OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued December 19, 2025

Massachusetts Department of Correction

For the period July 1, 2022 through June 30, 2024

State House Room 230 ■ Boston, MA 02133 ■ auditor@massauditor.gov ■ www.mass.gov/auditor

OFFICE OF THE STATE AUDITOR
DIANA DIZOGLIO

December 19, 2025

Shawn Jenkins, Commissioner
Massachusetts Department of Correction
50 Maple Street
Milford, MA 01757

Dear Commissioner Jenkins:

I am pleased to provide to you the results of the enclosed performance audit of the Massachusetts Department of Correction. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2022 through June 30, 2024. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Department of Correction. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team has any questions.

Best regards,

Diana DiZoglio
Auditor of the Commonwealth

TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

OVERVIEW OF AUDITED ENTITY 4

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY 9

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE 14

1. **The Massachusetts Department of Correction did not always retain evidence of completed orientation forms and informed consent for healthcare services during admission, as required by its incarcerated individual admission policies.** 14
2. **The Massachusetts Department of Correction did not always retain evidence of interpreter services being used during initial healthcare orientations and informed consent meetings, potentially affecting the ability of incarcerated individuals to make informed healthcare decisions.** 16
3. **The Massachusetts Department of Correction did not always retain evidence of annual hardcopy personalized program plans in incarcerated individuals' six-part folders, as required by Section 155.00 of Title 103 of the Code of Massachusetts Regulations.** 18
4. **The Massachusetts Department of Correction did not always retain evidence of interpreter services being used during program review meetings, potentially affecting the ability of incarcerated individuals to understand available educational opportunities.** 20

OTHER MATTERS 24

APPENDIX 26

LIST OF ABBREVIATIONS

ADA	Americans with Disabilities Act
CMR	Code of Massachusetts Regulations
CPO	correctional program officer
DESE	Department of Elementary and Secondary Education
DOC	Massachusetts Department of Correction
HSD	high school diploma
HSE	high school equivalency
I/I	incarcerated individual
IEP	individualized education program
LEA	local education agency
LEP	limited English proficiency
MCI	Massachusetts Correctional Institution
MOU	memorandum of understanding
PPD	prison population database
PPP	personalized program plan
PREA	Prison Rape Elimination Act
TABE	Test for Adult Basic Education

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Massachusetts Department of Correction (DOC) for the period July 1, 2022 through June 30, 2024.

The purpose of our audit was to determine the following:

- whether DOC provided verbal and written instructions to incarcerated individuals (I/I), upon admission, that explain the procedures for gaining access to healthcare services within a timely manner, including to I/Is with learning barriers[1] and/or limited English proficiency (LEP), to ensure that they understood their rights before the initiation of any healthcare services in accordance with Sections 630.02(3), 630.08, and 630.09(1) and (2) of DOC's Medical Services Policy and Section 650.03 of DOC's Mental Health Services Policy regarding informed consent and
- whether DOC provided educational counseling and placement for criminally sentenced I/Is with Americans with Disabilities Act (ADA) accommodations and/or LEP, as required by Section 48 of Chapter 127 of the General Laws and Sections 441.04, 441.05, and 441.10 of DOC's Inmate Training and Education Policy.

Below is a summary of our findings, the effects of those findings, and our recommendations, with hyperlinks to each page listed.

Finding 1 **Page 14**	DOC did not always retain evidence of completed orientation forms and informed consent for healthcare services during admission, as required by its I/I admission policies.
Effect	If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all healthcare forms and records, DOC cannot ensure that its I/Is received proper healthcare.
Recommendations **Page 15**	1. DOC management should establish record retention requirements by developing and documenting internal procedures, or modifying existing policies, regarding the processing and retention of informed consent and orientation forms (for general orientation and mental health orientation). For example, DOC could modify its health orientation policy to require that DOC collect signed acknowledgement forms from I/Is and maintain these records as evidence that I/Is understood the admission policies. 2. DOC management should monitor the record retention process it establishes by periodically reviewing healthcare records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary. 3. DOC management should provide training for its staff members and vendor employees on newly created record retention requirements to ensure that all employees adhere to these requirements.

1. For our audit purposes, learning barriers included the following Americans with Disabilities Act accommodation, selected from DOC's I/I accommodation list: auditory, visual, cognitive, psychological, and/or neurological impairments.

Finding 2 **Page 16**	DOC did not always retain evidence of interpreter services being used during initial healthcare orientations and informed consent meetings, potentially affecting the ability of I/Is to make informed healthcare decisions.
Effect	If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all evidence that interpreter services were performed, DOC cannot ensure that its I/Is understand the healthcare information presented to them so that they can make informed healthcare decisions.
Recommendations **Page 18**	1. DOC management should establish record retention requirements by developing and documenting internal procedures regarding the use of qualified bilingual staff members, including employees, contractors, and vendor employees, to ensure that records are retained for the use of staff interpreter services when working with non-English-speaking I/Is. 2. DOC management should monitor the record retention process it establishes by periodically reviewing all interpreter service records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary. 3. DOC management should ensure that all employees, contractors, and vendor employees are trained in the policies and procedures for all types of interpreter services used by DOC and that they are trained in how to properly document and retain the use of these services in PPD and in I/Is' electronic medical records.
Finding 3 **Page 18**	DOC did not always retain evidence of annual hardcopy personalized program plans in I/Is' six-part folders, as required by 103 CMR 155.00.
Effect	If DOC management does not ensure that existing record retention policies are being adhered to or does not establish new policies or procedures regarding the proper filing of records in a timely manner to ensure compliance with record retention policies, DOC cannot ensure that its I/Is are receiving proper educational, vocational, or behavioral program recommendations.
Recommendations **Page 19**	1. DOC management should establish record retention requirements by developing and documenting internal procedures, or modifying existing policies, regarding the processing and retention of PPPs in I/Is' six-part folders. Furthermore, DOC should consider implementing the review, signing, and filing of PPPs electronically rather than as hardcopy files in I/Is' six-part folders and should consider updating 103 CMR 155.00 accordingly. 2. DOC management should monitor the record retention process it establishes by periodically reviewing I/Is' six-part folders to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary. 3. DOC should provide training for its staff members on the newly created record retention requirements to ensure that all employees adhere to these requirements.
Finding 4 **Page 20**	DOC did not always retain evidence of interpreter services being used during program review meetings, potentially affecting the ability of I/Is to understand available educational opportunities.
Effect	If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all evidence that interpreter services were performed, DOC cannot ensure that its I/Is understood the information presented to them during the program review meetings so that they could understand the available educational opportunities.

Recommendations Page 22	1. DOC management should establish record retention requirements by developing and documenting internal procedures regarding the use of interpreter services to ensure that records are retained for the use of all interpreter services when working with non-English-speaking I/Is. 2. DOC management should monitor the record retention process it establishes by periodically reviewing all interpreter service records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary. 3. DOC management should ensure that all employees are trained in the policies and procedures for all types of interpreter services used by DOC and that they are trained in how to properly document and retain documentation about the use of these services in PPD.

In addition to the conclusions we reached regarding our audit objectives, we also identified issues not specifically addressed by our objectives. For more information, see Other Matters.

OVERVIEW OF AUDITED ENTITY

The Massachusetts Department of Correction (DOC) was established under Section 1 of Chapter 350 of the Acts of 1919 and Section 1 of Chapter 27 of the Massachusetts General Laws. DOC is responsible for operating the Commonwealth's prison system and is overseen by the Executive Office of Public Safety and Security. According to DOC's *Program Description Booklet*, published April 2024, DOC's mission is "to promote public safety by managing offenders while providing care and appropriate Programs in preparation for successful reentry into the community," and its vision statement is "to effect positive behavioral change in order to eliminate violence, victimization and recidivism."

DOC operated 15 correctional facilities across the Commonwealth (see Appendix) during the audit period. According to DOC press releases dated June 2023 and July 2024, 2 of these 15 correctional facilities were permanently closed because the aging facilities became too costly to maintain. Massachusetts Correctional Institution (MCI)—Cedar Junction in South Walpole closed on June 16, 2023, and MCI—Concord closed on June 28, 2024. As of January 1, 2024, DOC was responsible for a total of 6,148 incarcerated individuals (I/I), including civilly committed, pre-trial, and criminally sentenced individuals, and DOC had approximately 4,382 employees. DOC's correctional facilities consist of four levels of security: maximum, medium, minimum, and pre-release. DOC maintains accreditation through the American Correctional Association every three years and provides all treatment to I/Is through contractual healthcare personnel. Healthcare services are performed in accordance with the General Laws, the standards of the National Commission on Correctional Health Care, and the regulations of applicable state organizations/agencies, including but not limited to, the Department of Public Health and the Department of Mental Health.

During the audit period, all medical, dental, and mental health services at DOC facilities were provided by a third-party vendor (Wellpath, LLC) through a Commonwealth Standard Contract, beginning July 1, 2018. The contractor[2] was selected through a competitive bid process using the state's online procurement management system. The contract term was for five years (July 1, 2018 through June 30, 2023). The contract was amended for one option to renew for one year—through June 30, 2024, the last day of the audit period. On July 1, 2024, DOC began a new five-year contract with VitalCore Strategies, LLC.

2. The contractor hires its own healthcare providers and staff members to provide all medical, dental, and mental health services to I/Is at DOC facilities. For our audit purposes, we refer to these healthcare providers and staff members as vendor employees.

DOC Appropriations

DOC's budget appropriations for the audit period were as shown in the table below.

Fiscal Year	Appropriation
2024	$809,510,687
2023	$775,564,113

Initial Healthcare Screenings and Informed Consent

All I/Is in DOC's custody go through an initial intake process delivered by DOC staff members and healthcare vendor employees. All pre-trial and criminally sentenced individuals go through the initial intake process at one of two correctional facilities, MCI—Framingham (for women) and Souza-Baranowski Correctional Center in Shirley (for men), as directed by the court. Civilly committed individuals go through an initial healthcare intake process at Bridgewater State Hospital, the Massachusetts Treatment Center in Bridgewater, or the Massachusetts Alcohol and Substance Abuse Center at Plymouth, depending on their specific needs. The initial intake process includes booking, orientation, informed consent, initial healthcare assessments, and initial educational assessments. DOC communicates and explains the procedures to each I/I on how to access healthcare services that all I/Is have the right to use. During intake, I/Is' primary language and any Americans with Disabilities Act (ADA) accommodation requests are noted by DOC staff members in DOC's I/I database and hardcopy files. When an I/I is transferred to another correctional facility, they undergo an additional intake and orientation that is specific to the new facility. Our audit testing focused only on the initial healthcare intake process at MCI—Framingham, Souza-Baranowski Correctional Center, Bridgewater State Hospital, the Massachusetts Treatment Center, and the Massachusetts Alcohol and Substance Abuse Center at Plymouth.

Healthcare vendor employees explain the written information contained in the general healthcare informed consent form to each I/I upon admission. Additionally, healthcare vendor employees also provide ADA accommodations, such as a consent form in large print for I/Is with visual impairments, at this time to I/Is who require these services. The informed consent and acknowledgment of receipt are provided in both English and Spanish; however, language interpretation is available as well (in Portuguese, French, American Sign Language, etc.) through video remote interpreting. Institution staff members use, as appropriate, auxiliary aids and translation services to ensure that I/Is understand the procedures for gaining access to healthcare. For I/Is with visual impairments, the forms are read to them and/or the text is enlarged,

depending on their needs and abilities. DOC staff members note in an I/I's medical record if interpreter services were used during the initial healthcare screening. Any I/Is who refuse to go through orientation, informed consent, and/or initial healthcare assessments or examinations sign a refusal form. If these individuals also decline to sign the refusal form, a clinical staff member and an additional staff member have to witness the refusal and note that the I/I declined to sign the refusal form. Medical and mental health staff members reapproach I/Is who initially refuse to sign to get their signature at a later date.

Educational Counseling and Placement

According to DOC management, DOC emphasizes the positive impact that educational and vocational programming has on lowering the risk of recidivism. I/Is who participate in DOC's educational and/or vocational programs while in custody have opportunities to gain educational credit such as certificates, high school equivalency diplomas, and post-secondary degrees, as well as enhance their vocation skills and work experience. I/Is who participate in these programs typically have better chances of securing employment before or shortly after their reentry.

During entry to DOC and after the initial healthcare screening, an I/I goes through a series of educational assessments to gain a baseline understanding of their experience and needs. This begins with DOC education staff members asking an I/I if they have a high school diploma (HSD), high school equivalency (HSE), vocational licensure, certificates, and/or post-secondary degree. DOC then determines whether DOC education staff members need to obtain official high school transcripts. DOC administers the Test of Adult Basic Education (TABE) to measure an I/I's education function level to get a better understanding of their reading, writing, math, and English language proficiency. This test occurs upon a criminally sentenced individual's initial entry to either MCI—Framingham or the Souza-Baranowski Correctional Center and gives DOC education staff members a baseline against which to measure an I/I's continued growth while in custody.

At reception/intake, the initial recommendation for program services is automatically generated in DOC's prison population database (PPD) based on whether an I/I has already received their HSD or HSE. On an I/I's PPD record is a system-generated need area, which is either "academic education" or "post-secondary/vocational services." I/Is who have a verified HSE or HSD, but who have a vocational need, will have an automatic "post-secondary/vocational services" recommendation, and I/Is who do not have an HSE or HSD will have an "academic education" recommendation automatically generated in the system. If DOC later finds out that an I/I has an HSD or HSE, this initial recommendation of "academic education" would be changed to "post-secondary/vocational services."

Once DOC has the results of a TABE, it can begin to place an I/I into a particular individualized plan and/or waitlist. I/Is who do not have an HSD or HSE are placed in the appropriate classes based on their TABE results to work toward an HSE. Once an I/I passes the High School Equivalency Test, they have completed the program.

An I/I's transfer to another facility depends on educational, vocational, and behavioral programming availability, as well as their specific security classification (maximum, medium, minimum, or pre-release). Each facility's head teacher regularly monitors educational and vocational waitlists. DOC staff members move an I/I into a program when a spot becomes available and based on priority date, because of limited class sizes. DOC measures priority based on I/Is who are going to be released from incarceration sooner—I/Is who are toward the end of their sentence are generally more likely to be enrolled in the programs before I/Is who are just beginning their sentence. However, DOC does still offer I/Is with life sentences opportunities for educational or vocational programming because these programs provide them with stability and positively impact their well-being and adjustment to life in prison.

DOC provides ongoing counseling and placement for educational and vocational programming. Teachers, head teachers, college and career coordinators, and correctional program officers (CPOs) all provide guidance and career counseling, which occurs on an annual basis. Before each classification hearing[3] for each I/I, the I/I meets with a CPO to go over their recommended plan, and if they agree, they sign and date the personalized program plan. An I/I can refuse to participate in educational and vocational programming, but DOC staff members reapproach I/Is who refuse to participate to discuss the importance of programming opportunities. Before beginning an academic or vocational program, an I/I must agree to the enrollment, attendance, and performance expectations of the academic or vocational program they wish to begin. They do this by signing an Academic/Vocational Expectation form before the start of the program or academic semester.

Every I/I is provided with their own DOC-issued tablet at all DOC facilities, even if they are not enrolled in an educational or vocational program. According to DOC management, these tablets allow flexibility and additional opportunities and resources for I/Is to succeed in their programs. They also allow teachers to provide personalized help, assessments, and feedback virtually. I/Is have their own usernames and

3. A classification hearing occurs when the classification board, which is made up of three DOC employees, makes recommendations concerning an I/I's custody level and program participation, which occurs at least annually. A CPO reviews an I/I's participation and compliance with program recommendations on a personalized program plan, which typically occurs right before the classification hearing.

passwords to log in to their tablets, and they have 24/7 access to them. The tablets do not have access to the internet, but I/Is can communicate with staff members and the central office and are able to access a variety of academic content, reentry information, library resources, veteran benefit information, and assistive technology information.

An I/I with ADA accommodation(s) or limited English proficiency can also use auxiliary aids and translation services throughout their incarceration, not just when receiving healthcare services. American Sign Language translators, large print forms, braille forms, and other accommodations are also available for I/Is with hearing and/or visual impairments. Special education accommodations are available for the High School Equivalency Test, and DOC's first special educator was hired during the audit period (in August 2023). DOC offers classes for I/Is who speak English as a second language, which are divided into three levels: basic, intermediate, and advanced.

For I/Is who state that they have or had an individualized education program (IEP) before their incarceration, the special education team confirms the I/I's IEP with outside local education agencies (LEAs) so that they can incorporate those recommendations and accommodations into their work with the incarcerated student. DOC also partners with the Department of Elementary and Secondary Education (DESE) to help track down I/Is' IEPs. For I/Is who are under the age of 22 and have active IEPs, DOC notifies DESE that these individuals are in their custody, and, if the incarcerated student does not already have their HSD or HSE, DESE has to provide their education by having a staff member from an outside LEA work with the student at a DOC facility or virtually through their tablet for special education services. For I/Is over 22 years of age who historically received special education services, DOC still tries to obtain their IEPs and provides reasonable accommodations to ensure that they can succeed in their educational programming while in DOC's custody.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Massachusetts Department of Correction (DOC) for the period July 1, 2022 through June 30, 2024.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Does DOC provide verbal and written instructions to incarcerated individuals (I/Is), upon admission, that explain the procedures for gaining access to healthcare services within a timely manner, including I/Is with learning barriers and/or limited English proficiency (LEP), to ensure that they understand their rights before the initiation of any healthcare services in accordance with Sections 630.02(3), 630.08, and 630.09(1) and (2) of DOC's Medical Services Policy and Section 650.03 of DOC's Mental Health Services Policy regarding informed consent?	**Not always; see Findings 1 and 2**
2. Does DOC provide educational counseling and placement for criminally sentenced I/Is with Americans with Disabilities Act (ADA) accommodations and/or LEP, as required by Section 48 of Chapter 127 of the General Laws and Sections 441.04, 441.05, and 441.10 of DOC's Inmate Training and Education Policy?	**Not always; see Findings 3 and 4**

To accomplish our audit objectives, we gained an understanding of the DOC internal control environment relevant to our objectives by reviewing applicable policies and procedures and DOC's internal control plan and by conducting interviews and observations of the intake healthcare and educational counseling and placement procedures. In addition, to obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

Healthcare Orientation and Informed Consent

To determine whether DOC provided verbal and written instructions upon admission that explain the procedures for gaining access to healthcare services within a timely manner to I/Is, including those with

learning barriers and/or LEP, and to ensure that they understand their rights before the initiation of any healthcare services in accordance with Sections 630.02(3), 630.08, and 630.09(1) and (2) of DOC's Medical Services Policy and Section 650.03 of DOC's Mental Health Services Policy regarding informed consent, we took the actions described below.

From a total population of 4,740 commitment identification numbers for pre-trial, civilly committed, and criminally sentenced I/Is who were admitted to DOC during the audit period, we divided the population into two categories. For the first category, we identified a total of 695 commitment identification numbers for I/Is who had a learning barrier and/or LEP. We selected a nonstatistical,[4] judgmental[5] sample of 60 out of these 695 commitment identification numbers. For the second category, we identified a total of 4,045 commitment identification numbers for I/Is who did not have a learning barrier and/or LEP. We selected a statistical[6] sample of 60 commitment identification numbers, using a 95% confidence level,[7] a 0% expected error rate,[8] and a 5% tolerable rate.[9]

For each of the 120 commitment identification numbers in our samples, we inspected the I/I's Offender Face Sheet[10] to identify their primary and secondary languages and to determine whether they could comprehend English. We inspected the general and mental health orientation forms that were signed and dated by the I/I and/or a DOC staff witness. We also inspected the signed and dated general health consent forms and any additional consent forms related to psychotropic medications, if applicable, to determine whether the I/I understood the risks and benefits of treatments offered to them before the

4. Auditors use nonstatistical sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors believe they need to review.
5. Auditors use judgmental sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors believe they need to review. Auditors use their knowledge and judgment to select the most appropriate sample. For example, an auditor might select items from areas of high risk. The results of testing using judgmental sampling cannot be used to make conclusions or projections about entire populations; however, they can be used to identify specific issues, risks, or weaknesses.
6. Auditors use statistical sampling to select items for audit testing when a population is large (usually over 1,000) and contains similar items. Auditors generally use a statistical software program to choose a random sample when sampling is used. The results of testing using statistical sampling, unlike those from judgmental sampling, can usually be used to make conclusions or projections about entire populations.
7. Confidence level is a mathematically based measure of the auditor's assurance that the sample results (statistic) are representative of the population (parameter), expressed as a percentage.
8. Expected error rate is the number of errors that are expected in the population, expressed as a percentage. It is based on the auditor's knowledge of factors such as prior year results, the understanding of controls gained in planning, or a probe sample.
9. The tolerable error rate (which is expressed as a percentage) is the maximum error in the population that is acceptable while still using the sample to conclude that the results from the sample have achieved the objective.
10. An Offender Face Sheet is a hardcopy document used for DOC's administrative purposes and includes, but is not limited to, an I/I's personally identifiable information such as name, commitment number, commitment date, last known address, date of birth, and a picture of the I/I.

initiation of any healthcare services. For any I/I who refused to sign any orientation or consent forms, we inspected these forms for a signature and date from a DOC staff witness.

For the 60 commitment identification numbers of I/Is who had a learning barrier and/or LEP, we reviewed notes in the healthcare electronic files, ADA hardcopy files, and the I/I's electronic records to determine whether the I/I was provided with any auxiliary aids, translation services, and/or alternative forms in their preferred language to understand how they could gain access to healthcare services and/or give their informed consent before the initiation of any healthcare services.

For this aspect of our objective, we found certain issues during our testing. See Findings 1 and 2 for more information.

Educational Counseling and Placement

To determine whether DOC provides educational counseling and placement for criminally sentenced I/Is with ADA accommodations and/or LEP, as required by Section 48 of Chapter 127 of the General Laws and Sections 441.04, 441.05, and 441.10 of DOC's Inmate Training and Education Policy, we took the actions described below.

From a total population of 2,445 commitment identification numbers of criminally sentenced individuals with ADA accommodations and/or LEP who were in DOC's custody during the audit period, we sampled a total of 104 commitment identification numbers by breaking down the population into two categories:

- For the first category, from a total population of 2,172 commitment identification numbers for I/Is with an auditory impairment and I/Is who had no ADA accommodations, but had LEP, we targeted the 4 numbers associated with the only I/Is who had an active individualized education program (IEP) and who were under 22 years of age during the audit period. Further, we selected a statistical sample of 60 commitment identification numbers, using a 95% confidence level, a 0% expected error rate, and a 5% tolerable rate.
- For the second category, we selected a nonstatistical, judgmental sample of 40 out of 273 commitment identification numbers for the remaining ADA accommodation population types.

For each of the 104 commitment identification numbers in our samples, we inspected the I/I's Offender Face Sheet to identify the I/I's primary and secondary languages and to determine whether they could comprehend English. We also inspected the I/I's and correctional program officer's (CPO's) signatures and

dates on the I/I's annual personalized program plans (PPP), which were filed in the I/I's six-part folder.[11] For any I/I who refused to sign a PPP, we inspected the PPP for a witness signature and date from the CPO. For I/Is with an ADA accommodation and/or LEP, we reviewed notes in the I/Is' healthcare records, ADA hardcopy files, and I/Is' electronic records in DOC's prison population database (PPD) to determine whether the I/Is were provided with any auxiliary aids, translation services, and/or alternative forms in their preferred language to understand their opportunities during the educational counseling and placement meetings.

For the 4 commitment identification numbers for I/Is with active IEPs who were under 22 years old during the audit period, we reviewed the Consent Form for Adult Inmates that notified them of their eligibility for special education services and recorded their consent.

For this aspect of our objective, we found certain issues during our testing. See Findings 3 and 4 for more information. During our testing, we also noted that special education services and evaluations are not being provided by local education agencies for I/Is who are potentially eligible for special education services. See Other Matters.

We used a combination of statistical and nonstatistical sampling methods for testing and did not project the results of our testing to any population.

Data Reliability Assessment

PPD I/I List

We obtained from DOC's director of data analytics a list, from DOC's PPD, of all I/Is (pre-trial, civilly committed, and criminally sentenced) who were in DOC's custody at any point during the audit period. We also interviewed DOC officials who were knowledgeable about the data and tested certain information system general controls, including security management, access controls, configuration management, segregation of duties, and contingency planning. We reviewed the structured query language that was generated by DOC's director of data analytics to verify that the information that the query returned was from the audit period and that the correct fields were included. We tested the data to ensure that it did not contain any spreadsheet issues (e.g., hidden rows, columns, or workbooks; duplicate records; and data corresponding to dates outside the audit period). We selected a random sample of 20 out of 4,740

11. According to Section 155.05 of Title 103 of the Code of Massachusetts Regulations, a six-part folder is defined as "an inmate record divided into six categories and the computerized inmate record used by the Department of Correction for the recording and/or filing of documents."

commitment identification numbers of I/Is (pre-trial, civilly committed, and criminally sentenced) who were admitted to DOC's custody during the audit period. Additionally, we selected a random sample of 20 out of 8,279 commitment identification numbers of criminally sentenced I/Is who were in DOC's custody during the audit period. For both samples, we traced the I/Is' information (e.g., commitment identification numbers; commitment dates; names; dates of birth; active statuses; release dates, if applicable; primary languages; ADA fields; and intake high school diploma/equivalency) to their hardcopy six-part folders maintained at each DOC facility in which the I/Is in our samples were housed.

PPD User List and DOC Employee List

As part of our review of information system general controls, we obtained, from the Executive Office of Public Safety and Security's director of application development and support, a PPD user list from the audit period, which included vendor employees. We also obtained a list of DOC employees from DOC's Human Resources Department. We tested the data in these lists to ensure that they did not contain any spreadsheet issues (e.g., hidden rows, columns, or workbooks; duplicate records; and data corresponding to dates outside the audit period).

We selected a random sample of 20 out of 4,668 employees from a list of DOC employees from the Commonwealth's official payroll system and an additional random sample of 20 out of 618 terminated employees from the list of employees that DOC provided to us and verified their employment status with DOC by tracing employee information (i.e., employee identification number, name, employee status, job title, hire date, and termination date, if applicable) to employee information in the hardcopy personnel files maintained by DOC's Human Resources Department.

We selected a random sample of 20 out of 6,723 PPD users from the PPD user list and traced user information (i.e., username, name, and job title) to the vendor and employee look-up on DOC's intranet to determine whether they were DOC employees or vendor employees. We also compared the employee list to the PPD user list to determine when user access to PPD was granted to and terminated for employees, when applicable, and to ensure that user access was granted after employees' official hire dates.

Based on the data reliability assessment procedures described above, we determined that the data we obtained was sufficiently reliable for the purposes of our audit.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Massachusetts Department of Correction did not always retain evidence of completed orientation forms and informed consent for healthcare services during admission, as required by its incarcerated individual admission policies.

The Massachusetts Department of Correction (DOC) did not always retain evidence of orientation forms (for general orientation and mental health orientation) and informed consent for healthcare services. Incarcerated individuals (I/Is) would receive and sign these forms during the admission process to a DOC intake facility. From the total population of 4,740 commitment identification numbers, we sampled 120 commitment identification numbers and noted the following issues:

- DOC was unable to provide 5 (4%) of the 120 signed general orientation forms in our sample acknowledging that I/Is received and understood the verbal and written information provided to them during orientation.
- DOC was unable to provide 8 (7%) of the 120 signed mental health orientation forms in our sample acknowledging that I/Is received and understood the verbal and written information provided during mental health orientation.
- DOC was unable to provide 2 (2%) of the 120 signed informed consent forms in our sample acknowledging that I/Is received and understood the verbal and written information provided before the initiation of any healthcare service.
- Additionally, there were the following two instances of incomplete forms:
  - There was one instance of an I/I's refusal to sign a mental health orientation form that did not have a DOC staff witness's signature.
  - There was one instance of a general orientation form signed by an I/I that was not dated.

If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all healthcare forms and records, DOC cannot ensure that its I/Is received proper healthcare.

Authoritative Guidance

According to DOC's Medical Services Policy

> *630.02 General Policy . . .*
>
> *3. The Department, through the contractual medical provider, shall ensure that the delivery of all health care is to be preceded by an explanation of the nature of such treatment.*

> *The Department and the contractual medical provider shall comply with all applicable statutes relating to informed consent procedures. The contractual medical provider shall have written guidelines for informed consent procedures. . . .*

630.08 Inmate Health Orientation

> *Upon the arrival of an inmate at an institution, following commitment, return, or transfer, the institution shall provide the inmate with both verbal and written instructions that explain the procedures for gaining access to health care when needed.*

According to Section 650.03(a) of DOC's Mental Health Services Policy,

> *In non-emergency situations, inmates shall be provided information necessary to give informed consent prior to the initiation of mental health treatment services, including treatment with psychotropic medication.*

According to Section 607.02 of DOC's Inmate Medical Records Policy,

> *The medical record shall be maintained from the time of commitment to release or discharge of the inmate from the custody of the DOC. Following the release or discharge of the inmate, the DOC shall retain inmate medical records for a period of thirty years. . . .*
>
> *5. The content of the medical portion of the inmate medical record shall include, but not be limited to the following identifying information . . . consent to treat forms.*

Reasons for Issue

DOC did not have documented internal procedures in place for processing and retaining orientation forms (for general orientation and mental health orientation) and informed consent for healthcare services signed by I/Is.

Recommendations

1. DOC management should establish record retention requirements by developing and documenting internal procedures, or modifying existing policies, regarding the processing and retention of informed consent and orientation forms (for general orientation and mental health orientation). For example, DOC could modify its health orientation policy to require that DOC collect signed acknowledgement forms from I/Is and maintain these records as evidence that I/Is understood the admission policies.

2. DOC management should monitor the record retention process it establishes by periodically reviewing healthcare records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary.

3. DOC management should provide training for its staff members and vendor employees on newly created record retention requirements to ensure that all employees adhere to these requirements.

Auditee's Response

The Massachusetts Department of Correction (DOC) appreciates the Office of the State Auditor's findings of:

- *96% of reviewed records demonstrated evidence of signed general orientation forms.*
- *93% of reviewed records demonstrated evidence of signed mental health orientation forms.*
- *98% of reviewed records demonstrated evidence of signed informed consent forms.*

103 DOC 607: Inmate Medical Records establishes retention requirements for health records including (by reference or inference) orientation and consent forms. Pertinent excerpts from this policy include, but are not limited to:

607.01: General Policy: "The contractual clinical provider at each facility shall maintain a uniform medical record which shall include, but not be limited to, documentation of all medical, dental, and mental health encounters, visits, diagnoses and treatment."

607.02: Department of Correction Inmate Medical Records: "The inmate medical record shall include documentation of all inmate visits or contacts with medical, mental health, or dental treatment staff. The inmate medical record shall also contain all reports, records, entries, orders, and written documentation concerning the inmate's medical, mental health, dental, and substance use disorder care. The record shall be maintained from the time of commitment to release or discharge the inmate from the custody of the DOC. Following the release or discharge of the inmate, the DOC shall retain inmate medical records for a period of thirty years." *and 103 DOC 607.02(5):* "The content of the medical portion of the inmate medical record shall include, but not be limited to the following identifying information: . . . consent to treat forms . . . ."

Discussions during the audit process identified areas in which existing DOC and vendor policies may be modified to more explicitly reference retention obligations. Training in existing and updated policies will support staff and vendor employees in sustaining and extending the high level of compliance identified in the audit report.

Auditor's Reply

Based on its response, DOC is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

2. The Massachusetts Department of Correction did not always retain evidence of interpreter services being used during initial healthcare orientations and informed consent meetings, potentially affecting the ability of incarcerated individuals to make informed healthcare decisions.

DOC did not always retain evidence of interpreter services used during initial healthcare orientations and informed consent meetings. From the total population of 4,740 commitment identification numbers, we

sampled 120. Out of our sample of 120 commitment identification numbers for I/Is, 15 did not comprehend English, and DOC could not provide evidence that 3 (20%) of these 15 I/Is in our sample who did not comprehend English received interpreter services during the initial healthcare orientations and informed consent meetings. Without this evidence, we were unable to determine whether I/Is received the interpreter services to which they were entitled.

If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all evidence that interpreter services were performed, DOC cannot ensure that its I/Is understand the healthcare information presented to them so that they can make informed healthcare decisions.

Authoritative Guidance

According to Section 630.08 of DOC's Medical Services Policy,

> *In the event that an inmate is unable to read, institution staff will verbally explain the procedures to them. In the event that an inmate has difficulty understanding written or spoken English, institution staff will utilize, as appropriate, auxiliary aids and services, interpreter services, or the language line so that the inmate understands the procedures for gaining access to health care.*

According to Section 488.04 of DOC's Interpreter Services Policy,

> *Each Superintendent/designee shall ensure that staff assigned to the areas listed in paragraph 488.03 are trained how to access the telephonic interpreter service and document when the service is utilized on [the prison population database] when working with non-English-speaking incarcerated individuals and civil commitments.*

According to Section 607.02 of DOC's Inmate Medical Records Policy,

> *The medical record shall be maintained from the time of commitment to release or discharge of the inmate from the custody of the DOC. Following the release or discharge of the inmate, the DOC shall retain inmate medical records for a period of thirty years.*

Reasons for Issue

DOC stated that some medical providers are bilingual and may not have documented interpreter services used because they translated for I/Is themselves. DOC stated that it needs to revisit training with healthcare vendor employees regarding the documentation of interpreter services being used.

Recommendations

1. DOC management should establish record retention requirements by developing and documenting internal procedures regarding the use of qualified bilingual staff members, including employees, contractors, and vendor employees, to ensure that records are retained for the use of staff interpreter services when working with non-English-speaking I/Is.

2. DOC management should monitor the record retention process it establishes by periodically reviewing all interpreter service records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary.

3. DOC management should ensure that all employees, contractors, and vendor employees are trained in the policies and procedures for all types of interpreter services used by DOC and that they are trained in how to properly document and retain the use of these services in PPD and in I/Is' electronic medical records.

Auditee's Response

Although based on findings associated with a limited sample (3 out of 120 individuals), DOC acknowledges that the findings of the Office of the State Auditor signal review of DOC and vendor policies related to the documentation of use of interpretation services during healthcare contacts is warranted. Training in existing and updated policies will support staff and vendor employees in achieving compliance in this area.

Auditor's Reply

Based on its response, DOC is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

3. The Massachusetts Department of Correction did not always retain evidence of annual hardcopy personalized program plans in incarcerated individuals' six-part folders, as required by Section 155.00 of Title 103 of the Code of Massachusetts Regulations.

DOC did not always retain evidence of hardcopy personalized program plans (PPPs) related to annual program review meetings with I/Is. From the total population of 2,445 commitment identification numbers, we sampled 104 commitment identification numbers and noted the following issues:

- DOC was unable to provide all of the annual PPPs for 24 (23%) commitment identification numbers for I/Is out of our sample of 104.[12]

12. Each I/I associated with these commitment identification numbers could have up to three annual PPPs during the audit period, one for each year included within the audit period.

- There was one instance of a PPP that was signed and dated by the I/I on March 12, 2024, but the correctional program officer (CPO) signed and dated the same PPP on July 9, 2024.

If DOC management does not ensure that existing record retention policies are being adhered to or does not establish new policies or procedures regarding the proper filing of records in a timely manner to ensure compliance with record retention policies, DOC cannot ensure that its I/Is are receiving proper educational, vocational, or behavioral program recommendations.

Authoritative Guidance

According to Section 155.06(3) of Title 103 of the Code of Massachusetts Regulations (CMR),

> *The specific material described in 103 CMR 155.00 shall be filed in the six-part folder, ordered according to the six-position format, and the material shall include the following: . . .*
>
> *Position III.*
>
> *(c) Classification. 103 CMR 155.06(3)(c) shall contain the inmate's signed personal program plan, inactive visiting card(s), handbook/orientation receipts and general population waivers.*

Additionally, DOC adheres to the Prison Rape Elimination Act (PREA) Standards, Section 115.33(e) of which states, "The agency shall maintain documentation of inmate participation in these education sessions."

Reasons for Issue

DOC stated that hardcopy annual PPPs submitted by CPOs to the records department at each facility are being misfiled or not filed in the I/Is' six-part folders in a timely manner.

Recommendations

1. DOC management should establish record retention requirements by developing and documenting internal procedures, or modifying existing policies, regarding the processing and retention of PPPs in I/Is' six-part folders. Furthermore, DOC should consider implementing the review, signing, and filing of PPPs electronically rather than as hardcopy files in I/Is' six-part folders and should consider updating 103 CMR 155.00 accordingly.

2. DOC management should monitor the record retention process it establishes by periodically reviewing I/Is' six-part folders to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary.

3. DOC should provide training for its staff members on the newly created record retention requirements to ensure that all employees adhere to these requirements.

Auditee's Response

DOC Corrective Action:

1. *DOC is in the process of developing a Standard Operating Procedure to 103 CMR 155: Case Records to better clarify in section 155.06(3)(c) that a signed copy of every personalized program plan generated in conjunction with every classification review shall be filed in the six-part folder. Current language lacks clarity as to whether all personalized program plans need to be filed/maintained in the six-part folder or just the most recent.*

2. *DOC has initiated plans to increase audits of six-part-folders to ensure that personalized program plans are filed in conjunction with annual classification reviews. Oversight will be provided at the Central Office Level by the Program Services Division staff.*

3. *DOC has already provided directives to Institutional Directors of Classification and Treatment, Institutional Records Managers, and Deputy Superintendents of Reentry to develop sound internal processes to ensure that personalized program plans are filed promptly in order to avoid being misplaced or not being filed in an individual's six-part folder prior to them being transferred to another facility (as the six-part folder transfers with them).*

4. *Case Plan training and Classification Chairperson training have been updated to include language regarding the requirement pursuant to 103 CMR 155: Case Records, section 155.06(3)(c), to file an individual's signed personalized program plan in accordance with their classification reviews.*

5. *The DOC is currently in the process of developing a new [data management system] which includes automating the electronic signatures of both staff and incarcerated individuals on the personalized program plan, thereby creating a more efficiently managed and accessible record.*

Auditor's Reply

Based on its response, DOC is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

4. The Massachusetts Department of Correction did not always retain evidence of interpreter services being used during program review meetings, potentially affecting the ability of incarcerated individuals to understand available educational opportunities.

DOC did not always retain evidence of interpreter services used during program review meetings. Of the total population of 2,445 commitment identification numbers, we sampled 104. From our sample of 104

commitment identification numbers for I/Is, we found that 6 I/Is did not comprehend English, and DOC could not provide evidence that 2 (33%) of these 6 I/Is who did not comprehend English received interpreter services during program review meetings.

If DOC management does not follow record retention requirements, which should include the establishment of internal policies and procedures requiring the retention of all evidence that interpreter services were performed, DOC cannot ensure that its I/Is understood the information presented to them during the program review meetings so that they could understand the available educational opportunities.

Authoritative Guidance

According to Section 488.04 of DOC's Interpreter Services Policy,

> *Each Superintendent/designee shall ensure that staff assigned to the areas listed in paragraph 488.03 are trained how to access the telephonic interpreter service and document when the service is utilized on [PPD] when working with non-English-speaking incarcerated individuals and civil commitments.*

According to 103 CMR 420, "In instances where language barriers exist, the Telephone Interpreter Service shall be used, and its use documented."

Additionally, DOC adheres to PREA Standards, Section 115.33 of which states,

> *(d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.*
>
> *(e) The agency shall maintain documentation of inmate participation in these education sessions.*

According to the *Massachusetts Statewide Records Retention Schedule* revised October 2022,

> ***J07-08: Inmate Program Records***
>
> *See sub-schedules for specific retention periods.*
>
> *Documents institutional programs for inmates such as the Correctional Recovery Academy (CRA) and other substance abuse and recidivism reduction programs, the sex offender program, and the education program. Includes program administration materials, program volunteer files, inmate program acceptances, background materials, progress notes and plans, evaluations, attendance rosters, course completions, and related correspondence. . . .*
>
> ***J07-08 (c): All other records***
>
> *Retain 5 years after inmate final release*

Reasons for Issue

DOC stated that it needed to revisit staff training regarding the documentation of interpreter services used during program review meetings.

Recommendations

1. DOC management should establish record retention requirements by developing and documenting internal procedures regarding the use of interpreter services to ensure that records are retained for the use of all interpreter services when working with non-English-speaking I/Is.

2. DOC management should monitor the record retention process it establishes by periodically reviewing all interpreter service records to ensure that employees adhere to the record retention procedure. Further, DOC should reevaluate the record retention procedure as changes to the process become necessary.

3. DOC management should ensure that all employees are trained in the policies and procedures for all types of interpreter services used by DOC and that they are trained in how to properly document and retain documentation about the use of these services in PPD.

Auditee's Response

DOC Corrective Action:

1. *In accordance with 103 CMR 420: Classification, section 420.07(1), "In instances where language barriers exist, the Telephone Interpreter Service shall be used, and its use documented", DOC will incorporate new and clarifying language into the CMR (which is currently being revised) to include that Telephone Interpreter Services shall be offered to all individuals who are identified as Limited English Proficient and that this offer and their response to this offer must be documented in the classification report in the current review section. The current CMR language does not indicate where this information should be documented.*

2. *DOC has initiated plans to incorporate audits of telephone interpreter service use at classification reviews (during which personalized program plans are discussed/reviewed with incarcerated individuals) into the existing audit process pursuant to 103 CMR 420.12: Audits. Oversight to be provided at the Central Office Level by the Classification Division.*

3. *DOC has already provided directives to Institutional Directors of Classification and Treatment and Deputy Superintendents of Reentry to ensure that consistent language regarding the documentation of Telephone Interpreter Service offers and individuals' responses to such offers is used, and to ensure that this information is consistently documented in the Current Review Section of the classification report.*

4. *Classification Chairperson training has been updated to include language regarding the requirement pursuant to 103 CMR 420: Classification, section 420.07(1), "In instances where language barriers exist, the Telephone Interpreter Service shall be used, and its use documented."*

5. *DOC will explore the feasibility of incorporating staff's Telephone Interpreter Service offer, and the incarcerated individual's response fields, into the development of the new technology system . . . which would be queryable for data tracking and auditing efficiencies.*

Auditor's Reply

Based on its response, DOC is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

OTHER MATTERS

During our audit, we also identified the issue below, which we believe warrants the Massachusetts Department of Correction's (DOC's) and the Department of Elementary and Secondary Education's (DESE's) attention.

Special Education services and evaluations are not being provided by local education agencies (LEAs) for incarcerated individuals (I/Is) who are under the age of 22 and are potentially eligible for special education services. According to Section 441.03(4) of DOC's Inmate Training and Education Policy,

> *To assist in meeting the educational needs of inmates who require special placement because of physical, mental, emotional, or learning disabilities, and in compliance with the Memorandum of Understanding (MOU) between the Department of Correction and DESE, the designated Site Supervisor or designee, shall advise inmates under the age of twenty-two (22) of their special education rights and complete the following necessary forms. The MOU can be found on the Division of Inmate Training and Education intranet page.*

However, during our audit, we found that communications were initiated, and a memorandum of understanding (MOU) was revised with DESE in 2023 regarding special education services, but the agreement was ultimately not signed by DESE. Therefore, DOC must rely on the executed 2006 MOU between DOC and the Massachusetts Department of Education.[13] According to the 2006 MOU between the Massachusetts Department of Education and DOC,

> *[The Massachusetts Department of Education] shall direct school districts [LEAs] that, upon notification of assignment to an inmate, they shall:*
>
> *(a) conduct an evaluation or reevaluation, as appropriate, to determine if the inmate is eligible for special education; or,*
>
> *(b) provide or arrange for services according to the most recent [individualized education program (IEP)] pending the development and acceptance of a new IEP.*

DOC stated that LEAs only gather information for DOC regarding I/Is' most recent individualized education programs (IEPs) and do not provide evaluations or re-evaluations and do not arrange for special education services. Instead, DOC's special education staff members use I/Is' most recent IEP information provided by LEAs to deliver special education services to potentially eligible I/Is. Therefore, the executed 2006 MOU between the Massachusetts Department of Education and DOC is not being followed as documented.

13. The Massachusetts Department of Education became DESE in March 2008.

Without a revised and executed MOU between DOC and DESE, there could be misinterpretations, disputes, and a lack of clarity regarding roles and responsibilities for each agency, which could negatively impact the education of I/Is who are eligible for special education services.

DOC management stated that they made efforts to sign a new MOU with DESE in 2023, but they were unsuccessful.

We encourage DOC and DESE to communicate, revise, and establish an updated MOU between the two agencies to assign appropriate responsibilities and procedures for I/Is in DOC's custody who are potentially eligible for special education services.

APPENDIX

Department of Correction Facilities and Locations

Facility Name	Location
Boston Pre-Release Center	430 Canterbury Street, Roslindale, MA 02131
Bridgewater State Hospital	20 Administration Road, Bridgewater, MA 02324
Lemuel Shattuck Hospital Correctional Unit	180 Morton Street, Jamaica Plain, MA 02130
Massachusetts Alcohol and Substance Abuse Center	1 Bump Pond Road, Plymouth, MA 02360
Massachusetts Correctional Institution—Cedar Junction*	2405 Main Street, South Walpole, MA 02071
Massachusetts Correctional Institution—Concord**	965 Elm Street, Concord, MA 01742
Massachusetts Correctional Institution—Framingham	99 Loring Drive, Framingham, MA 01701
Massachusetts Correctional Institution—Norfolk	2 Clark Street, Norfolk, MA 02056
Massachusetts Correctional Institution—Shirley	104 Harvard Road, Shirley, MA 01464
Massachusetts Treatment Center	30 Administration Road, Bridgewater, MA 02324
North Central Correctional Institution	500 Colony Road, Gardner, MA 01440
Northeastern Correctional Center	976 Barretts Mill Road, West Concord, MA 01742
Old Colony Correctional Center	1 Administration Road, Bridgewater, MA 02324
Pondville Correctional Center	1 Industries Drive, Norfolk, MA 02056
Souza-Baranowski Correctional Center	1671 Shirley Road, Lancaster, MA 01523

* Massachusetts Correctional Institution—Cedar Junction closed June 16, 2023.
** Massachusetts Correctional Institution—Concord closed June 28, 2024.