# Massachusetts Department of Correction

## POLICY

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<tr>
<th>Effective Date</th>
<th>Responsible Division</th>
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<td>6/30/2023</td>
<td>Deputy Commissioner, Prisons</td>
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<th>Annual Review Date</th>
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### Policy Name

<table>
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<th>103 DOC 475</th>
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<td>INMATE TABLETS</td>
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### M.G.L. Reference:

Click here to enter text.

### DOC Policy Reference:

103 DOC 154; 103 DOC 156; 103 CMR 403; 103 CMR 405; 103 CMR 430; 103 CMR 481; 103 DOC 506

### ACA/PREA Standards:

Click here to enter text.

### Attachments

| Yes ☒ | No ☐ |

### Inmate Library

| Yes ☒ | No ☐ |

### Applicability:

| Staff |

### Location:

| Department Central Policy File |
| Superintendents/Unit Directors Policies Files |

## PURPOSE:

The purpose of this policy is to establish and maintain policies for the implementation and maintenance of the inmate tablets and to establish and maintain operational procedures for each correctional institution/Department unit for the inmate tablets. The inmate tablets are a wireless portable personable computer with a touch screen interface that provides a simple and secure way to increase efficiency for institutional staff, while finding additional ways to connect inmates to programs, education, as well as additional resources.

## RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:

- Deputy Commissioner, Prisons
- Assistant Deputy Commissioner, Northern Sector
- Assistant Deputy Commissioner, Southern Sector
- Superintendents

## CANCELLATION:

103 DOC 475 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations regarding Inmate Tablets which are inconsistent with this document.

## SEVERABILITY CLAUSE:

If any part of 103 DOC 475 is for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.
TABLE OF CONTENTS

475.01 Establishment and Applicability of the Inmate Tablet Program 3
475.02 Distribution of Inmate Tablets 4
475.03 Authorized Use of Inmate Tablets 5
475.04 Damage / Unauthorized Use of Inmate Tablets 6
475.05 Inmate Transfers 6
475.06 Release from Custody 7
475.07 Subscription Services for KCN Tablets 7
475.08 Electronic Mail 8
475.09 Uploading Content 8
475.10 Removal of Content 9
475.11 Maintenance of Documentation 10

ATTACHMENTS

Attachment #1 Tablet User Agreement 11
Attachment #2 Virtual Program user Agreement 12
Attachment #3 Tablet Disposition Form 13
Attachment #4 Request to Upload Content 14
475.01 ESTABLISHMENT AND APPLICABILITY OF THE INMATE TABLET PROGRAM

A. The Department of Correction (Department) issues inmates two (2) different types of tablets:

1. Keefe Commissary Network (KCN) Score 7 and newer Tablets) are issued at all institutions.

2. American Prison Data Systems tablets (APDS Tablets) are issued at all institutions.

In addition, inmates within the Department may retain tablets that were purchased through canteen prior to December of 2021.

B. All KCN Tablets, APDS Tablets, and related accessories which were provided to inmates by the Department at no cost to the inmate, are Department property and subject to the provisions of this policy. The applicability of the provisions of this policy to inmate purchased tablets will be addressed in the specific sections of the policy.

C. Inmates may elect to purchase non-Department issued earbuds, replacement silicon covers or headphones from the inmate property vendor. Inmates will turn in any Department issued earbuds to the property officer prior to receiving purchased earbuds or headphones. The property officer will note in the Inmate Management System (IMS) that the inmate purchased earbuds or headphones.

D. The Department will ensure that there are an adequate number of Department issued tablets and accessories made available at each institution in case a replacement tablet and/or accessory(ies) is needed for Department issued tablets.

E. The Department shall establish a centralized tablet committee (Central Tablet Committee) that will be responsible for the overall assessment of both Department issued and purchased tablets and their associated roles for the Department. The reviewing authority shall designate subject matter experts to participate in this committee.

F. The Central Tablet Committee shall meet, no less than annually, to complete an overall assessment on each category of tablets, which includes a review of relevant content.

G. Each Superintendent shall designate an Institutional Tablet Team, consisting of, at a minimum, the Deputy Superintendent of Reentry and/or designee of management rank, a member of security staff, a member of classification staff and the property officer. The Institutional Tablet Team shall oversee the management of all tablets at its institution, including procedures for the accountability and maintenance of all inmate tablets to include:
1. A tracking mechanism for all Department issued tablets assigned to the institution to include surplus tablets and tablets loaned to Department staff within the institution.

2. Designating a staff person to ensure that each category of tablet is correctly inventoried in any manufacturer accountability platform as well as in the DOC accountability platform. The inventory as reflected in the issued tablet platform must match the tablet assigned to each inmate in IMS, and an accurate recording of the tablet serial number assigned to each inmate in both platforms.

3. Designating a staff person a who is responsible for the distribution of the Department issued inmate tablets.

4. Designating a staff member who is responsible for the confiscation and re-issuance of an inmate’s tablet, in accordance with the disciplinary process (both Department issued and purchased KCN Tablets only), following notification from disciplinary personnel.

5. Developing a process for the use of each category of tablet, including accountability and charging of tablets in units where retention of the tablet and/or accessories in cell is not allowed. This process shall include but not be limited to the following:

   i. A requirement that prior to the daily distribution of the tablets the housing unit officer shall count and visually inspect each tablet to ensure there is no visible physical damage.

   ii. Outline the specific time(s) that the tablets will be distributed and collected daily.

   iii. A requirement that during the final collection of the tablets at the end of the day the housing unit officer shall count and visually inspect each tablet to ensure there is no visible physical damage and to ensure that security seals are in place.

6. Developing a process for inmates to report issues with each category of tablet to include accidental damage, accessibility/connectivity issues, etc. This process shall include notification to the institution’s treasurer.

7. Designating a staff member to be responsible for the collection of Department issued tablets upon an inmate’s release/transfer from Department custody and documenting/logging the collection. All tablet inventories shall be updated to reflect the tablet collection.

**475.02 DISTRIBUTION OF THE INMATE TABLETS**

A. The Department will provide all inmates with a Department issued tablet, and necessary accessories (e.g., headphones, charging cord) during the inmate’s period of incarceration. The issuance of these materials shall be recorded in accordance with 103 CMR 403, *Inmate Property*. If an inmate refuses to accept the tablet when
offered, the inmate may request a tablet at any time thereafter, during their incarceration.

1. KCN tablets will be issued upon commitment. Inmates who refuse a KCN Tablet will still have access to all of the authorized applications through the institutional kiosks.

2. APDS Tablets will be issued upon arrival at the institution to which the inmate is classified during the initial classification.

3. At institutions where two (2) or more tablets may share one (1) common charging device, or where inmates are allowed to charge tablets in their cells, institutions may limit the number of chargers retained per inmate, if necessary, for operational reasons.

B. Each category of tablet will have a tablet specific serial number that will be logged in the IMS property screen upon issuance of the tablet. In addition, there shall be one (1) tamper proof security seal positioned across the middle screw at the bottom of the APDS tablet case and two (2) security seals placed across the seams of the KCN Department issued and purchased tablets.

C. Upon issuance of the Department issued tablets, the inmate will sign and date the Tablet User Agreement (Attachment #1) either manually or electronically. If signed manually, the Tablet User Agreement will be filed in the inmate’s six (6) part folder under “Correspondence”. If an inmate refuses to sign the agreement, a tablet will not be issued. This refusal shall be documented via the IMS inmate property screens.

D. Upon issuance of the APDS tablet the inmate will also electronically sign the Virtual Program User Agreement (Attachment #2).

E. In accordance with 103 DOC 506, Search Policy, security staff conducting cell searches shall be responsible to check all tablets and all accessories to ensure they are not damaged or altered. The officer shall also ensure that the serial number and security seal on the tablet matches the inmate assigned to the cell.

**475.03 AUTHORIZED USE OF INMATE TABLETS**

A. Inmates may not share their tablet, whether issued or purchased, with another inmate, or permit another inmate to use their tablet.

B. Inmates shall only utilize tablets, regardless of category, for Department authorized activities.

C. Inmates shall not attempt to repair or diagnose any functionality issues with any category of a tablet and/or accessories. Inmates shall report any issues regarding their use of tablets through the process outlined in the institution’s procedure required by 103 DOC 475.01 (G).
D. Any accessories that are tampered with shall be contrabanded in accordance with the 103 CMR 403, *Inmate Property*.

E. Inmates who possess a previously purchased KCN Tablet shall be allowed to retain it if they so choose; however, they may elect to receive a Department-issued KCN Tablet at any time by turning in their previously purchased tablet to the property officer. Any previously purchased tablets removed from the inmate’s property are subject to disposal in accordance with 103 CMR 403.15, *Inmate Property*. The inmate shall be required to complete the Tablet Disposition Form (Attachment #3) which shall be filed in the inmate’s six (6) part folder under “Correspondence”.

In cases where the inmate elects to keep their previously purchased tablet, they will continue to have access to the media content they previously purchased, and if the previously purchased tablet permits it, they will be provided email and any free media available to the inmate population on Department issued tablets, to include the Guttenberg Library and three (3) free games.

### 475.04 DAMAGE / UNAUTHORIZED USAGE OF THE INMATE TABLET

A. By signing the Tablet User Agreement (Attachment #1) the inmate acknowledges responsibility for any intentional damage to the Department issued tablet and/or accessories.

B. Any inmate found to have intentionally damaged, altered, or misused a Department issued tablet in violation of the Tablet User Agreement will be subject to discipline in accordance with 103 CMR 430, *Inmate Discipline*.

1. Any cost associated with repair/replacement of a Department issued tablet and/or accessory that has been intentionally damaged or altered will be recovered through restitution in accordance with 103 CMR 430, *Inmate Discipline* and 103 CMR 405, *Inmate Funds*.

C. Any previously purchased tablet found to be tampered with will immediately be declared contraband, confiscated, and subject to disposal in accordance with 103 CMR 403.15, *Inmate Property*. The inmate shall be required to complete the Tablet Disposition Form (Attachment #3) which shall be filed in the inmate’s six (6) part folder under “Correspondence”.

### 475.05 INMATE TRANSFERS

A. Inmates transferring from one (1) institution to another, except for temporary medical transfers, will be allowed to transfer with their assigned Department issued, as well as purchased tablet(s), and accessories in their ditty bag.

B. The property officer at the departing institution shall release the inmate’s property to include all categories of tablet(s) and accessories by removing the tablet from IMS and shall indicate “inmate transfer” as the reason.
C. That property officer at the departing institution shall ensure that the Inmate Ditty Bag/On-Person property form (Attachment C to the Standard Operating Procedure to 103 CMR 403, Inmate Property) also reflects that all categories of tablet(s) and accessories are included within the ditty bag. The serial number(s) of the tablet(s) and the security seal numbers shall also be reflected on the Inmate Ditty Bag/On-Person property form. The Ditty Bag Inventory form shall be placed into the inmate’s property storage bag for transfer.

D. The property officer at the receiving institution shall ensure that all incoming tablet(s) is/are in working order and that the condition of the tablet(s) is/are also recorded in IMS.

E. The property officer at the receiving institution shall accept the inmate’s property to include all categories of tablet(s) and accessories by accepting the inmate’s property in IMS.

475.06 RELEASE FROM CUSTODY

A. Whenever an inmate is released/transfered from Department custody (e.g., discharge from sentence, parole, electronic monitoring (ELMO), transfer to other state/county/federal institution), the property officer will retrieve the Department issued tablet(s), and accessories. The property officer will deactivate the Department issued tablet(s) and remove the Department issued tablet(s) and accessories from the inmate’s property inventory in IMS. By signing off on the inmate’s release screens for inmate property, the property officer is confirming that the Department issued tablet(s) and accessories have been returned in working order.

B. The property officer will ensure that the Department issued tablet(s) and accessories, are added back onto the procedurally outlined tracking mechanism, making them available for reissuance.

C. Department issued tablets must always remain in Department custody, with the exception of placement with an authorized vendor for repair.

475.07 SUBSCRIPTION SERVICES FOR KCN TABLETS

A. Inmates who own a previously purchased tablet that is compatible with subscription services offered by the Department, or have a Department issued KCN tablet, will have the ability to purchase additional subscription services on the tablet at the cost established by the vendor. This can be done by the inmate or through a family/friend.

B. Inmates who own a previously purchased tablet that is incompatible with subscription services offered by the Department (e.g., the Edge Mini tablet), will not
be able to purchase a subscription unless and until they turn in their incompatible tablet and accept a Department issued KCN tablet.

C. All costs associated with additional subscription services will be the responsibility of the inmate/family/friend purchasing the subscription.

D. There will be no prorated refunds given for any subscription services if a Department issued tablet or previously purchased tablet is not accessible for any reason (e.g., disciplinary sanction, accidental/intentional damage, inmate transfer, health issues, accessibility issues, release, etc.).

475.08 ELECTRONIC MAIL

A. Electronic mail (E-mail) is offered as an additional means of communication with family, friends and others via the two (2) way secure E-mail program on the KCN purchased and issued tablets. This program is not designed to take the place of the U.S. Mail.

B. E-mail is not considered privileged or non-privileged mail as defined in 103 CMR 481.05, Inmate Mail and is therefore not subject to the provisions of the regulation.

C. E-mails are not confidential or privileged and will be reviewed and/or monitored by Department staff. The cost of any e-mails rejected by Department staff for objectionable matter will not be refunded, and inmates may be subject to sanctions pursuant to 103 CMR 430, Inmate Discipline.

D. In addition to the KCN purchased and issued tablets, inmates may access email on the commissary kiosks.

475.09 UPLOADING CONTENT

The below outlines the process for the uploading of staff-initiated content, including but not limited to, memos, messages, and videos.

A. Institution Specific Uploads

1. An Institution Manager may submit a request to upload content to their Superintendent on the Request to Upload Content form (Attachment #4) and attach the actual content.

2. The Superintendent shall approve, deny, or request further information deemed necessary to evaluate, any request submitted. All approvals will include a start and end date or an indefinite date indication for the duration period that the content will remain on the tablets. Denied applications shall be returned to the Institution Manager and must include a rationale for the denial.
3. If a Superintendent approves an application, the Institution Manager shall submit the Request to Upload Content Form (Attachment #4) to the appropriate Assistant Deputy Commissioner of the Northern or Southern Sector, who shall make the final decision.

4. All content approved by an Assistant Deputy Commissioner will be uploaded by an institutional staff member designated by the respective Superintendent.

5. Copies of all approved requests will be forwarded to the Program Services Division for departmental tracking and auditing purposes.

B. Division Specific Uploads

1. A Division Manager must submit a Request to Upload Content (Attachment #4) to their Division Head and attach the actual content.

2. The Division Head will approve deny, or request further information deemed necessary to evaluate, any request submitted. All approvals will include a start and end date or an indefinite indication for the duration period that the content will remain on the tablets. Denied applications will be returned to the Division Manager and must include a rationale for the denial.

3. If a Division Head approves an application, the Division Manager shall submit the appropriate Assistant Deputy Commissioner of Reentry or Clinical Services who shall make the final decision.

4. All content approved by an Assistant Deputy Commissioner will be uploaded by a division staff member designated by the respective Division Head.

5. Copies of all approved requests will be forwarded to the Program Services Division for departmental tracking and auditing purposes.

C. Commissioner Uploads

1. All upload requests from the Commissioner’s Office will be forwarded directly to the appropriate Assistant Deputy Commissioner who will ensure that Request to Upload Content form (Attachment #4) is completed, and then forwarded to the Program Service Division.

2. The Program Service Division will upload the content submitted by the Commissioner’s Office and maintain the documentation for tracking and auditing purposes.

475.10 REMOVAL OF CONTENT

Each Superintendent and/or Division Head shall designate one or more institutional and/or division staff members to be responsible for removing uploaded content in accordance with the removal date documented on Attachment #4.
475.11 MAINTENANCE OF DOCUMENTATION

The Program Services Division will store all tablet upload documentation in a manner consistent with the Massachusetts Statewide Records Retention schedule, 103 DOC 154, Central Office Records, and 103 DOC 156, DOC Destruction of Inmate Records, and will make this information available to the Central Tablet Committee for their review and assessment which will occur, no less than annually.
TABLET USER AGREEMENT

By signing this agreement, I, ______________________________, acknowledge the receipt of one (1) Department issued tablet, and accessories. Furthermore, I acknowledge that this Department issued tablet(s) is the property of the Department of Correction and agree to abide by the following rules and regulations:

1. This Department issued tablet is the property of the Massachusetts Department of Correction. Any attempts to damage, alter or misuse this Department issued tablet could result in disciplinary action in accordance with 103 CMR 430, Inmate Discipline.

2. If the Department issued tablet/accessories are inadvertently damaged or are not operating correctly I will not attempt to repair or alter the Department issued tablet/accessories. Any issues will be communicated to institution staff by the process outlined in institution procedure.

3. The Department issued tablet can be confiscated at any time if the retention of the device is found to pose a security risk or is otherwise contraindicated to the safety and security of the institution.

4. Any repair or replacement charges for the Department issued tablet or accessories because of destruction or misuse will be the responsibility of the inmate to whom the Department issued tablet/accessories are issued unless the inmate to whom the Department issued tablet/accessories are issued is found not responsible for the destruction or misuse.

5. There will be no prorated refunds given for any subscription services if a Department issued tablet is not accessible for any reason (e.g., disciplinary sanction, accidental/intentional damage, inmate transfer, health issues, etc.).

6. The Department issued tablet and accessories shall be returned to the DOC prior to the inmate’s release/transfer from DOC custody (e.g., discharge from sentence, parole, electronic monitoring (ELMO), transfer to other state/county/federal institution), and I agree to pay the cost to replace them if I fail to do so.

Inmate Name: _______________________________  Commitment #: ___________________
MASSACHUSETTS DEPARTMENT OF CORRECTION
VIRTUAL PROGRAM USER AGREEMENT

- I understand that the tablet and its accessories are the sole property of the Department of Correction.

- I understand it is my responsibility to ensure the tablet is charged to participate in programming.

- I understand it is my responsibility to ensure that I review any tablet notifications on the tablet prior to the start of my assigned group(s).

- I will avoid having food and/or liquids near the tablet.

- Proper language and proper dress are required at all times (i.e., no hat, etc.).

- I understand that all virtual program groups and sessions on this tablet are recorded and subject to electronic monitoring by Department of Correction personnel. My use of this video system constitutes my consent to this recording and monitoring.

Name: ____________________________  Date: __________________________
Commitment Number: ______________  Program Name: ______________
TABLET DISPOSITION FORM

Date: ______________________

Institution: __________________________________________

Inmate Name: __________________________________________

Commitment Number: ______________________________________

Please check the desired method of disposition:

_____ I wish to have my old tablet disposed of by the institution.

OR

_____ I wish to have my old tablet mailed to an outside party. I understand that I must submit a disbursement request to the Treasurer’s office for the necessary postage, and the address to which the tablet should be sent, within thirty (30) days or it will be deemed contraband and disposed of by the institution.

I understand that the tablet must be sent to KCN to have the security features removed before the content on it can be accessed, and that KCN will load my purchased digital content to the tablet once the security features are removed.

I understand that I will not have access to my previously purchased digital content on my DOC assigned tablet once the security features have been removed from my old tablet.

Inmate Signature: ___________________________ Date: __________

Staff Signature: ___________________________ Date: __________
Department Tablet Program
Request to Upload Content

Staff Submitting Request: ________________________________       Title: __________________
Institution/Division: ________________________________       Date: ______________

In which institutions should contact be made available? (Check all that apply):

☐ Department Wide
Specific facilities:

☐ Boston Pre Release       ☐ Massachusetts Treatment Center
☐ MCI Cedar Junction       ☐ MCI Concord
☐ MCI Framingham       ☐ MCI Norfolk
☐ MCI Shirley       ☐ NCCI Gardner
☐ Northeastern Correctional Center       ☐ Old Colony Correctional Center
☐ Pondville Correctional Center

Duration of availability:
Start Date: ______________       End Date: ______________       Indefinitely: ______________

Brief description of the content:
________________________________________________________

*A copy of the content requested to be uploaded must be emailed/mailed along with this form*

Superintendent/Division Head: ________________________________       Date: ______________
Approved:       Yes ___       No ___       Denied:       Yes ___       No ___
If denied, reason:
________________________________________________________

Assistant Deputy Commissioner: ________________________________       Date: ______________
Approved:       Yes ___       No ___       Denied:       Yes ___       No ___
If denied, reason:
________________________________________________________

Central HQ Tablet Committee Completion Date: ______________       Initials: ______________

PLEASE CONTACT THE PROGRAM SERVICES DIVISION WITH ANY QUESTIONS 508-422-3416.