



MISSOURI SHERIFFS' ASSOCIATION TRAINING ACADEMY

Serving Missouri Justice Since 1945

DATE & TIME

April 28,29,30, & May 12,13 2023
8:00 am - 7:00 pm

LOCATION

Adair County Annex Building

300 N. Franklin
Kirksville, MO 63501

COST

Contracted Agency: \$250
Non-Contracted Agency: \$500

Note: Cost includes manuals, study material and CLEE credit. Students are responsible for all lodging, meals, and transportation expenses.

POST CLEE CREDITS: 46

- 5 Hours Interpersonal
- 1 Hour Implicit Bias
- 4 Hours De-Escalation
- 14 Hours Legal Studies
- 22 Hours Technical Studies

REGISTRATION

You can register online at <https://mosheriffs.com/events/category/training/> or by emailing the attached registration form to: Gina Kauffman at gina@mosheriffs.com

DEADLINE

April 10, 2023

Note: Classes may be cancelled with less than 10 registrations. Maximum of 30 registrations.

6605 Business 50 West
Jefferson City, MO 65109
573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

48-Hour Jail Officer Academy

(POST# 24790)

This 48-hour course is designed to prepare the participant for working in a jail or detention center. It focuses on developing knowledge and skills to better equip an individual for maintaining the safety and security of a facility, as they ensure the incarcerated individuals' needs are met in a humane and legal manner. It is a MUST for individuals just beginning a career working in a jail and a friendly refresher for those who have been working in a jail for some time.

TOPICS INCLUDE

- Working in Corrections
- Health & Safety Issues
- Legal Issues
- Intake, Booking & Release
- Daily Operations of a Jail Officer
- Controlling Resistive & Manipulative Behavior
- Use-of-Force in Jails

PREREQUISITES

Applicants must possess the following competencies:

- Adaptability
- Conscientiousness
- Judgment/ Problem Solving
- Critical Thinking
- Learning-Memory-Recall
- Organization Skills

DRESS CODE & SUPPLIES

- Attendees are expected to dress in their agency uniform or in business casual attire.
- Attendees must bring a pen or pencil and notetaking material; and a laptop, tablet, or smart phone capable of accessing the internet.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

A certificate of academy completion is awarded to all attendees who have a 100% attendance rating and pass a comprehensive electronic exam with a minimum score of 80% correct.

FOR MORE INFORMATION CONTACT

Jeanne Merritt at 573-529-6900 or email her at jeanne@mosheriffs.com

STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING

48-Hour Jail Officer Academy

CURRICULUM

Chapter 1 Working in Corrections

What is Corrections
Mental Health & Employee Wellness
Implicit Bias & Predictive Processing
Stress Management
Sexual Harassment Awareness & Prevention

Chapter 2 Health & Safety

Med/Sick Call
Infectious Diseases & Blood Borne Pathogens
Suicide Screening & Prevention
Responding to Suicides & Suicide Attempts
Prone Restraint & The Risk of Asphyxia
Excited Delirium & In-Custody Death
Special Needs Inmates
PREA
Fire Safety & Evacuation

Chapter 3 Legal Issues

State Law Governing Jails & Jailers
Federal Law Governing Jails & Jailers
Amendments Affecting Jail Operations
First Amendment
Fourth Amendment
Fifth Amendment
Sixth Amendment
Eight Amendment
Fourteenth Amendment
Legal & Religious Access

Chapter 4 Intake, Booking & Release

Intake
Booking
Release

Chapter 5 Daily Operations

Effective Communication
Cross Gender Supervision
Request & Grievance Procedures
Visitation
Mail
Rules of Conduct & Discipline
Property Control
Controlling Contraband
Transports
Searches of Persons & Cells
Staff Sexual Misconduct
Recognizing & Avoiding Manipulation

Chapter 6 Controlling Resistive Behavior

Use-of-Force Statutes
Use-of-Force Caselaw
Use of Force Decision Making
Restraint Chair*
Duty to Intervene*
Pepper Spray/Pepper Ball*
TASER*
Use of Restraints

Chapter 7 Testing 2

*Only discussing their use.



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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
_____ Exp _____
3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To