ORLEANS PARISH JUVENILE COURT GIRLS REACHING OUT WORKS WONDERS

G.R.O.W.W. HANDBOOK



Orleans Parish Juvenile Court 1100-B Milton Street New Orleans, LA 70122

ORLEANS PARISH JUVENILE COURT G. R. O. W. W.

INTRODUCTION

Welcome to the GROWW Program. GROWW is, pre-adjudicatory program designed to act as an alternative to secure detention for youth.

The mission of the GROWW Program is to provide additional support to at-risk youth who are involved in delinquent and/or high-risk behaviors. The overall goal of the GROWW Program is to provide a safe and structured environment for youth after school and until bed time hours, which is normally the peak hours in which youth participate in delinquent activities.

The GROWW Program has a strong belief that individuals have the ability to control their own actions and behaviors. It is also the belief of the GROWW Program that with some guidance from the GROWW Counselors, youth will learn to make more positive and rational decisions through the use of the skills learned while participating in GROWW.

As a participant in the program, youth will be assigned a counselor who will work with him/her each day of attendance. That counselor will be available to the youth and family, as is the GROWW Supervisor, during the duration of the program. Some of the activities youth will be expected to participate in include, but are not limited to: academic activities, tutoring, social skills groups, and life skills featuring guest speakers.

ROLES AND RESPONSIBILITIES

The GROWW Coordinator will oversee the operations of the program. He/She will ensure that the counselors are working with each youth to his/her fullest potential and providing guidance and leadership at all times. The Supervisor will also be available for any questions or concerns youth and families may have while participating in the program. The GROWW Supervisor and the Counselors will review cases on a weekly basis for program compliance and progress.

Youth will participate in the GROWW Program for a minimum of thirty (30) business days. He/she will participate in all the activities and adhere to all the rules of the program and all staff while participating in on and off-site activities.

Parent/Guardian will inform the GROWW Supervisor and/or Counselors if a youth will not be in attendance for the day. Parent will keep the GROWW staff abreast of changes to telephone numbers, addresses, and school placements.

ATTENDANCE POLICY

Youth are to attend the GROWW Program Tuesday and Thursday from 4:00pm-6:00pm, with the exception of State Holidays. Any unexcused absences will be documented in the youth's files and will be reported to the presiding Judge. If two consecutive days are missed, a request for a conference with the youth, parents, and GROWW Coordinator may be requested. If five or more consecutive days are missed, a report may be forwarded to the Judge and a request to terminate from the program may be submitted.

G. R. O. W. W. RULES

- 1. Youth will not bring any contraband (drugs, drug paraphernalia, tobacco, alcohol, lighters, sharp objects, or weapons) to the GROWW Program.
- 2. Youth will submit to random searches while participating in the GROWW Program, if believed to be warranted by GROWW Staff.
- 3. Youth will behave in a respectful manner at all times, refraining from using profanity, aggressive behaviors (fighting/horseplaying), displaying gang-affiliated gestures or hand signs. No clothing with gang signs. At no time should a youth place his/her hand on another youth without permission.
- 4. Youth will be respectful to all staff at all times. All staff will be addressed appropriately, using Miss and Mister before the first or last name. Youth will be treated with respect; no profanity by staff.
- 5. Youth should leave all cell phones, cd players/radios, and laptops at home or in a book bag while participating in GROWW activities.
- 6. Youth will remain in the view of a GROWW staff member at all times. At no time is a youth allowed to roam the campus of GROWW unsupervised.
- 7. Youth will respect the property of other program participants, the GROWW Program, and any other facilities that the participants may visit while participating in the GROWW Program.
- 8. Youth will not discuss their pending charges with other program participants. Youth will not ask other participants about their pending charges. If youth are co-defendants, the pending charge(s) are not to be discussed in the presence of others.

G. R. O. W. W. TRANSPORTATION RULES

- 1. Youth will be respectful while riding in the vans, refraining from the use of profanity or speaking loudly and no horseplay.
- 2. You will not adjust the radio or windows without permission.
- 3. Youth will sit in the seats and wear seatbelts while in the vans.
- 4. Youth will not bring open food or drinks into the vans.

G. R. O. W. W. DRESS CODE

- 1. Youth will not wear clothing with offensive language or messages, drug or alcohol advertisements, racial or sexual connotations, or with gang affiliations, Belly shirts, hip huggers, shorts, tube tops, cut-off sleeves, tank tops, pajamas, sagging pants, jeans are prohibited.
- 2. Youth will not wear hats, hairnets, bandanas, or beanies to the program.
- 3. Youth will wear closed-toe shoes when offsite recreational/educational activities are scheduled. No house shoes/slippers are allowed.

ORLEANS PARISH JUVENILE COURT G. R. O. W. W.

ABUSE AND SEXUAL HARASSMENT POLICY & PROCEDURE

POLICY

The G.R.O.W.W. staff is committed to creating and maintaining the safest possible environment for all G.R.O.W.W. participants. It is the duty of all G.R.O.W.W. staff to safeguard (to the best of their ability) the welfare of G.R.O.W.W. participants and to prevent any form of abuse.

DEFINITION

<u>Harassment</u>: The act or an instance of disturbing, pestering, or troubling repeatedly; persecution.

<u>Sexual Harassment</u>: Unwelcomed sexual advances, requests for sexual favors, and other physical or verbal conduct of a sexual nature when it meets any of the following:

- A) Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment or academic status.
- B) Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual.
- C) Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance.

Examples of Sexual Harassment: Sexual harassment may include but is not limited to:

- A) Sexual comments or inappropriate references to gender.
- B) Unwanted touching, patting, hugging, brushing against a person's body, or staring.
- C) Inquiries and commentaries about sexual activity, experience, or orientation.
- D) Displays of inappropriate sexually oriented materials in a location where others can view them.

I have read and understand all of the above policies and procedures for participating in the GROWW Program.

Youth Signature	Date	
Parent/Guardian Signature	Date	

GIRLS REACHING OUT WORK WONDERS (GROWW)

PROGRAM DESCRIPTION

G.R.O.W.W.

The G.R.O.W.W. Program will provide an educational, inspirational and supervised environment for low to medium risk young women currently involved with the Orleans Parish Juvenile court. The program may serve as an alternative to detention for pre-adjudicated teen girls, status offenders and post adjudication probation girls. These youth otherwise may be detained, or removed from the home because of their supervisory needs. The program is designed to keep low to medium risk youth from re-offense or failure to appear to court hearing. The program may also serve as a post adjudication condition of probation.

G.R.O.W.W. provides youth with supervision in a safe, structured setting and is intended to address the specific needs of young women involved in the juvenile justice system and divert them from delinquent activity during times known for peak delinquent activity. The program provides a structured, supervised, environment during out of school hours, from the end of the school day. The G.R.O.W.W. program includes pre and post assessment, homework assistance, tailored life skills sessions featuring guest speakers. The program provides and incorporates the most effective methods for monitoring female youth involved in the juvenile justice system, while holding them accountable as they continue to be engaged with school and relationships with their families and communities.

The Program will also provide weekly group counseling. Within 30 days of enrollment into the GROWW Program, each participant will receive a minimum of 2 individual counseling sessions with a Licensed Professional Counselor (LPC).

ELIGIBLE YOUTH - Ages 10 – 17

Pre/Post Adjudication Require intensive after school supervision

ELIGIBILITY DETERMINATION - Intake

Judge

FINS

Tuesday/Thursday 4 - 6:00p.m.

Ms. Carshanda Goffner – (504) 658-9585

<u>G.R.O.W.W.</u> – <u>Admission Process</u>

INTAKE

- 1. Female youth administered Risk Assessment Instrument (RAI).
- 2. RAI evaluated for eligibility for Alternative to Detention (ATDs).
- 3. Female youth with RAI scores between 5-13 are eligible for participation in the GROWW program.
- 4. Referral form completed.
- 5. Youth's name and information is placed on GROWW participant spreadsheet.
- 6. Daily participant sheet should be forwarded to each section of court (Case Manager, Judicial Administration, GROWW Coordinator and JDAI Coordinator and Data Analyst.
- 7. Referral form forwarded to GROWW Coordinator via email.
- 8. GROWW Coordinator will contact family within 24 hours of referral, with program information and requirements.
- 9. All youth will be administered pre-program assessment.
- 10. GROWW Program Coordinator completes evaluation of assessments to determine most prominent areas of need.
- 11. GROWW Coordinator will develop program plan for each youth.
- 12. Upon completion of case plan requirements, a certificate of completion will be provided to the youth by the court.

GROWW REFERRAL FORM	Date:
	Court Section:
This form is to be completed and Office immediately upon leaving	brought to the Drug Court Program court.
The following name youth has be Program.	een referred by the Court for GROWW
Parent/Guardian Signature	Date
Case No.	BROWN FOLDER NO
NAME:	DOB:
ADDRESS:	
PHONE:PARENT/C	GUARDIAN

Orleans Parish Juvenile Court

Girls Reaching Out Works Wonders (G.R.0.W.W.)

PROGRESS REPORT

Carshanda Goffner GROWW Coordinator

GROW W Coordinator		
Participant's Name:		
Address:		
City:		
Judge:		Section:
GROWW Start Date:	GROWW End Date:	
Number of Days Missed:	<u></u>	
Summary of Progress:		
If additional information is needed, please con (504) 658-9585	tact GROWW Coordin	ator, Carshanda Goffner at
GROWW/OPJC Coordinator	Date	

ORLEANS PARISH JUVENILE COURT GROWW PROGRAM

ACKNOWLEDGEMENT OF RECEIPT

I,	, received the GROWW Handbook
on(d	late) and have read it in its entirety or
	e. I understand the rules of the program
and the dress code and will adhe the GROWW Program.	re to those rules while participating in
the GROW W Hogram.	
I,	, the parent/guardian of the above-
named youth have received the C	
	rety or had someone else to read it to
	he dress code for the GROWW Program ing to those rules while she participates
in the GROWW Program.	
GROWW Representative	Date
Reviewing the Handbook with F	amily

INTAKE QUESTIONNAIRE

YOUTH NAME: First Middle Last Nickname: _____ Date of Birth: _____ MM/DD/YYYY **ADDRESS:** City State Zip Code Street Telephone Numbers: _____(H)____(C) Current School: Grade: _____ Time youth is released from school: _____ Favorite Subjects: Least Favorite Subjects: _____ If not enrolled, last school attended: Last Grade Completed: Current Medications: Medical Conditions: Allergies:

INTAKE QUESTIONNAIRE CONTINUED

PARENT/GUARDIAN

NAME:			
Last	First		Middle
ADDRESS: (If different from	n youth):		
Street	City	State	Zip Code
Telephone Numbers:		(H)	(C)
COURT INFORMATION:			
Open Case Number(s):			
Case Number(s):			
Brown Folder Number(s):			
Lawyer's Name:			
Lawyer's Telephone Number	·s:	(O)	(C)

PERMISSION TO PARTICIPATE

I,	parent/guardian of
(Parent/Guardian's Name)	-
, g (Youth's Name)	give permission for her to
Participate in all activities including field trips of Program.	supervised by the GROWW
To the best of my knowledge, my child is physicand is not suffering from any disease or injury.	ically fit to engage in such activities
I give permission for my child to be transported scheduled activities supervised by the GROWV	
In case of emergency, I give permission for my hospital/physician for treatment.	child to be taken to a
I hereby agree to waive and release any and all Program and any employee or person engaged in Juvenile Court. I agree to hold GROWW and C harmless from any personal injury or illness that property that may occur to my child.	in the program and Orleans Parish Orleans Parish Juvenile Court Staff
It is understood that no child will be allowed until this form is signed by the child and the	
Parent/Guardian's Signature	Date
GROWW Representative's Signature	Date

PHOTOGRAPH CONSENT

I,	, parent/guardian of
(Parent/Guardian's Name)	
(Youth's Name)	give permission to
the OPJC/GROWW Program to publis positive purposes, photographs and vid appear.	
Parent/Guardian's Signature	Date
GROWW Representative Signature	Date

SCHOOL CONSENT FORM

I,	, parent/guardian of
(Parent/Guardian's Name)	
	, give the OPJC/GROW
(Youth's Name)	
Staff permission to speak with my child's	s teacher(s). I give permission
for the OPJC/GROWW Staff to obtain m	y child's grades and
attendance.	
Parent/Guardian's Signature	Date
GROWW Representative's Signature	Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby assign to the staff of the Evening Reporting Center Program the authority to consent to any emergency treatment while participating in the program.

Name of Client	DOB	Age	Gender	
If appropriate, I prefer to have the treatment provided by:				
Name of Doctor/Clinic	Address	Phone Nu	mber	
If emergency treatment is required, use the medical facility in the vicinity. Also, I authorize the program to secure copies of medical reports, including immunization status, disabilities, known allergies to drugs/food and other substances.				
Name of Doctor/Clinic	Address	Phone Nui	mber	
Parent/Guardian's Signature Giving	Consent	Phone Nu	mber	
Family Medical Insurance Carrier		Policy Nu	mber	
GROWW Representative	Position/Title	Date	e	
I am refusing to give the GROWW program consent for medical treatment due to religious beliefs.				
Parent/Guardian's Signature		Date	e	
GROWW Representative	Position/Title	Date	e	
NOTE: OPJC/GROWW does not a	dminister medicati	on or medical	treatment.	