

# YOUTH SERVICES POLICY

<b>Title:</b> Staff/Youth Relationships	<b>Type:</b> A. Administrative <b>Sub Type:</b> 2. Personnel <b>Number:</b> A.2.62
	<b>Page 1 of 6</b>
<b>References:</b> La. R.S. 14:134.1; ACA Standards 4-JCF-3A-19, 4-JCF-3A-21, 4-JCF-3D-07, 4-JCF-6D-01, 4-JCF-6D-06, 4-JCF-6E-08, 4-JCF-6E-09, 4-JCF-6E-13 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.1.4 "Investigative Services", A.1.14 "Unusual Occurrence Reports", A.2.1 "Employee Manual", A.2.24 "Staff Development and Training Plan", A.2.38 "Ethics for Public Employees: Nepotism, Prohibited Relations, Gifts, Ethics Opinions", A.3.6 "Grants Coordination and Management Program", A.5.9 "Social Networking", B.5.1 "Youth Code of Conduct-Secure Care", and C.2.11 "Prison Rape Elimination Act (PREA)"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> Otha "Curtis" Nelson, Jr., Deputy Secretary	<b>Date of Approval:</b> 02/16/2023

**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 policy and rules governing personal and professional interaction between all YS employees, contract providers, volunteers, interns, and current or former youth or the families of current or former youth.

**III. APPLICABILITY:**

All YS employees, contract providers, volunteers, interns and youth.

**IV. DEFINITIONS:**

**Allegations** - Events of personal association or injurious sexual conduct which are said to have happened but have not yet been verified.

**Employees** – For purposes of this policy, “employees” includes employees, contract providers, volunteers and interns.

**Family Members** – For purposes of this policy, includes parents/stepparents, grandparents, guardian, spouse of the youth or parents and grandparents of the spouse, children, brothers, or sisters of the youth.

**Former Youth** - Individuals who after serving their disposition have been discharged from the custody or supervision of YS.

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

**Personal Association** - Includes any physical/verbal/written interaction with current or former youth other than as required through aftercare, including but not limited to, social media sites such as Facebook, etc., sexual, financial, familial, business or personal relationships, regardless of whether the association existed before, during or after the current or former youth's placement or release from the custody or supervision of YS.

**Relatives Employed/Youth Association Disclosure Form** – A form completed annually by all YS employees, contract providers, volunteers, and interns providing information regarding any of their relatives who are employed with YS, and personal associations with any current or former youth and/or their families.

**Staff Development Coordinator** - A full time secure care trainer position at the unit level responsible for the development, documentation and delivery of YS approved training.

**Unit Head** - For the purposes of this policy, the Unit Head consists of the Deputy Secretary, Facility Directors and Regional Managers.

**Unit Training Officer** - A regional office employee who by job description or assignment oversees the development, documentation and delivery of agency approved training.

## V. POLICY:

It is the Deputy Secretary's policy that the only permissible relationship between current or former youth and any employees, contract providers, volunteers, and/or interns is a professional, personally detached association within the scope of continued professional support to the youth and family. Personal associations are prohibited (refer to YS Policy No. C.2.11). Unit Heads are responsible for ensuring that each employee, contract provider, volunteer, intern, and youth and their families under their purview are made aware of the contents of this policy and its attachments.

**VI. PROCEDURES:**

**A. New Employees of Secure Care Facilities and Central Office**

1. Prior to being interviewed, candidates being considered for YS employment shall complete a copy of the "Relatives Employed/Youth Association Disclosure Form" [see Attachment A.2.62 (a)], providing information regarding the candidate's personal associations with any current or former youth and/or their families. These forms shall be provided to the interviewer(s) before the interview begins. The Unit Head shall determine whether the personal association would be a detriment to security or to the safety of employees, in which case the candidate shall not be selected for employment.
2. Any candidate who fails to report a personal association and is subsequently hired may be discharged upon discovery of the association.
3. If there are any questionable issues regarding a candidate's personal associations, the candidate shall not be scheduled for pre-service training until the matter has been resolved to the satisfaction of the Unit Head, and the resolution documented and attached to the "Relatives Employed/Youth Association Disclosure Form".

**B. Current Employees of Secure Care Facilities and Central Office**

1. These employees have a continuing obligation to immediately report youth associations or contacts/communications to the Unit Head. Considering the flow of youth in and out of the secure care facilities, it is possible that an employee's associations could change often. If these employees become aware that they or a member of their immediate family have a personal association with a current or former youth and/or their families, they must immediately report this information in writing to the Unit Head. The Unit Head shall relay that information to the Director of Investigative Services (IS) within 24 hours of receipt of the information (refer to YS Policy No. A.1.4).
2. These employees shall complete the "Relatives Employed/Youth Association Disclosure Form" annually as part of their Performance Evaluation meeting. If relatives/associations are disclosed, the supervisor must immediately forward the information to the Unit Head, the Youth Facilities Director - Statewide, and the Director of IS.

3. This policy acknowledges that contact with youth for agency-related grant matters (re-entry, follow-up, etc.) may be required for data and reporting purposes by designated staff working on a particular grant.

**C. Community Based Services (CBS)**

Community Based Services applicants and current employees shall complete and annually update only the "Relatives Employed" portion of the "Relatives Employed/Youth Association Disclosure Form". This policy recognizes that the nature of community supervision requires that staff have professional relationships with many youth, their friends and families in the community.

Community Based Services employees have a continuing obligation to report non-professional contacts made with youth and/or their families.

**VII. Prohibited Acts by Employees**

- A. Except as noted in B. below, employees are forbidden to provide home or cell telephone numbers, addresses or other personal information to current or former youth, and/or their families, regarding themselves or other employees, without the written approval of the Unit Head. Approval by the Unit Head must be copied to the appropriate Regional Director/Youth Facilities Director - Statewide and the Director of IS immediately.

- B. CBS PPO/J's, Program Specialists, and Social Workers may in the course of their professional duties provide clients and parents/guardians with their home and/or cell phone numbers. Discretion should be used when providing personal numbers. These acts shall be noted in JETS, clearly delineating the reason for the authorization, within five (5) working days.

It should be noted that reimbursements for calls received from a youth or parent/guardian shall not be reimbursed by OJJ.

- C. Employees are forbidden to give or accept gifts, articles of any sort, special favors or anything of value, to or from current youth, former youth and/or their families (refer to YS Policy No. A.2.38).
- D. Any attempt on the part of current or former youth and/or their families to visit, write or otherwise communicate through any medium including social media networks such as Twitter, Facebook, MySpace, YouTube, LinkedIn, Instagram, Snapchat, blogging, etc. (refer to YS Policy No. A.5.9) or send gifts or items to an employee or the employee's family must be

immediately reported in writing to the Unit Head. Copies of all such reports shall be immediately forwarded to the appropriate Regional Director/Youth Facilities Director - Statewide and the Director of IS. This policy recognizes that these attempted communications are not always indicative of an improper relationship, but the security of the unit or office requires that this information be reported. Documentation of all attempts to communicate and the reporting of such to the Unit Head shall be documented in JETS within five (5) working days.

An employee who is aware of such communications between a YS employee and a current or former secure care youth and/or their families is responsible for immediately completing a UOR for submission to the Unit Head, who shall forward the UOR to the Director of IS upon receipt.

Employees may also opt to contact the Employee Hotline in these instances, as noted in H. below. The information must be communicated by one of the methods noted or disciplinary action may be effected as provided in F.4. below.

- E. Other than in the regular line of duty relating to a youth, employees shall not transport any written material, information, clothing, food or other articles or devices, etc., to or from any youth in a secure or non-secure care facility or under supervision with CBS. Violations of this provision shall be dealt with in accordance with **RULE 9: RELATIONSHIPS WITH YOUTH AND THEIR FAMILIES contained in** YS Policy A.2.1 (b), Employee Rulebook.
- F. Employees wishing to establish, encourage or maintain a support role with current or former youth and/or their families shall submit a written request to the Unit Head. The following guidelines shall be adhered to:
  - 1. Requests shall specify the type of association the employee wishes to establish, the name of the current or former youth, and/or family members, and expected duration.
  - 2. The Unit Head shall approve or deny the request in writing, with a copy of the decision immediately forwarded to the appropriate Regional Director/Youth Facilities Director - Statewide and the Director of IS.
  - 3. The employee must immediately provide an updated written report to the Unit Head if there is any change in the association or intent to change the association by either party. The Unit Head shall immediately forward a copy of the update to the appropriate Regional Director/Youth Facilities Director - Statewide and the Director of IS. Written reports to the Unit Head shall be documented in JETS within five (5) working days.

- 4. An employee who fails to report a personal association may be disciplined, up to and including termination.
- G. All allegations of inappropriate relationships and failure to comply with the requirements of this policy shall be investigated by IS.
- H. Employees may also report observations or suspicions of prohibited acts/prohibited relationships by employees by contacting the Employee Hotline at 1-800-626-1430.

**VIII. YOUTH ORIENTATION**

- A. Orientation for all youth in the custody of or under the supervision of YS shall include informing the youth regarding all aspects of this policy as it applies to youth and their behavior with staff both during and after their release from YS custody and/or supervision. (Refer to YS Policy No. B.5.1)

**IX. STAFF DEVELOPMENT:**

- A. All YS employees shall receive pre-service orientation and annual in-service training on the contents of this policy.
- B. During pre-service orientation, all YS employees shall be required to sign the “Staff Confirmation of Receipt” [see Attachment A.2.62 (b)], acknowledging their understanding of this policy, which is available with all other YS policies on the OJJ Website at: <http://www.ojj.la.gov>. Signed confirmations shall be maintained in the employee’s personnel file.
- C. All contract providers, volunteers, and interns shall receive pre-service orientation and annual training on the contents of this policy. Documented pre-service and annual training shall be maintained on file with the Unit’s Staff Development Coordinator/Unit Training Officer. Violation of this policy may result in termination of volunteer or contract services.

**Previous Regulation/Policy Number:** A.2.62

**Previous Effective Date:** 01/19/2022

**Attachments/References:**

A.2.62 (a) Relatives Employed Youth Association Disclosure Form January 2023.doc

A.2.62 (b) Staff Confirmation of Receipt June 2014.docx

A.2.62 (c) Youth Confirmation of Receipt June 2014.docx



State of Louisiana  
Youth Services

**RELATIVES EMPLOYED/YOUTH ASSOCIATION DISCLOSURE FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Employee/Contract Provider/Volunteer/Interns Full Name)

Please list in the space provided the names of your relatives who are employed by Youth Services/Office of Juvenile Justice.

Please list in the space provided any personal and/or professional association you have or had with any of the following:

- **Current youth** - individual(s) who are in secure care, non-secure care, or under supervision under the jurisdiction of the State of Louisiana, Youth Services.
- **Former youth** - individual(s) who have previously been in secure care, non-secure care, under supervision, or under the jurisdiction of the State of Louisiana, Youth Services
- **Family of current or former youth.**

**Please check one:**

- \_\_\_ To the best of my knowledge I have no personal and/or professional associations with current or former youth, or with the family of current or former youth.
- \_\_\_ The personal and/or professional associations I have with current or former youth, or with the family of current or former youth are identified below.

**Please check one:**

- \_\_\_ To the best of my knowledge I have no relatives employed by Youth Services/Office of Juvenile Justice.
- \_\_\_ My relatives employed by Youth Services/Office of Juvenile Justice are identified below.

*I certify that the information I am providing on this form is true and accurate to the best of my knowledge:*

\_\_\_\_\_  
*Signature* *Date*

**YOUTH ASSOCIATIONS/RELATIONSHIPS SECTION**

Identify the name of the youth and/or family member of the youth, nature of the association/relationship (i.e., relative, ex-spouse, family friend, victim of the offender’s crime, etc.), whether you have/had contact, including but not limited to phone contact, visiting, and/or mail contact, depositing funds in youth’s account, etc. Add any comments you feel are necessary to explain the circumstances. If you are unsure of the need to disclose, list the individual or ask for clarification.

\_\_\_\_\_  
(full name of youth and/or family member of youth)

Location of youth: ACY ACY-SM BCCY BCCY-WF SCY SCYC

Association/ Relationship With Youth  
 Relative \_\_\_\_\_  Friend  
 Acquaintance  Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

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

Unit Head Only:  
Disapproval/Approval (name) \_\_\_\_\_ Date \_\_\_\_\_



State of Louisiana  
Youth Services

**RELATIVE EMPLOYMENT/YOUTH ASSOCIATION DISCLOSURE FORM  
(CONT.)**

\_\_\_\_\_ Association/ Relationship With Youth  
 Relative \_\_\_\_\_  Friend  
 (full name of youth and/or family member of youth)  Acquaintance  Know of the youth  
 Location of youth: ACY ACY-SM BCCY BCCY-WF SCY SCYC

Do you have contact with the youth or their family member(s)? Please explain:

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

Unit Head Only:  
Disapproval/Approval (name)\_\_\_\_\_ Date\_\_\_\_\_

\_\_\_\_\_ Association/ Relationship With Youth  
 Relative \_\_\_\_\_  Friend  
 (full name of youth and/or family member of youth)  Acquaintance  Know of the youth  
 Location of youth: ACY ACY-SM BCCY BCCY-WF SCY SCYC

Do you have contact with the youth or their family member(s)? Please explain:

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

Unit Head Only:  
Disapproval/Approval (name)\_\_\_\_\_ Date\_\_\_\_\_

\_\_\_\_\_ Association/ Relationship With Youth  
 Relative \_\_\_\_\_  Friend  
 (full name of youth and/or family member of youth)  Acquaintance  Know of the youth  
 Location of youth: ACY ACY-SM BCCY BCCY-WF SCY SCYC

Do you have contact with the youth or their family member(s)? Please explain:

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

Unit Head Only:  
Disapproval/Approval (name)\_\_\_\_\_ Date\_\_\_\_\_





State of Louisiana  
Youth Services

**RELATIVE EMPLOYMENT/YOUTH ASSOCIATION DISCLOSURE FORM  
(CONT.)**

\_\_\_\_\_ Association/ Relationship With Youth  
 (full name of youth and/or family member of youth)  Relative \_\_\_\_\_  Friend  
 Location of youth:  ACY  ACY-SM  BCCY  BCCY-WF  SCY  SCYC  
 Acquaintance  Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

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

Unit Head Only: Disapproval/Approval (name) _____ Date _____
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**RELATIVE EMPLOYMENT SECTION**

The following are relatives of mine who work for Youth Services/Office of Juvenile Justice:

Name and Relationship	Work Location
_____	_____
_____	_____
_____	_____
_____	_____



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Staff / Contract Provider / Volunteer / Intern Confirmation of Receipt  
Staff / Youth Relationships

This is to acknowledge that I have received and understand the information in YS Policy No. A.2.62 "Staff / Youth Relationships" which states that the only permissible relationship between current or former youth and any employees, contract providers, volunteers, and/or interns is a professional, personally detached association.

I further acknowledge that if I have any questions, or need assistance with guidelines regarding this policy, I will seek guidance from my supervisor.

\_\_\_\_\_  
Staff/Contract Provider/ Volunteer / Intern (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff/Contract Provider/ Volunteer / Intern Name (printed)

\_\_\_\_\_  
Training ID/Personnel Number (if applicable)

\_\_\_\_\_  
Location

C: PPS HR  
Volunteer File



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Youth Confirmation of Receipt  
Staff / Youth Relationships

This is to acknowledge that I have received information on how to identify and report injurious sexual conduct, as well as all aspects of YS Policy No. A.2.62 "Staff / Youth Relationships" as it applies to youth behavior with staff, both during and after release from YS Custody.

I further acknowledge that if I have any questions or need assistance I will seek guidance.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth JETS/Client ID No.

\_\_\_\_\_  
Location

C: Youth's Master Record