

Massachusetts
Department Of Correction

Shattuck Hospital Correctional Unit PROCEDURE

Superintendent Approval
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12/28/20

Reviewing Authority
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3/26/21



Procedure In accordance with:

103 DOC 401
Booking and Admissions
INMATE
HANDBOOK

Internal Reviewing Authority:

Deputy Superintendent

ACA/PREA Standards:

Applicability: Staff and Inmates

Attachments
Yes No

Inmate Library
Yes No

Public Access
Yes No

SHATTUCK HOSPITAL CORRECTION UNIT

LEVEL 4- MEDIUM

ORIENTATION HANDBOOK FOR INMATES

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1. Inmate Orientation Sign Off
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3. Inmate Personal Property
4. Inmate Telephone System Number Request Form
5. Offender/Inmate Orientation to ADA

Chapter 1

INTRODUCTION & ORIENTATION

Please be advised the term “inmate” includes detainee unless specified otherwise.

The Department of Correction is responsible for your care and custody during your hospitalization at the Shattuck Hospital Correction Unit. Officers and staff are not permitted to disclose dates of admissions, discharges, or follow-up visits (inpatient). Transportation to and from the institution is arranged by the Department of Correction.

After you are admitted, an officer will give you a copy of the rules and regulations as described in the Inmate Handbook. You will be asked to sign the following: an “Inmate Orientation” sheet (Att. 1) acknowledging your receipt of the handbook; a “Release of Patient Info Status” sheet (Att. 2) identifying who you would like to designate as privy to your basic medical information upon their request; an “Inmate Personal Property” sheet (Att. 3) and Offender/Inmate Orientation to ADA (Att. 5)

Any questions you may have regarding hospital procedures (other than medical) should be directed to an officer.

SHCU is considered a transit facility intended to meet only the medical needs of inmates. The average length of stay is less than five days. Therefore, many institutional services and regulations are not applicable and/or addressed specifically by virtue of the hospital setting i.e.,

- Housekeeping
- Laundry
- Inmate Work Assignments and Mass Corr Classification
- Health Services Unit
- Correctional Mental Health Program
- Dining Room Regulations
- Canteen & Money Transfers
- Financial – Inmate Accounts
- Leisure Time Activities
- Religious Activities & Services

Your doctor is responsible for your medical treatment during your hospitalization. All questions regarding your condition, treatment, medicine, and medical procedures should be directed to him or her.

The nursing staff will carry out orders for treatment and medication as written by your doctor. They must have **a written order** before they are able to fill any request. Make sure that your doctor is aware of any medical complaints or requests that you have. You should also inform your doctor about any medication which you have been taking at the institution. Aspirin and sleeping medication must be ordered by your doctor. All narcotics and sedatives will be given in crushed form. An officer will require a mouth check to ensure medication is not stockpiled.

Inmates that are deaf/hearing impaired or where a language or literacy problem may prevent them

from understanding institutional rules and/or Disciplinary Proceedings may request through staff to have access to the assistance of Video Relay Service (VRS), TTY and/or CAPTEL.

Chapter 2

HOUSING RULES AND REGULATIONS

General Housing Rules and Regulations

In accordance with Chapter 127 Section 38B **Assaults upon guards; bodily substances; penalty** - any person in the custody of a correctional facility who commits an assault or an assault and battery by means of a bodily substance, including but not limited to, blood, saliva, mucous, semen, urine or feces, shall be punished by imprisonment for not more than 2 ½ years in a jail or house of correction or for not more than 10 years in a state prison. Said sentence shall begin from and after all sentences currently outstanding and unserved at the time of said assault or assault and battery.

Privacy Curtains

Each inmate's room and bed will be equipped with a privacy curtain that shall only be used whenever a medical procedure is conducted at bedside. Also staff may authorize the use of this curtain whenever an inmate requires bedside washing and other related use.

At no time will an inmate close the privacy curtain for reasons without the approval of the shift commander or designee.

Linens

The accumulation of excess linen, to include sheets, pillow cases, etc. is not authorized. Disciplinary action may occur if an inmate repeatedly maintains excess linen. Linen is distributed by medical staff.

Searches

At any given time or place, you are subject to a search of your person or living quarters. Many searches are routine in nature in an attempt to control contraband (i.e. materials or articles not authorized).

The fact that you are asked to submit to a search does not mean you are under suspicion. Searches may include both pat searches and strip searches.

Refusal to submit to a search will result in disciplinary action.

Chapter 3

DISCIPLINARY RULES AND REGULATIONS

It is in your best interest to become familiar with the rules and regulations of the institution. On the following pages are the code of offenses which apply throughout the Department of Correction and a list of rules and regulations which apply specifically to this institution. A copy

of the Disciplinary Policy (103 CMR 430) is available in the Day Room as well as upon request from the CPO II.

Disciplinary reports may be written by any staff member for any violation of institutional or departmental rules. The disciplinary report is then given to the supervisor and then to the Shift Commander who reviews the report and may handle the matter informally in consultation with the reporting staff person, recommend dismissal to the Disciplinary Officer, or send the disciplinary report to the Disciplinary Officer for formal disciplinary action. The Disciplinary Officer then makes the determination of the offenses and serves the inmate with the report. The Disciplinary Officer has up to four (4) business days (weekends and holidays excluded) to serve a disciplinary report. Informal reports are handled by the issuing employee, and formal matters are handled by a disciplinary hearing officer with a formal hearing, where the inmate may have the opportunity to obtain representation and call witnesses. The inmate has the option of accepting the finding and sanction, or appealing to the Superintendent (formal matters).

At the time an inmate is served a disciplinary report, he may waive his 24-hour notice of hearing and plead guilty to the charge(s). The officer serving the report will give him his sanctions at this time and close the matter. The inmate does not lose his right to appeal.

Cell Phones / Other Electronic Devices and Discipline

Inmate use and or possession of any type of cell phone, other unauthorized electronic device, or cell phone or other electronic device paraphernalia (including cell phone chargers, chargers, SIM cards, and any other related products), is strictly prohibited and considered a serious security issue. Inmates found in possession of said items shall be subject to formal disciplinary action. Use and / or possession of cell phones or cell phone paraphernalia shall be considered a category 2 disciplinary infraction.

430.24 Code of Offenses

Category One:

- 1-1 Killing of another.
- 1-2 Aggravated assault on a staff member, contract employee, member of the public, volunteer or animal.
- 1-3 Aggravated assault of another inmate or parolee.
- 1-4 Aggravated assault on a visitor.
- 1-5 Taking or holding any person hostage.
- 1-6 Escape or attempted escape.
- 1-7 Possession, manufacture, or introduction of an explosive device or any ammunition, or any components of an explosive device or ammunition.
- 1-8 Possession, manufacture, or introduction of any gun, firearm, weapon, sharpened instrument, knife or poison of any component thereof.
- 1-9 Sexual assault on a staff member, contract employee, member of the public, or volunteer.
- 1-10 Sexual assault or sexual abuse of another inmate.
- 1-11 Sexual assault on a visitor.
- 1-12 Rioting.

- 1-13 Inciting others to riot or inciting other inmates to participate in a major group demonstration within any institution.
- 1-14 Setting a fire, using or placing a bomb or incendiary device.
- 1-15 Introduction, distribution or transfer of any narcotic, controlled substance, illegal drug, unauthorized drug or drug paraphernalia.
- 1-16 Engaging in or inciting an organized work stoppage.
- 1-17 Fighting with, assaulting or threatening another person, due to security threat group activities or gang activities.
- 1-18 Engaging, encouraging, recruiting or pressuring others to engage in security threat group activities.
- 1-19 Fighting with or assaulting any person in an area designated for visiting, while visits are occurring.
- 1-20 Attempting to commit any of the above offenses, making plans to commit any of the above offenses or aiding another person to commit any of the above offenses shall be considered the same as the commission of the offense itself.

Category Two:

- 2-1 Unauthorized possession of items or material likely to be used in an escape.
- 2-2 Causing a valid threat of transmission of a contagious disease to any person due to intentional or reckless action.
- 2-3 Assault on a staff member, contract employee, member of the public, volunteer, or animal.
- 2-4 Assault on another inmate or parolee.
- 2-5 Assault on a visitor.
- 2-6 Making a bomb threat, or using a hoax device, or a hoax substance.
- 2-7 Fighting with any person.
- 2-8 Refusing to submit to urinalysis, breathalyzer, or other standard sobriety test or altering or interfering with any such test, or failing to provide a urine sample when ordered to do so by a staff member without medical or mental health justification.
- 2-9 Refusing or failing to submit to testing required by statute, or order, such as DNA blood tests, when ordered to do so by a staff member.
- 2-10 Engaging in or inciting a group demonstration inside the correctional institution or a hunger strike inside the correctional institution.
- 2-11 Unauthorized use or possession of drugs, narcotics, illegal drugs, unauthorized drugs or drug paraphernalia.
- 2-12 Possession, manufacture or introduction of unauthorized keys.
- 2-13 Indecent exposure, or masturbating in the view of another person.
- 2-14 Receiving test results indicating the presence of unauthorized drugs, alcohol or other intoxicants.
- 2-15 Interfering with staff members, medical personnel, firefighters, or law enforcement personnel in the performance of their duties during an emergency.
- 2-16 Tampering with, damaging, blocking or interfering with any locking or security device or window.
- 2-17 Impersonating any staff member, contract employee, volunteer or visitor.
- 2-18 Causing an inaccurate count by means of unauthorized absence, hiding, concealing oneself or other form of deception or distraction.
- 2-19 Possessing, making, introducing or transferring intoxicants and alcohol, or possession of

- ingredients, equipment, formula, or instructions that are used in making intoxicants and alcohol.
- 2-20 Possession of the clothing of a staff member or contract employee, or visitor.
- 2-21 Causing injury to another person by resisting orders, resisting forced movement or physical efforts to restrain.
- 2-22 Making a false fire alarm or tampering with, damaging, blocking or interfering with fire alarms, fire extinguishers, fire hoses, fire exits, or other firefighting equipment or devices.
- 2-23 Counterfeiting, committing forgery, altering or unauthorized reproduction of any document, article of identification, money, security, or official paper.
- 2-24 Conduct which interferes with the security or orderly running of the institution.
- 2-25 Wearing or displaying colors or any type of emblem, insignia or logo suggesting possible membership or affiliation with a gang, group party or other association whenever such wearing or display may, when the Superintendent has reasonable cause to believe, pose a threat to the security, good order or safety of the institution.
- 2-26 Possessing, wearing or using security threat group paraphernalia or photographs.
- 2-27 Failure to timely report to a location or program assignment resulting in a declaration of escape status.
- 2-28 Distribution or sale of tobacco.
- 2-29 Engaging in intimate acts and/or sexual acts with another.
- 2-30 Stalking.
- 2-31 Possession of a cell phone, unauthorized electronic device, or paraphernalia for a cell phone or unauthorized electronic device, regardless of whether the cell phone/device is operable.
- 2-32 Attempting to commit any of the above offenses, making plans to commit any of the above offenses or aiding another person to commit any of the above offenses shall be considered the same as the commission of the offense itself.

Category Three:

- 3-1 Lying to or providing false information to a staff member.
- 3-2 Receipt or possession of contraband of items not authorized for retention by inmates.
- 3-3 Reserved for Future Use.
- 3-4 Threatening another with bodily harm or with any offense against another person, their property or their family.
- 3-5 Refusing a direct order by any staff member.
- 3-6 Impersonating another inmate.
- 3-7 Refusing a transfer to another institution.
- 3-8 Extortion, blackmail, or demanding or receiving money or anything of value in return for protection against others, or under threat of informing.
- 3-9 Throwing objects, materials, substances, or spitting at another.
- 3-10 Theft of property or possession of stolen property.
- 3-11 Unauthorized accumulation/misuse of prescribed medication.
- 3-12 Possession, manufacture, or introduction of an unauthorized tool.
- 3-13 Organizing or participating in an unauthorized group activity or meeting inside the correctional institution.
- 3-14 Giving, selling, borrowing, lending, or trading money or anything of value to, or accepting or purchasing money or anything of value from another inmate or an inmate's friend(s) or family.
- 3-15 Flooding a cell or other area of the institution.
- 3-16 Refusing a cell or housing assignment.

- 3-17 Causing an individual to be penalized or proceeded against by providing false information.
- 3-18 Gambling and/or possession of gambling paraphernalia.
- 3-19 Giving, receiving or offering any person a bribe or anything of value for an unauthorized favor or service.
- 3-20 Receiving a tattoo while incarcerated, tattooing another, or possessing tattoo paraphernalia and/or body piercing.
- 3-21 Fraud, embezzlement, or obtaining goods, services, money or anything of value under false pretense.
- 3-22 Creating an emergency by feigning illness or injury.
- 3-23 Possession of tobacco products and/or an incendiary device.
- 3-24 Being out of place or in an unauthorized area outside of the inmate's unit.
- 3-25 Communicating, directly or indirectly with any staff member, contract employee, volunteer or their relatives at their home addresses, home telephone numbers, email addresses, social media accounts or for nonofficial business.
- 3-26 Use of obscene, abusive or insolent language or gesture.
- 3-27 Conduct which disrupts the normal operation of the facility or unit.
- 3-28 Possession of an altered appliance.
- 3-29 Engaging in an unauthorized visit while on a community work crew or a pre-release work assignment.
- 3-30 Attempting to commit any of the above offenses, making plans to commit any of the above offenses or aiding another person to commit any of the above offenses shall be considered the same as the commission of the offense itself.

Category Four:

- 4-1 Receipt or possession of contraband.
- 4-2 Mutilating, defacing or destroying state property or the property of another person.
- 4-3 Unauthorized possession of money or other negotiable items.
- 4-4 Use of mail or telephone in violation of established rules or regulations.
- 4-5 Telephoning or sending written communications to any person contrary to previous written warnings and/or documented disciplinary action.
- 4-6 Possession of any photographic, or hand drawn material and/or unauthorized publication that depicts sexually explicit acts, and/or nudity.
- 4-7 Reserved for Future Use.
- 4-8 Misuse or waste of issued supplies, goods, services, or property.
- 4-9 Failure to maintain acceptable hygiene.
- 4-10 Failure to maintain acceptable hygiene or appearance of a housing area.
- 4-11 Violating any departmental rule or regulation, or any other rule, regulation, or condition of an institution or community based program.
- 4-12 Failure to comply with standing count procedures.
- 4-13 Being out of place or an unauthorized area within a unit.
- 4-14 Reserved for Future Use.
- 4-15 Attempting to commit any of the above offenses, making plans to commit any of the above offenses or aiding another person to commit any of the above offenses shall be considered the same as the commission of the offense itself.

Chapter 4

DISCIPLINARY SANCTIONS

(1) Sanctions for each Category 1 offense are as follows:

- (a) Loss of statutory good time, not to exceed 360 days loss for all charges arising out of any one incident or substantially related incidents;
- (b) Disciplinary Detention for up to 15 days;
- (c) 60-120 days loss of a privilege, including but not limited to one of the following: television, radio, canteen, either visits or phone privileges, hot pots, and leisure programs;
- (d) Cell or housing restriction for up to 20 days;
- (e) Restitution, including, if applicable, any medical treatment assessment under M.G.L. c. 124, § 1(s);
- (f) Referral to Department Disciplinary Unit for a period not to exceed ten years for all violations arising out of one incident or substantially related incidents;

No more than one sanction shall be imposed per offense and no more than five sanctions (in addition to restitution) may be imposed for all offenses arising out of anyone or substantially related incidents in which the highest offense(s) alleged is from Category 1.

(2) Sanctions for each Category 2 offenses are as follows:

- (a) Loss of statutory good time, not to exceed 180 days loss for all charges arising out of any one incident or substantially related incidents;
- (b) Disciplinary Detention for up to 15 days;
- (c) 30-90 days loss of a privilege, including but not limited to one of the following: television, radio, canteen, either visits or phone privileges, hot pots, and leisure programs;
- (d) Cell or housing restriction for up to 15 days;
- (e) Restitution, including, if applicable, any medical treatment assessment under M.G.L. c.124, § 1(s);
- (f) Referral to Department Disciplinary Unit for a period not to exceed five years for all violations arising out of one incident or substantially related incidents;

No more than one sanction shall be imposed per offense and no more than four sanctions (in addition to restitution) may be imposed for all offenses arising out of anyone or substantially related incidents in which the highest offense(s) alleged is from Category 2.

(3) Sanctions for each Category 3 offense are as follows:

- (a) Disciplinary Detention for up to ten days;
- (b) Up to 60 days loss of a privilege, including but not limited to one of the following: television, radio, canteen, either visits or phone privileges, hot pots, and leisure programs;
- (c) Cell or housing restriction for up to ten days;

- (d) Restitution, including, if applicable, any medical treatment assessment under M.G.L. c.124, § 1 (s);
- (e) Prohibition from replacing any altered appliance for up to four months;
- (f) Up to 15 hours of extra duty.

No more than one sanction shall be imposed per offense and no more than three sanctions (in addition to restitution) may be imposed for all offenses arising out of anyone or substantially related incidents in which the highest offense(s) alleged is from Category 3.

(4) Sanctions for each Category 4 offense are as follows:

- (a) Up to 30 days loss of a privilege, including but not limited to one of the following: television, radio, canteen, either visits or phone privileges, hot pots, and leisure programs;
- (b) Restitution, including, if applicable, any medical treatment assessment under M.G.L. c. 124, § 1(s);
- (c) Room/Unit restriction up to five days;
- (d) Prohibition from replacing any altered appliance for up to four months;
- (e) Up to ten hours of extra duty;
- (f) Written reprimand.

No more than one sanction shall be imposed per offense and no more than two sanctions (in addition to restitution) may be imposed for all offenses arising out of anyone or substantially related incidents in which the highest offense(s) alleged is from Category 4.

- (5) No more than a total of 30 days disciplinary detention or 40 days cell, housing, or unit restriction may be imposed for all violations arising out of one incident or substantially related incidents.
- (6) Findings requiring the payment of an amount of restitution by an inmate shall be supported by a preponderance of evidence.
- (7) Disciplinary informal sanctions at SHCU include loss of leisure activity.

Chapter 5
INMATE RIGHTS AND RESPONSIBILITIES

The following information concerning your "Rights and Responsibilities" is offered for your study and guidance. It is given in understandable terms and, if studied and remembered, should provide you with sufficient knowledge of what you can expect during your stay here, and also what will be expected from you.

RIGHTS	RESPONSIBILITIES
1. You have a right to expect that as a human being you will be treated respectfully, fairly and impartially by all personnel.	1. You have the responsibility to treat others, both staff and inmates in the same manner.

2. You have the right to be informed of rules, procedures and schedules concerning the operation of the institution.	2. You have the responsibility to know and abide by them.
3. You have the right to health care, which includes nutritious meals, proper bedding and clothing and laundry schedule for cleaning of the same, an opportunity to shower regularly, proper ventilation for warmth and fresh air, toiletries and medical and dental treatment.	3. It is your responsibility to not waste food, to follow schedules, to maintain neat and clean living quarters and to seek medical and dental care as you need it.
4. You have the right to unrestricted and confidential access to the courts by correspondence on matters such as legality of your conviction, civil matters, pending criminal cases and conditions of your imprisonment.	4. You have the responsibility to present honestly and fairly your petitions, questions and problems to the courts.
5. You have the right to be free from sexual abuse and sexual harassment and, to be free from retaliation for reporting such incidents.	5. You have the responsibility to take advantage of activities which may help you live a law-abiding life within the facility and later in the community.
	6. You are responsible for keeping yourself informed and for reporting violations/suspicions as part of our zero tolerance approach to sexual abuse and sexual harassment.

Chapter 6 INMATE COUNTS

Major counts are the following times: **7:00 am, 11:00 am, 4:30pm, 9:30 pm, 12:00 Midnight and 3:30 am.** Inmates are not required to stand for major counts but should be at their bedside when major counts are being conducted unless approved by staff for extenuating circumstances. At no time will inmates move throughout the unit while a count is being performed unless a medical emergency exist.

Chapter 7 ESCAPE

Any attempt to leave any portion of the hospital grounds, will be considered an escape. This will include 8 North, the DOC Holding area, and any other sections of the hospital where treatment occurs where you are under escort and attempt to flee. This will also entail attempting to flee from any transportation Officer during the course of a transportation detail.

Chapter 8

INMATE PROPERTY

Upon transfer and admission to the Shattuck Hospital Correction Unit you will be issued pajamas or hospital garments. The clothes that you arrive in will be secured in a secure locker.

1. You are allowed no more than two (2) pairs of underwear, unless approved by the Superintendent or designee.
2. You will be allowed eyeglasses and dentures if you were in possession of them upon admission. A Doctor must approve Orthopedic and/or prosthetic devices.
3. You will be allowed a pencil and / or a pen and stationary.
4. You will be allowed a religious book.
5. **Toiletries:** one each of a comb, shampoo, deodorant and soap
6. **Jewelry:** only wedding bands or religious medallions that have been approved by parent Institution are allowed.

Chapter 9 INMATE SMOKING POLICY

The Shattuck Hospital Correction Unit is a non-smoking facility; **NO SMOKING ALLOWED ON 8 NORTH** or inside this building.

Chapter 10 INMATE MOVEMENT POLICY

Leaving your assigned room without prior permission is not allowed at any time with the exception of utilizing the bathroom. The Day Room will be **open** to all inmates during the hours of 1:00 – 3:00 pm and 6:00 – 8:00pm and will not require permission to access. If visits are in progress, the Day Room will not be available for general use. All inmate movement will cease at 8:00 p.m. (with the exception of utilizing the bathroom). Showers will be available during the hours of 9:00 a.m. to 11:00 a.m., 1:00 p.m. to 3:00 p.m., and 6:00 p.m. to 8:00 p.m. Permission to use the showers after curfew must be approved by the Shift Commander or designee. All razors will be dispensed and disposed of by a correction officer. You may only receive a razor during the 7-3 shift and from the hours of 9:00 am – 11:00 am.

It must be noted that once assigned to the 8 North unit and placed on a precaution status by your medical provider, you **may not** be able to leave your assigned room and /or will be limited in your movement unless medically cleared.

Chapter 11 MAIL REGULATIONS

As SHCU is a transit facility, inmates are not encouraged to formally change their address from their parent institution to SHCU. Any items mailed from an outside publisher, excluding a religious book, will be sent back to inmate's parent institution property office.

In the event that an inmate is at SHCU longer than 6 continuous months, an inmate may request through the Superintendent to receive books directly from an approved outside publisher.

All incoming mail will be checked by the mail officer for contraband only. Mail from courts or attorneys will be opened and inspected for contraband in the presence of the inmate to whom it is addressed. All outgoing mail must have a return address on the envelope and the inmate's full name and commitment number. Outgoing mail shall be handed to the 8 North Gate Officer for verification of the sender's information. It will then be placed into the locked mailbox identified for (US mail) by the 8 North Gate Officer. If an inmate is unable to hand deliver their outgoing mail to the 8 North Gate Officer due to a medical condition, then an officer assigned to the 8 North unit or the CPO may do so. **Inmate to inmate correspondence must be approved by both Superintendents prior to mailing.**

Do not ask any uniform officers, medical staff or visitor to deliver mail under any conditions and will be considered a violation of DOC policy.

Inmates that are determined to be indigent may send up to three (3) first class letters per week and an unlimited amount of legal mail. **Return Address:** Lemuel Shattuck Hospital
Correctional Unit
8 North
170 Morton Street
Jamaica Plain, MA 02130

Chapter 12 INMATE TELEPHONE SYSTEM

There are telephones available for use in both the inside and outside corridors during the hours of **1:00 p.m. to 5:00 p.m. and 6:00 p.m. to 8:00 p.m.**

Inmates are required to utilize a PIN number in order to make outgoing calls. Be advised these calls are recorded except for attorney phone calls. In order to participate in the PIN system you must be in the "Advance Pay" program. State inmates that already have an assigned PIN number will have their accounts automatically transferred to SHCU upon admission.. County inmates must fill out a "MA DOC inmate Telephone System Number Request Form" and be assigned a PIN number to make phone calls. Once completed, this sheet should be given to a CO, CPO or put in the mailbox for collection. Information on this is available through your CPO.

All calls will be limited to twenty (20) minutes. Any inmate using profane language on the telephone may be denied use of the phone. The number of telephone calls per inmate may be limited by the shift commander, depending on the availability of the telephone. Inmates on precautions will not be allowed phone privileges unless approved by the shift commander after consulting with medical staff. Inmates on bed rest will not have access to the corridor telephones. Phone calls for these inmates will be arranged by the shift commander or correction program officer, within reasonable limits. **Telephone calls are recorded for Security Purposes.**

Adding / deleting telephone numbers is to be handled at your parent institution. Request for these changes will be considered **ONLY** in extreme circumstances, requiring the IPS

Commander's approval.

Inmates may request through staff to use to the Video Relay Service (VRS), TTY and/or CAPTEL. Instructions to use these are available with the Shift Commander and are posted in the dayroom.

Any time there is a female inmate on 8 North requesting to make a phone call, the portable phone will be brought to their room. Calls will only be permitted during the approved hours.

PLEASE NOTE: Inmate telephone privileges at SHCU shall be consistent with and no greater than conditions established by your parent facility due to your current security level, i.e., DDU and SHU.

Chapter 13 HAIRCUTS

Inmates that have been housed at SHCU for thirty (30) days may request a haircut. Requests should be made to your CPO and arrangements will be made.

Chapter 14 STAFF ACCESSIBILITY

As a transit facility intended to meet only the medical needs of inmates, Staff Access Periods are not routinely held at SHCU. A Correction Program Officer will be touring the unit most days Monday through Friday. Issues regarding inmate finances, telephone access, visits, and court related issues should be referred to the CPO. Any other issues may be addressed through the Shift Commander for appropriate action. Inmates may also opt to write the Superintendent or Deputy Superintendent to address issues they feel unresolved.

Chapter 15 GRIEVANCE PROCEDURES

In the event, you wish to file a grievance, a copy of the 103 CMR 491 (Inmates Grievance Policy) will be provided for you. All grievances are to be submitted on the correct form and submitted directly to the IGC by the Inmate Grievance Box located in the Day Room. Inmates are encouraged to resolve complaints by direct verbal contact with the staff responsible for the particular area of the problem such as correction officer, correctional program officer appropriate department head, or other institutional staff. An Inform Complaint is required prior to submitting a formal grievance. Failure to file an informal complaint form will disqualify the inmate from filing a formal grievance. However, a Step 1 informal complaint form is not required for an emergency grievance, allegation of staff misconduct or allegation of sexual assault/abuse.

INFORMAL PROCESSING OF INMATE COMPLAINTS

- A. Informal complaints may be addressed by utilizing the Informal Complaint Form available in the Day Room and / or from the CPO.
- B. The complaint shall be filed within five (5) working days of the actual incident or upon the inmate becoming aware of the incident.
- C. A separate form shall be used for each issue/complaint.
- D. The informal complaint coordinator shall maintain an informal resolution compliant log and all complains shall be logged within one day of its receipt.
- E. Within one day of logging a complaint it shall be forwarded to the appropriate department for possible resolution.
- F. A response will be given to the inmate within ten (10) days of receipt by the appropriate department and a copy forwarded to the informal complaint coordinator. The coordinator will then log the outcome into the informal complaint resolution logbook and keep the complaint on file.
- G. The Superintendent or designee shall review the log periodically to identify and address potential problems.
- H. If the inmate is not satisfied with the results of the informal process the inmate shall have ten working days to file a formal grievance without being penalized.

If you are in need of a Grievance Form, they are located against the wall in the Day Room. Be advised LSH has a different and separate medical grievance process by which you can address issues of a medical nature. LSH patient complaint forms are also located in the Day Room or available per request through medical staff.

FORMAL GRIEVANCE PROCESS

You are required to utilize the institutional informal resolution/ communication process to address issues of concern prior to filing a formal grievance except in the situations stated above. The grievance process is a mechanism intended to address legitimate inmate complaints and is not the appropriate forum to make routine requests. A routine request is the process of asking for something that you are entitled to as a matter of policy, procedure or otherwise. Requests should be made through established procedures and not through the grievance process. A grievance is a formal complaint pertaining to conditions of confinement affecting you personally.

All grievances must be filed within the established timeframes unless time limits to file a grievance are waived by the Institution Grievance Coordinator. All inmates shall have unimpeded access to the inmate grievance process in order to address legitimate concerns or complaints.

You may access grievance and grievance appeal forms through the Institution Grievance Coordinator (IGC), the CPO and they are located in the Day Room. These forms are available to you in English and Spanish however, if you are unable to complete the form due to a language/literacy barrier or any other problem you may contact your CPO for assistance.

Completed grievance forms must be submitted within 10 business days from receiving an answered Informal Complaint Form in which you are unsatisfied with the decision, 10 business days from the date of the incident or situation for which an Informal Complaint Form was not required, or within 10 business days from becoming aware of the incident or situation for which an Informal Complaint Form was not required. All completed forms shall be submitted by depositing the form in the Grievance Box located in the Day Room.

Completed grievance forms may be returned to you for improper filing if:

- A. The grievance form submitted was incomplete;
- B. The grievance was filed on behalf of another inmate;
- C. The grievance was submitted on behalf of a group of inmates or by a group of inmates;
- D. The grievance was filed relative to more than one subject matter;
- E. The grievance was filed as an “Emergency” but has been determined not to be an emergency.
- F. Failure to file an Informal Complaint Form prior to submitting a Formal Grievance where applicable
- G. An answered Informal Complaint Form was not attached to the Formal Grievance

If a grievance or grievance appeal is returned to you for improper filing, you shall be notified of the reason in writing and you will be granted 3 business days to resubmit your grievance in the appropriate format. Failure to do so will result in the termination of your grievance.

You should not utilize the grievance process to address disciplinary or classification matters to include sex offender identification, as these processes have their own appeal mechanism and are considered non-grievable. Additionally, medical/mental health treatment/diagnosis and therapeutic diet concerns are non-grievable, as the contracted medical provider has its own medical grievance process however access to medical treatment is considered a grievable issue.

The IGC shall acknowledge your submitted grievance by generating a receipt from the Inmate Management System (IMS). The IGC will then have 10 business days from receipt to render a decision on your grievance. The IGC may issue you a written extension if more time is required to adequately investigate/review your grievance. Once a decision has been rendered by the IGC, you will have 10 business days from receipt of the grievance decision to file a grievance appeal with the Superintendent. The Superintendent will have 30 business days to render a decision on your appeal. Furthermore, the Superintendent may issue you written extensions if more time is needed to appropriately review/investigate the issue.

An “Emergency” grievance may be filed by you if there is a sudden occurrence of a serious and

urgent nature that requires immediate attention. Some examples may include but are not limited to; fear for one's life, fear for the life of another, and access to court issues where meeting deadlines are in jeopardy. In such urgent instances it is important to immediately notify staff so timely action can be taken to address your concerns. The submission and processing of an "Emergency" grievance shall occur in the same manner as other grievances except for processing time frames. If the grievance is determined to be an emergency it will be responded to within 3 business days from receipt. Emergency grievance appeals will be responded to by the Superintendent within 5 business days from receipt.

Chapter 16 FIRE SAFETY

Fire evacuation plans have been posted in the corridors of the facility. All inmates are encouraged to review these plans to ensure a safe and orderly evacuation if and when necessary. Fire extinguishers are located in each corridor and should only be used in an emergency situation, and then **only by security staff.**

Chapter 17 VISITING RULES AND REGULATIONS

Inmates that have been medically determined to be in critical condition and / or in imminent danger of death or admitted on a long- term basis may be authorized for visits with prior approval of the Superintendent. Normally, inmates who have been admitted for three (3) weeks will be considered long-term and thus privy to visiting privileges.

Inmates who have received approval will be permitted one visit per week for up to 2 visitors.

Visits will be limited to your immediate family. Immediate family members are defined as: mother, father, spouse, children, grandchildren, brother, sister, grandmother, grandfather, half-siblings, son-in-law, daughter- in-law, mother or father of an inmate's child if documented by a birth certificate and if they currently have physical custody of the child. A step-parent is considered within Immediate Family. Step-children may also be considered immediate family if the inmate and his or her spouse were married prior to the current incarceration.

Visiting hours are from 6:00 p.m. to 8:00 p.m. on Wednesday, Thursdays and Fridays and from 1:30 pm to 2:30 pm and 3:30 pm to 7:30 pm on weekends. If you are transferred to I.C.U. or another hospital, no visits are allowed without the prior approval from the Superintendent.

Visitors of state inmates already approved through the 103 CMR 483.10 Visitor Approval Process by the inmate's parent facility are eligible to visit at SHCU.

Visitors requesting to visit county inmates while temporarily housed on 8 North must obtain approval from the inmate's parent county facility to the CPO prior to the CPO approving the visit.

Visitors must call ahead and schedule an appointment. Those wishing to visit will make arrangements through the CPO of the facility. The number to call is (617) 971-3710. All visits must be scheduled twenty four (24) hours prior to the actual visiting time. Emergency visits may be scheduled by the Shift Commander once approved through the Superintendent or his/her designee. All visitors are subject to a search and must abide by the dress code posted in the Day Room and clearly stated in the Inmate Handbook. Refusal of a search may result in termination of the visit and/or suspension of visiting privileges.

Visitors and inmates are expected to conduct themselves properly. **Inmates will wear pajamas, robe and slippers in the visiting room.** Visitors are required to dress properly. Visitors **may not bring** in any kind of food, candy, or soda.

1. VISITOR DRESS CODE

The following items are **NOT ALLOWED** to be worn by any visitor adult or child:

1. Boots worn above the knee (exception – boots below the knee will be permitted October 15 – April 15)
2. Work boots will never be permitted.
3. Bare feet
4. Bathing suits, shorts, any clothing with excessive pockets, metal, drawstrings, excessively baggy or tight clothing, hooded clothing, sheer, excessively revealing or transparent clothing, bodysuits of any type or wrap around shirts. (Children age 8 and younger may wear shorts).
5. With the exception of undergarments, spandex or spandex type clothing is not allowed.
6. Any clothing that displays a gang affiliation or is in any way attributable to gang culture; additionally, clothing that is obscene, racist or displays sexual content is not allowed.
7. Any clothing similar to that issued to an inmate or uniformed personnel to include nursing scrubs, police, postal and utility (Class A active military uniforms are allowed).
8. Fatigue or camouflage clothing.
9. Double layered clothing on the bottom half of their person (e.g. two (2) pairs of pants, or skirt and slacks, etc.)
10. Bibbed clothing of any type: shorts, dress, pants, overalls, jumper etc. (allowable for age 8 and younger).
11. Hair accessories that cannot be easily removed to be searched.
12. Bobby pins, barrettes and ribbons. .
13. Umbrellas, jackets, coats, vests or outerwear of any type. Exceptions can be made for those facilities where visitors have to travel outside to get to the visiting area. An area will be designated to store/hang these items not accessible to the visitor and inmate during the visit.
14. As a co-ed facility, visitors shall not be allowed to wear blue or black jeans (allowable for 8 years old or younger).
15. Earrings, facial/body jewelry, necklaces, bracelets and watches are not allowed. The only exception regarding jewelry is a traditional engagement ring/wedding band,

- religious medallion and medical alert jewelry.
16. Dresses, skirts and skirt slits will not exceed 2" above the knee. No wrap-around style skirts are allowed unless worn for religious reasons.
 17. Tank tops, halter tops, muscle shirts, or clothing that reveals the midriff or excessively exposes the back. Tube tops of any type are not allowed. Sleeveless clothing is not allowed unless covered by an article of clothing, such as a sweater, that shall not be removed.
 18. Sweatshirts, sweatpants, wind pants and exercise clothing (allowable for age 8 and younger).
 19. Clothing with zippers that go the full length of the garment with the exception of outerwear. (Allowable for age 8 and younger).
 20. Colored T-shirts are allowed in. T-shirts with offensive logos are not allowed.
 21. Leg warmers.
 22. Hats and head coverings of any type, unless worn for religious or medical reasons; however they must be searched prior to entering the institution.
 23. No electronic communication devices or those capable of storing information are allowed.

Dress Requirements for all Visitors:

1. Undergarments must be worn.
2. Clothing shall not be ripped, torn, have holes or missing buttons.

Exceptions to Dress Code

1. Sweaters may be worn.
2. Hairpieces (i.e., toupees, wigs, extensions, weaves) may be worn but must be searched. It shall be the responsibility of the visitor to inform the officer that they are wearing a hairpiece during the search processing.
3. Garments with elastic waists may be worn.

Allowable items

Infants – Visitors entering with infants will be allowed to enter with the following items:

1. Two (2) clear plastic bottles with either formula, milk, water or juice, one empty sippy cup, two infant diapers and infant wipes in a clear plastic bag, one (1) receiving blanket, (1) pacifier, two (2) plastic sealed jars/pouches of baby food, (1) plastic spoon and one (1) bib.

Medication and or Medical Devices

1. Visitors who maintain life-saving medication or who utilize medical devices to include: nitroglycerine, inhalers, and glucose tablets, automatic implantable cardioverter/defibrillator and/or pacemaker, wheelchairs, prosthetic devices, insulin pumps, casts, braces, medically necessary shoes, canes, walkers, guide dogs etc., or requiring the use of oxygen tanks shall obtain prior approval from the Superintendent to visit with such medication device(s).
 - A. The visitor shall submit written evidence signed by a medical doctor documenting the need for such device(s) to the Superintendent for review.

Written evidence shall include an anticipated end date for the use of all devices that are necessary for a limited time period (e.g. cane, cast) due to temporary medical conditions.

- B. Once substantiated, the Superintendent shall provide written approval to allow the visitor to enter the institution with the device(s); the Superintendent shall authorize an alternate search if deemed appropriate due to the visitor being unable to submit to a metal detection search due to physical limitations or the presence of the device(s).
- C. The visitor shall be required to declare the device(s) and produce the written approval by the Superintendent every time they visit. If an alternative search is approved, the visitor shall be subject to a personal search every time they visit the institution.
- D. If this is a first time visit to a correctional facility by the visitor, the Shift Commander shall be notified for authorization to enter with the necessary device(s) provided the visitor has agreed to a personal search prior to entering. This one time approval shall be documented via an incident report and made available to processing staff. The visitor shall be advised that they must obtain the required approval prior to their next visit.
- E. Visitors who have life-saving medication shall keep it on their person at all times.
- F. The officer shall note all medication or medical device(s) upon entry on the visiting form and verify upon exit of the visiting room.

2. **SPECIAL RULES FOR CHILDREN:**

- A. Children (under 18 years of age) may visit an inmate without prior permission when the child is accompanied by his/her parent or legal guardian. The child's birth certificate and legal documentation must be presented to the Visitor Processing Officer and must confirm the relationship to the parent(s) or legal guardian. The Birth Certificate must be an original with the parent(s) name and proper seal.
- B. To gain permission for a minor child to visit with an adult other than the parent or legal guardian, the parent(s), or legal guardian must request and obtain written permission by submitting a Minor Consent Form to the Superintendent prior to the visit.
 - 1. Once written permission has been received, the parent(s), legal guardian, or authorized adult must bring the approved Visiting Minor Consent form, with the minor child each time the minor child visits.
 - 2. If the parent(s), legal guardian, or authorized adult has received written permission from another Department of Correction Institution/Facility, they

will be allowed one (1) courtesy visit to SHCU, providing they are able to furnish the appropriate approved documentation. The parent(s), or legal guardian must re-apply for and receive written permission from the Superintendent of SHCU, prior to the next visit.

3. ENTRANCE PROCEDURES

- A. A current, valid photographic I.D. card, (i.e.; driver's license, registry issued I.D., Department of Transitional Assistance [Welfare] I.D., passport, military I.D. or alien immigration card) and vehicle registration (if vehicle is parked on property) must be presented. **NOTE:** Failure to produce a valid photo I.D. may result in denial of visit.
- B. All visitors must successfully be subjected to a hand-held scanner or pat search after approval from the Shift Commander. Any further search of a child/minor shall be done only with the approval of the parent/legal guardian and in their presence. Anyone refusing a search will be denied entrance for that day. Strip searches shall only be conducted with the approval of the Superintendent or his/her designee and in compliance with 103 CMR 483, Visiting Procedures. Visitors that have artificial limbs or prosthetic devices shall remove those items for inspection by correctional staff.
- C. Any visitor, who appears, in the opinion of correctional staff, to be under the influence of alcohol or other narcotic/controlled substance, shall be denied entrance into the institution. In addition if staff detects the odor of alcohol the visitor will be denied entrance to the institution.

4. EXCLUSION OF VISITORS

- A. Any visitor, even one who has obtained prior permission to visit, may be denied entrance to the facility or told to terminate a visit and leave the premises. M.G.L. c266, s123, makes it a criminal trespass to refuse to leave the institution after being ordered by an officer to do so.
- B. A visitor who is denied entrance or asked to leave, shall be told the reason for such action, except when it is deemed that to specify the reason might jeopardize security interests, or the safety of any person. Where the problem is something that clearly can be remedied, the visitor may be told that he/she may return to the Institution at some specified time in the near future (such as the next day or the next visiting period) or upon satisfaction of some stated condition, (such as having sufficient identification or being properly dressed.). In cases where this is not appropriate, the visitor shall be told to await notification from the Superintendent before returning to the institution.

VIDEO VISITATION

- A. Inmates will be permitted access to the Securus Technologies Video Visitation and are allowed (1) visit per week. The visiting period will be during the normal visiting hours of

SHCU. Only the pre-approved visitor should be on camera for the video visit. Any other person or people on camera will be considered a violation of the Video Visiting Standard Operating Procedure and grounds for termination of visit and a disciplinary report will be issued.

B. Terms of Agreement

1. Participation in video sessions is a privilege, not a right. All parties are expected to conduct themselves in an appropriate fashion at all times during a video session.
2. SHCU reserves the right to deny, cancel or terminate a video session prior to or during a video session based upon misconduct of either party. SHCU also reserves the right to restrict participants from all future use of the system.
3. All video sessions are recorded and subject to electronic monitoring by SHCU personnel. Your use of this video system constitutes consent to this recording and monitoring.
4. Nudity, sexual conduct, weapons, drugs and tight fitting or provocative clothing is prohibited. Any illegal activity will be reported to local law enforcement.

<p>Chapter 18 VISITING ROOM RULES AND REGULATIONS</p>

- A. All visitors will be escorted to the Day Room / Visiting Room by a Correction Officer who will remain for the duration of the visit.
- B. All inmates entering the Visiting Room shall be pat or strip searched by correctional staff before being allowed to begin their visit. The inmate shall only bring with him those items necessary for the visit (required authorized medical devices, medication etc.). These items shall be presented to the correctional staff assigned to the Visiting Room and returned to the inmate upon his/her departure. No other items will be allowed in the Visiting Room. Inmates that fail to comply with this may be sent back to their room to return the unauthorized items, or may have their visiting privileges denied.
- C. All Visitors and Inmates are expected to abide by Institutional Rules and Regulations and conduct themselves in a manner appropriate to a public place. Visitors and inmates shall not engage in excessive physical contact, (i.e.; petting, fondling, prolonged kissing, etc.). Young children may sit on their parent's/legal guardian's lap. Excessive familiarity, profanity or serious deviations from appropriate standards of behavior may result in administrative action, such as a warning, termination of a visit or loss of visiting privileges.
- D. Smoking will not be allowed in the Visiting Room or on the grounds of LSH at any time.
- E. Visiting parents or legal guardians shall control and be responsible for their children at all times.

- F. No jackets or outerwear will be allowed in the Visiting Room. Secure lockers will be provided to all visitors outside of the unit.

Chapter 19 LIBRARY SERVICES

Books are available in the Multi-Purpose Day Room. Requests for Legal information should be addressed to your parent institution for processing. The phone number for Prisoner's Legal Services (formally MCLS) is 617-482-2773. Mailing address for PLS is 10 Winthrop Square, Boston, MA 02110.

Chapter 20 PAROLE

THE MASSACHUSETTS PAROLE BOARD

The Massachusetts Parole Board is the sole decisional authority in the Commonwealth for the granting and revocation of parole. Parole is a procedure for the release of prisoners prior to the expiration of sentence, permitting them to serve the remainder of their sentence under parole supervision in the community in compliance with special conditions.

PAROLE HEARING

As SHCU is a transit facility intended to meet only the medical needs of inmates, Parole Hearings are rare. Should a Parole Hearing be received while an inpatient at SHCU, the BPRC, I.P.O, will be responsible for scheduling and coordinating the Parole Hearing.

Chapter 21 LIONBRIDGE INTERNATIONAL

This facility has the service to provide over-the-phone interpretation. This service will only be used by use of speaker telephones in the following areas whenever an inmate claims that he/she does not speak and/or understand English: **IPS, Booking and Admissions, and Disciplinary hearings.** Request for this service shall be made through the booking officer to the Shift Commander on duty.

Chapter 22 PRISON RAPE ELIMINATION ACT (PREA) STAFF SEXUAL MISCONDUCT STAFF MISCONDUCT

- A) The Prison Rape Elimination Act otherwise known as PREA is a Federal statute which was passed unanimously by the United States Congress and signed into law in 2003 by President George W. Bush. The Act supports the elimination, reduction, and prevention of sexual assault and rape in correctional systems across the country. This includes federal, state, county facilities

and all other law enforcement detention facilities.

The Massachusetts Department of Correction is committed to enforcement of the PREA law. We have a zero tolerance policy for any incidence of sexually abusive behavior by a staff member, vendor, volunteer or inmate in any facility and we afford a number of internal and external methods for victims and third parties to report abuse or suspicions of abuse. All reports / allegations of sexual abuse or sexual threats are taken seriously and investigated in a thorough and objective manner. The Department will aggressively pursue the discipline and prosecution of any perpetrator of sexual abuse. Victims and reporters of sexual assault will be afforded ongoing medical, mental health, and victim services and will be protected from retaliation.

All new admissions to the Department of Correction will be scheduled for mandatory orientation to review this information and be educated on important issues. Additionally, refresher information shall be made available as will updated information following any intra-system transfer.

- B) The institution PREA coordinator is the Deputy Superintendent.
- C) The Department of Correction and Shattuck Hospital Correctional Unit strive to create and maintain a safe institutional environment for both inmates and staff through the prevention, detection, and appropriate response to Sexually Abusive Behavior. Inmates are forewarned that our workforce is highly integrated in terms of the gender of our staff. As such, staff members of the opposite sex may be present and conducting rounds in housing units at any and all times. An announcement shall be made to signify that an opposite gender staff person is present in your housing unit. These announcements will be made only whenever there is a status change to alert you to.
- D) Inmates are responsible for familiarizing themselves with Department of Correction's orientation material on sexual abuse prevention and intervention and 103DOC519; SEXUALLY ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION POLICY.
- E) The Department has established multiple internal ways for inmates to privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. A Department hotline has been designated within the inmate telephone system. The number is 508-422-3486 and shall allow for universal and unimpeded access by all inmates within the Department and shall be listed in all institutional inmate orientation manuals. It is not recorded and is available to all inmates without using their PIN numbers. Additionally, this facility has a site-specific IPS hotline (617)971-3743, which may be utilized. Other methods to report include the inmate grievance system, staff access periods, the facility PREA manager, and inner perimeter security staff members.

The Boston Area Rape Crisis Center (BARCC) provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This abuse does not need to have occurred during incarceration in order for you to seek support from BARCC. An inmate can contact BARCC either in writing or via use of a dedicated hotline. All calls are free of charge from any inmate telephone. Hours of operation are seven days a week from 9:00 a.m. to

9:00 p.m. These confidential support services can be provided in English and in Spanish.

BARCC PREA HOTLINE

99 Bishop Allen Drive
Cambridge, MA 02139
(844) 774-7732

BARCC is NOT a third party entity to which you should report allegations of abuse. BARCC's purpose is to provide confidential support to victims.

Inmates may also report sexual abuse or harassment to external public or private agencies via correspondence or use of the inmate telephone system. Calls to "privileged" numbers including universally approved legal assistance phone numbers, pre-authorized personal attorney telephone numbers, a foreign national's pre-authorized telephone number to his/her consular officer or diplomat, pre-authorized clergy telephone numbers and pre-authorized licensed psychologist, social worker and/or mental health professional telephone numbers are not subject to telephone monitoring and are not recorded.

The Department also provides a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates can write to the following address:

Massachusetts State Police Division of Investigative Services
470 Worcester Road
Framingham, MA 01702
ATTN: PREA COORDINATOR

The department shall accept and investigate verbal, written and anonymous third party reports of sexual abuse and harassment. Third party entities may report abuse to the Department Duty Station at (508)422-3481 or 508-422-3483. These reports will be immediately forwarded to the proper Superintendent or Division head.

Should you report of an allegation that you were sexually abused while confined at another facility or agency, the superintendent of this facility shall notify the appropriate superintendent or chief administrative officer of the agency where the alleged abuse occurred no later than 72 hours after receiving the allegation. The incident site is responsible for the investigation of that matter.

- F) All acts of Sexually Abusive Behavior between an inmate and a Department employee, contractor, or volunteer or an inmate and an inmate, regardless of consensual status, are prohibited; and the perpetrator shall be subject to administrative, criminal, and/or disciplinary sanctions. The Department of Correction is committed to investigating, disciplining and referring for prosecution, Department employees, contractors, volunteers, and inmates who engage in Sexually Abusive Behavior. The Department is equally committed to providing crisis intervention and ongoing treatment or referrals to the victims of these acts.

- G) If the investigation reveals that an inmate has knowingly made false allegations or made a material statement which he/she, in good faith could not have believed to be true, the Department may take appropriate disciplinary action.
- H) All Department employees, contractors, and volunteers are responsible for contributing to the prevention of Sexually Abusive Behavior perpetrated by staff on inmates or by inmates on inmates as outlined in 103 DOC 519, Sexual Harassment/Abuse Response and Prevention Policy (SHARPP).
- I) All allegations and incidents of inmate-on-inmate or staff-on-inmate Sexually Abusive Behavior shall immediately be reported by Department employees, contractors and volunteers in accordance with 103 DOC 519 Sexually Abusive Behavior Prevention and Intervention. The Shift Commander shall ensure that the Superintendent is immediately notified. Failure of any Department employee, contractor or volunteer to report these allegations may result in disciplinary action, up to and including termination.
- J) Ways to avoid becoming the victim of sexual abuse:
1. Be aware of situations that make you feel uncomfortable. Trust your instincts.
 2. If something feels wrong about the environment or situation you find yourself in, leave the area.
 3. Don't let your manners get in the way of keeping you safe. Don't be afraid to say 'NO', "Stop It Now", or "Get Lost".
 4. Walk and stand with confidence. Many rapists choose victims who look like they won't fight back or are emotionally weak. Keep your head up and don't avoid eye contact.
 5. Avoid talking about sex and casual nudity. These things may be viewed as a come-on or make another inmate believe you have an interest in a sexual relationship.
 6. Do not accept any food, clothing, or other gifts from other inmates. Being in debt to another inmate may lead to the expectation that you will repay the debt with sex.
 7. Avoid secluded areas like closets, storage areas, stairwells, isolated showers or unoccupied bathrooms. Position yourself in plain view of staff members.
 8. If you are being pressured for sex, talk to a staff member immediately.
 9. If you become aware that another inmate is being sexually abused, report it to a staff member. Next time it could be you.
 10. Beware of inmates who offer to protect you. Protection frequently has a cost.
 11. Do not give out information about your family, friends, or financial support.

Do not buy large quantities of canteen items.

<p>Chapter 23 AMERICANS WITH DISABILITIES ACT</p>

In accordance with 103 DOC 408, REASONABLE ACCOMODATIONS FOR INMATES, Shattuck Hospital Correctional Unit shall reasonably accommodate inmate disabilities. As a transient medical unit, most inmate needs are presented by medical staff and addressed upon admission.

A. If you have a disability (as defined below), you have the right to request reasonable

accommodations per DOC policy 103 DOC 408, Reasonable Accommodations for Inmates, in order to make programs and services you are receiving, or will receive, more accessible and usable to you. Under the Americans with Disabilities Act (ADA), an individual with a disability is a person who has: i. A physical or mental impairment that substantially limits one or more major life activities, such as: walking, talking, hearing, seeing, caring for oneself, or working; ii. a record of such impairment; or iii. is regarded as having such an impairment.

B. A reasonable accommodation is any change in the environment or the way in which tasks are completed that allows you to participate in the program or service. Accommodating a disability is always evaluated in the context of it not being an undue burden on the Massachusetts Department of Correction (DOC), not jeopardizing safety or security, or not resulting in a fundamental alteration in the nature of a program or activity. The DOC will attempt, upon request, to provide appropriate auxiliary aids and services to enhance communication for qualified inmates with disabilities so that they may participate fully in programs and services. The DOC will also provide other means of making information and communications accessible to inmates who have speech, hearing, or vision impairments.

C. If you need a reasonable accommodation at any point while in the custody of the DOC, ask any staff for a 103 DOC 408, Reasonable Accommodations for Inmates, Attachment A, Request for Reasonable Accommodation form to fill out. Request forms can also be found in the 8 North Day Room. Fill out the Request Section of the form, sign, and date it. If you need help filling out the request, ask a staff person. Your request will be reviewed and responded to within twenty (20) business days after the staff member receives your request. You will receive the decision regarding your request in writing. You may also request a reasonable accommodation by making a verbal or written request to any Department staff member, including the institution ADA Coordinator or by making a verbal or written request to or from medical / mental health staff for a medically prescribed accommodation.

D. If your request for accommodation is denied or modified by the Institution ADA Coordinator, or if you disagree with the decision, you have the right to file an appeal to the Department's ADA Coordinator for Inmates by completing the 103 DOC 408, Reasonable Accommodations for Inmates, Attachment B, Appeal from Denial of Request for Reasonable Accommodation, which can be obtained from any staff member or which you can obtain from the 8 North Day Room.

E. Inmates shall not be subjected to discrimination or mistreatment on the basis of actual or perceived sex, age, race, religion, national origin, religious views, disability, sexual orientation, gender identity and gender expression. In addition, it is prohibited for staff and other inmates to harass and abuse inmates based on gender identity, transgender status or sexual orientation.

**MASSACHUSETTS DEPARTMENT OF CORRECTION
SHATTUCK HOSPITAL CORRECTIONAL UNIT**

INMATE ORIENTATION

I _____

Print Full Name

_____ Institution & Commitment #

have received and understand the Orientation Booklet provided by the Shattuck Hospital Correction Unit and do agree to abide by the rules and regulations set forth in the booklet for the duration and/or care of my medical treatment at the Shattuck Hospital Correction Unit.

_____ Inmate Signature

_____ Date

_____ Orientation Officer Name

_____ Date

Orientation Officer Signature

Inmate _____ has refused to accept and sign for the Shattuck Hospital Correction **ORIENTATION BOOKLET** presented to the inmate on: _____

Date

_____ Orientation Officer Signature

_____ Date

_____ Shift Commander Signature

_____ Date

_____ Administrative Captain Signature

_____ Date

**MASSACHUSETTS DEPARTMENT OF CORRECTION
SHATTUCK HOSPITAL CORRECTIONAL UNIT**

RELEASE OF PATIENT INFORMATION STATUS

I, _____, authorize the Department of Correction to notify to the following Health Care Proxy/person of my admission as a patient if they should inquire:

_____	_____	_____
Name	Relationship	Phone Number

I also authorize the Department of Correction to acknowledge my admission to the person(s) listed below, if they inquire:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEXT OF KIN:

_____	_____	_____
Name	Relationship	Phone Number

Authorization for release of this information is given in M.G.L., Chap 6, Sec 168, and 171, Regulations 2.25 and 2.36

Patient Signature _____

Date: _____

Witness Name _____

Date: _____

Witness Signature _____

**Massachusetts Department of Correction
Inmate Telephone System Number Request Form**

INMATE NAME: _____ **INMATE PIN #:** _____

COMMITMENT #: _____ **UNIT:** _____

LANGUAGE PREFERENCE: **ENGLISH** **SPANISH**

Inmate Signature: _____ **Date:** _____

Add (A) / Delete (D)	Name of Called Party	Relationship	Area Code	Telephone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

***THE FOLLOWING (APPROVED) ATTORNEYS AND PRIVILEGED NUMBERS WILL NOT
BE RECORDED***

	Name	Area Code	Telephone Number

Your acceptance of a PIN and use of inmate telephones shall be deemed as consent to the conditions and restrictions of placed upon inmate telephone calls, including call monitoring, recording, and call detail.

Reviewed by Unit Staff Member (name and signature)	Date
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Massachusetts Department of Correction

Offender/Inmate Orientation to ADA

If you have a disability (defined below), you have the right to request reasonable accommodations per DOC policy **103 DOC 408, Reasonable Accommodations for Inmates**, in order to make programs and services you are receiving, or will receive, more accessible and usable to you. Under the Americans with Disabilities Act (ADA), an individual with a disability is a person who has:

- A physical or mental impairment that substantially limits one or more major life activities, such as: walking, talking, hearing, seeing, caring for oneself, or working;
- A record of such impairment; or
- Is regarded as having such an impairment.

A reasonable accommodation is any change in the environment or the way in which tasks are completed that allows you to participate in the program or service. Accommodating a disability is always evaluated in the context of it not being an undue burden on the Department, not jeopardizing safety or security, or not resulting in a fundamental alteration in the nature of a program or activity. The Department will attempt, upon request, to provide appropriate auxiliary aids and services to enhance communication for qualified inmates with disabilities so that they may participate fully in Department programs and services. The Department will also provide other means of making information and communications accessible to inmates who have speech, hearing, or vision impairments.

How to Ask for a Reasonable Accommodation

If you need a reasonable accommodation at any point while in the custody of the Massachusetts Department of Correction, ask any staff for a Request for Reasonable Accommodation form to fill out. Request forms can also be found in housing units and the facility library. Fill out the Request Section of the form, sign, and date it. If you need help filling out the request, ask a staff person. Your request will be reviewed and responded to within twenty (20) business days after the staff member receives your request. You will receive the decision regarding your request in writing.

How to Make a Complaint/Seek Review

If your request for accommodation is denied or modified by the Institution ADA Coordinator, or if you disagree with the decision, you have the right to file an appeal to the Department ADA Coordinator for Inmates by completing the Appeal from Denial of Request for Reasonable Accommodation which any staff can give you or which you can obtain in the library.

By signing below, you are stating that you have been oriented and understand your rights under the ADA while in the custody and/ or supervision of the Massachusetts Department of Correction.

NO, I am not requesting an accommodation at this time. I have been provided the Telecommunication Aids and Services for Effective Communication form.

Inmate Printed Name: _____
Inmate Signature: _____ Inmate ID #: _____
Facility: _____ Date: _____
Staff Printed Name: _____ Staff Signature: _____

YES, I am requesting a reasonable accommodation at this time.

I have been given a Request for Reasonable Accommodation form to complete. I have been provided the Inmates with Disabilities Notice of Rights under the Americans with Disabilities Act, copy of policy 103 DOC 408, Reasonable Accommodations for Inmates, and the Telecommunication Aids and Services for Effective Communication form.

Inmate Printed Name: _____
Inmate Signature: _____ Inmate ID #: _____
Facility: _____ Date: _____
Staff Printed Name: _____ Staff Signature: _____

cc: Institution ADA Coordinator, Offender/Inmate ADA Record