
APPENDIX 1

LIST OF FINDINGS AND RECOMMENDATIONS

COMPLIANCE AND MONITORING

1. **Repeated health and safety violations cited at the CDF and the Halfway House by CDF personnel, DCRA and DOC inspectors are not being abated.**

That the D/DOC coordinate with DOH to develop and implement follow-up inspections within 30 days of the initial inspection to ensure abatement of cited violations.

2. **Deficiencies Cited During the DOH and DCRA Inspections Remain Unabated in Violation of Stipulation.**

- a. That D/DOC direct the Warden / CDF Compliance Officer and Cellblock Officer(s) in charge to ensure that the deficiencies cited in inspections provided by internal and external agencies are abated.
- b. That D/ DOC direct DOC staff to comply with DOC housekeeping policies and procedures.

3. **Despite numerous studies of the Records Office and recommendations for improvements, its poor handling of inmate records and other information continues to cause significant problems, including premature and delayed release of inmates.**

- a. *Inaccurate information in the computer system has resulted in inmates being released too early or incarcerated beyond their release dates.*

- a. That D/DOC establish policies and procedures to verify the accuracy of data in the JACCS system.
- b. That D/DOC establish policies and procedures to ensure accurate sentence computations are entered into JACCS to ensure that inmates are not held beyond their release dates.

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- c. That D/DOC establish quality control policies and procedures for use by the Records Office during quarterly reviews of information in JACCS.

b. An internal audit could not locate official files on 100 inmates.

- a. That the Deputy Warden for Programs immediately take action to locate or re-create all missing official inmate files.
- b. That D/DOC require the Deputy Warden for Programs to develop a means of tracking inmate file folders.

c. CDF management has intentionally assigned unqualified employees to the Records Office.

That D/DOC direct the development and implementation of written policies regarding the skills requirements and abilities of all employees assigned to the Records Office and ensures that unqualified individuals are not assigned to that office.

d. Eight Legal Instruments Examiner (LIE) positions critical to effective inmate processing remain unfulfilled.

That D/DOC complies with Trustee recommendation R-22 to U.S. District Judge Royce Lambert, which states: “Grade enhancements – place high performing staff in lead LIE and supervisory positions.”

e. Almost half of the recommendations in the Trustee’s report on the erroneous release of an inmate and addressed by DOC in its Records Office Plan in August 2000 have not been implemented.

That D/DOC comply with all outstanding Trustee recommendations submitted to U.S. District Court Judge Royce Lambert in the Trustee’s report on the release of Oscar Veal, Jr.

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- f. The Records Office has no written policies and procedures.*

That the Deputy Warden for Programs, develop and implement written policies and procedures for the Records Office.

HEALTH AND SAFETY

4. **The medical staff does not always respond in a timely manner to inmates' medical needs.**

That during the intake process, inmates receive both oral and written instruction on how to avoid delays in receiving medical attention.

5. **The food service contractor does not properly prepare prescribed dietetic meals.**

Recommendation:

That D/DOC and the contracting officer direct the food services contractor to comply with the terms of its contract as it relates to special meal requirements.

6. **CDF management does not ensure that after being transferred, sick inmates receive meals that meet their medically required diets.**

That D/DOC require the Warden to implement a system that provides and maintains current information regarding assignments of inmates with special dietary requirements.

7. **The lack of mandatory testing for HIV/AIDS and other infectious diseases puts inmate population at risk.**

That D/DOC explore the legal and regulatory possibilities for mandatory testing of all inmates for HIV/AIDS and other infectious diseases.

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8. **CDF management had not complied with federal law and Building Officials and Code Administrators International, Inc. (BOCA) National Fire Prevention Code regulations requiring that portable fire extinguishers be readily accessible to employees.**

That the D/DOC ensure that: (1) CDF management always complies with 29 CFR § 1910.157 (c) (4) (2001), 29 CFR § 1910.157 (e) (1) (2001), and the BOCA code; (2) fire extinguishers are labeled, charged and of the appropriate class, and (3) all non-working and extraneous extinguishers are discarded.

9. **CDF management had not complied with federal law and BOCA National Fire and Prevention Codes regarding the storage of hazardous materials.**

- a. That D/DOC and CDF management request inspections of the CDF by the District of Columbia Office of Occupational Safety and Health (D.C. OSH) and the District of Columbia Fire Department.
- b. That D/DOC and CDF management install fireproof cabinets for the storage of incompatible hazardous chemicals as required by the BOCA National Fire and Prevention Code.
- c. That D/DOC and CDF management install a fireproof wall having a fire-resistance rating of at least two hours as required by 29 CFR §1910.106 (d) (5) (vi) (a) (2001).
- d. That D/DOC and CDF management ensure that all drums and containers containing hazardous chemicals are properly labeled and separated as required by 29 CFR §1910.1200 (f) (1) (2001).

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- e. That D/DOC and CDF management clean and remove spilled chemicals from the warehouse floor area.
- f. That D/DOC and CDF management stack, secure and properly seal all materials up and away from the light fixtures and passageways.

10. The CDF does not have a written hazardous communication program plan as required by federal law.

That D/DOC and CDF management complete and implement a written hazardous communication program as required by 29 CFR §1910.1200 (e) (1) (2001).

11. MSDS were not readily available for review and there were no data sheets in the workplace for each hazardous chemical as required by federal law.

- a. That D/DOC and CDF management ensure that the MSDS are always readily accessible for review as required by 29 CFR §1910.1200 (g) (1) (2001).
- b. That D/DOC and CDF management ensure that a Material Safety Data Sheet is completed for each hazardous chemical stored in the facility as required by 29 CFR §1910.1200 (g) (1) (2001).

12. CDF management had not complied with federal law regarding written emergency evacuation plans.

That DOC and CDF management develop and implement a written emergency evacuation plan with a floor plan showing the routes of exit as required by 29 CFR 1910.38 (a) (1) (2001).

13. Poor housekeeping practices and vermin contamination were observed throughout the CDF.

- a. That D/DOC and CDF management maintain and enforce a daily general maintenance and cleaning program.

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- b. That D/DOC and CDF management ensure that potentially hazardous materials are not stored with utensils that are used for food preparation.

14. The ventilation and overall indoor air quality (IAQ) inside the CDF ranged from poor to inadequate.

- a. That D/DOC and CDF management install a HVAC unit that is properly equipped to filter out airborne contaminants, such as bacteria and harmful viruses.
- b. That D/DOC request that D.C. OSH conduct an IAQ sampling at the CDF.

15. The floors, aisles, and passageways in the warehouse area of the CDF were blocked or cluttered with miscellaneous items in violation of federal law regarding safe clearances and passageways.

That D/DOC ensure that CDF management complies with 29 CFR § 1910.22 (b)(1) (2001) and keeps all floors, aisles and passageways clear and in good repair.

16. Floors in the passageways to the cellblocks are not maintained in a clean and sanitary condition as required by federal law.

That D/DOC ensure that CDF management cleans, sanitizes, and removes the chipped paint and mold from the floors.

17. Ceiling lights in the cellblocks were broken or covered with cardboard or paper, thereby obstructing proper artificial lighting of the cells in violation of the BOCA National Building Code.

That D/DOC and CDF management ensure that lights are repaired or replaced, and that obstructions are removed in order to provide safe and adequate lighting in the cellblocks.

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18. Food spills on the floors impair safe movement.

- a. That D/DOC and CDF management repair the leaking pipes and broken floors in the culinary unit.
- b. That D/DOC and CDF management clean and sanitize all areas of the floor in the culinary unit daily and as frequently as necessary to maintain cleanliness and sanitization.

19. Exhaust hoods located over the cooking vats in the culinary unit were inoperative, violating D.C. regulations regarding exhaust systems.

- a. That D/DOC and CDF management repair the exhaust equipment in the culinary unit.
- b. That D/DOC and CDF management train CDF employees on how to properly operate the exhaust equipment.

20. The electrical panel boxes located in the culinary unit have missing or broken covers.

That the D/DOC and CDF management ensure that all electrical panels are replaced and repaired as required by 29 CFR 1910.305 (b)(2) (2001).

21. CDF and Halfway House officers at entrance checkpoints have not been issued personal protective equipment (PPE) as required by federal law.

- a. That D/DOC direct management at the CDF and the Halfway House to provide gloves and other PPE to officers as necessary, and to issue policies with regard to their use.
- b. That D/DOC ensure that CDF management is held accountable for the immediate abatement of violations.

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22. DOC management has not implemented recommendations made in two District of Columbia Auditor reports pertaining to overcrowded conditions at the Halfway House.

That D/DOC review the Auditor's reports dated August 3, 1999, and March 29, 2000, and implement the recommendations pertaining to the overcrowded conditions at the Halfway House.

23. Inmates at the Halfway House have access to each other's medications.

That the Administrator of the Halfway House ensure that staff members implement and enforce the written procedures for medication access by inmates.

24. Untrained Halfway House employees are dispensing and disposing of medical supplies in violation of federal law.

- a. That D/DOC implement needle dispensing and disposal procedures that will meet the OSHA Blood-Borne Pathogen Standard of 29 CFR §§ 1910.1030(c)(1)(i), 1910.1030(d)(1) and 1910.1030(d)(2)(i).
- b. That D/DOC require that medical personnel dispense medical supplies to inmates or train non-medical personnel to properly dispense and dispose of medical supplies issued to inmates.
- c. That D/DOC provide medical training in emergency medical procedures for non-medical Halfway House personnel in the event an inmate improperly administers an injection.

25. The security control panels in the command centers of the CDF cell blocks are in need of repair.

That D/DOC direct the repair of control panels in the command centers.

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26. Halfway House employees transport inmate laundry in private vehicles.

That D/DOC provide a permanent means for Halfway House laundry to be taken to Lorton or elsewhere for cleaning.

MANAGEMENT

27. Case Managers are not held accountable for work hours or their presence in cellblock offices. Their high absenteeism rate decreases effectiveness in assisting inmates.

- a. That the Warden develop and implement policies requiring that Case Managers be in their cellblock offices for a specified number of hours on a daily basis to assist inmates.
- b. That the Warden direct the Chief of the Case Management Unit to develop a system to track time and attendance, duty assignment, location and productivity among Case Managers and take appropriate action to improve attendance and increase accountability.

28. Case Managers do not have the necessary resources to provide assistance to inmates.

That D/DOC direct DOC Procurement to purchase office furniture, equipment, and computers for each Case Manager's cellblock office.

29. The Case Management Unit lacks up-to-date written policies and procedures governing how the Unit conducts and monitors its daily operations.

That the Warden direct the Deputy Warden for Programs to update policies and procedures and develop a training manual for the Case Management Unit.

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30. **The policies and procedures manual for the Halfway House is inadequate.**

That D/DOC directs the Administrator of the Halfway House to correct the flaws in the procedures manual and ensure its appropriate dissemination.

CAPITAL IMPROVEMENT PROJECT

31. **DOC management did not consider some relocation alternatives for temporary inmate housing during the renovation of the Central Detention Facility which could lead to substantial cost and time savings, and reduce security and project management concerns.**

That D/DOC establish a team to evaluate the feasibility of alternatives to current renovation plans. Based on the results of the study and the recommendations of the evaluation team, D/DOC can then make a more informed decision about renovating the CDF.

32. **Due to the absence of a long-term lease agreement or purchase arrangement, DOC officials have been unwilling to undertake much needed renovations to the Halfway House.**

That D/DOC coordinate with the Office of Property Management to negotiate a long-term lease agreement, seek a purchase agreement, or seek funding for a replacement facility.