

YOUTH SERVICES POLICY

Title: Religious or Faith-Based Programs and Services	Type: B. Classification, Sentencing and Service Functions Sub Type: 8. Youth Related Services Number: B.8.4
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References: ACA Standards 2-CO-5E-01, 2-CO-5E-02 (Administration of Correctional Agencies); 4-JCF-5F-01, 4-JCF-5F-02, 4-JCF-5F-03, 4-JCF-5F-04, 4-JCF-5F-05, 4-JCF-5F-06, 4-JCF-5F-07, and 4-JCF-5F-08 (Performance-based Standards for Juvenile Correctional Facilities); YS Policies A.2.18 "Criminal Record Check", A.2.24 "Staff Development and Training Plan", B.2.3 "Secure Care Intake", B.3.1 "Secure Care Youth Records; Composition and Maintenance" and B.8.3 "Volunteer Services Program"	
STATUS: Approved	
Approved by: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 02/20/2020

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 the religious or faith-based programs and services for youth housed in a YS secure care facility.

III. **APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Executive Management Advisor, Regional Family Liaison, Regional Directors and Facility Directors.

IV. **DEFINITIONS:**

State Central Registry (SCR) – A centralized database maintained by the Louisiana Department of Children and Family Services (DCFS) that compiles records from all investigations of child abuse, and categorizes such cases as substantiated, inconclusive or invalidated. [Formerly known as the Louisiana Child Abuse Registry (LCAR)].

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Volunteer - An individual who donates time and effort to enhance YS' activities and programs. These individuals are selected on the basis of their skills or personal qualities to provide services in such areas as transition back into the community, recreation, counseling, education, religion, etc. Volunteers may include student interns, job services training program participants, senior citizens, faith-based organizations and other workers who serve without financial compensation.

V. POLICY:

It is the Deputy Secretary's policy that all youth be given the opportunity to practice their faith on a voluntary basis, limited only when necessary to accommodate other legitimate interests, and consistent with the safety, security and orderly operations of the facility.

Youth shall not be subjected to coercion, harassment or ridicule due to religious affiliation.

Where applicable, chaplains shall have access to all areas of facilities to minister to youth.

The Regional Family Liaison shall be responsible for supporting and strengthening the secure care volunteer and faith-based services.

VI. PROCEDURES:

A. Religious or faith-based programs shall be established in conformity with the requirements of ACA Standards and YS Policies. Such programs should have the potential to facilitate youth secure care adjustment, help youth assume personal responsibility and to reduce recidivism.

Each Facility Director shall develop "Standard Operating Procedures" (SOPs) for religious or faith-based programming to meet the needs of their youth population to include the following:

1. All volunteers shall undergo a criminal record check, which includes a State Central Registry (SCR) check [previously known as Louisiana Child Abuse Registry (LCAR)], prior to the initiation of volunteer services pursuant to YS Policy No. A.2.18;
2. Information about the qualified senior staff member designated to serve as the facility's Volunteer Services Coordinator for community-based and faith based volunteer services, pursuant to YS Policy No. B.8.3;
3. Notification to all youth regarding the availability of religious services and spiritual programs, including non-denominational programs, services and

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activities, and information on the “Religious Belief for Dietary Purposes From” pursuant to YS Policy No. B.2.3. (Note: Information about a youth’s religious background is documented on the Initial Intake Form attached to YS Policy No. B.3.1.);

4. Process for youth to address any special needs or requirements to practice their faith, i.e. certain ceremonies, baptisms, work restrictions and authorized communal sacramental rites (providing such rites do not conflict with existing facility SOPs or jeopardize the security and orderly running of the facility); and to allow them to change religious preferences.

If a youth is under the age of 18, a “Baptism Permission Letter” [see Attachment B.8.4 (c)] addressed to a youth’s parent/guardian and the “Baptism Permission Form” [see Attachment B.8.4 (d)] requesting permission from a parent/guardian for a youth’s baptism are needed;

5. Conditions and circumstances under which clergy privileged communications exists and under which privileged communication in a secure care facility does not apply, in consultation with Legal Services;
 6. Coordination and supervision of the program;
 7. The use of specific areas to conduct religious or faith-based programs and services;
 8. Availability of adequate religious aids, equipment and materials; and
 9. Process for chaplain or designated staff member, with the authority of the Facility Director/designee, to solicit for donations of equipment and materials for use in religious programs, and for maintaining records of all donations according to acceptable accounting practices.
- B. Pursuant to the procedures outlined in YS Policy No. B.8.3, each unit shall recruit and strive to maintain an adequate number of volunteers to minister to its youth. Community linkages should be developed with churches, synagogues, mosques, and other faith-based institutions to enhance the services offered to youth and to better prepare them spiritually for a productive life.

When an individual makes application to serve as a volunteer in ministry to youth, and the request is denied following review of the information provided, the “Volunteer Regrets Letter” [see Attachment B.8.4 (b)] shall be completed, signed by the unit’s Volunteer Services Coordinator, and forwarded to the volunteer applicant, pursuant to YS Policy No. B.8.3.

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- C. The “Volunteer Reporting Form” [see Attachment B.8.4 (a)] shall be completed by the Ministry/Organization Leader and submitted to the Volunteer Services Coordinator following each visit.

VII. STAFF DEVELOPMENT:

- A. All volunteers shall receive orientation training prior to providing services and annual training pursuant to YS Policy No. B.8.3.

VIII. QUALITY ASSURANCE:

The Regional Family Liaison shall be responsible for monitoring the secure care “Volunteer Services Program” to ensure criminal record checks, SCR checks and appropriate training are conducted prior to services being rendered.

Previous Regulation/Policy Number: B.8.4

Previous Effective Date: 08/10/2018

Attachments/References:

- B.8.4 (a) Volunteer Reporting Form February 2020.doc
- B.8.4 (b) Volunteer Regrets Letter February 2020.doc
- B.8.4 (c) Baptism Letter to Parents February 2020.docx
- B.8.4 (d) Baptism Permission Form February 2020.docx

**YOUTH SERVICES
VOLUNTEER REPORTING FORM
SIGN-IN SHEET**

ACY BCCY SCY SCYC

DATE: _____ TIME IN: _____ TIME OUT: _____

Ministry/Organization: _____

Name of Volunteers Visiting:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Ministry/Organization Leader: _____

Total Number of Youth Attending Service/Activity: _____

Housing Unit: _____

Names of Youth in Attendance: (First Initial and Last Name only)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(PLEASE USE ADDITIONAL FORM IF NECESSARY AND ATTACH)

Office of Juvenile Justice



B.8.4 (b)

(Insert Date)

(Insert Volunteer/Ministry Name and Address)

RE: Volunteer Opportunity with the Office of Juvenile Justice

Dear (Insert):

"All things work together for good, to those who love the Lord and are called, according to His purpose." On behalf of the Office of Juvenile Justice, thank you for your kindheartedness in offering assistance to the ministry at (Insert Facility) Center for Youth. We have reviewed your application and are grateful for your interest.

Based on the information provided, the Office of Juvenile Justice is unable to accommodate your request at this time.

We appreciate your interest in working with our agency.

Respectfully,

Volunteer Services Coordinator (or other position title if applicable)

cc: Facility Director
Facility Deputy Director
Facility Assistant Director
Regional Family Liaison
Legal
Volunteer File

February 2020



B.8.4 (c)

BAPTISM PERMISSION LETTER

(Insert Date)

(Insert Parent/Guardian Name and Address)

Dear **(Insert)**:

Your son **(Insert Youth's Full Name)** recently made a profession of faith in the Lord Jesus as his Savior. The possibility of being baptized has been discussed while here at **(Please circle below)**

Acadiana Center for Youth (ACY)
Bridge City Center for Youth (BCCY)
Swanson Center for Youth (SCY)
Swanson Center for Youth at Columbia (SCYC)

Because **(Insert Youth's First Name)** is under the age of 18, your permission is required.

Enclosed please find our "Baptism Permission Form". If you grant permission to have **(Insert Youth's First Name)** baptized by an ordained, licensed individual, please sign and date the enclosed form. We also ask that you provide one witness signature as well. For your convenience, a self-addressed envelope is enclosed.

Please know that we are proud of **(Insert Youth's First Name)** as the youth takes this leap of faith. Our interest is for the youths well-being while here, and when the youth returns to their family and the community.

A date has tentatively been set for Sunday, **(Insert Date/Year)** at **(Insert Time)**. If you are able to attend, please contact me to make appropriate arrangements.

May God continue to bless you and your family.

Prayerfully,

Chaplain
Volunteer Service Coordinator

Enclosure: OJJ self-addressed stamped envelope

C: Youth's Master Record

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B.8.4 (d)

BAPTISM PERMISSION FORM

(Insert Date)

TO WHOM IT MAY CONCERN:

I am **(Insert Parent/Guardian First and Last Name)**, the parent/guardian of youth **(Insert Youth's Full Name)**, Client ID# **(Insert Youth's Client ID #)**. **(Insert Youth's First Name)** is currently a resident at: *(Please Circle Below)*

- Acadiana Center for Youth (ACY)
- Bridge City Center for Youth (BCCY)
- Swanson Center for Youth (SCY)
- Swanson Center for Youth at Columbia (SCYC)

I hereby give permission for a licensed and ordained individual to baptize **(Insert Youth's First Name)** while the youth is residing at the above facility.

Youth's Printed Name

Youth's Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

(Signature of parent/guardian needed if the youth is under the age of 18)

February 2020