



**DEPARTMENT OF CORRECTIONS  
MONTANA STATE PRISON  
OPERATIONAL PROCEDURE**

Procedure No. MSP 5.1.3	Subject: <b>INMATE COMMUNITY WORK PROGRAMS &amp; PROJECTS</b>
Reference: DOC Policy No. 5.1.3	Page 1 of 7 plus 4 forms
Effective Date: March 31, 2008	Revised: December 28, 2016
Signature / Title: Leroy Kirkegard / Warden	
Signature / Title: Gayle Butler / MCE Administrator	

## **I. PURPOSE**

To outline how Montana State Prison (MSP) inmates are selected, assigned, and supervised Montana Correctional Enterprise (MCE) community work programs and on MSP and MCE community work projects.

## **II. DEFINITIONS**

Community Screening Committee – A committee that consist of members of the local community, which may include, but is not limited to law enforcement, county commissioners, business owners or other interested parties.

Community Work Program – Work programs located in the community for eligible offenders provided for governmental agencies or nonprofit organizations with supervision provided by the agency or organization.

Community Work Projects – Short-term work projects at state-owned or leased properties or in community settings requiring facility supervision.

Community Work Program Manager – The MCE Business Specialist responsible for the oversight of the Community Work Program to include assisting in the selection of offenders, random checks of offenders in the community, training for Community Supervisors and reporting to the MSP Command Post of any suspicious activity by offenders while involved in the programs.

Community Work Program Supervisors – The staff member(s) from a governmental agency or nonprofit organization designated to supervise offenders in a community work program.

Community Work Project Supervisors – The division or facility staff member(s) who supervise inmates on community work projects.

Contract Placement Bureau (CPB) – the Department bureau that places and monitors inmates in private and regional prison facilities consistent with security needs, effective programming, community safety, and concerns of crime victims.

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Supervisors – This term will be utilized when referring to both Community Work Program and Project supervisors.

Victim – A person who suffers property loss, physical or emotional injury, fear of physical or emotional injury, or death because of a felony crime, attempts to prevent a crime or apprehend a suspect, or a family member of a victim.

## **III. PROCEDURES**

Procedure No. MSP 5.1.3	Subject: <b>INMATE COMMUNITY WORK PROGRAMS &amp; PROJECTS</b>
Effective Date: August 8, 2012	Page 2 of 7

### **A. General Requirements for Community Work Programs/Projects**

1. Supervisors must provide the level of support and monitoring necessary to promote inmate and program success and ensure public safety.
2. Inmate participation in community work programs and projects will be administered in compliance with *DOC Policy 1.3.15, American with Disabilities Act (ADA)*.
3. Prior to assignment to community work program or projects, inmates must sign the Work Responsibilities Form (attachment C) acknowledging understanding of the rules and regulations.

### **B. Community Work Programs/Projects Inmate Eligibility Criteria**

1. An inmate may be eligible for community work programs or projects when classified as minimum custody and is within three years of discharge or parole eligibility, and has:
  - a. completed or enrolled in recommended or court-ordered treatment, work or skill development programs;
  - b. acknowledged and accepted responsibility for crime(s);
  - c. received positive work reports; and
  - d. proven the ability to work independently.
2. An inmate is ineligible for community work if classified as a predatory inmate, or has:
  - a. medical restrictions that conflict with work requirements;
  - b. incurred major violations within the past twelve (12) months;
  - c. incurred felony convictions while incarcerated;
  - d. outstanding detainers, warrants, notifications, or pending sentence reviews;
  - e. escape history from a secure facility within the past ten years;
  - f. history of trafficking in dangerous contraband within the past ten years while incarcerated; or
  - g. an escape or walk-away attempt from prerelease, work release, or monitoring program within the past three years.
3. Sex offenders must have completed or be actively participating and progressing in sex offender treatment as determined by a treatment provider to be considered eligible.
4. Inmates who transfer from out-of-state must have the approval of the controlling state before they are eligible.
5. All inmates who participate in community work programs or projects will be subject to random unclothed body searches and drug testing in accordance with *MSP 3.1.20, Inmate Urinalysis & Breath Analysis, MSP 3.1.17a, Searches, and MSP 3.1.17b, Contraband Control*.

### **C. Specific to Community Work Projects**

1. Inmates may perform general maintenance and repair work on state-owned or leased properties, or in short-term projects in community settings, and assist in providing essential services to the prison administration in accordance with *53-30-141, MCA* and *53-30-151, MCA*.

### **D. Requests for Community Work Programs**

1. Government agencies and non-profit organizations that wish to have inmates participate in a community work program must submit a completed *Community Work Program Request Form (attachment A)* to the Warden and MCE Administrator.

2. Contracted regional or private prison administrators who wish to have inmates housed in their facility participate in a community work program must submit a completed *Community Work Program Request Form* to the CPB Bureau Chief.
3. Persons who initiate a community work program request must address the following details before a work program is approved:
  - a. who will transport the inmate(s) to and from the community work program location;
  - b. who will be responsible for the supervision of the inmate(s), and what are the expectations for each supervisor if there are multiple supervisors;
  - c. the work hours/schedule; and
  - d. all duties/tasks expected of the inmates.
4. The Warden and MCE Administrator or CPB Chief will determine if there is a need for additional information or requirements.

#### **E. Selection, Screening, and Approval Process for Inmate Assignments to Community Work Programs**

1. The following procedures must be completed prior to any placement of an inmate to a community work program:
  - a. the work crew supervisor, Unit Manager or Community Work Program Manager who is requesting an inmate be re-assigned to a community work program must fill out and sign the "Inmate Information" section of a *Community Work Program Eligibility/Screening form (attachment B)* and forward the form to the MCE Administrator or designee for approval/disapproval;
  - b. if approved, the MCE Administrator or designee will forward the form to the Unit Management Team who will:
    - 1) complete the second section of the *Community Work Program Eligibility/Screening form (attachment B)*, prepare a classification and risk assessment form for the inmate, and initiate a CJIN check on the inmate; and
    - 2) present the Community Work Eligibility/Screening form, CJIN check results, and classification forms to the Administrative Review Committee (ARC), documenting any concerns.
  - c. The ARC will review the Community Work Eligibility/Screening form, CJIN report, and classification forms submitted by the Unit Management Team. The ARC will complete their section of the form:
    - 1) if disapproved at this review, the ARC will return the paperwork to the Unit Management Team with written comments regarding the Committee's determination; and
    - 2) if the ARC recommends continuation in the screening procedure, they will forward the forms to the designated Public Information Office / Victim Information Officer (PIO/VIO).
  - d. The PIO/VIO will notify and solicit input from the sentencing judge, appropriate county attorney and in the instances where the victim has submitted a written request to be notified when the inmate leaves the facility, the PIO/VIO, pursuant to 46-24-212, MCA will notify the victim and/or the victim's family of the inmate's eligibility for the community work program:

- 1) if the PIO/VIO receives an objection to the inmate's community placement from the sentencing judge, county attorney, and / or victim, the PIO/VIO may recommend additional screening and input from other sources; and
  - 2) the PIO/VIO will fill out their sections of the form and submit a report to the ARC concerning the outcome of the notifications and solicitations for their consideration.
- e. Following their review of the PIO/VIO report, the ARC will meet with the Community Screening Committee and review the pertinent documents and provide the final approval or disapproval of the community work program assignment;
- f. the MSP Classification Specialist will forward copies of the screening/approval documents along with an inmate information sheet to the supervisor and to the respective UMT; and
- g. the MSP Classification Specialist will ensure that appropriate staff has access to a list of community work assignment approved inmates. Reports and records pertaining to each assignment will be filed in the Records and mini-files.

#### **F. Transportation of Inmates**

1. MSP/MCE staff will transport inmate community workers to and from the work sites unless an alternative plan is agreed upon by all parties, including its provisions for transportation of inmates with disabilities
2. MSP/MCE staff must return the inmates to prison facility at the end of each work period unless other arrangements are made and approved by the Warden and MCE Administrator or CPB Chief in advance.
3. If transport to and from the work site(s) necessitates overnight accommodations for the inmates, supervisors must make prior arrangements for the inmate's housing and supervision (i.e., prerelease, jail, or correctional facility), and will notify the MSP Command Post of where the inmate will be staying.

#### **G. Supervision of Inmates**

1. MSP and/or MCE staff will provide training to community work program supervisors and their managers to address procedures for inmate workers in a community setting, which will include, but is not limited to:
  - a. inmate boundary lines for performing work assignments;
  - b. key and tool control;
  - c. supervision;
  - d. census checks and official count times;
  - e. escape notification procedures;
  - f. safety orientation;
  - g. monthly performance evaluations;
  - h. time keeping and submittal;
  - i. a review of the *Work Assignment Responsibilities Form* (see attachment C), with an explanation on duties, rate of pay, hours worked, etc.;
  - j. prohibited conduct, i.e.:
    - 1) giving, trading or receiving favors or gifts;
    - 2) allowing inmates to supervise one another;
    - 3) allowing inmates to send mail or make or receive phone calls; and

- 4) concealing any information that might be critical or detrimental to the accomplishment of the mission of the Department of Corrections, MSP, MCE, or the goals of the community work program.
- k. When and how to notify Command Post; and
- l. when and how to notify law enforcement.

## **H. Inmate Community Work Rules & Regulations**

1. When applicable community work program and project supervisors will ensure:
  - a. That inmate workers are prohibited from operating motor vehicles when off facility grounds, except for equipment or state vehicles approved in writing by the Warden or MCE Administrator (or designees);
  - b. that inmate workers stay at their assigned work sites at all times;
  - c. that inmate breaks are conducted in a manner that limits public contact whenever possible.
  - d. inmate workers utilize appropriate personal protective equipment (PPE), including clothing, eye and ear protection;
  - e. inmate workers are directed to immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor;
  - f. Searches are performed of work areas and that contraband will be handled as outlined in *MSP 3.1.16, Contraband Control*;
  - g. that inmate workers stay away from hazardous equipment while it is operating;
  - h. that inmate workers do not ride on vehicles or equipment in an unsafe manner;
  - i. inmates are held accountable for their actions and that rule infractions are handled per *MSP 3.4.1, Inmate Discipline* policy;
  - j. the inmate workers exhibit courteous and respectful behavior towards staff, supervisors, and members of the public at all times; and
  - k. the inmate signs a *Work Assignment Responsibility form (attachment C)* and acknowledges their understanding of the form.

## **I. Monitoring the Inmate Work Program**

1. After the inmate(s) begins work the Community Work Program Manager and designated staff will:
  - a. maintain regular contact with the Community Work Program supervisor and the manager of the agency or organization for which the inmate is assigned;
  - b. monitor community work programs, conducting random spot checks and maintain good communication with the inmates and the work program supervisors. All spot checks will be documented in the log book provided by the Community Work Program Manager; and
  - c. ensure that all unusual incidents or problems are reported to the Command Post for documentation.

## **J. Injuries and Medical Care**

1. If an inmate is injured or becomes ill while working, or requires immediate medical attention, the supervisor will take appropriate action and notify the MSP Command Post.
2. Supervisors will advise inmate workers who claim a minor medical problem to send a medical request form to the MSP Infirmary.

## **K. Work Absences and Removal from the Community Work Program**

Procedure No. MSP 5.1.3	Subject: <b>INMATE COMMUNITY WORK PROGRAMS &amp; PROJECTS</b>
Effective Date: August 8, 2012	Page 6 of 7

1. Unit staff will document (incident reports, log entries, etc.) inmate work absences and the reason(s) for them (medical appointments, call-out, groups, parole hearings, pre-release screenings, illness, injury, inmate refusal, etc.). They will notify the community work program supervisor that the inmate isn't going to be at work. It is up to the supervisor's whether or not to excuse the absence.
2. An inmate may be removed from a community work assignment using the removal process outlined in *MSP 4.2.1, Inmate Classification*. The reason(s) for removal include, but are not limited to:
  - a. end of work assignment or work program;
  - b. lack of skills required for the position;
  - c. conflicting program requirements;
  - d. mutual agreement between inmate and supervisor;
  - e. refusal to work;
  - f. poor work performance; and
  - g. rule violation(s).
3. Provided that no inmate will be removed from a community work assignment for lack of skills, poor performance, or other reason attributable to disability if the reason for removal could be resolved with a reasonable accommodation. Efforts and discussions to provide reasonable accommodations shall be documented in OMIS.

#### **L. Unauthorized Area/Escape**

1. If an inmate worker cannot be accounted for the work supervisor must immediately notify the MSP Command Post to initiate escape procedures.
2. If an inmate worker fails to remain within the limits of the approved community work plan, this must be reported immediately to the command post.

#### **M. Community Work Projects Inmate Workers**

1. On occasion it is necessary for an MSP/MCE inmate work crew supervisor to take an inmate or inmates already assigned to his/her work crew (that normally performs its work on facility grounds/property) into the community for a project. In these cases, the supervisor must ensure that each inmate taken into the community is supervised according to this operational procedure, and deployed in accordance with the following section.

#### **N. Deployment Notification Form**

1. Community Work Project supervisors must complete and distribute a *Notification of Inmate Workers into the Community form (attachment D)* each time they take an approved inmate or crew into the community for a project. If the project is going to last for several days the supervisor will only need to process one form, but must indicate on the form the exact time frame that that he/she will be taking the crew or inmate out into the community.

#### **O. Notifying Law Enforcement of Inmates Working in the Community**

1. The community work project supervisor must notify local law enforcement of an inmate's community work assignment at least one day prior to the inmate's being transported to a new or

Procedure No. MSP 5.1.3	Subject: <b>INMATE COMMUNITY WORK PROGRAMS &amp; PROJECTS</b>
Effective Date: August 8, 2012	Page 7 of 7

non-routine community work site. This will be communicated via phone and/or by a faxed copy of the necessary paperwork.

**IV. CLOSING**

Questions concerning this operational procedure will be directed to the Warden and MCE Administrator.

**V. ATTACHMENTS**

- |  |              |
|--|--------------|
| Community Work Program Request form                        | attachment A |
| Community Work Program Eligibility/Screening form          | attachment B |
| Work Assignment Responsibilities form                      | attachment C |
| MSP Notification of Inmate Workers into the Community form | attachment D |



STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS

**COMMUNITY WORK PROGRAM REQUEST FORM**

<b>PROGRAM INFORMATION</b>				
Requesting Agency <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> State Agency <input type="checkbox"/> Non Profit <input type="checkbox"/> School District	<input type="checkbox"/> City <input type="checkbox"/> County Other: _____	Number of Offenders Needed _____	Request Date _____
Contact Person: _____		Telephone Number: _____		
Program Description: _____				
Location: (Provide sufficient detail for emergency assistance) _____				
Payment Terms: _____		Program Work Hours: _____		
Projected Start Date: _____		Projected Completion Date: _____		
<b>FACILITY INFORMATION</b>				
Facility/Program Name: _____		Region (If applicable): _____		
Facility Program Supervisor Name: _____		Telephone Number: _____		
Note Agency Program Responsibilities: _____				
<b>REQUESTING AGENCY OR ORGANIZATION INFORMATION</b>				
Transportation Provided By Requesting Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Transportation: (Indicate One) <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> Other: (Specify) _____		Vehicle Capacity _____	
Tools, Supplies and Safety Equipment to be used: _____				
Provisions for food and water: _____				
Name(s) of Supervisor(s) who will provide safety instructions and oversee work: _____				
Provisions for access to restrooms (Identify Type and Location) _____				
Identify additional assistance being provided by requesting agency: _____				
Requesting Agency Program Supervisor Name: _____		Telephone Number: _____		
<b>ACCOMODATIONS PROVIDED BY MONTANA DEPARTMENT OF CORRECTIONS</b> (To be filled out jointly with Requesting Agency)				
Size of Offender Work Force: _____		Number of Correctional Staff Assigned: _____		
Special Needs (i.e. clothing, equipment) _____				
Mobile Communications (i.e., cellular phone, hand held radio): _____				
Food Service: _____				
Vehicles: _____				
Armory: _____				
Other: _____				

**PROGRAM RECOMMENDATION AND AUTHORIZATION**

Approved       Denied

Reason for Denial *(i.e., staff resources, etc.)*

Signature:	Requesting Agency Representative	Date:	
Signature:	Warden/Superintendent/Facility Administrator	Date:	
Signature:	Contract Placement Bureau Chief <i>(if necessary)</i>	Date:	



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
COMMUNITY WORK PROGRAM SCREENING FORM**

**INMATE INFORMATION**

Date: \_\_\_\_\_ Inmate Name: \_\_\_\_\_ DOC ID #: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Check the program you are requesting this inmate be assigned to:

- Wildland Fire Crew  Museum  Sheriff's  Courthouse  Hobby Store  Golf Course  Senior Center  City Hall  Cemetery  
 Warehouse Truck Driver  Other: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**\*\*\*This form must be accompanied by an Assignment/Removal form bearing the signature of the Warden and/or MCE Administrator.**

**UNIT MANAGEMENT TEAM SCREENING/PRELIMINARY REVIEW**

Custody Level: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

County: \_\_\_\_\_ Parole Eligibility Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Recommend continuation of screening procedure.  Yes  No

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

Unit Manager/Designee Signature

Comments: \_\_\_\_\_

*\*\*\*If serving a sentence for a sex offense, provide a detailed program status report from an authorized therapist.*

**ADMIN REVIEW COMMITTEE SCREENING/PRELIMINARY REVIEW**

Recommend continuation of screening procedure. *If not, return to Unit Manager with a written explanation (i.e. updated psychological evaluation needed).*

Yes  No

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

Admin Review Committee Signatures

Comments: \_\_\_\_\_

**NOTIFICATION AND SOLICITATION**

**All responses will be attached to this form when submitting for final review.**

Date: \_\_\_\_\_ Notification/Solicitation of Judge(s):  Yes  No  No comment or response

*(If no explain):* \_\_\_\_\_

Date: \_\_\_\_\_ Notification/Solicitation of County Attorney:  Yes  No  No comment or response

*(If no, explain):* \_\_\_\_\_

**VICTIM NOTIFICATION (Pursuant to MCA 46-24-212)**

Date: \_\_\_\_\_ Notification of Victims:  Yes  No \_\_\_\_\_

Facility Victim Information Officer (or designee) Signature

*(If no, explain):* \_\_\_\_\_

**FINAL REVIEW**

Approved  Disapproved

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

Institutional Screening Committee Signatures

Local Screening Committee Signatures

Stipulations: \_\_\_\_\_

*The Supervisor is responsible for the Law Enforcement Notification if approved. This report must be completed for each inmate who is being considered for an off-site work assignment.*



STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS

WORK RESPONSIBILITIES

TO: \_\_\_\_\_ DOC ID#: \_\_\_\_\_ DATE: \_\_\_\_\_  
Offender's Name

You have been assigned work as the \_\_\_\_\_ for the \_\_\_\_\_  
(Title)  
\_\_\_\_\_ and listed below are your duties, responsibilities  
Department / Program  
and information on the assignment.

1. Your main duties are as follows:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
2. Your pay will be \$ \_\_\_\_\_ per hour/month.

**Offender Community Work Rules & Regulations:**

1. Offenders are prohibited from operating a motor vehicle away from the facility (exception: heavy equipment items or State vehicles may be operated with approval by the facility). No offender will operate a motor vehicle for any reason without a current Montana State Driver's License.
2. Offenders may not at any time leave assigned work sites.
3. Whenever possible, offenders will take rest breaks away from public view and in a manner that limits public contact.
4. Offenders must wear safety and protective clothing and eye covering while working.
5. Offenders must immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Offenders may not possess, use, or have in their control any item considered contraband in accordance with MSP 3.1.17b, Contraband Control.
7. Offenders will stay away from hazardous equipment while it is in operation.
8. Offenders may not ride on vehicles or equipment in an unsafe manner.
9. Offenders will follow all instructions given by supervisor(s).
10. Offenders will be courteous and respectful toward staff/supervisors and members of the public at all times.

I have read, or had read to me, the \_\_\_\_\_ rules contained in this assignment  
Assignment Title  
orientation material.

\_\_\_\_\_  
Offender Name (please print)

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
DOC ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or designee Signature

\_\_\_\_\_  
Date

**MSP NOTIFICATION OF INMATE WORKERS INTO THE COMMUNITY**

Supervisor Making Request: \_\_\_\_\_ Title: \_\_\_\_\_

The above MSP/MCE Work Crew Supervisor is requesting permission to escort and supervise the inmates listed below from his/her work crew in the community for the following reasons: (include name of persons requesting work, the name of the community, location/address of work site, contact phone number, etc.)

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

Coordination Information: (dates, time frames, names of local law enforcement informed, etc.): \_\_\_\_\_

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

Equipment Taken (vehicles, tools, radios, restraints, safety equipment, etc.): \_\_\_\_\_

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

Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____

Staff Supervisors/Escorts: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Unit Manager or designee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Associate Warden or designee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(The Unit Manager and Associate Warden of housing, or their designees, are to ensure the inmates listed above are on the current community workers list)*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to:      Command Post      Guard Station      Checkpoint      Housing Units      MCE Administrator  
                  Supervisor      Records      Count Office      Unit Management Teams