

# YOUTH SERVICES POLICY

<b>Title:</b> Physical Examinations, Essential Functions and Special Requirements for Probation and Parole Officers/Juvenile	<b>Type:</b> D. Community Based Services <b>Sub Type:</b> 2. Personnel <b>Number:</b> D.2.1
<b>Page 1 of 5</b>	
<b>References:</b> ACA Standards 2-CO-1C-01 and 2-CO-1C-19 (Administration of Correctional Agencies); 2-7037 (Juvenile Probation and Aftercare Services), YS Policy Nos. A.2.7 "Drug-Free Workplace", A.2.12 "Personnel Records", A.2.18 "Criminal Record Check", A.2.67 "Management of Tuberculosis – Employees" and A.2.68 "Diana Screen"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 07/14/2022

**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 procedures for pre-employment examinations, screenings, and background checks of applicants for the position of Probation and Parole Officer/Juvenile (PPO/J).

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Probation and Parole Program Director, Executive Management Advisor, Regional Directors, Regional Managers, Regional Office Human Resources (HR) Liaisons, and all applicants for Probation and Parole Officer/Juvenile (PPO/J) positions.

**IV. DEFINITIONS:**

**Agency** – For purposes of this policy, Youth Services, Office of Juvenile Justice.

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

**Conditional Offer of Employment** - An offer of employment made to an applicant dependent on meeting certain conditions and/or results.

***Diana Screen*** – A child safety screen which assists in identifying adults who fail to recognize adult-child sexual boundaries or who are at high risk for having sexually abused a child in the past. (Refer to YS Policy No. A.2.68)

***Drug Screen*** - A screen designed to detect illegal or prescription drug use based on a sample provided by an employee or potential employee, as administered by an OHC.

***Essential Functions*** - Basic job duties that an applicant/employee must be able to perform, with or without reasonable accommodation.

***Human Resources (HR) Liaison*** - The staff person designated by the unit head with the responsibility for collecting and retaining documents pertaining to employee's personnel records. (Refer to YS Policy No. A.2.12)

***Louisiana Child Abuse Registry (LCAR)*** – 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. (Refer to YS Policy No. A.2.18)

***Occupational Health Clinic (OHC)*** - Any general hospital, or any other medical facility which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) Routine commercial activities, such as pre-employment examinations; (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations; (3) routine workers' compensation cases; (4) routine medical evaluations involving establishment of product liability; (5) evaluations consigned to independent medical Examiners; (6) employee physical programs; (7) employee wellness programs; or (8) employee drug testing programs.

***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, facilitate and participate in services provided while the youth is in the custody or under the supervision of YS.

***(TB) Tuberculosis*** – An infectious disease caused by the tubercle bacillus and characterized by the formation of tubercles on the lungs and other tissues of the body, often developed long after the initial infection.

**V. POLICY:**

It is the Deputy Secretary's policy that applicants for the position of PPO/J must complete the Diana Screen as part of the interview process prior to a conditional offer of employment. (Refer to YS Policy No. A.2.68)

Following a conditional offer of employment, applicants shall undergo a criminal record check, Louisiana Child Abuse Registry (LCAR) check, physical examination, medical screening, tuberculosis (TB) test and drug screening. (Refer to YS Policy Nos. A.2.7, A.2.18, and A.2.67) Results must certify that the applicant is suitable for duty and is capable of performing the essential functions of a PPO/J.

**VI. PROCEDURES:**

- A. Following an applicant's interview, the Diana Screen shall be administered immediately, pursuant to the guidelines established in YS Policy No. A.2.68.
- B. Applicants with a passing score on the Diana Screen are eligible to continue to the next step of the application process. Those applicants whose results indicate a failing score shall not be considered for employment until the applicant successfully completes a Secondary Evaluation. Pass/fail results of the Diana Screen are confidential and are not disclosed to applicants.
  - 1. Applicants that have received unfavorable results on the Diana Screen will be offered an opportunity to complete a Secondary Screening by a Contracted Psychologist. Results of the Secondary Screening are confidential and are not disclosed to applicants.
- C. Following a conditional offer of employment the following must be accomplished:
  - 1. A drug screen and a TB test shall be conducted by the Occupational Health Clinic (OHC), located in the area where the office is located, utilizing the "Employee Health Referral Form" [see Attachment D.2.1 (d)]. Receipt of the drug screen and TB test results shall be delivered to the Unit Head on a dedicated Fax line located in the Unit Head's office for confidentiality purposes pursuant to YS Policy No. A.2.7.

If the initial drug screen produces a "positive" result the prospective employee will either be referred for additional confirmatory testing or not considered for the position. No applicant whose confirmatory test is "positive" shall be considered for employment.

Any applicant who refuses TB testing shall not be employed, pursuant to YS Policy A.2.67.

2. The applicant must pass a criminal record check and the LCAR check pursuant to the guidelines established in YS Policy No. A.2.18.
3. Once the criminal record and LCAR checks have been cleared, the applicant shall obtain a physical examination conducted by the OHC. Any applicant who refuses a physical examination shall not be employed.
4. The "Physical Examination" form [see Attachment D.2.1 (a)], "Probation and Parole Officer/Juvenile Essential Functions Form" [see Attachment D.2.1 (b)], and "Special Requirements of a Probation and Parole Officer/Juvenile" form [see Attachment D.2.1 (c)], must be completed by the applicant. All required signatures must be obtained and dated.
5. The OHC shall review the "Physical Examination" form and "PPO/J Essential Functions Form" prior to conducting the physical/medical examination. The physician must complete the forms following the exam.
6. Results of the medical exam shall be delivered to the Unit Head on the dedicated Fax line as noted above.
7. If a medical clearance was not obtained or requires further evaluation, the "Physical Examination" and "PPO/J Essential Functions Form" indicating the results and need for further evaluation shall be provided to the Regional Manager by the OHC via the dedicated Fax line.

The Regional Manager shall forward the information to HR Liaison who shall notify the applicant of his/her responsibility to obtain further evaluation by a licensed physician of their choice for the specified medical condition, at their own expense.

Any applicant who does not have a medical clearance shall not be employed.

**D. The unit HR Liaison shall:**

1. Maintain the physical examination, drug screen and TB test results in a confidential file separate from the employee's personnel file.
2. Maintain the Diana Screen, Secondary Screening, criminal record and LCAR checks in the confidential section of the employee's personnel file.

**YS Policy No. D.2.1**

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**Previous Regulation/Policy Number:** D.2.1

**Previous Effective Date:** 05/20/2021

**Attachments/References:** D.2.1 (a) Physical Examination Form May 2020.docx  
D.2.1 (b) Essential Functions PPOJ July 2014.docx  
D.2.1 (c) Special Requirements for PPOJ July 2015.doc  
D.2.1 (d) Employee Health Referral Form May 2020.doc



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**PROBATION AND PAROLE OFFICER**


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**THESE ARE THE ESSENTIAL FUNCTIONS OF THE JOB(S).**

Supervise juvenile felons, misdemeanants, and status offenders

Counsel and refer youth to appropriate community based resources and provide crisis intervention

Enforce all imposed conditions of supervision and perform all aspects of the violation process

Conduct criminal justice social background investigations and make recommendations for the various decision makers in criminal justice system

Take youth into custody, conduct arrests

Transport youth

Prepare reports to courts

Determine amounts of victim's restitution and set payment schedules, etc

Testify in court hearings and other proceedings

**THE ACTIVITIES LISTED BELOW ARE REQUIRED OF EACH EMPLOYEE IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S).**

<b><u>PHYSICAL EFFORT AND EXAMPLES</u></b> (not all inclusive)	<b>ARE YOU ABLE TO DO THIS?</b>	
	<b><u>YES</u></b>	<b><u>NO</u></b>
Exert physical force to restrain youth or others as necessary (to apprehend absconders; to prevent bodily injury to others)	_____	_____
Climb (stairs, steps, ramps, ladders, tops of buildings)	_____	_____
Qualify with a handgun	_____	_____
Travel by rail, auto, air at any given time and on occasion for extended periods of time	_____	_____
Drive a vehicle to contact/visit youth under supervision	_____	_____
Communicate in person, by telephone, by radio, and/or paging equipment	_____	_____
See (to observe youth behavior)	_____	_____
Walk (to court, make arrests, locate youth)	_____	_____
Run in the event of an emergency or life threatening situation	_____	_____
Travel to conduct state business and for training purposes	_____	_____
Drive for extended periods of time and distances	_____	_____
Report to work before or after routine work schedule	_____	_____

**PSYCHOLOGICAL FACTORS**

**YES**

**NO**

Able to perform the job without exhibiting inappropriate workplace behavior, such as creating an atmosphere of hostility and without behaving erratically

\_\_\_\_\_

\_\_\_\_\_

Able to work around youth without fear

\_\_\_\_\_

\_\_\_\_\_

Able to tolerate the stress associated with liability for errors in judgment

\_\_\_\_\_

\_\_\_\_\_

**ARE YOU WILLING TO BE EXPOSED TO THESE ENVIRONMENTAL CONDITIONS?**

**ENVIRONMENTAL CONDITIONS**

Confinement/association with youth in work/home settings

\_\_\_\_\_

\_\_\_\_\_

Exposure to blood/ body fluids and body waste

\_\_\_\_\_

\_\_\_\_\_

Supervise youth in high crime areas

\_\_\_\_\_

\_\_\_\_\_

Exposure to extreme weather conditions

\_\_\_\_\_

\_\_\_\_\_

Gunfire noise

\_\_\_\_\_

\_\_\_\_\_

Chemical agent fumes

\_\_\_\_\_

\_\_\_\_\_

Confinement behind the steering wheel of a vehicle for long periods of time with or without youth

\_\_\_\_\_

\_\_\_\_\_

Risk of physical injury or to personal safety

\_\_\_\_\_

\_\_\_\_\_

Wear restrictive body clothing (bullet proof vests)

\_\_\_\_\_

\_\_\_\_\_

**If you answered NO to any of these items listed above, please indicate if there are any specific accommodations that can be provided which will enable you to perform the essential functions of this job.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any omission or misrepresentation of material fact herein may result in refusal of, or separation from, employment. I hereby authorize the Department to make any investigations of my background deemed necessary. Upon an offer of a job, I have no objection to taking a medical examination and understand that employment is conditional upon results of the medical examination. I understand that I must be able to perform all duties as assigned and that if I become unable to perform the essential functions of this job after employment, I must report such disability to appropriate officials. I understand that my ability to perform the essential functions of this job, with or without accommodations, cannot create a significant risk of harm to the health and safety of myself or others, nor impair the fundamental operations of my assigned unit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, INCLUDING SIGNATURE AND DATE

THE FOLLOWING MAY BE REQUIRED BY THE UNIT HEAD

I have reviewed the essential functions of this job and the activities involved in the performance of these functions. It is my opinion that:

Check One

\_\_\_\_\_ This employee can perform the essential functions of this job without any accommodation.

\_\_\_\_\_ This employee can perform the essential functions of this job with the following accommodation(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ This employee cannot perform the essential functions of this job with or without accommodation.

\_\_\_\_\_  
Signature  
Physician, Psychologist, Psychiatrist or Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## SPECIAL REQUIREMENTS OF A PROBATION AND PAROLE OFFICER/JUVENILE

I understand that as a Probation & Parole Officer/Juvenile, I am required to:

- Attend, participate and complete a Peace Officer's Standards and Training Academy (POST).
- Qualify and carry a firearm according to Peace Officer's Standards and Training (POST) and the Office of Juvenile Justice (OJJ).
- Be available for duty as necessary and subject to call on a 24-hour basis, seven days a week, as well as overnight travel. Provide a telephone number where I can be reached in times of emergency. Use and maintain any electronic devices and/or radios in accordance with Agency policy and procedures.
- Take physical custody of youthful offenders, place them in mechanical restraints and transport them. Use physical force to prevent injury to myself, youth, and/or others, destruction of property, or escape of a youth.
- Have a personal vehicle available for use in the ordinary performance of my duties. The vehicle must meet all applicable state laws, including current Louisiana state required minimum liability insurance and state inspection sticker. Maintain a valid Louisiana driver's license.
- Accept any case, investigation, or other task assigned to me. Take part in audits, special programs, functions or activities as directed.
- Work in any geographical area of the region to which I am assigned.
- Perform drug screens on youth when required to do so.
- Participate in any training required by the Agency.

The special requirements have been explained to me and I understand what will be required of me if I am offered and accept employment as a Probation and Parole Officer/Juvenile.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Employee Health Referral Form

**Agency Info:**

State of Louisiana/Office of Juvenile Justice  
Referring Facility / Regional Office / Central Office:

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Employee Info:**

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

**Name and Location of Occupational Health Center Requested**

\_\_\_\_\_

**Services to be performed today (check all that apply):**

- |                                                              |                                                 |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Pre-Employment Physical Examination | <input type="checkbox"/> Urine Drug Screen      |
| <input type="checkbox"/> Non-Dot Physical Examination        | <input type="checkbox"/> Confirmatory Drug Test |
| <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Breath Alcohol Test    |
|                                                              | <input type="checkbox"/> TB Skin Test           |
|                                                              | <input type="checkbox"/> Chest X-Ray            |
|                                                              | <input type="checkbox"/> Hepatitis B Vaccine    |

<b>SPECIAL INSTRUCTIONS:</b>

Authorized by: \_\_\_\_\_

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