a telephone call, and right to leave a note to friends or family
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.05 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.05 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.06 Alternative Methods |
|  | The trainee shall discuss appropriate alternative methods for handling the situation if involuntary detention for evaluation and treatment is NOT appropriate, including: |
|  | 1. Urgent medical attention
2. Arrest
3. Referral for mental health services
 | 1. Referral to local developmental disabilities agency
2. No police action required
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
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| 12.7.06 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.06 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.07 Required Documentation and/or Reports |
|  | The trainee shall explain the required documentation and/or reports for detaining and placing mentally ill persons. This discussion shall minimally include: |
|  | 1. Application for 72-Hour Detention for Evaluation and Treatment ([Form MH 302](http://www.dhcs.ca.gov/formsandpubs/forms/Forms/Mental_Health/DHCS1801_07142014.pdf))
2. Verbal admonishment and supplementary written documentation as specified in [WIC 5150](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5150)
 | 1. Any additional agency-specific or mental health facility specific documentation or reports as may be required by agency policy, procedure, or Memorandum of Understanding
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.07 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.07 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.08 Demonstrating Knowledge of Proper Procedure |
|  | Given a scenario or an actual incident involving a mentally ill or emotionally disturbed person, the trainee shall take all necessary precautions in dealing with the person, safely take the person into custody (if necessary), assure safe transportation of the person, and properly complete all necessary forms and reports. |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.08 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.08 Part B - Agency Training Details *(field will expand automatically)* |
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| 12.7.09 Address Issues Related to Stigma |
|  | Given a series of scenarios or in conjunction with an actual incident involving a mentally ill or emotionally disturbed person, the trainee shall identify indicators of mental illness, intellectual disability, substance use disorders, neurological disorders, traumatic brain injury, post-traumatic stress disorder, and dementia. The training shall also address:* Issues related to stigma
* Autism spectrum disorder
* Genetic disorders, including, but not limited to, Down syndrome
* Conflict resolution and deescalation techniques for potentially dangerous situations
* Alternatives to the use of force when interacting with potentially dangerous persons with mental illness or intellectual disabilities
* The perspective of individuals or families who have experiences with persons with mental illness, intellectual disability, and substance use disorders
* Involuntary holds
* Community and state resources available to serve persons with mental illness or intellectual disability, and how these resources can be best utilized by law enforcement
 |
| Reference(s):  |       | Case # *(If applicable)*      | Incident #       |
|  | Received Instruction | Competency Demonstrated | How Demonstrated? | Remedial Training | How Remediated? |
|  | When completed, print full name | Date | When completed, print full name | Date | When completed, print full name | Date |
| FTO: |       |       |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |       |       | [ ]  Field Perform[ ]  Role Play[ ]  Written Test[ ]  Verbal Test |
| Trainee: |       |       |       |       |       |       |
| Comments *(field will expand automatically)*      |

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| 12.7.09 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)* [ ]  N/A |
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| 12.7.09 Part B - Agency Training Details *(field will expand automatically)* |
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**See next page for Attestation**

Part 5 – Section 12: Control of Persons/Prisoners/Mentally Ill

ATTESTATION FOR SECTION 12

**To enter your electronic signature:**

* Export your file as a PDF. (Go to File > Export > Create PDF/XPS Document)
* Click on “Fill & sign” > Click on “Sign” icon at top of page > Click on “Add signature”
* Click on the “Image” icon > Click “Select image” > Locate your signature file > Click “Apply” to place your signature.
* Enter your full name next to your signature.

**YOUR ELECTRONIC SIGNATURES VERIFY** that the Field Training Officer (FTO) and trainee attest to the following:

1. The FTO(s) provided all instruction, training, and related feedback/comments to the trainee in accordance with the agency’s training requirements for this portion of the Field Training Program.

2. The trainee demonstrated all competencies required for this portion of the Field Training Program.

3. If remedial training was performed, the results were reviewed by the appropriate FTO(s) and accepted by the trainee.

4. The final evaluation of the trainee’s performance for this portion of the Field Training Program were approved by the FTO(s) and accepted
by the trainee.

Primary Field Training Officer: Print Full Name:

 Trainee: Print Full Name:

**IMPORTANT:** After signing the Attestation, the file will be “locked” and **CANNOT BE MODIFIED**. If you need to make changes, both signatures must be removed and re-entered after the final revisions have been made.

**To remove the electronic signature:**  Click on the signature > Click on the trash icon.

**See the following pages for Instructions for Administrators and FTOs**

**How to Complete Volume II (Sections 1–18)**

INSTRUCTIONS FOR ADMINISTRATORS

**Volume II of the Field Training Manual consists of 18 Sections.** Each Section is provided as a separate file on the POST website. Prior to submitting your FTP Manual to POST for review, you must complete all 18 Sections and include them as part of your Manual.

1. ***Set up:*** Keep a Master copy of each Section file for reference. Make a copy of the file to use for agency-specific entries.
2. ***For each Section (1–18):***
	1. Open the applicable file and add agency name and date (M/Y) at the top of page 1. (Do NOT alter any other portions of the file, with the exclusion of Parts A and B.)
	2. For each subsection, complete Parts A and B.
		* *Part A:* Input relevant policy references from Department Policy Manual (ex. Sacramento SD Policy: Use of Force).
		* *Part B:* Input agency training details.
3. ***After completing ALL sections (1–18),*** you are required to submit the following materials via email to POST for review and approval (do NOT send printed copies)
	* 1. **Volume I and Volume II (Sections 1-18)**
		2. **POST** [**2-229**](https://post.ca.gov/portals/0/post_docs/publications/2-229.pdf) **Form (scanned copy of signed original)**
		3. **Department Policy Manual**
4. Mail your POST 2-229 Form to:

**Commission on POST**

***Field Training***

**860 Stillwater Road, Suite 100**

**West Sacramento, CA 95605**

**See next page for Instructions for Field Training Officers**

 **How to Complete Volume II (Sections 1–18)**

INSTRUCTIONS FOR FIELD TRAINING OFFICERS (FTOs)

**Volume II of the Field Training Manual consists of 18 Sections.** Each Section has been customized by your agency administrator(s) to include references to policies and procedures and training details to meet your agency’s Field Training Program requirements. Each file is provided as a separate file. For each Section (1–18), complete all tables for each topic.

1. ***Set up:*** Keep an unchanged copy of each section file as a master for reference. Make a copy of the file to use for your training sessions.
2. ***Tracking your training sessions:***
	1. Upon completing each competency, enter the FTO and trainee names and dates, and how the competency was demonstrated, into the applicable tables.
	2. Enter any note-worthy comments related to the trainee’s performance.
3. ***If trainee requires remedial training:***
	1. Enter the FTO and trainee names and dates, and how the competency was remediated, to show that each competency was completed.
	2. Enter any additional note-worthy comments related to the trainee’s performance.
4. ***Attestation:*** After all competencies have been performed, including any remedial training, the primary FTO and trainee MUST enter their electronic signatures on the Attestation page (see instructions) to verify that the trainee has completed this portion of the Field Training Program.

**End Section**