Massachusetts Department of Correction **POLICY**	Effective Date 4/23/2025 Annual Review Date 7/24/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name 103 DOC 484 COMMUNITY PARTNERS	M.G.L. Reference: M.G.L. c. 124, § 1(q); M.G.L. c. 127, § 36	
	DOC Policy Reference: 103 CMR 131; 103 DOC 153; 103 DOC 215; 103 DOC 225; 103 DOC 237; 103 CMR 483; 103 DOC 501; 103 DOC 519; 103 DOC 560	
	ACA/PREA Standards: Click here to enter text.	
Attachments Yes ☒ No ☐ Library Yes ☒ No ☐	Applicability: Employees, Incarcerated Individuals, Civil Commitments, Vendors, and Community Partners	
Public Access Yes ☒ No ☐	Location: Central Policy File Superintendent's Policy File	

PURPOSE:
103 DOC 484 establishes rules and regulations for the overall management of Community Partners within the Department of Correction (Department). The Department recognizes Community Partners perform an integral role in facilitating incarcerated and civilly committed individual's reentry by providing a wide range of post-release services designed to support reentry planning and reduce recidivism. Services from Community Partners support Department reentry planning and assist in the establishment and maintenance of community connections.

103 DOC 484 provides guidelines to state correctional institutions for development of Community Partners relationships, incarcerated and civilly committed individual access to Community Partners, and reflects the Department's obligation to maintain security, safety and order in all state correctional institutions. Additionally, 103 DOC 484 provides guidelines for Community Partners.

This policy is not applicable to the Bridgewater State Hospital (BSH).

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner of Clinical Services and Reentry
Director of Program Services and Reentry

CANCELLATION:
103 DOC 484 cancels all previous Departmental and institutional policy statements, bulletins, directives, orders, notices, rules, and regulations regarding Community Partners.

SEVERABILITY CLAUSE:
If any article, section, subsection, sentence, clause or phrase, of 103 DOC 484 is for any reason held to be unconstitutional, contrary to state law, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of 103 DOC 484.

TABLE OF CONTENTS

484.01	Definitions	3
484.02	Administration and Supervision of Community Partners and Community Partners Staff	4
484.03	Recruitment of Community Partners	4
484.04	Application Procedures for Community Partners	5
484.05	Application Procedures for Community Partners Staff	5
484.06	Orientation	6
484.07	Entrance into Correctional Institutions	8
484.08	Security	8
484.09	Rescission of Approval for Community Partners and Community Partners Staff	9
484.10	Community Partners Review	10
484.11	Annual Review	10

ATTACHMENTS

Attachment #1	Community Partners Services Application	11
Attachment #2	Community Partners Staff Application	13
Attachment #3	Agreement to Abide by Rules and Regulations	16
Attachment #4	Community Partners Staff Release of Liability	17
Attachment #5	Community Partners Staff Orientation Receipt Form	18
Attachment #6	Orientation Certification	19
Attachment #7	Community Partners Staff Renewal Form	20
Attachment #8	Conflict of Interest Law Acknowledgement of Receipt	21

484.01 DEFINITIONS

Assistant Deputy Commissioner of Reentry: A senior level manager who reports to the Deputy Commissioner of Clinical Services and Reentry, and is responsible for ensuring policy compliance and standardization of procedures in such areas as Recovery Pathfinders, Reentry, Program Services, Classification, County, Federal, and Interstate Unit, Immigration and Customs enforcement, Central Date Computation Unit, Transfer Unit, Sex Offender Management, Central Records, Inmate Training and Education and Operations Analyst.

Commissioner: The Commissioner of Correction.

Community Partner: A community-based professional organization(s) which provides services that support the Department's mission for rehabilitation and reentry planning.

Community Partners Staff: Individuals employed by a Community Partner.

Director of Program Services and Reentry: A manager responsible for ensuring compliance with Departmental reentry policies and procedures.

Director of Treatment: A program manager responsible for ensuring compliance with Department treatment policies, developing initiatives and procedures as needed, monitoring adherence to procedures and overseeing the performance of treatment staff.

Deputy Commissioner of Clinical Services and Reentry: The executive staff person who reports to the Commissioner, and whose duties include, but are not limited to, the management of the Special Programs Division, Assistant Deputy Commissioner of Clinical Services, and the Assistant Deputy Commissioner of Reentry.

In-Reach Meetings: Meetings conducted with incarcerated and civilly committed individuals prior to release to identify reentry needs to establish supports prior to release, these session(s) could occur virtually or in-person at an institution and will lead to greater success of incarcerated and civilly committed individuals engaging in services post-release based on familiarity with the community partner.

Reentry Specialist (RS): A trained correctional staff person assigned to assist releasing incarcerated and civilly committed individuals with securing suitable housing, who serves as a liaison to community stakeholders with reentry initiatives.

Superintendent: The chief administrative officer of a state correctional institution.

484.02 ADMINISTRATION AND SUPERVISION OF COMMUNITY PARTNERS AND COMMUNITY PARTNERS STAFF

A. The Director of Program Services and Reentry or their designee, shall be responsible for administration and coordination of all aspects of Community Partners services. Duties shall include, but not be limited to:

1. Identifying and recruiting Community Partners;
2. Coordinating the application process for Community Partners;
3. Recommending the approval, denial, or rescission, of applications for Community Partner(s) and Community Partner(s) staff;
4. Developing and implementing training for staff of Community Partners;
5. Updating Deputy Superintendents of Reentry, Directors of Treatment, and Reentry Specialist of availability of services provided by Community Partners;
6. Scheduling, coordinating registration, and facilitating certification and recertification, of Community Partners Staff;
7. Scheduling and coordinating an annual appreciation event for Community Partners;
8. Maintaining and updating the Public Access Security System (PASS) for Community Partners;
9. Assessing and evaluating services provided by Community Partners; and
10. Submitting an annual report to the Deputy Commissioner of Clinical Services and Reentry.

B. The Director of Program Services and Reentry or their designee shall maintain and update Community Partners Staff in the Public Access Security System (PASS). PASS shall include, but not be limited to, the following:

1. Digital photograph of Community Partners Staff;
2. Identifying information (e.g., driver's license number and date of birth) of Community Partners Staff;
3. Type of services provided by Community Partners and Staff;
4. Date of initial approval and status of Community Partners Staff;
5. Date(s) of criminal record checks of Community Partners Staff;
6. Date of initial certification and re-certification of Community Partners Staff, and;
7. Emergency contact information for Community Partners Staff.

484.03 RECRUITMENT OF COMMUNITY PARTNERS

The Department shall recruit Community Partners whose services can support the reentry planning strategies initiated by the Department. The Department shall

recruit Community Partners through such methods as the use of the internet, networking with external stakeholders, and community-based speaking engagements. The Department may also develop these relationships through community interest in providing specific services to the incarcerated and civilly committed individuals in custody.

484.04 APPLICATION PROCEDURES FOR COMMUNITY PARTNERS

A. Any organization seeking to support Department reentry initiatives shall submit a completed Community Partners Services Application, (Attachment #1), to the Director of Program Services and Reentry or their designee. The standard Community Partners Services Application may be obtained from the Director of Program Services and Reentry or their designee.

B. The Director of Program Services and Reentry or their designee shall review all Community Partners Services Applications to determine the applicant's suitability and eligibility, taking into consideration experience, qualifications, services provided, trainings provided to staff, service area, and rationale for collaborating with the Department. The Director of Program Services and Reentry or their designee shall consider whether the service(s) proposed by the prospective Community Partner is consistent with the identified needs of the incarcerated and civilly committed individual population. The completed application shall be forwarded to the Assistant Deputy Commissioner of Reentry, who shall make a determination on the application and return the application to the Director of Program Services and Reentry. The Director of Program Services and Reentry or their designee shall input approved applications in the PASS and notify the applicant of the approval or denial in writing.

484.05 APPLICATION PROCEDURES FOR COMMUNITY PARTNERS STAFF

A. Upon approval of the Community Partners Services Application (Attachment #1), a separate application process will be utilized for approving Community Partners Staff.

B. All Community Partners Staff shall complete the Community Partners Staff Application, Attachment #2. The completed application, along with the employer's training transcript of the prospective Community Partners Staff, shall be forwarded from the Community Partner to the Director of Program Services and Reentry or their designee, who shall approve or deny the application and return the application to the Community Partner. The Director of Program Services and Reentry or their designee, shall input approved applications in PASS and notify the prospective Community Partners of the Community Partners Staff approval in writing.

C. Community Partners Staff must be approved to enter the Institution before conducting any in-reach meetings or providing any services. For each Community Partners Staff member who will be conducting in-reach, the the Director of Program Services and Reentry or their designee shall ensure the following is completed as part of the application process:

1. A criminal record check, updated a minimum of every six (6) months while the Community Partners Staff remains active with the DOC.

2. A review of all incarcerated and civilly committed individuals' visiting lists; applicants must not be on the approved visitation list of any offender. The prospective Community Partners Staff must have been off the approved visitation list of any offender for a minimum of one (1) year.

3. A review of all incarcerated and civilly committed individuals' pin sheets.

D. The Director of Program Services and Reentry or their designee shall also notify the applicant, in writing, if the application is denied. The notification shall include the reason(s) for the denial. The Director of Program Services and Reentry or their designee, shall maintain a copy of the denied application and notification.

E. The Department recognizes that ex-offenders who have successfully transitioned to the community can serve as positive role models and utilize their unique experience and perspective to facilitate a wide variety of reentry related services. Applicants with a criminal history seeking to be approved Community Partners Staff in a state correctional institution may submit a completed Community Partners Staff application, Attachment #2, to the Director of Program Services and Reentry or their designee. If an applicant has a criminal history, the application may only be considered after at least three (3) years since physically discharged from a correctional institution with no subsequent criminal convictions. Applicants with post release supervision must submit a letter of support from the supervising agency with the Community Partners Staff application (Attachment #2).

484.06 ORIENTATION

A. All Community Partners Staff who have been approved shall participate in an orientation provided by the Reentry Services Division. The orientation will include, but not be limited to, the following:

1. 103 CMR 131, *News Media Relations*;
2. 103 DOC 153, *CORI Regulations*;

3. 103 DOC 215, *American Correctional Association Code of Ethics*;
4. 103 DOC 225, *Professional Boundaries Policy*;
5. 103 DOC 237, *Prevention and Elimination of Workplace Violence*;
6. 103 CMR 483, *Visiting Procedures*, including the visitor dress code;
7. 103 DOC 484, *Community Partners Policy;*
8. 103 DOC 519, *Sexually Abusive Behavior Prevention and Intervention Policy*;
9. Prison Rape Elimination Act (PREA);
10. Emergency Procedures;
11. Conflict of Interest Law Acknowledgment of Receipt;
12. Rules and Regulations Governing All Employees of the Massachusetts Department of Correction.

B. All Community Partners Staff shall be held to the same rules, regulations, and standards of propriety as employees of the Department of Correction.

C. The Director of Program Services and Reentry or their designee, shall document completion of the orientation program in the PASS.

D. Community Partners Staff shall sign the following forms at orientation, prior to their initial entrance into any institution:

1. Agreement to Abide by Rules and Regulations (Attachment #3)
2. Community Partners Staff Release of Liability (Attachment #4)
3. Community Partners Staff Orientation Receipt Form (Attachment #5)
4. Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) (103 DOC 501, *Institution Security Procedures*, Attachment #4)
5. Emergency Personal Information (103 DOC 560, *Disorder Management*, Attachment #6)

These forms shall be kept on file by the Director of Program Services and Reentry or their designee.

E. Upon completion of Orientation with the Reentry Services Division, the Director of Program Services and Reentry or their designee, shall complete a Community Partners Staff Certification (Attachment #6). The approved Community Partners Staff will then be eligible to enter any Department institution when an appointment has been scheduled with the respective institution's Director of Treatment or their designee.

F. Community Partners Staff shall complete an annual re- certification process which shall include, but not be limited to, the following:

1. Community Partners Staff Renewal Form (Attachment #7)

2. Conflict of Interest Law Acknowledgment of Receipt (Attachment #8)
3. Volunteer and Contractor Training and Acknowledgment of Prison Rape Elimination Act (PREA) (103 DOC 501, *Institution Security Procedures,* Attachment #4)
4. Emergency Personal Information (103 DOC 560, *Disorder Management*, Attachment #6)
5. Community Partner Staff Survey
6. Review of Massachusetts Department of Correction Summary Rules for Community Partners

484.07 ENTRANCE INTO CORRECTIONAL INSTITUTIONS

A. Prior to entrance into a correctional institution, the Community Partners Staff will be verified in the PASS. Community Partners who cannot be verified in the PASS will not be permitted entry into the institution. Community Partners Staff are subject to search at any time. All Community Partners Staff shall, upon entering the institution, indicate which Department staff they are meeting with based on the confirmation of the appointment, complete the visitor's log in full, and present a valid driver's license or similar state issued photo identification to the Shift Commander or the Officer in Charge.

Dates and time of entrance and egress into the institution will be documented in PASS by the institutional designee; Applicable laws, rules, and regulations governing the entrance of a person into a correctional institution shall be applicable to Community Partners Staff. Any questions by institutional personnel regarding the entrance of a Community Partners Staff into the correctional institution shall be referred to their chain of command to address and subsequently referred to the Director of Program Services and Reentry or their designee.

B. The Director of Treatment or their designee is responsible to communicate changes of the schedule to the Community Partners within a reasonable time frame should an emergency arise. Additionally, the Director of Treatment or their designee is responsible for informing the Community Partners how to be informed should a weather emergency cancel appointments.

484.08 SECURITY

A. The Director of Treatment or their designee may assign such institutional personnel, as deemed appropriate, to the Community Partners Staff for in-reach appointments. Community Partners Staff shall be escorted at all times throughout their duration at each instance of entrance in the institution.

B. Applicable laws, rules, and regulations governing persons employed by or

visiting a state correctional institution shall be applicable to all Community Partners Staff.

C. In an emergency, or where there is an alleged violation of a rule or regulation of the correctional institution or of a criminal statute, an officer may, with the approval of the Shift Commander, order that a Community Partners Staff leave the correctional institution. Additionally, in such cases of alleged misconduct, the Director of Program Services and Reentry or their designee shall be notified by the institution's designee immediately who will then notify the Community Partners regarding the status of one of their staff. The Director of Program Services and Reentry or their designee, shall update the PASS preventing the Community Partners Staff from having the ability to enter a Department institution while the investigation is pending. The Director of Program Services and Reentry or their designee, shall collaborate with the Superintendent of the correctional institution where the alleged incident occurred to review the facts of the investigation and decide on reinstating access into Department institutions.

484.09 RESCISSION OF APPROVAL FOR COMMUNITY PARTNERS AND COMMUNITY PARTNERS STAFF

A. The Superintendent of an institution, the Director of Program Services and Reentry or their respective designees, may deny any Community Partners Staff entrance to an institution. The Assistant Deputy Commissioner of Reentry may rescind the approval of a Community Partner or a Community Partners Staff under circumstances that include, but are not limited to, the following:

1. When the Community Partner or a Community Partners Staff does not adequately fulfill stated purposes;

2. When a rule or regulation of the correctional institution or a criminal statute or a court order has been violated;

3. When there is reliable evidence that the continued presence of the Community Partners Staff in the correctional institution would present a threat to the security or orderly running of the institution.

B. When the Assistant Deputy Commissioner of Reentry, rescinds the approval of a Community Partner or a Community Partners Staff, the Community Partners and Community Partners Staff shall be notified of the reasons in writing.

C. The Assistant Deputy Commissioner of Reentry shall ensure that Department-wide notification is made of the rescission and that the PASS is updated preventing the Community Partners or Community Partners Staff

from having the ability to enter a Department institution.

D. The Community Partners Staff member may request reconsideration, in writing, as follows:

1. By requesting that the Deputy Commissioner of Clinical Services and Reentry reconsider the decision. If the Deputy Commissioner of Clinical Services and Reentry affirms the decision to rescind, the Community Partners shall be notified in writing as soon as possible of the determination, detailing the reasons.

E. Superintendents shall take necessary steps to prevent a Community Partners Staff, whose approval has been rescinded, from entering the correctional institution.

484.10 COMMUNITY PARTNERS REVIEWS

A. The Director of Program Services and Reentry or their designee shall, on a quarterly basis, conduct a status update meeting with the Community Partners Primary Contact or their designee to review progress, reporting, incidents, and provide Department process updates.

B. The Department reserves the right to cancel any Community Partners agreement based on performance or operational need. This will be communicated to the Community Partners in writing, stating the reasons for the termination.

C. A Community Partners may terminate their agreement at any time by notifying the Director of Program Services and Reentry in writing.

484.11 ANNUAL REVIEW DATE

This policy shall be reviewed at least annually from the effective date signed by the Commissioner or a designee via the Department's electronic document management system. The staff conducting the review shall make comments in the discussion tab of the Department's electronic document management system outlining any recommended revisions, additions or deletions for the Commissioner's approval.

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNER SERVICES APPLICATION

Date: _____

Name of Community Partners: _____

Type of Organization: _____

Community Partners Primary Contact Name: _____
Primary Contact Title: _____
Primary Contact Email Address: _____
Primary Contact Telephone Number: _____
Preferred Method of Contact: _____
Year Organized: _____
Target Population: _____
****

Approval: Yes No

_____ _____
Director, Program Services and Reentry Date

Approval: Yes No

_____ _____
Assistant Deputy Commissioner, Reentry Date

PROGRAM NARRATIVE

Program Description: (Outline of the services to be provided, target population, length of engagement, frequency of 'in reach' contact, preferred method of 'in-reach', organization's mission/vision. In addition, please attach any program brochures).

_____

_____

_____

_____

_____

_____

_____

Goals/Outcomes: (Identify the intended goals/outcomes, briefly describe how your services will help offenders return to the community)

List agreements with other state agencies: (List and briefly describe agreements with other state agencies)

List of trainings provided to staff conducting 'in-reach': (List and briefly describe applicable trainings to work with a criminal justice population)

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF APPLICATION

Date: _____

Full Name: _____
Last First Middle Initial

Date of Birth: _____

Race: ☐American Indian/ Native Alaskan ☐Asian ☐Black
☐Native Hawaiian or Pacific Islander ☐Hispanic ☐White

Home Address: _____
Street Apt# P. O. Box

_____
City State Zip Code

Telephone Number: Home/Cell: _____ Work: _____

E-mail Address: _____

Position Title: _____

Business Address: _____
Street

_____
City State Zip Code

Business Address Telephone Number: _____

Name of Community Partners Employer: _____

Length of Time with Community Partners Employer: _____

Have you ever been convicted of a felony? ☐Yes ☐No
If Yes, what for? _____

Where you ever incarcerated? ☐Yes ☐No
If Yes, please provide release date? _____

Have you ever worked with incarcerated and civilly committed individuals before? ☐Yes ☐No
If Yes, where and how long? _____

Are you visiting, have you visited, or are you corresponding with an incarcerated and civilly committed individual confined in any institution of Massachusetts Department of Correction and/or House of Correction? ☐Yes ☐No
If Yes, please explain/identify the incarcerated and civilly committed individual(s): _____
_____
_____

Please list any known family, friends, or associates, who are currently confined to any institution of the Massachusetts Department of Correction and/or House of Correction: _____
_____
_____

Have you ever been employed by the Massachusetts Department of Correction?☐Yes ☐No
If Yes, please explain:_____
_____
_____

Do you have any life-saving medications (nitro pills, inhalers etc.) that you will need to keep on your person during your in-reach? ☐Yes ☐No
If Yes, please provide a description of the Medication: _____

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification, and I consent to such verification as may be necessary in reference to my work as a Community Partners staff member.

Name: _____ Date: _____

Signature: _____

****

For office use only (do not write below this line)

Application Received Date: _____

Director of Program Services and Reentry or Designee: _____

☐Approved ☐Denied

Date: _____

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF
PERSONAL DATA RELEASE FORM

Last Name: _____ First Name: _____(MI): _____

Previous Name or Alias: _____

(Maiden Name, If Married): _____

Residential Address:_____
Street City/Town Zip

Have you ever resided in another state? ☐ Yes ☐ No

If yes, which state? _____

License Number: _____/_____/_____ Date of Birth: _____/_____/_____

Place of Birth: _____ Sex: _____Race: _____

Mother's Maiden Name: _____

Father's Name: _____

I, _____, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or in behalf of the Massachusetts Department of Correction.

I further understand that the Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal record check with the local police department, the State Police, the FBI in Washington and the Massachusetts Board of Probation, a neighborhood check as well as interview with my character references. The Department of Correction will conduct these checks as the Department deems necessary including prior to obtaining Community Partners Staff status and every six (6) months.

_____

Signature Date

Attachment #3

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

AGREEMENT TO ABIDE BY RULES AND REGULATIONS

I understand that as Community Partners Staff I agree to abide by The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures governing persons within a state correctional institution.

I understand that if a friend, neighbor, relative, significant other or acquaintance becomes incarcerated in the MA Department of Correction I am obligated to report this information to the Director of Program Services and Reentry or their designee. I understand that I must not personally intercede for an offender regarding release, nor endorse a petition for granting parole, pardon, commutation, or judicial matters, without the permission of the Commissioner's Designee, the Assistant Deputy Commissioner of Reentry. The request should note the purpose of the input (e.g., incarcerated individual's scheduled parole hearing), and confirm that the letter is being used for hearing purposes only and not otherwise. Requests to submit letters meeting these criteria will not be approved unless the incarcerated and civilly committed individual's hearing date has already been scheduled, and letters must be submitted directly to the respective administrative board, not to the incarcerated and civilly committed individual. All written statements to the respective administrative board must be factual and pertain to the community partner staff's specific knowledge and observations of the incarcerated and civilly committed individual. It is also expected that all written statements will be free form opinion and/or explicit endorsements. When submitting your written request to the Assistant Deputy Commissioner of Reentry, please ensure that you also enclose a signed copy of the letter intended for submission to the respective administrative board with your request.

I understand that I must treat all offenders impartially and should not grant special privileges to any offender. I also understand that I must not utilize the internet and/or other social media networks to publicize or post my experience as a Community Partners Staff member. I also understand that I must not post or comment on any materials written by or about an incarcerated or civilly committed individual.

I understand that a violation of The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures may result in suspension and/or termination of my status as Community Partners Staff with the DOC.

Name: _____ Date: _____
Print Name

_____
Signature

Attachment #4

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF
RELEASE OF LIABILITY

I, _____ have been approved by the
(Print Name)
Director of Program Services and Reentry to work as Community Partners Staff within the correctional institution(s). I release and forever discharge the Commonwealth of Massachusetts and all its officers, agents and employees acting or otherwise from any and all claims, demands, actions, or causes or action on account of my death or injury to my property or myself which may occur from any cause during the performance of the above-mentioned service.

_____

Community Partners Staff Member Signature Date

_____

Witness Date

Attachment #5

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF
ORIENTATION RECEIPT FORM

I, _____, hereby acknowledge receipt of the following
(Print Name)
information regarding Department of Correction Community Partners Staff rules, policies and codes of ethics/conduct. I also acknowledge that I am obligated to familiarize myself with and fully abide by their contents:

- ☐ 103 CMR 131, News Media Relations
- ☐ 103 CMR 153, CORI Regulations
- ☐ 103 DOC 215, American Correctional Association Code of Ethics
- ☐ 103 DOC 225, Professional Boundaries Policy
- ☐ 103 DOC 237, Prevention and Elimination of Workplace Violence (p.15)
- ☐ 103 CMR 483, *Visiting Procedures*, including the visitor dress code;
- ☐ 103 DOC 484, Community Partners Policy
- ☐ 103 DOC 519, Sexually Abusive Behavior Prevention and Intervention Policy
- ☐ Prison Rape Elimination Act – PREA
- ☐ Emergency Procedures;
- ☐ Conflict of Interest Law Acknowledgment of Receipt;
- ☐ Rules and Regulations Governing All Employees of the Massachusetts Department of Correction: "The Blue Book" – Community Partners Staff are held to the same standards as Department of Correction Employees

_____
Director Program Services and Reentry or Designee Date

_____
Community Partners Staff Signature Date

Attachment #6

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF CERTIFICATION

This is to certify that _____ has satisfactorily completed the orientation program for Community Partners Staff of the Department of Correction.

_____ shall be afforded all privileges according with Community Partners Staff at a state correctional institution.

_____
Director of Program Services and Reentry or Designee

Date: _____

Renewal Date: _____

Attachment #7

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

COMMUNITY PARTNERS STAFF RENEWAL FORM

Full Name: _____
Last First Middle Initial

Home Address: _____
Street Apt# P. O. Box

_____
City State Zip Code

Telephone Number: Home/Cell: _____ Work: _____

E-mail Address: _____

Name of Community Partners Employer: _____
Emergency Notification Information:

Name:	Name:
Address:	Address:
Phone # Day: Evening:	Phone # Day: Evening:

I, _____ agree to abide by all applicable laws, rules and regulations governing persons within the state correctional institution and the policies of the Department of Correction. I agree to notify the Director of Program Services and Reentry or their designee of any changes in name, address, emergency notification, arrests or convictions.

_____
Community Partners Staff Signature Date

Renewed: ☐ Yes ☐ No

_____
Director of Program Services and Reentry or Designee Date

Expiration Date: _____

Attachment #8

CONFLICT OF INTEREST LAW ACKNOWLEDGMENT OF RECEIPT

I have this day received, in hand, a copy of the Summary of the Conflict of Interest Law for Community Partners Staff.

Print First and Last Name	Institution
Signature of Community Partners Staff	Date