ADMINISTRATIVE DIRECTIVE

SUBJECT: USE OF INMATE LABOR FOR COMMUNITY WORK PROJECTS

AUTHORITY: 26 U.S.C. § 501; Tex. Gov’t Code §§ 305.001–.036, 493.001, 493.006(b), 497.091, 497.097, 507.001(b), 507.029, 771.001–.010; 791.001–.035; BP-02.08, “Statement of Internal Controls”

APPLICABILITY: Texas Department of Criminal Justice and Windham School District

POLICY:

The Texas Department of Criminal Justice (TDCJ) provides inmate labor for the purpose of developing, improving, and restoring land and buildings, as well as career and technical education program application for inmates to enhance rehabilitation and aid in reducing recidivism.

DEFINITIONS:

The following terms are defined for the purpose of this policy and are not intended to be applicable to other policies or procedures.

“Community Work Project” is a project using non-paid TDCJ inmates under TDCJ supervision to provide labor to non-profit organizations or governmental agencies that serve the public interest.

“Local Governmental Agency” is a county, municipality, school district or other special district, other political subdivision of this state or a bordering state, or a combination of two or more of these agencies.

“Non-Profit Organization” is an organization that is exempt from taxation pursuant to 26 U.S.C. § 501 and that complies with all applicable federal nondiscrimination laws.

“Profit” is an excess of financial return over expenditure, cost, or investment.

“Project Agreement” is the form used to request a TDCJ work squad.
“Project Hours” are the actual hours worked at a job site and the drive time to and from a work site.

“State Governmental Agency” is a unit of government, which includes a department, board, bureau, commission, court, office, authority, council, or institution, created to carry out a governmental function or to implement a statute(s).

PROCEDURES:

Community work projects shall be performed for the benefit of the entire community, not a specific individual or class of persons. The TDCJ may partner with and provide inmate labor to non-profit organizations that provide services to the general public. Work shall not begin on any project until the project agreement is approved by all appropriate authorities.

I. Inmate Eligibility Criteria

A. General population Level I (G1/J1) inmates are eligible to participate in community work projects pending approval by the warden.

B. Inmates participating in a community work project shall be carefully screened and approved by the warden prior to assignment to a community work squad. Custody and work restrictions as documented on the inmate’s Health Summary for Classification form shall be considered when assigning inmates to a community work squad.

C. The warden, with the approval of the regional director, has the discretion to use the field force on projects located in remote areas in accordance with SM-04.01, “Field Force Operations.”

II. Inmate Management Requirements

A. Any inmate may be removed from a community work project for inappropriate behavior, such as horseplay, disrespect to staff or public, and other similar acts; disciplinary violations; or at the warden’s discretion.

B. Correctional officers shall be assigned to ensure custody and control of the inmate workforce. No more than 15 inmates shall be assigned to one correctional officer; however, the site visibility and area layout to include terrain, topography, and environment shall be considered when determining the number of inmates. The total number of inmates assigned to each community work squad shall not hinder the ability to properly supervise and maintain overall security of the community work squad.

C. Field forces used in remote locations shall be under armed supervision at all times.
III. Duration and Approval Process

A. General Procedures

1. Participation in a community work project is at the warden’s discretion. The warden or designee shall explain the policies and procedures for the project to the requesting entity prior to the submission of a Project Agreement (Attachment A).

2. One project agreement may cover multiple worksite locations, as long as all locations are listed on the Project Agreement form.

3. Work shall not begin on any project until final approval has been received.

B. State and Local Governmental Agencies

1. State and local government projects lasting three days or less may be approved or disapproved by the warden for Correctional Institutions Division (CID) units or the deputy director of Operations for the Private Facility Contract Monitoring/Oversight Division (PFCMOD) for private facilities.

2. State and local government projects lasting more than three days and up to 90 days shall be approved by the warden and the regional director or the deputy director of Operations for PFCMOD for private facilities.

3. State or local government projects lasting more than 90 days and up to six months require the approval of the appropriate division director or designee as well as the warden and regional director, or deputy director of Operations for PFCMOD.

C. Non-Profit Organizations

1. Non-profit projects shall benefit the clients of the non-profit organization, not the organization’s administration.

2. A non-profit organization shall complete and submit a project agreement to the warden. Each completed agreement shall include:
   a. A copy of the determination letter issued by the Internal Revenue Service confirming the non-profit organization’s tax-exempt status; and
   b. A written statement, or letter of benefit, detailing the benefits of the project to the clients and confirming that no profit shall be
received by the clients, staff, board, or third parties who are not direct clients of the organization.

3. All project agreements for CID units, completed and approved at unit and regional levels, and including all required documentation, shall be forwarded to the Plans and Operations Department for review and coordination of the final signature process. Project agreements for privately operated facilities, approved at the unit level, shall be forwarded to PFCMOD Headquarters for approval by the deputy director of Operations for PFCMOD.

4. The Approval Process for Community Work Projects for Non-Profit Organizations (Attachment B) provides a flow chart for approval and denial of non-profit community work projects.

D. Windham School District (WSD)

Project agreements involving the WSD shall be reviewed and recommended for approval by the warden and the WSD principal.

1. If the warden and the WSD principal approve, the project agreement shall be forwarded to the regional director or deputy director of Operations for PFCMOD.

2. The regional director shall forward the approved project agreement to the Plans and Operations Department for review and coordination of the final signature process for all CID units. The signature process shall include the WSD superintendent in accordance with WSD OP-8.02, “Career and Technical Education.” The PFCMOD shall coordinate the final approval process for privately operated facilities.

E. Major Construction

Major construction, such as large-scale buildings, remodeling, or demolition projects shall be approved by the warden, regional director or deputy director of Operations for PFCMOD, and the appropriate division director or designee.

IV. Health and Safety Concerns

A. All projects shall be reviewed by a unit risk manager. Certified personnel shall be provided by the project’s requesting entity if the unit risk manager determines there are additional health and safety concerns that should be reviewed and addressed prior to the project beginning.

B. Section III, Health and Safety Review, of the project agreement form shall be completed for each new work site of a project.
C. Correctional officers and inmates shall receive initial job demonstration training from a qualified department head, supervisor, or other designated personnel each time a new work site is encountered in new or ongoing projects. The training shall include a demonstration of the job. Acknowledgement and understanding of the demonstration by the correctional officers and inmates shall be documented. The unit risk manager shall monitor safety training regarding all tools and equipment provided by the TDCJ in accordance with the Risk Management Program Manual RM-15, “Community Work Projects and Public Safety Service Programs.” Once training is completed, correctional officers shall ensure the training is documented and signed by participants on the Unit Training Documentation form (Attachment C).

D. The requesting entity shall provide safety training and related instruction to correctional officers as well as all supplies necessary to assist inmates in safely accomplishing the work. Correctional staff and inmates shall not start a project until safety and tool use training is completed. Once training is completed, correctional officers shall ensure the training is documented and signed by the participants on the Entity Training Documentation form (Attachment D). A copy of the documentation shall be maintained in conjunction with the initial job training. The unit risk manager shall monitor all safety training, including the provision of personal protective equipment.

E. The warden or designee is responsible for ensuring proper communication is available to the correctional officer in charge of the work squad, in the event of an emergency. The requesting entity shall provide a cell phone to the correctional officer in charge of a work squad that is located outside of radio contact in order to maintain communication with the unit.

V. Agency Reporting

A. Each TDCJ unit shall report all non-WSD project hours to the appropriate regional director’s office every month on the Monthly Community Work Projects Report (Attachment E). All approved and open project agreements for each month shall be reported, including those with no hours worked. If no work was done for an open project agreement, the project shall be recorded on the report with zero hours worked. The warden or designee shall sign the report and submit it to the regional director’s office. Principals shall report all WSD related project hours to the WSD Division of Instruction.

B. The regional director’s office shall sign and submit the Monthly Community Work Projects Report provided by each unit to the Plans and Operations Department by the fifth day of every month.

C. Privately operated facilities shall, by the fifth day of every month, report all project hours to the PFCMOD Headquarters Office on the Monthly Community Work Projects Report.
D. Each division shall provide a report to Executive Services by the 15th day of every month.

E. Executive Services shall compile and distribute an annual summary of all TDCJ community work projects to division directors and members of the Texas Board of Criminal Justice.

F. Each division is responsible for developing internal procedures for processing and monitoring community work projects.

______________________________
Bryan Collier*
Executive Director

* Signature on File
### Texas Department of Criminal Justice

**Project Agreement**

UNIT: ____________________ REGION: _________________

**PROJECT NUMBER:**
Project Number shall include the unit alpha code, project type code, two-digit month code, and two-digit year code. (Example: AD-HAB-07-15)

### SECTION I: Instructions
This section is to be completed by the requesting entity in accordance with AD-07.11, “Use of Inmate Labor for Community Work Projects.”

### PROJECT DETAILS

**REQUESTING ENTITY:**

**PROJECT REQUEST DATE:**

**CITY, STATE/GOVERNMENT ENTITY:**
- [ ] TPWD (Texas Parks & Wildlife Department)
- [ ] DPS (Department of Public Safety)
- [ ] TXDOT (Texas Department of Transportation)
- [ ] MISC (City/State/County/Gov’t)

**NON-PROFIT ORGANIZATION** (Must attach a 501(c)(3) tax exempt “Letter of Determination” and a “Letter of Benefit”)
- [ ] FB (Food Bank)
- [ ] HAB (Habitat for Humanity)
- [ ] NON (other non-profit organization)

The undersigned verifies that no profit shall be received by the corporation’s clients, staff, board, or others as a result of this project.

**Requesting Entity Contact Person/Representative (printed):** ____________________________

**Signature:** ____________________________  **Title:** ____________________________  **Telephone #:** ____________________________

**Project Description:**

________________________________________________________________________________________

________________________________________________________________________________________

**Location (provide sufficient detail for emergency assistance):**

________________________________________________________________________________________

________________________________________________________________________________________

**Projected Start Date:** ____________________________  **Projected Completion Date:** ____________________________

### ADDITIONAL REQUESTOR INFORMATION

**Transportation provided by requesting entity:**
- [ ] YES  [ ] NO

If yes, indicate the method of transportation (indicate one):
- [ ] Van  [ ] Truck  [ ] Bus  [ ] Other ________________  **Vehicle Capacity:**

**Tools, supplies, and safety equipment to be used:**

________________________________________________________________________________________

________________________________________________________________________________________

**Provisions for food and water:**

________________________________________________________________________________________

**Requesting entity supervisors who shall provide safety instructions and oversee work (identify names/telephone numbers):**

________________________________________________________________________________________

**Provisions for access to restrooms (identify type and location):**

________________________________________________________________________________________

**Identify additional assistance being provided by requesting entity:**

________________________________________________________________________________________

**Requesting entity project supervisor name:** ____________________________  **Telephone number:** ____________________________
SECTION II: Instructions: This section is to be completed by the TDCJ unit providing the work squad in accordance with AD-07.11, “Use of Inmate Labor for Community Work Projects.”

UNIT WORK CREW INFORMATION

<table>
<thead>
<tr>
<th>Division Assigned Project (indicate one):</th>
<th>Unit Name:</th>
<th>Region (if applicable):</th>
<th>Project Number:</th>
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<td>Other</td>
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Size of Inmate Work Force: __________________________ Number of Correctional Staff Assigned: __________________________

Special Needs, such as clothing or equipment:

Mobile Communications: __________________________ Armory: __________________________

Food Service: __________________________ Vehicles: __________________________

Other: __________________________

TDCJ Project Supervisor Name: __________________________

Telephone Number: __________________________

Entity Project Responsibilities:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

SECTION III: Instructions: This section is to be completed by the TDCJ Unit Risk Manager in accordance with AD-07.11, “Use of Inmate Labor for Community Work Projects.”

HEALTH AND SAFETY REVIEW: (As required in accordance with AD-07.11)

I have evaluated the above referenced project which has also been reviewed by certified personnel provided by the requesting entity and find no health or safety concerns involved with this project.

TDCJ Unit Risk Manager (Signature): __________________________ Date: __________________________

SECTION IV: Instructions: This section is to be completed by the appropriate approval authorities in accordance with AD-07.11 “Use of Inmate Labor for Community Work Projects.”

1. Warden/Facility Administrator:
   Signature: __________________________ Print name: __________________________ Date: __________________________

2. WSD Principal:
   Signature: __________________________ Print name: __________________________ Date: __________________________

3. Regional Director/Deputy Director of Operations for PFCMOD:
   Signature: __________________________ Print name: __________________________ Date: __________________________

4. Division Director or Designee:
   Signature: __________________________ Print name: __________________________ Date: __________________________

5. WSD Superintendent or Designee:
   Signature: __________________________ Print name: __________________________ Date: __________________________
 Approval Process for Community Work Projects for Non-Profit Organizations

(If project involves the Windham School District (WSD), include WSD in approval process as indicated.)

Non-Profit Organizations submit a completed Project Agreement form, appropriate Letter of Benefit, and tax-exempt documentation.

Approved

WARDEN

Approved

WSD PRINCIPAL

Receives the Project Agreement form from the Non-Profit Organization (See note at right)

NOTE:
The WSD principal or designee shall inform the non-profit organization of approvals or denials from all levels and shall coordinate all approved projects.

REGIONAL DIRECTOR or DEPUTY DIRECTOR OF OPERATIONS FOR PFCMOD

Approved

1st Step

WSD SUPERINTENDENT

(If denied, the CID deputy director shall not review.)

Denied

Returned to the warden who shall inform the WSD principal, if appropriate, and the non-profit organization.

The Plans & Operations Department shall coordinate the final approval process for CID agreements, submitting to the WSD superintendent, if appropriate, and the appropriate CID deputy director.

The PFCMOD shall coordinate the final approval process for privately operated facilities.

Approvals and denials shall be returned to the Plans and Operations Department for return to the unit.

If the project involves WSD, the warden shall inform the WSD principal (see note above). If the project does not involve WSD, the warden shall inform the non-profit organization of the decision and coordinate any approved project.

APPROPRIATE CID DEPUTY DIRECTOR or PFCMOD DEPUTY DIRECTOR

2nd Step
UNIT TRAINING DOCUMENTATION
Community Work Squad

I have received training on the topics below, to include the safe operation of any equipment required to perform my job, as shown by my signature at the bottom and by placing my initials by each topic on which I have been trained.

My supervisor has demonstrated the proper use of the equipment, tools, or chemicals I will be using to perform my job.

I have been advised of any hazards associated with my job so that I may perform my job under general supervision.

<table>
<thead>
<tr>
<th>INITIAL TRAINING</th>
<th>TRAINEE</th>
<th>TRAINER</th>
<th>DATE</th>
<th>TOOLS/EQUIPMENT TRAINING</th>
<th>TRAINEE</th>
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<td>Cold Weather</td>
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<td>Garden Tools (Aggie, Hoe, Rake, Shovel, etc.)</td>
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<td>Community Work Projects &amp; Public Safety Service Programs (RM-15)</td>
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<td>Employee/Offender Safety Training (RM-06)</td>
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<td>Lawn Mower (Push, Riding, Zero-Turn)</td>
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<td>Paint Supplies (Brush, Paint, Roller, Scraper, etc.)</td>
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<td>Personal Protective Equipment (PPE)</td>
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<td>Reporting Accidents/Injuries</td>
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<td>Pressure Washer</td>
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<td>Tool Control (AD-03.19)</td>
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<td>Use of Inmate Labor for Community Work Projects (AD-07.11)</td>
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<td>Unit Specific Policy (List below)</td>
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I acknowledge that I have been instructed to talk to my supervisor prior to the use of any equipment, tool, or chemical I have not been trained on.

Trainee’s Printed Name/TDCJ #  Trainee’s Signature & Date  Trainer’s Printed Name  Trainer’s Signature & Date
ENTITY TRAINING DOCUMENTATION
Community Work Squad

I have received training on the topics below, to include the safe operation of any equipment required to perform my job, as shown by my signature at the bottom and by placing my initials by each topic on which I have been trained.

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Trainee’s Printed Name/TDCJ #  Trainee’s Signature & Date  Trainer’s Printed Name  Trainer’s Signature & Date
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<thead>
<tr>
<th>Project Type *</th>
<th>Location</th>
<th>Project Description</th>
<th>Start Date</th>
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Warden’s Signature: ____________________________ Regional Director’s Signature: ____________________________

*Specify project type using one (1) of the following codes: TPWD (Texas Parks and Wildlife Department); DPS (Department of Public Safety); TXDOT (Texas Department of Transportation); MISC (City/State/County/Gov’t); FB (Food Bank); HAB (Habitat for Humanity); or NON (other non-profit organization)