


HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE

	SUBJECT:	Services
	P & P #:	J-902
	TITLE:	Volunteers, Outside Agency and Contractual Staff
	EFFECTIVE DATE:	June 1, 2019
	REVIEWED BY:	<i>Andrea King Wessels</i> Andrea King-Wessels, Deputy Director
	AUTHORITY:	<i>Jack Kavanagh</i> Jack Kavanagh, Director

POLICY: It is the policy of the Howard County Department of Corrections to host volunteers and staff from partnering agencies, and to use volunteers where feasible, to enhance and expand services and programs offered to inmates/detainees. It is recognized that the use of outside volunteers and staff from partnering agencies builds bridges to the community and helps inmates/detainees develop or strengthen ties to community services. This policy recognizes that these links will promote the inmates/detainees successful return to the community, and that some of these agencies will continue to work with the inmates in the community. Programs and volunteer opportunities may be discontinued at any time in the interest of the safe and secure operation of the Department of Corrections.

REFERENCES: Maryland Commission on Correctional Standards – Adult Detention Center Standard .01 J. 6, Performance Based National Detention Standards 2011 Section 5.7. I. 3., HCDC Policies A-033 Protection from Sexual Abuse and Harassment, E-402 Searches, H-708 Inmate/Detainee Visiting and **L-200 Reentry Program.**

DEFINITIONS:

Staff: Any person employed, either full time or part time, by the Howard County Government or any of the ancillary agencies contracted to provide services to and/or for this Department.

Contractual Staff: Any person, employed by individual contract or by a company, which is contractually obligated to provide specific services to Howard County or this department, e.g., Medical Services, and has been approved and authorized by the administration of this department to enter the facility for that purpose.

Guest: Any person who provides a one-time only or very sporadic, approved service, e.g. a speaker for A.A., N.A. or other programs.

Legal/Professional Visitors: All persons identified in existing Policy H-708 (Inmate/Detainee Visiting) as Legal/Professional visitors. These persons may be authorized by the on-duty Shift Leader, or higher authority, to enter the facility for visiting specifically named inmate(s)/detainee(s) even though they do not have a Howard County Department of Corrections picture I.D. card on file.

Outside Agency Staff: Any person, employed by a partnering agency, who has been approved and authorized by the administration of this department to enter the facility to provide specific services to the inmate/detainee population. The partnering agencies may include, but not be limited to: Howard County Health Department, Addiction Services; Howard County Library; Howard County Community College; and the Howard County Mental Health Authority.

Volunteer: Any person, not employed by this agency or a partnering agency, who has volunteered to provide specific services to the inmate population and has been approved and authorized by the administration of this department to enter this facility for that purpose. This includes volunteers sponsored by religious organizations such as Christian Jail Ministries (CJM).

These persons include but are not limited to:

1. Lawyers
2. Clergy
3. Law Enforcement Officials
4. Public Defender Investigators
5. Parole and Probation Agents
6. Psychologists and Psychiatrists
7. Social Workers

PROCEDURE:

I. Organization

- A. The Director of Corrections has established the organization of the Department of Corrections, which is documented in HCDC Policy A-001. The volunteer program and the outside agency staff are under the supervision or coordination of the Deputy Director. The Deputy Director may designate a volunteer coordinator as a staff collateral assignment. The Deputy Director shall ensure that there is opportunity for input from the volunteers to contribute suggestions regarding policy and procedure for volunteer services.
- B. For coordination and logistics purposes only the religious volunteers working under the auspices of Christian Jail Ministries (CJM) work under the coordination of the CJM Chaplain. Catholic volunteers shall also be coordinated by Christian Jail Ministries. Muslim Volunteers work under the coordination of the Muslim coordinator. Other religious volunteers work under the coordination of their designated coordinator. All religious volunteer organizations are coordinated through the Deputy Directors office.
- C. All non-religious volunteers report to and receive supervision from the Deputy Director.
- D. The Deputy Director coordinates the activities and supervision of all outside agency staff with their immediate agency supervisors. Each program provided by an outside agency shall have a designated staff sponsor.
- E. Regardless of whom a volunteer/outside agency staff receives supervision from

instructions of the security staff must be promptly followed.

II. Recruitment and Screening

- A. The Deputy Director/designee shall be responsible for the recruitment and screening of all volunteers. The Deputy Director delegates to the CJM Chaplain and the religious organization volunteer coordinators the recruitment and initial screening of all religious volunteers. Institutional screening shall be as detailed in section C. below.
- B. Howard County is an equal opportunity employer and encourages the recruitment and selection of volunteers from all cultural or socioeconomic segments of society. Any person of good character, who is at least eighteen (18) years of age, and mature enough to handle the responsibilities involved, is eligible to be considered for a volunteer position. The utilization of volunteers shall be based on institutional need as determined by the Deputy Director in consult with the Director.
- C. Volunteers: All prospective volunteers must apply and be screened prior to being approved for admittance into the facility. The screening process includes:
1. Completion of the Volunteer Outside Agency and Contractual Staff Application HCDC Form J-902a attached as Appendix 1 as part of the volunteer orientation;
 2. Completion of the Background Investigation Request for Religious and Special Program Project Participation HCDC Form J-902e attached as Appendix 5.
 3. An interview by the Deputy Director, Religious Coordinator or a designated staff person when applicable;
 4. For contractor or staff, (e.g. building project contractors) not completing the above full application, shall complete the Background Investigation Request HCDC Form J-902b attached as Appendix 2;
 5. Completion of the Volunteer, Outside Agency Contractual Staff Identification Card HCDC Form J-902c attached as Appendix 3 and/or;
 6. Verification of required certifications and/or licenses when required.
- D. Outside Agency and Contractual Staff:
1. The Deputy Director shall coordinate with the outside agency to ensure that staff assigned to the Howard County Department of Corrections, are employees and have verified certifications and /or licenses when required; and a criminal record check has been done as a part of the screening process for this staff. The Background Investigation Request Form shall be completed for each outside agency staff person.
 2. The Deputy Director shall designate a staff person as a staff sponsor for each outside agency program. For Health Care Contract employees, the Health

Services Administrator shall ensure the appropriate certifications are in order and the procedures herein are followed.

3. Outside Agency and Contractual Staff shall complete the Volunteer, Outside Agency, Contractual Staff Identification Card HCDC Form J-902c attached as Appendix 3.
- E. Guests generally are recommended to attend certain programs for augmenting the program content. Guests may be invited to the Detention Center only after approval of the Director or designee. Guests are subject to criminal records checks.

III. Training and Orientation

- A. Orientation and training shall be provided to all volunteers, outside agency staff, and contractual staff.
- B. The Training Captain or designated staff shall be responsible for providing the orientation and training as well as maintaining of these records of all volunteers and outside agency staff, as well as overseeing the religious volunteer orientation.
- C. The CJM Chaplain or other faith based volunteer organizations may provide approved orientation and training for religious volunteers in coordination with the Training Captain. These records shall be maintained in the Training Captain's office for auditing purposes.
- D. The Department maintains a volunteer handbook which shall be reviewed annually and update as necessary. This handbook shall be given to each volunteer as part of orientation.
- E. The topics covered during orientation and training consist of, but are not limited to, the following:
 1. An overview of the mission and operations of the Department of Corrections;
 2. A review of departmental policies and emergency procedures. Specific emphasis shall be placed on PREA orientation and requirements;
 3. An understanding of the chain of command;
 4. A thorough review of the volunteer rules and regulations;
 5. Existing programs and their objectives;
 6. Review of the Volunteer Handbook;
 7. PREA (Prison Rape Elimination Act) training for all staff, volunteers, contractors who come in contact with the inmate/detainee (and released inmate/detainee) population.
 8. Criminal back ground checks completed to ensure potential perpetrators are not approved. Criminal background checks shall be conducted at least every five (5) years in compliance with PREA Standards

- F. Upon completion of the mandatory orientation, HCDC Form J-902d Volunteer / Outside Agency Staff Agreement attached as Appendix 4 shall be completed.
- G. There shall be PREA refresher training completed and documented for each volunteer, outside agency and contractual staff in accordance with HCDC Policy A-033. The documented files shall be maintained in the Training Captain's office for auditing purposes.
- H. Once the volunteer/sponsor has been verified and cleared to enter the secure side of the facility, the Upper Control Officer shall provide the volunteer/sponsor with HCDC Form J-902f to complete. Upon exiting the facility, the volunteer/sponsor shall return the completed form to the Upper Control Officer.

IV. Programs

- A. Volunteers shall be placed on assignments according to their interests and capabilities. Only qualified persons shall perform professional services, which require a certification or license. Programs utilizing outside agency staff and volunteers or guests include, but are not limited to, the following:
 - 1. Mental Health services;
 - 2. Addictions Services;
 - 3. Drug and alcohol counseling and self-help organizations (AA and NA);
 - 4. Adult Education/GED preparation;
 - 5. Library Services and Information Services;
 - 6. Job preparedness/Lifeskills program/Financial Literacy and Certificate Programs;
 - 7. Parenting;
 - 8. HIV Prevention;
 - 9. Religious programs and activities.
 - 10. Reentry Services; and
 - 11. Other recognized programs and opportunities beneficial to those incarcerated.
- B. The volunteer/sponsor shall be advised of the need to submit HCDC Form J-902f Religious/Volunteer Program Activity Report.

V. Picture Identification Badges and Cards for Authorized Volunteers and Outside Agency/contractual Staff

- A. Photo identification badges or visitor badges shall be issued to each Volunteer/Outside Agency/Contractual Staff. The exception shall be that certain outside agency/contractual volunteer organizations, due to the permanent nature of their assignment and agreement between the organizations, shall maintain their Department of Corrections identification badges.
- B. Photo identification badges shall contain a background color code according to their organization status attached as Appendix 7, such as:

- **Brown** – Contractors
- **Red** - Visitor
- **Gold** – Volunteers
- **Blue** – Medical staff
- **Purple** – Outside Agency
- **Green** – Religious services

C. There shall be one (1) file box maintained in the Upper Control Center containing each Volunteer/Contractual Staff Photo Identification Card (J-902c) of all authorized volunteers. This information shall also be located on the automated Jail Management System (JMS) and in the Training Captain and/or Deputy Director's office.

1. Information on each card and in the JMS system shall contain the following information for the identified person:

- a. Full name
- b. Address
- c. Email address
- d. Date of birth
- e. Phone number and cell number
- f. Vehicle information
- g. Participating program and/or Employment status
- f. Shift (if applicable-for staff only)
- g. Restrictions
- h. Emergency contact and phone number

D. When a volunteer/outside agency contractual staff reports to the facility, proper identification shall be given to the correctional officer in the Upper Control Center who shall match the picture identification card prior to the volunteer being permitted to enter the facility. If the correctional officer has concerns regarding the identification or whether the person should be admitted, the correctional officer shall contact the Shift Leader. Only the Shift Leader, or higher rank, may deny admission.

E. The administration has both the authority and responsibility to deny any person whose presence is believed to jeopardize the order, security or safety of the facility access to the facility.

F. The Shift Leader shall provide a written report of the denial of entry, which shall be submitted to the Director, with a copy to the Deputy Director. The Director shall affirm or rescind the action.

E. Reinstatement may only be made per written order of the Director or designee.

F. Volunteers wishing to bring in guests shall be referred to the Deputy Director unless prior approval has already been indicated via written correspondence. The Deputy Director/designee shall approve all guests.

G. Upon completion of the screening process and approved to enter the secure side of the facility, the volunteer/sponsor shall be issued HCDC Form J-902f Religious / Volunteer Program Activity Report attached as Appendix 6 from the Upper Control Officer to complete. The volunteer/sponsor shall submit the completed form to the Upper Control Officer upon exiting the facility.

VI. Searches of Volunteers, Outside Agency Staff, Contractual Staff, Guests and Others

A. Any person allowed into the security perimeter of the facility shall be subject to search. Searches shall be conducted in accordance with policy E-402 Searches. The search process shall be explained as part of the orientation. These persons shall be issued a body alarm if they are not under direct supervision by correctional officers.

B. Volunteers and guests may bring in brochures and papers that are necessary for their work. All items must be thoroughly searched prior to being allowed into the facility.

C. If the search officer has a question regarding an allowable item, or the search, that officer shall contact the Shift Leader, who shall make the determination as to whether to admit the person, or allow the item.

ATTACHMENTS: Appendix 1, HCDC Form J-902a Volunteer, Outside Agency and Contractual Staff Application and Background Request.

Appendix 2, HCDC Form J-902b Volunteer, Outside Agency Contractual Staff Identification Card.

Appendix 3, HCDC Form J-902c Volunteer, Outside Agency, Contractual Staff Identification Card.

Appendix 4, HCDC Form J-902d Volunteer/Outside Agency Staff Agreement.

Appendix 5, HCDC Form J-902e Background Investigation Request for Religious and Special Program Participation.

Appendix 6, HCDC Form J-902f Religious/Volunteer Program Activity Report

Appendix 7, Authorized Color Coded Approved Identification Badges/Cards.

RESCISSIONS: HCDC Policy J-902, Volunteer/Non-Agency Staff effective **June 18, 2018.**

Criminal History

**** Please *print* clearly****

1. Have you ever been arrested for a criminal offense? If yes, please explain: _____

2. Have you ever been convicted of a criminal offense? If yes, please explain: _____

3. Are you currently on parole or probation? If yes, please explain: _____

I understand the Howard County Department of Corrections requires a criminal record and reference check as a pre-requisite to volunteer service. My signature below authorizes the Department to obtain my criminal history and to contact references. If, at any time, it is determined that I have falsified my application, made untruthful or misleading statements, I understand that the Department may terminate my volunteer status. I further understand that all information provided in this application and obtained in the clearance process will be treated in a strictly confidential manner.

I further authorized that the Department may research my criminal history and MVA record periodically to determine the continued suitability of any volunteer/other agency status in the Howard County Department of Corrections.

Signature

Date

For Deputy Director/designee Use Only

Do not copy this completed page/section without authorization from Deputy Director or designee.

Criminal History Authorized: Yes No

Orientation conducted this date: _____

For Admin Use Only

Departmental Assigned ID Number: _____ Position: _____

On Call: Yes No JMS Required: Yes No

Position: Support Staff Contractor/Vendor Volunteer

Official Use Only – Criminal History Information and Approval

Staff Conducting Background: _____ Date of Background: _____

SID#: _____ FBI#: _____

__Approved

__Disapproved

Reason for disapproval: _____

Signature: _____ Date: _____

(Director/designee)

Howard County Department of Corrections
Background Investigation Request
(for those not required to complete application)

Print Clearly

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____

Address: _____

City, State, Zip: _____

Email Address: _____

Date of Birth: _____

Phone # (Home): _____ Phone # (Cell): _____

Gender: ↑ Female ↑ Male

Race (Black, White, Asian/Pacific/American Indian, Unknown): _____

Driver's License Number: _____ State: _____

Emergency Contact: _____ Relationship: _____

Phone (Home): _____ phone (Work/Cell): _____

Name the agency you work with or your group affiliation or the activity (i.e. Religious Program, AA, NA, Education, etc.) for which you are applying, the type of service you will be providing and day(s) of participation: _____

Note: If there is difficulty in researching based on this information, you may be asked to provide your social security number.

I understand the Howard County Department of Corrections requires a criminal record check as a prerequisite to volunteer service. My signature below authorizes the Department to obtain my criminal history. If, at any time, it is determined that I have falsified my application, made untruthful or misleading statements, I understand that the Department may terminate my volunteer status. I further understand that all information provided in this application and obtained in the clearance process will be treated in a strictly confidential manner.

I further authorized that the Department may research my criminal history and MVA record periodically to determine the continued suitability of any volunteer/other agency status in the Howard County Department of Corrections.

Signature _____ Date: _____

For Deputy Director/designee Use Only

Do not copy this completed page/section without authorization from Deputy Director or designee.

Criminal History Authorized: Yes No

Orientation conducted this date: _____

Departmental Assigned ID Number: _____ Position: _____

On Call: Yes No JMS Required: Yes No

Position: Support Staff Contractor/Vendor Volunteer

Official Use Only – Criminal History Information and Approval

Staff Conducting Background: _____ Date of Background: _____

SID#: _____ FBI#: _____

__Approved __Disapproved

Reason for disapproval: _____

Signature: _____ Date: _____

(Director/designee)

Place
Picture
Here

Volunteer, Outside Agency, Contractual Staff Identification Card

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Email address: _____

Phone #: _____ Cell #: _____ Work: _____

Best way to get in touch. Home Cell Work Email

Program Name: _____ Work/Volunteer: _____

Days/Times of Week

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Vehicle Information: _____

Make Year State License Plate Number Color

Restrictions (if any): _____

Emergency Contact Name: _____ Home number: _____

Cell number: _____

Volunteer will maintain ID badge number _____

Volunteer Signature: _____

Authorization: _____

Howard County Department of Corrections Volunteer/Outside Agency Staff Agreement

I have participated in the Howard County Department of Corrections Volunteer/Outside Agency Staff Orientation on _____.
(Date)

I have received a copy of the Howard County Department of Corrections Volunteer/Outside Agency Staff Handbook.

Upon completion of this mandatory orientation, I understand and agree to the following:

1. I must comply with all security and program rules and regulations as set forth in writing, including those listed below, and as explained to me verbally. Violation of any of the rules and regulations may result in my removal as a volunteer or assigned outside agency staff from the Howard County Detention Center.
2. I must immediately inform the Shift Supervisor if I acquire any information regarding a planned escape, homicide, suicide, assault, and disturbance, any harm to any individual or any threats to the security of the institution.
3. Violation of the confidentiality of inmate records may result in criminal prosecution or civil suit.
4. I must inform the Deputy Director's office if I change my address or phone number, if a relative or friend is detained in the facility; and/or if I am arrested.
5. I assume all risks that may result from the normal operation of the Howard County Department of Corrections and agree to the above conditions.

Volunteer/Outside Agency Staff Name (print)

Training Captain's Signature

Volunteer/Outside Agency Staff Name (signature) Date

Date

Howard County Department of Corrections
Background Investigation Request
Religious and Special Program Project Participation
(for those not required to complete application)

Print Clearly

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____

Address: _____ City, State, Zip: _____

Email Address: _____

Date of Birth: _____

Phone # (Home): _____ Phone # (Cell): _____

Gender: † Female † Male

Race (Black, White, Asian/Pacific/American Indian, Unknown): _____

Driver's License Number: _____ State: _____

Emergency Contact Information: _____
Name Phone Number (Home) (Cell)

Note: If there is difficulty in researching based on this information, you may be asked to provide your social security number.

I understand the Howard County Department of Corrections requires a criminal record check as a pre-requisite to volunteer service. My signature below authorizes the Department to obtain my criminal history. If, at any time, it is determined that I have falsified my application, made untruthful or misleading statements, I understand that the Department may terminate my volunteer status. I further understand that all information provided in this application and obtained in the clearance process will be treated in a strictly confidential manner.

I further authorized that the Department may research my criminal history and MVA record periodically to determine the continued suitability of any volunteer/other agency status in the Howard County Department of Corrections.

Signature _____ Date: _____

If this request is to enter the facility to participate in a religious service or special program, specify the church or group leading the worship services or special program:

Name of church or group leading the worship services or special program: _____

Indicate days for participation: _____

My home church/group (if different) is: _____

For Deputy Director/designee Use Only

Do not copy this completed page/section without authorization from Deputy Director or designee.

Criminal History Authorized: Yes No

Orientation conducted this date: _____

Departmental Assigned ID Number: _____ Position: _____

On Call: Yes No JMS Required: Yes No

Position: Support Staff Contractor/Vendor Volunteer

Official Use Only – Criminal History Information and Approval

Staff Conducting Background: _____ Date of Background: _____

SID#: _____ FBI#: _____

__Approved __Disapproved

Reason for disapproval: _____

Signature: _____ Date: _____

(Director/designee)

Please Note: For services coordinated by Christian Jail Ministry (CJM), return the completed form to:
Christian Jail Ministry, P.O. Box 6037, Columbia, MD 21045.

For all other worship services or programs, return the form to the Howard County Detention Center, Deputy Director's office.

HCDC RELIGIOUS/VOLUNTEER PROGRAM ACTIVITY REPORT

(Please report EACH activity on a separate form – PLEASE PRINT CLEARLY)

(NOTE: Not to be used for Christian Jail Ministries – CJM has separate form)

Volunteer please fill in this part of the form. (One form needed for group)

Name of Person Filling out the form: _____

List Names of volunteers in Group:

Name of Organization: _____ Number of Volunteers _____
(if applicable)

Day of Week: _____ Date: _____ Time: _____

Inmate/Detainee Activity

Number of Inmates/Detainees Participating: Males: _____ Females: _____

Check the appropriate program services

Alcoholics Anonymous

Narcotics Anonymous

Exercise Class

Muslim Studies

Jumu'ah Service

Jewish Service

Mediation Services

Other _____

Please turn this form into HCDC Upper Control Officer upon leaving the institution.

Note: If you forget to turn this form in, you may forward by emailing Mrs. Linton (tlinton@howardcountymd.gov) with the required information.