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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 14(A)(3)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: April 2, 2013

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution authorizing execution of a Work Site Agreement between the Florida Department of Corrections and Miami-Dade County through the Miami-Dade Police Department
Resolution No. R-274-13

The accompanying resolution was prepared by the Miami-Dade Police Department and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.

R. A. Cuevas, Jr.
County Attorney

RAC/lmp

Memorandum

MIAMI-DADE COUNTY

DATE: April 2, 2013

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

FROM: Carlos A. Gimenez
Mayor

SUBJECT: Resolution Authorizing A Work Site Agreement Between the Florida Department of Corrections And Miami-Dade County

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Recommendation
It is recommended that the Board of County Commissioners approve the attached Work Site Agreement between the Florida Department of Corrections and Miami-Dade County through the Miami-Dade Police Department.

Scope
The Work Site Agreement is countywide.

Fiscal Impact/Funding Source
There is no fiscal impact with this Work Site Agreement.

Track Record/Monitor
The Miami-Dade Police Department's Senior Bureau Commander of the Police Legal Bureau, Janet Lewis, will monitor this Work Site Agreement.

Background
The Work Site Agreement documents that Miami-Dade County, through the Miami-Dade Police Department, agrees to utilize offenders who are serving probation which requires the completion of community service hours. The Florida Department of Corrections and the Miami-Dade Police Department work together to ensure that each probationer is assigned appropriately to various County locations and to coordinate monitoring probationers at these assignments. The Miami-Dade Police Department has developed, implemented, and adheres to a set of standard operating procedures to administer this Agreement. Some of the work site assignments have included Miami-Dade County departments/agencies such as: Animal Services; Parks, Recreation and Open Spaces; Public Works and Waste Management; and Zoo Miami. This work site agreement allows probationers to fulfill community service requirements and provides Miami-Dade County with a no cost work force for some of these entry level duties.

Genaro "Chip" Iglesias
Office of the Mayor

MEMORANDUM
(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: April 2, 2013

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 14(A)(3)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

✓ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 14(A)(3)
4-2-13

RESOLUTION NO. R-274-13

RESOLUTION AUTHORIZING EXECUTION OF A WORK SITE AGREEMENT BETWEEN THE FLORIDA DEPARTMENT OF CORRECTIONS AND MIAMI-DADE COUNTY THROUGH THE MIAMI-DADE POLICE DEPARTMENT; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE ACTION TO EXECUTE AMENDMENTS, RENEWALS, AND EXTENSIONS AND TO EXERCISE THE CANCELLATION PROVISIONS CONTAINED THEREIN

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying Memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board finds it is in the best interest of Miami-Dade County to approve the execution of a Work Site Agreement between the Florida Department of Corrections and Miami-Dade County, through the Miami-Dade Police Department, in substantially the form attached hereto and made a part hereof, and authorizes the County Mayor or County Mayor's designee to execute the Agreement for and on behalf of Miami-Dade County, and to execute any amendments, renewals and extensions of same, and to exercise the cancellation provisions contained in the Agreement.

The foregoing resolution was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Audrey M. Edmonson** and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman			**aye**
Lynda Bell, Vice Chair			**aye**
Bruno A. Barreiro	**absent**	Esteban L. Bovo, Jr.	**aye**
Jose "Pepe" Diaz	**aye**	Audrey M. Edmonson	**aye**
Sally A. Heyman	**aye**	Barbara J. Jordan	**aye**
Jean Monestime	**aye**	Dennis C. Moss	**aye**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**aye**
Juan C. Zapata	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of April, 2013. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: ***Christopher Agrippa***
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Ben Simon

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Department of Corrections and Public Service Agency
Work Site Agreement

The undersigned agency certifies, attests, and affirms that the agency is a designated tax-supported or tax exempt entity as certified by the Internal Revenue Service and if required, licensed by appropriate governmental entities and/or registered with the Office of the Secretary of State. The undersigned agency certifies that the following terms have been agreed upon in order to utilize offenders under the supervision of the Florida Department of Corrections to perform public service work imposed by the sentencing or releasing authority.

A work schedule will be arranged for the offender that is agreeable with him/her and the agency. The schedule can only be altered with permission of the Department of Corrections or the public service agency supervisor. The public service agency agrees to report offenders who fail to comply (excessive tardiness and/or failure to show for work) with the established schedule or work assignment(s).

The offender will be supervised in the performance of his/her duties. Periodic reports will be provided for the Department of Corrections and the court as to the number of hours completed and the overall work performance of the offender. (See attachment)

It is understood that the Circuit Administrator will investigate any complaints regarding this agreement and may revoke or terminate the agreement unilaterally at any time for cause.

It is understood that pursuant to section 948.036 Florida Statutes, offenders who are under the supervision of the Department of Corrections pursuant to section 948.01, Florida Statutes and who are injured during the performance of court ordered public service work are covered by workers' compensation as state employees to the extent of medical treatment for personal injury, with the exception of offenders performing public service hours as the result of a sentence for a DUI offense, as provided in s. 316.193, F.S.

The undersigned representatives accept the provisions of this agreement.

DEPARTMENT OF CORRECTIONS:	PUBLIC SERVICE AGENCY:
Approved by: , Correctional Probation Supervisor	(Name of Agency)
Maria L. A. Bernardo	
(Correctional Probation Supervisor Signature)	(Representative Signature)
Maria L. DiBernardo, Circuit Administrator	
(Title/Name Printed or Typed)	(Title/Name Printed or Typed)
Date:	Date:
Address: 401 N.W. 2nd Avenue, Suite #S607 Miami, Florida 33143	Address:
Phone: (305) 377-7040	Phone:

*F.S. 948.036 provides that an offender who participates in any work program under the provisions of this chapter shall be considered an employee of the state for purposes of Chapter 440 F.S.

cc: Work Site Agency
Circuit Administrator
DC3-204 (Revised 7/12/11)

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
PUBLIC SERVICE HOURS

NOTICE OF ASSIGNMENT (To be completed by the Correctional Probation Officer)

TO: _____ _____
Public or Non-Profit Agency — Agency Contact Person/Supervisor and Telephone Number

ADDRESS: _____ _____ _____
Street — City — Zip Code

OFFENDER NAME: _____ DC#: _____, is required to work

a total of _____ hours, at the rate of _____ ☐ Hours/Month ☐ By End of Period of Probation.

Beginning: Date: _____ Time: _____ Schedule: _____

The offender's offense is: _____

NOTE TO AGENCY CONTACT PERSON AND OFFENDERS: Per s. 948.030, F.S. and s. 440.09, F.S., offenders performing community service hours as a condition of state probation are covered under worker's compensation due to personal injury, with the exception of offenders on supervision for a Driving Under the Influence (DUI) offense as provided in s. 316.193, F.S.. In addition, offenders are not covered under worker's compensation if they sustain an injury while performing community service hours and the injury was caused primarily due to the use of alcohol or drugs.

The type of supervision is: _____ From: _____ To: _____

If any problems arise or if the offender fails to report, please contact the:
FLORIDA DEPARTMENT OF CORRECTIONS: _____
Correctional Probation Officer

ADDRESS: _____ _____ _____
Street — City — Zip Code

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

Correctional Probation Officer's Signature: _____ Date: _____

PUBLIC SERVICE HOURS - (To be completed by the Agency Contact Person/Supervisor and returned to the Correctional Probation Officer listed above)

COMPLETED WORK HOURS PERIODIC REPORT

DATE	TIME IN	TIME OUT	HOURS	SUPVR. INITIALS	DATE	TIME IN	TIME OUT	HOURS	SUPVR. INITIALS

During the work period, this form was retained by: ☐ The Agency ☐ The Offender.

This worker ☐ has completed, ☐ has partially completed, ☐ has not completed the hours s/he agreed to work, or ☐ did not report. Work completed was ☐ satisfactory ☐ unsatisfactory.

Agency Contact Person/Supervisor Signature: _____ Date: _____

Agency Contact Person/Supervisor E-mail: _____

DC3-205 (Revised 8/31/12)

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6 Part File-Section 5