



## **Satellite Facility Worksheet**

**Date:** \_\_\_\_\_

**Academy:** \_\_\_\_\_

**Location of Satellite Facility:** \_\_\_\_\_

**Satellite Facility Coordinator:** \_\_\_\_\_

### **6VAC20-30-60. Requirements for in-service training.**

A. In-service training shall be provided under the authority of a certified academy. At the option of the certified academy, such training may be conducted by the main academy or at an approved satellite academy. The certified academy may conduct training at an offsite facility if the facility is approved and an academy staff member acts as the coordinator for the program. The academy director shall provide the department field coordinator the date, time, and location of such training at least seven days in advance of the program. Failure to provide such notification negates the training approval. All necessary records must be maintained and documentation kept on file in accordance with the certified academy policy. Roll call training shall not be approved for in-service training.

B. In-service training that is approved shall be subject to inspection and review by the department. The department may deny in-service credit for any training that is not in compliance with training standards.

### **Instructions for completing form:**

The academy director shall designate in writing a Satellite Facility Training Coordinator for each satellite facility conducting mandated in service training. It shall be the responsibility of the above named coordinator to ensure that training is conducted in accordance with DCJS Academy recertification standards and the coordinator shall be present when training is conducted.

The academy director shall complete Table 1 for every satellite facility location and respond with a yes or no for all questions and subparts of the questions. A copy of the completed form shall be forwarded to a field representative for review prior to conducting a training or course. The academy director shall maintain a list of classes to be taught at the satellite facility.

Satellite Facility Worksheets and class lists shall be open to review and inspection by the Department.

**Table 1**

| Satellite Facility Standards  | Yes/No | Explanation |
|---|--------|-------------|
| 1. Is this facility currently on the list of approved satellite facilities provided to DCJS   |        |             |
| 2. Does the facility have posted occupancy for each classroom based upon the standard of a minimum of 20 sq. feet of floor space per student?   |        |             |
| 3. Are classroom conditions conducive to learning:  |        |             |
| a. lighting   |        |             |
| b. noise levels   |        |             |
| c. temperature  |        |             |
| d. adult size tables/desks and chairs   |        |             |
| 4. Are first-aid and safety equipment on site?  |        |             |
| a. First aid kit  |        |             |
| b. Operating communication equipment  |        |             |
| <p>Guidance on first-aid and safety: First aid kit must include at minimum bandages, gauze, tape, antiseptic. Communication equipment (e.g. including but not limited to telephones, mobile phones, hand held radios) shall be operable (e.g. mobile phone must have cell service, hand held must be charged or have working batteries) for the duration of the course or training.</p> |        |             |
| 5. Does the facility have functioning restrooms readily available?  |        |             |
| 6. Have all pertinent fire, health and building regulation inspections been reviewed to ensure they are current and the building is in compliance?  |        |             |

Locations that do not comply with the requirements identified in Table 1 do not meet minimum satellite facility training standards and **shall not** be used to conduct mandated training.

I acknowledge that the Satellite Facility Training Coordinator shall be excused from all other duties while training is being conducted at this satellite training facility to adequately supervise the training. Should the above named coordinator be transferred or replaced, a new coordinator shall be approved by the academy director.

|  |  |      |  |
|--|--|------|--|
| Signature of Agency Administrator/Designee |  | Date |  |
|--|--|------|--|

I have reviewed the contents of this worksheet and understand as the named Satellite Facility Training Coordinator I shall not work on or respond to other duties and responsibilities while training I am responsible for is being conducted at this satellite training facility to adequately supervise the training.

|  |  |      |  |
|--|--|------|--|
| Signature of Satellite Facility Training Coordinator |  | Date |  |
|--|--|------|--|

This satellite facility is in compliance with all standards of the Department of Criminal Justice Services, and is authorized to conduct mandated training that is **preapproved** by the Academy.

|   |  |      |  |
|---|--|------|--|
| Signature of Academy or DCJS Representative |  | Date |  |
| Signature of Academy Director               |  | Date |  |