

# YOUTH SERVICES POLICY

<b>Title:</b> Secure Care Intake	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.3
	<b>Page</b> 1 <b>of</b> 13
<b>References:</b> Children's Code Articles 116 (24.2), 888, 890, 903, and 908(A); La. R.S. 15:901; U.S. DOJ PREA Standards 115.333(a) - (b); 115.341(a) – (e), 115.342 (c), (d), (f); ACA Standards 2-CO-4A-01, 2-CO-4B-04, 2-CO-4D-01 and 2-CO-5E-01 (Administration of Correctional Agencies), YS Policy Nos. B.2.1 "Assignment, Reassignment, and Release of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.14 "Secure Care SAVRY", B.2.16 "Assessment and Treatment of Youth who Demonstrate Sexual Behavior Problems", B.2.20 "Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth", B.3.1 "Secure Care Youth Records: Composition and Maintenance", B.5.1 "Youth Code of Conduct – Secure Care", B.6.1 "Health Care", B.6.2 "Communicable and Contagious Diseases and Infection Control Program", B.6.5 "Secure Care Mental Health Screening, Appraisal, and Evaluation", B.6.6 "Secure Care Mental Health Program", B.6.7 "Secure Care Suicide Prevention", B.8.12 "Secure Care Youth Orientation", B.8.14 "DNA Protocols", B.8.15 "Family and Community Relations", C.1.13 "Legislative Request/Communication, Media Access and Public Information", C.2.3 "Searches of Youth"; C.2.9 "Correspondence and Packages", C.2.11 "Prison Rape Elimination Act (PREA)", and D. 9.13 "Case Assessment Process for Secure Care Placement"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> Otha "Curtis" Nelson, Jr., Deputy Secretary	<b>Date of Approval:</b> 02/06/2023

## I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To establish secure care intake procedures for youth adjudicated delinquent and assigned to the custody of YS.

## III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Probation and Parole Program Director, Youth Facilities Director - Statewide, Executive Management Advisor, Health Services Director, Director of Treatment and Rehabilitation, Regional Directors, Facility Directors, Regional Managers, Direct Intake staff, and the Contracted Health Care Provider (CHP) staff.

Unit Heads are responsible for ensuring adherence to guidelines established throughout this policy.

#### IV. DEFINITIONS:

**Case Manager** - A generic term used within a secure care facility to identify members of the counseling profession, e.g., Social Services Counselor, Clinical Social Worker, Program Manager, or a treatment team member assigned to manage a youth's case.

**Central Office Program Manager** – Responsible for administering comprehensive statewide programs.

**Commitment Order/Custody Order** - Court order signed by a judge placing an adjudicated delinquent youth in the custody of YS.

**Community Based Services (CBS)** - Includes all regional probation and parole offices located throughout the state.

**Contracted Health Care Provider (CHP)** - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

**Direct Intake** - The process by which youth adjudicated delinquent are assigned to a secure care facility directly from court.

**Due Process Hearing** - An administrative hearing consisting of at least the youth, assigned PPO/J, and objective decision maker prior to reassignment of a youth adjudicated delinquent from a non-secure residential program to a secure facility.

**Individualized Intervention Plan (IIP) - Initial and Formal** - A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

**Intake Beds** - A designation given to bed space that is reserved for intake into secure care. Intake beds can be further identified according to purpose, as follows:

*Emergency Intake Beds* – Any situation that requires a youth to be admitted to a secure care facility immediately, such as a court order or emergency request for removal by a detention facility due to mental health or behavioral issues, and requires the Regional Director's approval where the facility is located.

*Evaluation Only Beds* - Beds reserved for those youth committed for 30 days for diagnostic testing and evaluation, following which the youth returns to their region of origin. As provided by La. R.S. 15:901(E), commitments to YS for evaluation only are to be made by the court after exhausting all other state and local diagnostic testing, and evaluation resources.

*Fast Track Beds* - Beds to be filled by those youth approved for admission into a short term program; and

*General Population Beds* - Beds to be filled by long-term youth in order to assess risk and needs and to determine the proper assignment for the youth within the secure care system. Beds are assigned through Central Office.

***Intake Packet*** - The documents required at intake into a secure care facility which shall include the following:

- Order of Commitment/Custody Order
- Judgment of Adjudication
- Judgment of Disposition
- Other available relevant reports

***Juvenile Electronic Tracking System (JETS)*** - The centralized database used to track all youth under OJJ supervision or custody, and to record youth case record activity.

***Juvenile Detention Facility*** - A facility operated or funded by local government to house youth on a short-term basis.

***LGBTIQ*** - Youth who have identified themselves as lesbian, gay, bisexual or transgender, intersex or questioning their sexual orientation, or gender nonconforming youth. (Refer to YS Policy No. B.2.20)

***Prioritized Needs*** – High priority treatment needs identified by the contracted health care provider staff during the screening and assessment of the youth. These prioritized treatment needs shall be addressed by the social services staff and contracted health care provider staff, if applicable, in the youth's IIP.

***Prison Rape Elimination Act (PREA)*** - An Act signed into law by President George W. Bush in September 2003. This legislation requires the Bureau of Justice Statistics (BJS) to develop new national data collections on the incidence and prevalence of sexual violence within correctional facilities. PREA defines four categories of sexual abuse for purposes of data collection: abusive sexual contacts, nonconsensual sexual acts, staff sexual harassment and staff sexual misconduct.

***Probation and Parole Officer/Juvenile (PPO/J)*** – PPO/J's assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/J's shall provide case management services in accordance with need assessments, as well as monitor, compliance with the services provided and court ordered requirement while the youth is in the custody or under the supervision of YS.

***Psychological Evaluation*** - A written report detailing the results of the screening and assessment of the youth, including testing information and interview results. It is a collaborative effort between mental health professionals, YS staff and service providers. Health assessments shall be completed within seven (7) days, and mental health assessments within 14 days of the youth's admission to the facility. Assessments of youth with serious mental health concerns may take up to 30 days.

***Qualified Mental Health Professional (QMHP)*** – Contracted mental health professionals who perform clinical duties for mentally ill patients, i.e. licensed counselors, social workers, psychiatrists, psychologists and nurses, in accordance with each health care professional's scope of training and applicable licensing, certification and regulatory requirements. Primary duties are to provide mental health services to youth commensurate with their respective levels of education, experience, training and credentials.

***Regional Director*** – The Deputy Assistant Secretary responsible for the oversight of all functions and operations of the Community Based Services Regional Offices in their assigned Region.

***Secure Care Center for Youth*** – A living environment characterized by a range of moderate to high security level facilities that include construction, fixtures and staff supervision designed to restrict the movements and activities of the residents, and to control, on a 24-hour basis, the ability of the residents to enter and leave the premises, and which are intended for the treatment and rehabilitation of children who have been adjudicated delinquent. [Ch. Code Article 116(24.2)]

The secure care centers operated by YS are as follows:

- Acadiana Center for Youth (ACY)
- Acadiana Center for Youth at St. Martinville (ACY-SM)
- Bridge City Center for Youth (BCCY)
- Bridge City Center for Youth at West Feliciana (BCCY-WF)
- Swanson Center for Youth (SCY)
- Swanson Center for Youth @ Columbia (SCYC)

***Structured Assessment of Violence Risk in Youth (SAVRY)*** – An evidence-based assessment designed to assist professionals in making judgements about a youth's needs for case planning. The SAVRY utilizes a structured, professional judgment method of assessment, meaning the individual completing the assessment rates the youth on a number of evidence-based risk factors and then weights all the information to come to a final judgment that the youth is Low, Moderate or High Summary Risk Rating for future reoffending. (Refer to Policy No. B.2.14)

**V. POLICY:**

It is the policy of the Deputy Secretary that detailed procedures be developed for youth being admitted for assessment into short-term and long-term treatment programs at a YS secure care facility.

**VI. PROCEDURES:**

- A. Intake Documents: Per the procedures outlined in YS Policy D.9.13, Community Based Services (CBS) Regional Office staff shall ensure that an Intake packet is sent for each youth assigned to secure care.

A secure care commitment packet shall contain:

1. Order of Commitment/Custody Order;
2. Judgment of Adjudication;
3. Judgment of Disposition;
4. Media Consent Form;
5. Signed and approved case staffing report ;
6. SAVRY information;
7. Social history, PDI and/or supplemental social history (if applicable); and
8. Other relevant reports concerning the youth which includes: medical records, medication history, school records, behavioral tendencies, psychological and/or psychiatric assessment, or any combination of the foregoing.

- B. Intake Priority:

Intake shall be authorized by Central Office. Youth shall be admitted according to the guidelines of the OJJ Disposition Matrix based on the youth's risks and needs, severity of the offense, violent behavior, and public safety. (Refer to YS Policy D.11.1.)

Secure care is the highest level of placement within OJJ's continuum of care and is reserved for youth with the most severe level of need and those who pose a risk to public safety.

**1. Emergency**

In the event of the need of an emergency intake into secure care, pursuant to YS Policy No. B.2.1, when possible, the court of jurisdiction shall receive written / verbal notification prior to or at the time of movement. Within 48 hours (excluding weekends/holidays) following transfer, direct intake staff shall send written confirmation to the court using the "Direct Intake Letter to the Judge" in JETS, and to the youth's parent/guardian using the "Direct Intake Letter to Parent" in JETS.

2. Prior to intake, the designated Education representative shall give the list of names to the designated Special School Programs (SSP) representative to conduct a special education records search on all youth admitted in order to determine any history of special education classification, including mental disability. The SSP representative shall send the Special Education Reporting (SER) report to the designated Education representative, who shall report the results during the intake staffing at the secure care facility.

**C. Procedures for Day One:**

1. When Central Office notifies the applicable Regional Manager, Regional Director and Youth Facilities Director - Statewide of the youth being admitted, the regional office shall contact the detention/shelter facility and the parent/guardian and document this contact in JETS.

The regional office shall arrange transportation of the youth to the secure care facility, along with personal belongings and packaged medication, if applicable.

2. The YS intake staff at the assigned facility shall verify the youth's JETS number and sign for the physical custody of the youth.
3. A Master Record for the youth shall be established, JETS shall be updated to show the youth's transfer, and all information on the JETS Master form shall be verified by YS intake staff.
4. YS intake staff shall immediately review the intake packet and JETS to determine present or past gang affiliation, PREA alerts, detainers and lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ) or non-conforming indicators.

If gang affiliation is noted, this information shall be documented, placed in the youth's permanent record and entered into JETS.

If the youth has a PREA alert or detainer, a Youth at Risk-Staff Alert Form shall immediately be completed in JETS by YS intake staff and distributed to designated facility staff, pursuant to YS Policy No. C.2.11.

LGBTIQ or gender nonconforming youth shall not be treated or classified upon intake as sex offenders unless required by the court. If a Youth at Risk-Staff Alert Form is created, the youth shall not be identified as LGBTIQ or gender nonconforming to protect confidentiality, pursuant to YS Policy No. B.2.20.

If the information about gang affiliation or PREA is acquired during the intake interview with the youth although the information was not part of the intake packet, a Youth at Risk-Staff Alert Form and the Precaution Sheet shall immediately be completed in JETS and distributed to designated facility staff by the YS intake staff.

5. Translators shall be provided for youth who do not understand English.
6. Within one (1) hour of intake all youth, *excluding youth transferred from one secure care facility to another*, shall have an initial health screening by trained YS intake staff.

Subsequently, the youth shall receive medical, dental and vision screenings by the CHP pursuant to YS Policy No. B.6.1. Youth shall remain under constant supervision until these screenings take place. Health care staff shall inform each youth, both orally and in writing, about available health care services and how to access these services. Each youth shall sign the How to Obtain Medical Care form provided by health care staff to indicate that he understands how to seek medical care.

7. Within one (1) hour of intake, all *youth transferred from one secure care facility to another*, shall receive a health screening by the CHP, which shall include a subsequent review of positive findings.
8. Within two (2) hours of intake all youth, *including youth transferred from one secure care facility to another and youth transferred from one distinct correctional system to another*, shall receive an initial mental health screening conducted by a Qualified Mental Health Professional (QMHP) who shall screen the youth for all areas noted in YS Policy No. B.6.5.

The QMHP shall inform the youth of the purpose of the mental health screening process, secure the youth's permission to request collateral information from other sources, and generally ensure that comprehensive historical information is gathered.

The Youth at Risk-Staff Alert Form shall be completed in JETS by YS intake staff when the QMHP finds a youth to be at risk for such conduct as:

- Escape
- Suicide
- Potential for sexual victimization (to include LGBTIQ or gender nonconforming)
- Violence against other youth or staff, etc., (to include sexual violence)
- Gang affiliation
- Aggressiveness
- Victimization
- Medical
- Sex offender
- PREA

9. Within the first four (4) hours of direct intake, the youth shall be photographed, fingerprinted, and, if applicable, a DNA sample collected, pursuant to YS Policy No. B.8.14. A copy of the youth's photo shall be forwarded to the facility's main control center and the CHP to assist medical staff in identifying youth for medication purposes. The youth's fingerprints and original photo shall be placed in the youth's Master Record under Clip VIII.

A second photograph of the youth shall be taken on the date the youth receives his first haircut following intake. The updated photo shall follow the same procedures as noted in the above paragraph.

In addition, pursuant to YS Policy No. B.2.2, all youth shall receive an updated photograph every three (3) months in conjunction with their Quarterly Reclassification Staffing. Updated photos shall follow the same procedures as noted above.

Throughout a youth's stay in a secure care facility his hair shall be neatly groomed in such a manner as to prevent the concealment of contraband, and to limit his ability to change his appearance. Youth hairstyles shall not interfere, delay or create difficulty in conducting search procedures.

10. Within 24 hours of receipt of information from the youth during the intake process concerning their LGBTIQ or gender nonconforming status, the youth's status shall be indicated on the Summary Intake Report in JETS, and the agency shall implement appropriate controls on the dissemination of information within the facility, pursuant to YS Policy No. B.2.20.



11. Within 24 hours of intake, a general search of the youth and his possessions shall be conducted by facility staff pursuant to YS Policy Nos. B.2.20, C.2.3 and C.2.11.

The youth's personal property shall be inventoried utilizing the CLIENT PERSONAL PROPERTY RECORD form in JETS, cleaned, and when necessary disinfected. The personal property record shall be reviewed and signed by the youth and staff. A copy of the list shall be provided to the youth, and the hard copy with signatures placed in the youth's Master Record under Clip VIII.

Personal items shall be retained at the facility and stored in a secure area for a maximum of 30 days following admission. Personal items not retrieved within 30 days shall be donated if useable or discarded. Items shall not be stored over the 30 day time frame.

12. Within 24 hours of intake, the CHP shall schedule a youth with a history of taking psychotropic medication for an assessment by a psychiatrist.

Youth who are on psychotropic medication shall not be placed in the Mental Health Seriously Mentally Ill (SMI) Program unless the Psychiatrist determines that such placement is necessary pursuant to YS Policy No. B.6.6.

13. Intake staff who identify youth with possible suicidal behavior shall immediately verbally notify the MHTP at the facility for an immediate evaluation pursuant to YS Policy No. B.6.7. Intake staff shall maintain visual contact with youth until the MHTP or CHP nurse (if after hours) arrives. The MHTP or CHP nurse shall complete an Authorization for Suicide Watch form and document the findings of the assessment in the youth's medical record.
14. Within 24 hours of intake, the intake staff shall provide and discuss the Youth Code of Conduct – Secure Care with the youth and obtain the Youth Receipt of the Code of Conduct pursuant to YS Policy B.5.1. The signed Receipt shall be placed in the youth's Master Record under Clip VI. The youth shall be further introduced to the Code of Conduct during the LAMOD process.
15. Within 24 hours of intake, staff shall place a call to the youth's family and inform the parent/guardian of the youth's physical location, and the facility's telephone, mail and visitation policies, advising them that an information packet will be mailed to them from the Family Liaison pursuant to YS Policy No. B.8.15.

During the phone call, the youth shall be allowed to speak with their parent/guardian, and the intake staff shall invite the family to the initial IIP staffing to be held within seven (7) business days of the youth's arrival at a secure care facility. These activities shall be documented on a Weekly Contact Progress Note in JETS within five (5) working days by the intake Case Manager.

16. Within 24 hours of intake, the Chaplain or a designated staff member shall meet with and provide the youth with the "Food Preference Form" [see Attachment B.2.3 (a)], and the "Religious Belief for Dietary Purposes Form" [see Attachment B.2.3 (b)] forms for completion. Religious diets shall be approved by the Case Manager, the Facility Director, and the Food Services Director. Once approved, a copy of the form shall be forwarded to the CHP for the youth's medical file. The approved form shall be maintained on file by the Food Services Director.
17. Prior to the youth being assigned to a designated area, the youth shall be measured for and issued properly fitting assigned youth clothing, hygiene items and receive a shower. Medicated shampoo may be given as indicated.
18. Prior to admission to the assigned housing unit the youth shall be provided a tour of the facility areas the youth will be frequenting on a daily basis.

**D. Procedures for Day Two:**

1. Within 48 hours of arrival, youth who have been reassigned from a non-secure custody placement to secure care on an emergency basis shall be afforded a Due Process Hearing, pursuant to YS Policy No. B.2.1.
2. The QMHP shall continue evaluations / assessments of the youth.
3. The CHP medical staff shall continue medical/dental assessments of the youth.
4. Intake staff shall introduce, discuss and provide copies of the following to the youth:
  - a) The Administrative Remedy Procedures (ARP);
  - b) The LAMOD Youth Manual and Orientation Policies;
  - c) Mail and Telephone Consent Forms;
  - d) Telephone and Visitors List;
  - e) Visitation Policies;
  - f) Prison Rape Elimination Act (PREA) Youth Confirmation of Receipt;
  - g) Communicable/Contagious Diseases;
  - h) Staff/Youth Relationships; and
  - i) LGBTIQ or gender nonconforming policy.

The youth shall view the facility orientation video, and be given an opportunity to ask questions.

5. Pursuant to YS Policy No. C.2.11, the youth shall view the OJJ designed PREA power point presentation covering:
  - a) How to avoid risky situations related to sexual assault;
  - b) How to safely report rape or sexually inappropriate behavior;
  - c) How to obtain counseling services and/or medical assistance if victimized; and
  - d) What the risks and potential consequences are for engaging in any type of sexual contact while in the facility.

Staff shall process with the youth the information provided in the power point presentation.

A brief version of the PREA presentation described above shall be made available to youth during the orientation/admission process of each facility whenever a youth is transferred.

6. A signed copy of the Youth Orientation Form shall be placed in the youth's Master Record under Clip VIII.

**E. Procedures for Day Three:**

1. The QMHP shall continue evaluations/assessments of the youth.
2. Within 72 hours of a youth's LGBTIQ or gender nonconforming status being indicated, placement decisions shall occur to prevent any possible risks to the youth while awaiting a placement decision, pursuant to YS Policy No. B.2.20 and C.2.11.

LGBTIQ or gender nonconforming youth shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall YS consider this an indicator of likelihood of being sexually abusive.

3. The youth shall be provided a physical fitness assessment by designated staff.
4. The youth shall be provided an overview of recreational services.
5. The Chaplain or a designated staff member shall provide information on campus religious services and spiritual programs available to the youth.
6. The youth shall be provided educational services by the educational staff.

7. Within three (3) to four (4) days, a representative from the Education Department shall interview the youth and conduct the Test of Adult Basic Education (TABE) to determine reading, math and language arts grade levels, and to collect base line information. The Education Department shall conduct a tour of the school area and orient the youth to the educational offerings at the facility.
8. The youth shall be provided a safety overview and receive Flammable, Toxics, Caustics (FTC) training.

**F. Procedures for Day Four:**

1. The QMHP shall continue evaluations/assessments of the youth.
2. LAMOD programming is focused on the group treatment process. Therefore, it is essential that youth are placed in appropriate dorms based on their treatment needs and similarities (to the degree possible) in order to have effective group dynamics and an adequate peer support system. The youth shall be assigned to the appropriate housing unit based on his initial screenings, SAVRY summary risk/need identified areas, social history background information, psychological evaluations and staff observations. After transfer to his assigned housing unit the youth shall be oriented into the unit.
3. JETS shall be updated to reflect the youth's housing assignment.
4. The youth shall begin attending school.

**G. Procedures for Day Seven:**

An initial classification multidisciplinary team staffing shall be held within seven (7) working days of the youth's admission. The team shall consist of the following:

1. The intake Case Manager;
2. The Facility Treatment Director;
3. Education representative;
4. CHP medical staff;
5. QMHP;
6. The youth's PPO/J;
7. The youth's parent/guardian; and
8. The youth.

If the family and/or PPO/J are unable to travel to the facility for the staffing, a teleconference or video-conference shall be arranged. The results of the youth's screenings shall be discussed at the staffing.

**H. Procedures for the CHP:**

1. All youth assessments shall be completed within 30 days of intake to the facility.
2. The QMHP shall complete and submit the Psychological Evaluation and ensure that all treatment recommendations are addressed within 30 days.
3. If the youth has been adjudicated of a sexual offense under La. R.S. 15:541 (including "hands on" sexual offenses against children, peers, and adults, and exhibitionism) and no psychosexual assessment was completed in the community in the six (6) months prior to the youth's intake to secure care custody, a psychosexual evaluation shall be completed within 30 days pursuant to YS Policy No. B.2.16.

**I. Procedures for Family Liaison:**

1. A weekly list of all new secure care intake youth shall be provided to the Family Liaison by designated Central Office staff.
2. The Family Liaison shall then mail a letter to the parent/guardian, along with "The Introduction to Secure Care for Parents" handbook pursuant to YS Policy No. B.8.15.
3. If the letter is returned as undeliverable, no such number, etc., the address shall be checked for updates and/or the Family Liaison shall attempt to contact the parent/guardian by phone to inquire about a correct address, and reissue.

**VII. QUALITY ASSURANCE:**

- A. The quality assurance evaluation process for intake youth shall follow the established guidelines outlined in YS Policy No. B.2.2, Section XV.
- B. The Facility Treatment Director is ultimately responsible for ensuring that all required monitoring reviews are conducted in a timely manner.
- C. The quality assurance tools authorized by Central Office shall be utilized to conduct the required Case Record reviews. The tools can be accessed through OJJ Share Point by logging on to <http://oydcosps/default.aspx>, and choosing the CQIS tab.

**Previous Regulation/Policy Number:** B.2.3

**Previous Effective Date:** 01/07/2022

**Attachments/References:** B.2.3 (a) Food Preference Form. February 2023.docx  
B.2.3 (b) Religious Belief for Dietary Purposes Form February 2023  
B.2.3 (b.1) Request for Religious Diet Meal February 2023  
Client Personal Property Record.pdf

## DIRECT ADMISSION FOOD PREFERENCE FORM

☐ ACY    ☐ ACY-SM    ☐ BCCY    ☐ BCCY-WF    ☐ SCY    ☐ SCYC

DATE: \_\_\_\_\_

YOUTH NAME: \_\_\_\_\_ Client ID# \_\_\_\_\_

DOB: \_\_\_\_\_

HOUSING UNIT: \_\_\_\_\_

FOODS YOU LIKE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

FOODS YOU DISLIKE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

FOODS LISTED ABOVE ARE FOR INFORMATIONAL PURPOSE ONLY.

CC:    Food Service Manager

\_\_\_\_\_  
Chaplain/Designated Staff Member Signature

\_\_\_\_\_  
Date

**DIRECT ADMISSION****RELIGIOUS BELIEF for DIETARY PURPOSES FORM**

☐ **ACY**   ☐ **ACY-SM**   ☐ **BCCY**   ☐ **BCCY-WF**   ☐ **SCY**   ☐ **SCYC**

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

Youth Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_

DOB: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

**RELIGIOUS BELIEF: Please put an (X) in the box next to your religious belief and practice.**

<input type="checkbox"/>	<b>Baptist</b>	<input type="checkbox"/>	<b>Protestant</b>	<input type="checkbox"/>	<b>Judaism/Kosher</b>
<input type="checkbox"/>	<b>Catholic</b>	<input type="checkbox"/>	<b>Pentecostal</b>	<input type="checkbox"/>	<b>Hinduism</b>
<input type="checkbox"/>	<b>Presbyterian</b>	<input type="checkbox"/>	<b>Episcopalian</b>	<input type="checkbox"/>	<b>Buddhism</b>
<input type="checkbox"/>	<b>Methodist</b>	<input type="checkbox"/>	<b>Jehovah's Witness</b>	<input type="checkbox"/>	<b>Mormon</b>
<input type="checkbox"/>	<b>Lutheran</b>	<input type="checkbox"/>	<b>Islam/Halal</b>	<input type="checkbox"/>	<b>Rastafarianism</b>
<input type="checkbox"/>	<b>Christian – Non Denominational</b>	<input type="checkbox"/>	<b>Seventh Day Adventist</b>	<input type="checkbox"/>	<b>Other: _____</b>

If a juvenile has a religious belief and practice that requests a special diet, the Case Manager will contact the juvenile's parents/guardian to obtain the dietary needs from the parent/guardian/religious authority. The Case Manager shall complete the "Request for Religious Diet Meal Form" [Attachment B.2.3 (b.1)] and forward to the Facility Director.

After receiving the juvenile's Request for Religious Diet Meal Form, the Facility Director will sign the form and submit said form to the Director of Food Services for implementation, and to the Contracted Health Care Provider for the youth's medical chart.

The Director of Food Services will be responsible for making sure Food Services can and will carry out the Religious Diet Order.

**REQUEST FOR RELIGIOUS DIET MEAL**

☐ **ACY**    ☐ **ACY-SM**    ☐ **BCCY**    ☐ **BCCY-WF**    ☐ **SCY**    ☐ **SCYC**

<b>Youth Name:</b> _____  <b>DOB:</b> _____  <b>Housing Unit:</b> _____  <b>Date of Request:</b> _____  <b>Youth Signature:</b> _____	<b>Faith Group Affiliation:</b> _____  <b>Member of this Group Since:</b> _____  <b>Parent/Guardian Contact Person:</b> <b>Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip:</b> _____ <b>Phone #:</b> _____
<b>Foods Prohibited:</b> _____ _____ _____	
I have completed this form with the assistance of the above parent/guardian providing information related to the youth's religious dietary needs.  <b>Case Manager Signature:</b> _____ <b>Date:</b> _____	
I have read this request and I am aware that the above youth will be on this religious diet.  <b>Facility Director Signature:</b> _____ <b>Date:</b> _____	
I have received this request for a religious diet for the above youth and can assure that the Food Services Department will implement the diet based on the above information.  <b>Food Services Director Signature:</b> _____ <b>Date:</b> _____	



**CLIENT PERSONAL PROPERTY RECORD  
OFFICE OF JUVENILE JUSTICE**

Client Name: Beth Test

Client ID: 055204

Date & Time of Inventory: Purpose of Inventory:

Number	Article	Remarks/Condition
	Belt	
	Boots	
	Cap,Hat	
	Gloves	
	Dress/Skirt	
	Jacket	
	Jeans	
	Pants/Slacks	
	Shirt	
	Shoes/Shower	
	Shoes/Slippers	
	Shoes/Tennis	
	Shoes/Dress	
	Shorts	
	Socks	
	Sweater	
	Sweat Pants	
	Sweat Shirts	
	T-Shirt	
	Underwear	
	Bra	
	Billfold	
	Cassette Tapes/CD's	
	Eyeglasses	
	Jewelry (Describe)	
	Radio	
	Watch	
	Slip	
	Brush/Comb	
	Deodorant	
	Toothbrush	
	Purse	

**MISCELLANEOUS ITEMS**

Number	Article	Remarks/Condition

\_\_\_\_\_  
Client Signature/Date

\_\_\_\_\_  
Secure Care Staff/Date