

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL**

**CENTRAL DETENTION FACILITY  
DEPARTMENT OF CORRECTIONS**

**REPORT OF RE-INSPECTION**

**September 2009**



**CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Inspector General**

Inspector General



September 8, 2009

Devon Brown  
Director  
Department of Corrections  
Government of the District of Columbia  
1923 Vermont Avenue, N.W., Suite 207N  
Washington, DC 20001

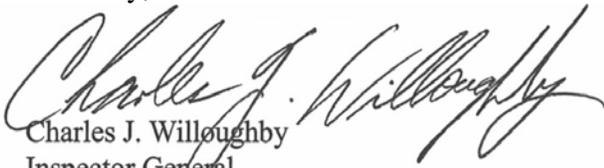
Dear Mr. Brown:

Enclosed is our *Report of Re-inspection of the Central Detention Facility (CDF) Department of Corrections (DOC)*. We conducted the re-inspection of DOC as a follow-up to our initial report of inspection issued in October 2002. Re-inspections and follow-up reports are the key components of our compliance process. This process was developed to assist District managers in improving service delivery by implementing the recommendations that were agreed upon at the conclusion of the initial inspection.

Of the 55 recommendations made in the initial inspection report, DOC has complied fully with 25; 16 are in partial compliance; 4 have not been complied with; and 10 were overtaken by events. I commend DOC for the improvements evidenced by those recommendations complied with, and ask that DOC managers be encouraged to work diligently and expeditiously to bring the agency into full compliance on the remaining issues and the new recommendations.

If you have questions or comments concerning this report or other matters related to the re-inspection, please contact me or Alvin Wright, Jr., Assistant Inspector General for Inspections and Evaluations, at (202) 727-8452.

Sincerely,

  
Charles J. Willoughby  
Inspector General

CJW/arg

Enclosure

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Letter to Devon Brown  
September 8, 2009  
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# **ACRONYMS**

## ACRONYMS

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## ACRONYMS

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ACA	American Correctional Association
AIDS	Acquired Immune Deficiency Syndrome
BOCA	Building Officials and Code Administrators
CCA	Corrections Corporation of America
CCC	Community Corrections Center
CDF	Central Detention Facility
CIP	Capital Improvement Project
CO	Correctional Officer
CTF	Central Treatment Facility
FEMS	District of Columbia Fire and Emergency Medical Services Department
OSHA	District of Columbia Occupational Safety and Health Administration
D/DOC	Director, Department of Corrections
DOC	District of Columbia Department of Corrections
DOH	District of Columbia Department of Health
DCMR	District of Columbia Municipal Regulations
DCRA	Department of Consumer and Regulatory Affairs
ESO	Environmental Safety Officer
FBOP	Federal Bureau of Prisons
FY	Fiscal Year
HIV	Human Immunodeficiency Virus
HVAC	Heating, Ventilation, and Air Conditioning
I&E	Inspections and Evaluations
IAQ	Indoor Air Quality

## ACRONYMS

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IG	Inspector General
JACCS	Jail and Community Corrections System
JIA	Jail Improvement Act
LIE	Legal Instrument Examiner
MAR	Management Alert Report
MEDAT	Mandatory Employee Drug and Alcohol Testing Program
MSDS	Material Safety Data Sheets
NCCHC	National Commission on Correctional Health Care
NFPA	National Fire Protection Association
NIPS	Non-Industrial Pay System
OCFO	Office of Chief Financial Officer
OCP	Office of Contracting and Procurement
OHR	District of Columbia Office of Human Rights
OIC	Officer in Charge
OIG	Office of the Inspector General
OSHA	Occupational Safety and Health Administration
OUC	Office of Unified Communications
PDA	Personal Data (or Digital) Assistant
PDID	District of Columbia Metropolitan Police Department Identification Number
PPE	Personal Protective Equipment
R&D	Receiving and Discharge
ROI	Report of Inspection

**ORGANIZATION CHART**

# ORGANIZATION CHART

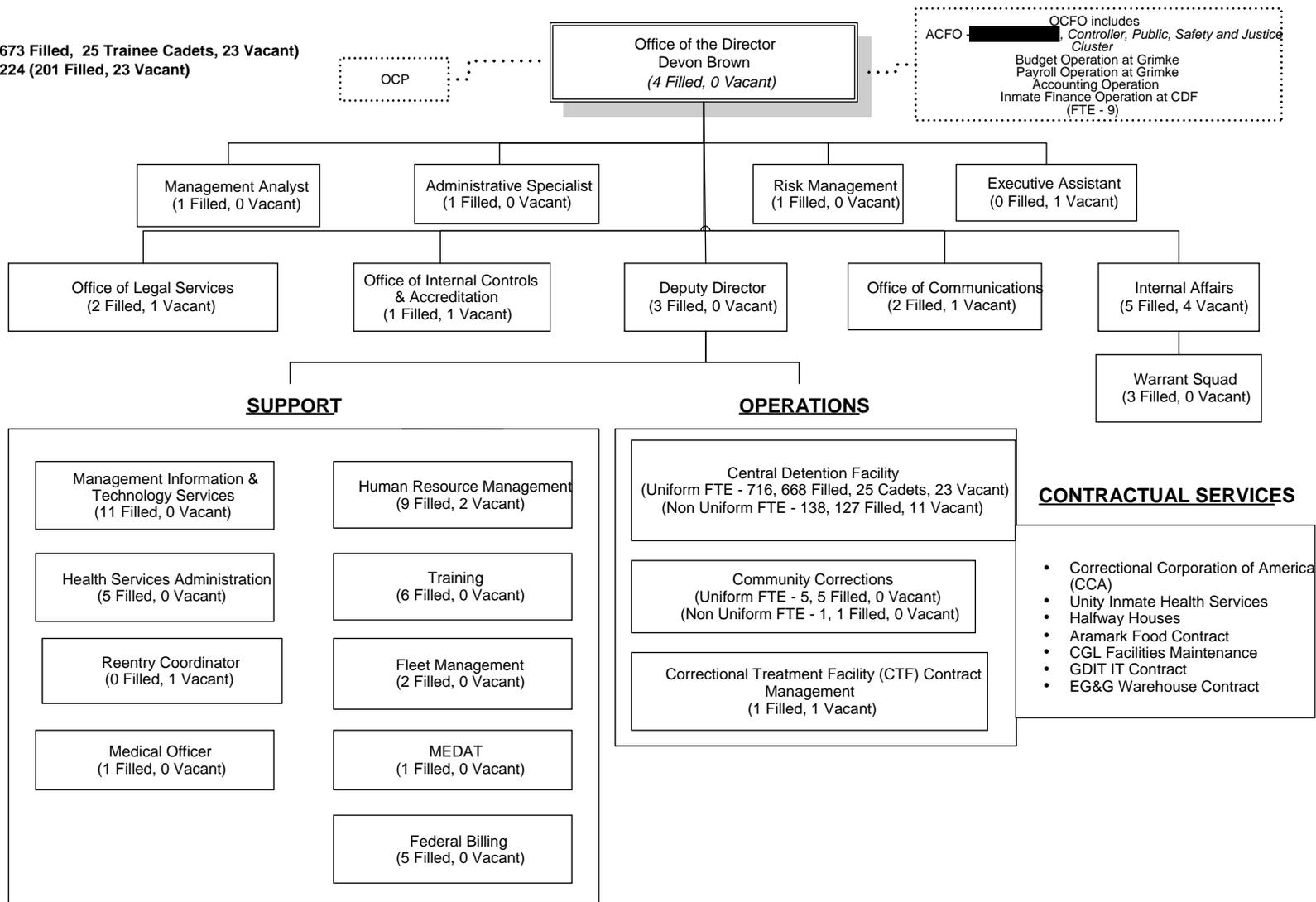
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# ORGANIZATION CHART

## DC Department of Corrections - Organization Chart

FTE Summary 12/5/07  
 Total FTE's FY08 - 945

Uniformed Staff - 721 (673 Filled, 25 Trainee Cadets, 23 Vacant)  
 Non-Uniformed Staff - 224 (201 Filled, 23 Vacant)



Source: DOC, January 23, 2008

## ORGANIZATION CHART

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# **INTRODUCTION**

## INTRODUCTION

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## INTRODUCTION

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### Background

The re-inspection of the District of Columbia Department of Corrections (DOC) was a follow-up to the initial inspection issued by the Office of the Inspector General (OIG) in October 2002. The OIG inspection process includes follow-up with inspected agencies to determine their compliance with agreed-upon recommendations. This follow-up inspection and report are part of the compliance process that the OIG has implemented to help District of Columbia (District) managers work toward continuous improvement in the delivery of services to residents and other stakeholders.

According to DOC's website, "The [DOC] provides public safety by ensuring the safe, secure, and human confinement of pretrial detainees and sentenced misdemeanor prisoners. The management and operation of the District's correctional system fosters community and business confidence and security . . . ."<sup>1</sup>

DOC processed more than 18,000 intakes and releases through the D.C. Jail in fiscal year (FY) 2007, with an average daily inmate population of 2,017. In 2007, DOC established a population cap for the Central Detention Facility (CDF) of 2,164 inmates, a figure which is within the ranges recommended by two consultants hired independently by the City Council and DOC past leadership during 2004, and supported DOC's compliance with the Jail Improvement Act of 2003 (JIA).<sup>2</sup>

DOC's operating budget for FY 2007 was \$137.6 million and included a workforce of 923 full-time equivalents. The operating budget for FY 2008 was \$154 million with 945 authorized full-time equivalents. Its budget in FY 2008 included an additional \$10 million in interdepartmental funds for contracts.<sup>3</sup>

District inmates are housed at both the Central Detention Facility (also referred to as the D.C. Jail), which is operated by DOC, and at the Correctional Treatment Facility (CTF), a facility that is administered by the Corrections Corporation of America (CCA) in Southeast, Washington. The CTF is operated under an exclusive contract to DOC. DOC also has contracts with four private and independently operated halfway houses.

### Summary of Findings

The re-inspection team (team) found that DOC has made substantial progress in correcting many of the deficiencies found during the initial inspection. Of the 32 findings and 55 recommendations made in the initial inspection, as to the recommendations DOC is in compliance with 25, in partial compliance with 16, has not complied with 4, and 10 were overtaken by events. The re-inspection provides 15 new findings and 24 new recommendations.

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<sup>1</sup> [Http://doc.dc.gov/doc/cwp/view,a,3,q,491557,docNav\\_GID,1448,docNav,%7C30838%7C,.asp](http://doc.dc.gov/doc/cwp/view,a,3,q,491557,docNav_GID,1448,docNav,%7C30838%7C,.asp) (last visited June 26, 2008).

<sup>2</sup> Testimony of Devon Brown, Director, "Department of Corrections Public Oversight Hearing" Council of the District of Columbia, October 29, 2007.

<sup>3</sup> *Id.*

## INTRODUCTION

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During this re-inspection, the team found that DOC had addressed key findings and recommendations from the OIG's previous inspection that included: decreasing vermin contamination throughout the CDF; delivering proper dietetic meals to inmates; conducting "automatic" HIV testing; devising a written hazardous communication plan; and acquiring resources and equipment for case managers.

The team also found that issues identified as key findings in the previous inspection still existed and that DOC was not in full compliance with certain recommendations, such as those pertaining to repeated health and safety violations, housekeeping concerns identified in DCRA and DOH inspection reports, poor handling of inmate records, sick call for inmates, poor indoor air quality, training for case managers, and the absence of a feasibility team to address Capital Improvement Projects (CIPs).

During the re-inspection, the team identified several new findings that should be addressed by DOC management, including: deficiencies with respect to case managers' safety in the cellblocks; the CDF's lack of ACA accreditation; and inadequate interpretive services for inmates.

### Scope and Methodology

The re-inspection began in August 2007 and evaluated DOC's compliance with recommendations made in the October 2002 Report of Inspection (ROI). During the re-inspection, the team conducted 42 interviews, directly observed work processes, reviewed internal policies and procedures and documentation from external agencies, and inspected work areas and facilities. OIG inspections and re-inspections comply with standards established by the Council of Inspectors General on Integrity and Efficiency.

### Report Format

This re-inspection report is divided into two sections. The first section of this report presents new findings and recommendations. The second section presents the original inspection findings, the original recommendations and their current status, and any new recommendations resulting from the team's observations. DOC's comments about specific re-inspection findings and new findings have been incorporated into the report. In many of DOC's responses, DOC refers to an exhibit that it provided to the OIG with its response. Due to the volume of the exhibits, the OIG did not include them in the final report.

**Note:** The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format. In addition, the OIG redacted employee and inmate names from DOC's responses.

**NEW FINDINGS**

**NEW FINDINGS**

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## NEW FINDINGS

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### **New Finding 1: Efforts to reduce the inmate population have been successful.**

In January 2008, Title 28 Chapter 5 of the District of Columbia Municipal Regulations (DCMR) was amended to add section 532 entitled *Central Detention Facility Inmate Housing*. It established that:

Except where exigent circumstances occur, the maximum number of inmates to be housed at any one time in the Central Detention Facility is capped at 2,164 inmates. Exigent circumstances, include, but are not limited to, mechanical failures or natural disasters. Whenever exigent circumstances occur and cause the District to exceed the inmate cap ... the District will provide prompt written notice to [designated parties], of the circumstances necessitating the temporary suspension of the cap, and the anticipated time the District believes it will be necessary to exceed the cap.<sup>4</sup>

In an interview, DOC's Deputy Director provided an overview of DOC's contingency plans. If the inmate capacity exceeds available beds at the CDF, inmates will be transferred to the CTF. If CTF reaches its capacity, inmates will be transferred to halfway houses, provided alternative supervision (i.e., electronic monitoring), or released (i.e., early releases for non-violent inmates), and federal inmates will be extradited to the Federal Bureau of Prisons (FBOP). Transfers could also be made to the U.S. Marshals Service and other jail facilities in the region in an emergency. We received a document from DOC referred to as the Cap (2164) Reduction Strategies that addressed some of these actions. A DOC senior manager indicated this was an internal document for DOC executive management.

In June 2008, DOC's General Counsel stated that the population at the Jail had been consistently low over the previous 6-8 months. According to statistics provided by DOC, the March 2006 average daily inmate population was 2,207 inmates. By March 2008, the average daily inmate population decreased to 1,954 inmates.

DOC's General Counsel stated that the lower inmate population is partly due to implementation of the FBOP's e-designation program, which electronically designates sentenced inmates to federal prisons. This reduces the delay of their transfer out of the Jail from months to weeks. The reduction is also the result of the U.S. Parole Commission's use of video conferencing to conduct parole revocation hearings, which reportedly expedites inmates' release or referral back into the FBOP.

DOC's Director stated that DOC has a proposal before the Mayor and D.C. Council to allow inmates to receive credit for time served prior to being sentenced. Currently, pre-trial inmates are not allowed to receive credit for time served until they are formally sentenced. According to the Director, allowing pre-trial inmates to receive credit for time served will save millions of dollars and assist in maintaining the cap.

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<sup>4</sup> See 28 DCMR § 532.

## NEW FINDINGS

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### ***DOC's Response, as Received:***

*In addition to the above efforts it should be noted that additional procedures have been implemented to reduce the inmate population. Inmates are now being released up to midnight rather than the legally prescribed curfew of 10:00 p.m. Moreover, inmates are now being released directly from the courthouse up until 5:00 p.m. As a further measure, the DOC has submitted legislation to the City Executive for presentation to City Council to allow for the issuance of good time credit for program participation and constructive behavior which will further reduce incarceration periods.*

### **New Finding 2: Case managers' personal safety at risk inside cellblocks.**

The re-inspection team observed that DOC's Correctional Treatment Specialists (case managers) were working with inmates in the cellblocks but were not carrying two-way radios or other communication devices that could be used should their personal safety be threatened.

The re-inspection team was informed through interviews that case managers frequently work alone with inmates in offices located within CDF cellblocks. Their offices are out of sight of correctional officers (COs) stationed in the cellblock's observation booth, which is also known as the "Bubble".<sup>5</sup> A case manager requiring assistance when in danger may not be heard by the CO in the Bubble. According to an interview with a case manager, sometimes when calls were placed to the CO in the Bubble, there was no response.

The re-inspection team obtained documents reporting that four case managers were assaulted and injured by inmates in the cellblocks between June 2005 and February 2007, as detailed in the table below.

<b>Date of Event</b>	<b>Type of Event</b>
June 2, 2005	Liquid substance thrown at male case manager.
April 21, 2006	Inmate pulled female case manager's hair.
December 11, 2006	Inmate assaulted male case manager with his fists.
February 22, 2007	Inmate shoved male case manager.

The re-inspection team observed that the CO in the Bubble controls the doors to several offices used by case managers. Therefore, case managers cannot exit the office during times of danger until the CO opens the door.

The re-inspection team learned that all case managers' offices have surveillance cameras. However, COs working in the Bubble or the CDF Command Center do not continuously monitor activities in each office and may not see that a case manager needs assistance during an emergency.

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<sup>5</sup> The Bubble is a glass-enclosed booth that is staffed by a CO. It contains controls for opening and closing cellblock doors and monitors that display images captured by surveillance cameras located in the cellblocks.

## NEW FINDINGS

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In December 2007, DOC issued body alarms to the case managers. However, during an OIG test of the body alarm in March 2008 within a case manager's office, there was no response from COs. On March 14, 2008, the OIG issued a Management Alert Report (MAR) on case managers' safety. In May 2008, the OIG issued correspondence to the DOC on the results of the body alarm test. The MAR and DOC's response to the recommendations contained in the MAR are included at Appendix 3.

### ***DOC's Response, as Received:***

*From February 2007 until present, there have been no incidents involving assaults on Case Management staff. Case Management staff have been equipped with personal body alarms and facility radios to communicate with security staff when necessary. Correctional Officers receive ongoing training on the use and purpose of the body alarm during roll call (Exhibit 1 Radio Inventory and Training Roster). Each case management office also has a surveillance camera installed within it which is monitored by surveillance center staff twenty-four (24) hours a day seven (7) days a week (Exhibit 2 Camera Listing). In addition, a push button wireless alarm was installed in the office of each Case Manager which alerts inside the housing unit bubble in the event an emergency was to occur.*

### **New Finding 3: During a recent 3-year period (2005 – 2007), DOC conducted only one mock inmate escape drill.**

The re-inspection team was informed through interviews that during calendar years 2005 to 2007, three inmates escaped and one inmate attempted an escape from the CDF. The re-inspection team requested from DOC's Accreditation Manager copies of: COs' training curriculum for inmate escape prevention, search, recovery, and reporting; the results of the last two mock drills; and the dates of mock drills conducted at the CDF to prevent escapes during calendar years 2005 to 2007.

DOC has developed policies and procedures for inmate escape reporting and containment measures. DOC's policy (5031.1B) states, "All facility personnel shall be trained annually in the implementation of the CDF emergency plan. Emergency preparedness training shall include but not [be] limited to classroom information, emergency exercises and/or simulations." DOC's policy does not specify the frequency for conducting mock escape drills.

When asked what efforts had been made to prevent escapes, the D/DOC informed the team that the agency had increased the number of cameras, patrol dogs, emergency response teams, "table top" exercises, and siren tests. In January 2009, the Director stated that DOC has been conducting emergency drills<sup>6</sup> on a quarterly basis since December 2007 and that escape drills were conducted in December 2007 and April 2008.

The re-inspection team learned through interviews and a review of documents that between 2005 to 2007, only one mock escape drill occurred; it was held in December 2007. On

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<sup>6</sup> The Director stated that these drills focused on power outages, bomb threats, and small disturbances.

## NEW FINDINGS

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the day the drill was conducted, the physical inmate count was 1,786 and the JACCS<sup>7</sup> count was 1,787. A Lieutenant Major and Shift Supervisor were unable to determine the location within the jail that was missing an inmate. The Deputy Warden for Operations placed the facility on lockdown and returned all inmates to their housing units. During the drill, DOC identified the name of the missing inmate, but the drill was terminated without locating the missing inmate after a 3½-hour search. Based on the re-inspection team's review of documents, the Accreditation Manager and a Captain prepared the drill evaluation reports. The mock drill identified several problems with the CDF inmate escape search, recovery, and reporting efforts by DOC correctional personnel: 1) it took approximately 1 hour and 45 minutes to notify the Warden that there was a possible miscount; 2) there were communications issues; 3) all directives and actions were not relayed to the Incident Commander; and 4) supervisors stated that base counts are often inaccurate and this contributed to the delay in establishing the identity of the missing inmate.

### **New Recommendation:**

That the D/DOC determine the frequency for conducting mock inmate escape drills, conduct them routinely, and evaluate the results of these drills for corrective actions.

Agree \_\_\_\_\_ Disagree   X already done  

### ***DOC's Response, as Received:***

*While the DOC did in fact conduct an escape drill in December of 2007 the above paragraph outlining the events of the drill are incorrect. Contrary to what has been stated in the OIG findings the report prepared on December 19, 2008 does not indicate that "the drill was terminated without locating the missing inmate after a 3½-hour search." The timeline indicates that at approximately 11:00 a.m. "Deputy Warden [REDACTED] returns and advised Warden [REDACTED] that SW2 count is off by two." "She states that Inmate [REDACTED] is the inmate suspected of being unaccounted for." The above paragraph also states that "there were communications issues" however the report prepared on December 19, 2008 states "communication was a minor issue". The report also indicates that a debriefing occurred and all participating staff members were present. During the debriefing and also indicated in the report was an evaluation of the drill and the recommendations to modify any applicable Program Statements.*

*The DOC conducted a second escape drill in April of 2008. Again, a report was prepared with a timeline of events, an overview of the incident debriefing, and an evaluation of the drill along with recommendations.*

*The DOC conducts emergency drills on a quarterly basis utilizing scenarios based on the CDF Emergency Plan Annexes and events which are most likely to occur in a correctional environment. The CDF Emergency Plan Annexes include Hazardous Materials, Escape, Bomb Threat, Fire, Strikes/Work Stoppages, Sheltering in Place, Utility Failure, Hostage, Hunger Strike and Mass Disturbance.*

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<sup>7</sup> The Jail and Community Corrections System (JACCS) contains the automated records for DOC.

## NEW FINDINGS

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*In addition to conducting quarterly drills IMT training meetings began on June 25, 2009 for all managers and administrative staff on a weekly basis. A large majority of the security supervisors recently received FEMA 100 training on the implementation of IMT procedures. In addition, the Training Major along with the Deputy Warden of Operations attended an IMT training course in Texas (Exhibit 3 Training Certificates, Schedule and Roster).*

**OIG Response: The OIG stands by its finding as stated. The facts presented by OIG regarding the mock escape drill in December 2007 was a summary of details reported. DOC's response appears to meet the intent of this recommendation.**

### **New Finding 4: Results of Mock Suicide Exercises Need to be Evaluated.**

Three inmates committed suicide by hanging at the D.C. Jail in a 13-month period between February 2006 and March 2007. DOC's Director informed the team that a Suicide Prevention and Intervention Improvement Team was developed to diminish the likelihood of recurrences of such incidences. According to DOC, the team is comprised of a multidisciplinary team of healthcare and correctional professionals who conduct a comprehensive and critical review of the circumstances surrounding an incident.

The Director informed us that changes were also made in CO training since the inmates' suicides in 2006 and 2007. Currently, COs receive suicide prevention training during Basic Correctional Training and pre-service and annual in-service training. Pre-service training requirements in suicide prevention and intervention increased from 2 hours to 8 hours. In addition, the Director stated that all officers working in the mental health unit at the CDF receive specialized mental health/suicide prevention and intervention training before they can work in the unit.

The OIG team reviewed DOC's Program Statement 6080.2D Suicide Prevention and Intervention dated November 15, 2007. The program statement was revised to reflect the development of the Suicide Prevention and Intervention Improvement Team as well as the enhancement of training. According to the program statement, semi-annual "mock" exercises shall be conducted by the Wardens and Health Services Administrator to simulate a suicide emergency. However, the program statement did not indicate how and whether the results of the mock exercises are evaluated for any needed corrective actions.

### **New Recommendation:**

That the D/DOC require that the results of mock suicide exercises be documented and evaluated by a designated management official to make any necessary recommendations for policy and operational improvements.

Agree                **X**                Disagree      \_\_\_\_\_

---

## NEW FINDINGS

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***DOC's Response, as Received:***

*Program Statement 6080.2 Suicide Prevention is currently under review and will be revised to reflect the recommendation that mock suicide exercises be documented and evaluated by management officials to make any necessary recommendations for policy and operational improvements.*

**New Finding 5:      DOC did not meet the accreditation deadline set by Jail Improvement Act (JIA).**

The JIA states that DOC shall obtain accreditation from the American Correctional Association (ACA) for the CDF by January 30, 2008. D.C. Code § 24-201.71(e)(1)(Supp. 2008).

DOC did not meet the accreditation deadline. According to staff comments made during the re-inspection, the CDF was in the beginning stages of the process and planned to achieve applicant status by December 2007.<sup>8</sup> Reportedly, DOC was still in “correspondence status”<sup>9</sup> as of June 2008. There is an accreditation plan that the team reviewed with goals and target dates for completion of certain actions/tasks. The team was notified that in June 2008, the DOC medical program received dual accreditation from nationally renowned organizations.

According to DOC staff, there is no funding for ACA accreditation because the D.C. Council did not grant DOC specific funds for this effort. DOC management stated that only 3 percent of jails nationally are accredited. In order to become accredited, ACA will review DOC documentation for a year after DOC implements ACA standards. DOC management stated that they still have to implement certain practices thoroughly in order to attain accreditation. In addition, certain practices will need to be tightened and some DOC policies will need to be more stringent in order to comport with ACA standards.

Without accreditation, the CDF is not in compliance with the JIA and is not recognized nationally as an accredited correctional facility. Accreditation will result in improved staff training and development; assessment of program strengths and weaknesses; a safer environment for staff and offenders; and improved staff morale and professionalism.

**New Recommendation:**

That the D/DOC continue to pursue ACA accreditation and, if necessary, clearly enumerate and communicate to the D.C. Council the need for additional funds and/or other resources to meet the accreditation requirement of the JIA.

Agree      \_\_\_\_\_      Disagree        X already done  

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<sup>8</sup> Applicant status denotes the phase during which DOC collaborates with ACA to obtain the materials necessary to implement the accreditation process.

<sup>9</sup> During this time, the agency conducts a self-assessment of its operations and completes a report specifying its level of standards compliance.

### *DOC's Response, as Received:*

*The DOC had its initial ACA accreditation audit on March 9<sup>th</sup> – 11<sup>th</sup>, 2009 and was recommended for full accreditation after having achieved a score of 100% on the mandatory standards and a 97.2% on the non-mandatory standards by the visiting committee members. DOC executive staff is scheduled to attend the Commission on Accreditation for Corrections panel hearing next month to be formally awarded final accreditation status (Exhibit 4 Visiting Committee Cover Sheet and Compliance Tally).*

OIG Response: **The OIG stands by its recommendation as stated. DOC's response appears to meet the intent of this recommendation. DOC should update the OIG when DOC achieves final accreditation.**

### **New Finding 6: Translation and interpretive services are not in compliance with the Language Access Act.**

The D.C. Office of Human Rights (OHR) website states in part, "People that are limited in their ability to communicate in the English language have the right to access vital<sup>10</sup> DC government information and programs in their own language."<sup>11</sup>

The Language Access Act of 2004 (Act) states:

To provide greater access and participation in public services, programs, and activities for residents of the District of Columbia with limited or no-English proficiency<sup>12</sup> by requiring that District government programs, departments, and services assess the need for, and offer, oral language services;<sup>13</sup> provide written translations of documents into any non-English language spoken by a limited or no-English proficient population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered; to ensure that District government programs, departments, and services with

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<sup>10</sup> "Vital documents" means applications, notices, complaint forms, legal contracts, and outreach materials published by a covered entity in a tangible format that inform individuals about their rights or eligibility requirements for benefits and participation.

<sup>11</sup> <http://ohr.dc.gov/ohr/cwp/view,a,3,q,491872,ohrNav,%7C30948%7C.asp> (Last visited June 30, 2008).

<sup>12</sup> "Limited or no-English proficiency" means the inability to adequately understand or to express oneself in the spoken or written English language.

<sup>13</sup> "Oral language services" means the provision of oral information necessary to enable limited or no-English proficiency residents to access or participate in programs or services offered by a covered entity. The term "oral language services" shall include placement of bilingual staff in public contact positions; the provision of experienced and trained staff interpreters; contracting with telephone interpreter programs; contracting with private interpreter services; and using interpreters made available through community service organizations that are publicly funded for that purpose.

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major public contact<sup>14</sup> establish and implement a language access plan and designate a language access coordinator.<sup>15</sup>

The Act also states that a covered entity shall collect data about the languages spoken in the population that the entity serves or encounters or is likely to be served or encountered.

Section 5(c) of the Act states, “A covered entity ... shall develop a plan to conduct outreach to communities with limited or no-English proficient populations about their language access plans and about the benefits and services to be offered under this act.”

The re-inspection team observed that DOC provides interpretive services to limited or no-English proficiency inmates through a telephone access language line interpretive service. To use this service, a DOC staffer contacts the service and allows the inmate to speak with a service representative who will locate an appropriate interpreter to facilitate dialogue between the DOC staffer and inmate. In addition, DOC staff and volunteers assigned on different shifts can provide bilingual services.

According to OHR’s Language Access Director, for FY 2007, DOC was in partial compliance with the Language Access Act and had not completed translation of documents, forms, and brochures that are provided to inmates. The Language Access Director also said that DOC had identified 30 vital documents that needed to be translated, including inmate housing, property, and release plan forms. DOC had translated 28 vital documents into Spanish; 9 into Chinese and Vietnamese, and 3 were being translated into other languages. DOC’s Inmate Handbook lists 31 DOC Program Statements that should be located in the Law Library for inmate use. The team observed that the majority of these Program Statements were not translated into Spanish.

The re-inspection team asked the Language Access Director to review 24 translated DOC documents from English into Spanish, Vietnamese, and Chinese. Twenty-three of these documents were translated into Spanish, and 10 were translated into Vietnamese and Chinese. The Language Access Director reported that the Spanish documents contained misspellings, awkward wording, and inconsistencies, and added that the Vietnamese and Chinese translations should have been completed by the end of FY 2007.

The team questioned several case managers as to their knowledge of translated documents. The case managers stated that they were only aware of one or two documents translated into Spanish. They did not indicate knowledge of various documents translated into Chinese and Vietnamese available from DOC’s Language Access Program Coordinator.

The re-inspection team conducted interviews with COs working in the Receiving and Discharge Control Room while they were processing newly arriving inmates. Several COs stated that they did not have the access code(s) necessary to use the language line interpretive

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<sup>14</sup> “Covered entity with major public contact” means a covered entity whose primary responsibility consists of meeting, contracting, and dealing with the public. Covered entities with major public contact include the Department of Corrections.

<sup>15</sup> D.C. Code §§ 2-1931-37 (2006).

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services. They added that they had never used the service or received training on how to use the service.

Forms used by DOC staff did not request information on an inmate's native language. The Face Sheet (DOC Form 15) is a key data-gathering instrument. The form records whether an inmate can read or write but does not record an inmate's native spoken language. The *Initial Custody Classification* intake form used by case managers does not require the recording of an inmate's spoken language.

OHR's Language Access Director stated that DOC has not conducted public meetings during the 2-year reporting period FY 2006 to FY 2007 in accordance with the Act. DOC's Language Access Coordinator has not held public meetings, but DOC has attended job fairs and community meetings to distribute information on its language access program.

For the third quarter of FY 2007, DOC ranked below the District average in providing adequate interpretive services. For the fourth quarter of FY 2007, DOC ranked above the District average.<sup>16</sup> According to a review of OUC telephone customer service reports from May 15, 2007, to June 6, 2007, 7 out of 12 callers requesting interpretive services from DOC were disconnected or did not obtain assistance. From July 16, 2007, to September 27, 2007, 6 out of 28 callers requesting interpretive services were disconnected or not assisted. There were instances whereby DOC staff told callers "no Vietnamese here" and "English only. Goodbye."

The COs' inability to access interpretive services could lead to delays in assisting inmates who have immediate, urgent medical needs, and delayed responses to requests for gender classification consideration, segregation from other inmates, or other requests. Inmates who, due to language barriers, fail to comply with COs' directives could be wrongly assessed as uncooperative. The absence of vital DOC documents translated in accordance with the Act impedes limited or non-English proficient populations' access and participation in public services.

### **New Recommendation:**

That the D/DOC ensure that DOC complies with all aspects of the Language Access Act of 2004.

Agree  Disagree

### ***DOC's Response, as Received:***

*According to Fiscal Year 2007 agency data collected for the DOC Language Access Program, the Spanish LEP population met the threshold for translation of vital documents (numbers for Chinese and Vietnamese LEP populations were well below the threshold). As reported, DOC did successfully complete the translation into Spanish of 90% of the vital documents identified in our plan. While the agency had not completed the translation of 10% of*

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<sup>16</sup> Telephone customer service from DOC and District agencies was assessed by test callers from the Office of Unified Communications (OUC) who requested interpretive services.

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*the vital documents at the time of the audit, we have been proactive in our efforts to comply with the Language Access Act (LAA). To date, we have successfully completed the translation into Spanish of 43 vital documents and will continue to move forward with this process for the LEP population(s) meeting the threshold established in the LAA, therein achieve 100% compliance.*

*DOC has consulted with the Language Access Director regarding the work that we are doing to more effectively serve the LEP populations in our custody. It is our understanding that District agencies identified as covered entities, have and will continue to complete the vital document translation process in phases, ensuring that the most critical documents are completed first (budget is a factor in this process). Guidance was also requested on the most effective way to address the translation into Spanish of our relevant Program Statements. The Language Access Director emphasized the fact that our plan covers a two-year period thus allowing the agency time to complete the vital document translation process. She also recommended that we work through the process in phases, establishing timelines for the translation of the most important documents and evaluating internal operational needs to determine if changes in priority are warranted. DOC is fully aware that the translation process is an ongoing process with new vital documents being added and existing vital documents periodically requiring updates.*

*It was also reported that a review of the DOC documents translated into Spanish was completed with errors and inconsistencies identified. It should be noted that DOC used an approved vendor (professional translation service) that was also utilized by other District agencies. The DOC Language Access Coordinator learned during a recent LAA forum that this is not a problem unique to the DOC and is prevalent system wide (this was confirmed by the Language Access Director). There are other District agencies, as well as those in the surrounding jurisdictions, that are looking at strategies to address the problem of less than accurate translations. Some are requiring that companies employ two levels of review in order to identify errors in translation. It is our understanding that depending upon available resources, District departments may also reach out to the agencies serving specific populations (such as the Office of Latino Affairs, Asian and Pacific Islander Affairs, and African Affairs) and request that they serve as second level translation reviewers. We were further informed that the Office of Human Rights is in the process of identifying, through the procurement process, an entity or entities that may be used District-wide to provide more accurate translation services. The DOC will incorporate all of these recommendations in order to ensure that our translated documents effectively communicate information to the LEP populations in our custody.*

*We are concerned that our telephone responses were rated below the District average. DOC has in the past conducted training for staff at the D.C. Jail to ensure that employees are fully aware of how to use the Language Line Service and to provide updates on all LEP resources that are available. We have already consulted with the Language Access Director about conducting additional training on the use of the Language Line Service. Staff will also be given updates on available translated documents, and apprised of other internal/external resources that are available.*

*The department has consulted with the Language Access Director regarding our compliance with the requirement to conduct public meetings. In moving forward, we will report*

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*the outreach and information sharing that takes place during our public meetings with our Citizens Advisory Committee (quarterly) and our volunteer coalition, LINCS (Linking Institutions, Neighborhoods and Community Services). Both groups include representatives from the Hispanic community who are actively involved in providing services and offering guidance in support of the LEP inmate population.*

*The DOC has implemented the below listed changes to accommodate the non-english speaking population:*

- 1. The following documents for inmate use were translated into Spanish and made available to the Case Management staff as well as being posted on the agency's Program Statement database*
  - Protective Custody Waiver*
  - Non-Animosity Form*
  - Inmate Request Slip*
  - Work Detail Request Slip*
  - Re-Entry Program Request Slip*
- 2. The DOC has purchased a translation device referred to as the "Phraselator" which is able to interpret the language the inmate is speaking and translate key instructions into the native language of the inmate. The development of this instrument grew out of the needs of the US Military assigned to foreign countries and is currently being used extensively in Iraq and Afganistan (Exhibit 5 Phraselator Manual).*
- 3. The Language Line is still currently used throughout the facility (Exhibit 6 Language Line Invoice). Training has been conducted with the Receiving and Discharge (R&D) and supervisory staff. Instructional posters on access to the Language Line were distributed to Case Management staff and posted in critical areas throughout the jail such as medical, receiving and discharge, command center, visiting control and staff entrance.*

*The DOC is currently reviewing the policies translated and additional policies that need to be translated. Once these documents have been identified, they will be translated accordingly.*

*The DOC JACCS inmate information system requests the following information regarding language (Exhibit 7 JACCS):*

- Read English Y or N*
- Language Read*
- Write English Y or N*
- Language Written*
- Native Language*
- Spoken Language*

## NEW FINDINGS

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**New Finding 7: CDF staff do not consistently comply with and enforce CDF policies and procedures.**

COs are required to enforce CDF policies and procedures as enumerated in their respective post<sup>17</sup> orders. Post orders aim to ensure consistent, safe, efficient, and orderly operations within the CDF, and are applicable to all employees involved in the management, service, or operations of the CDF. In addition to their post orders, COs are expected to enforce DOC policy thoroughly and completely. DOC's policy is to operate CDF housing units consistent with ACA standards and DOC Program Statements and regulations, which dictate a safe, clean, secure, and humane environment for inmates committed to their custody.

Interviews at the CDF revealed to the team that COs are not consistently executing their responsibilities and duties as required by post orders and DOC policy. One senior CO stated that COs generally do not read their post orders. For instance, inmates are not allowed to obstruct lighting and vents in their cells, have food trays in their cells after meal hours, or hang paraphernalia on the walls of their cells. Despite inspections conducted by correctional staff, inmates are still in violation of these DOC policies. During a visit to the Culinary Unit at the CDF, the team noticed that the tray room was not locked and an officer was not present when the room was not in use, which violates DOC policy that states under no circumstances should the dishwasher be left unattended.<sup>18</sup> During another tour of the facility with the Warden, the team observed that inmates on work detail in the loading dock area are required to have their photographs posted on the wall near the loading dock entrance/exit door to alert officers of inmates on duty. During our tour, the Warden noticed that an inmate was working at the loading dock without his photograph posted on the wall.

**New Recommendation:**

That the D/DOC consider implementing a program wherein each CO is required to periodically review and demonstrate sufficient knowledge and understanding of DOC policies and post orders.

Agree \_\_\_\_\_ Disagree **X completed**

***DOC's Response, as Received:***

*At the beginning of 2008, the DOC began annual in-service training which requires attendance by all staff who have routine contact with inmates, inclusive of CO's, to attend. During annual training staff are provided with updates in procedures and policies and are given a refresher in all pertinent areas within the agency. In addition to annual training, the DOC has developed a comprehensive instructional curriculum to be conducted during roll call each day on each shift (Exhibit 8 Training Curriculum). The training curriculum was developed by the Training Department and covers agency procedures, policies, requirements, and orders. Correctional Officers also have immediate access to their Post Orders which are available on the desktop of the computer housed in the control module of each housing unit and auxiliary*

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<sup>17</sup> A post is a correctional officer-specific work location.

<sup>18</sup> The dishwasher is a conveyer belt system located in the tray room.

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*post. Correctional Officers are required to read and sign that they have read their post orders each day upon assuming their assigned post.*

OIG Response: **The OIG stands by its recommendation as stated. DOC's response addresses its efforts to educate its COs about its post orders and its requirement to have COs acknowledge their review of post orders. However, DOC needs to develop a program in which COs demonstrate their knowledge and understanding of the post orders.**

**New Finding 8: Larger number of eligible inmate workers needed to support day-to-day key operations.**

Efficient food service and effective housekeeping are critical to the living and working conditions of inmates and staff. According to DOC's policy, *Inmate Institutional Work Program* (No. 4210.2B), DOC is to employ eligible inmates to maintain the day-to-day facility operations and reduce inmate idleness, while allowing inmates to improve and/or develop useful job skills, work habits, and experiences to assist in post-release employment.

The food contractor, Aramark, employs CDF inmates to assist in the preparation, delivery, and service of food; to provide general sanitation and industrial cleaning; and to wash/sanitize cooking utensils and equipment. The contract between DOC and Aramark requires the CDF to provide this labor. The contract states that approximately 120 inmates are required to cover the 3 food shifts daily, equaling 40 inmates on each shift.

According to an Aramark official, the number of inmates cleared to work is not sufficient to support the day-to-day operations of the facility. The official stated that on average, 16 inmates work each shift in the Culinary Unit, a number well below the required amount to operate at full effectiveness. Inmates are working overtime at the CDF to supplement staff shortages. In addition, they are not able to properly clean the CDF because of the shortage of inmate staff.

Several DOC interviewees acknowledged a shortage of inmate labor. DOC's Director stated that due to past escapes, DOC changed the criteria that enable inmates to work, a move that decreased the number of inmates eligible to work. The Director also stated that if Aramark does not have enough inmate labor on hand, it needs to fill in those positions with its own employees to provide adequate meal service.

According to an agency employee, DOC's criteria have become more stringent because DOC officials now take into account whether an inmate has attempted an escape in the past 10 years. Previously, an inmate's escape history was not a factor in determining work detail eligibility. Reportedly, when an inmate leaves a halfway house and returns a minute late for curfew or he does not show up for court, it is considered an escape and added to the inmate's escape history. This employee stated that there are various levels to an escape that the eligibility criteria for work detail does not take into consideration.

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The team also learned that another bar to inmates' participation on work detail is the availability of only one Non-Industrial Pay System (NIPS) coordinator. The NIPS coordinator is responsible for clearing inmates for work detail at the CDF. In addition to working as the NIPS coordinator, this employee fulfills responsibilities as a CO. Staff stated that if the CDF is short staffed, the NIPS coordinator has to serve as a CO, which results in delays in processing inmates for work detail.

Inmates and staff could be at risk of working and living in conditions that are hazardous and unsanitary because cleaning and sanitization throughout the jail is not conducted timely or effectively.

### **New Recommendations:**

- 8a. That the D/DOC lead a review of inmate staffing levels and consider making adjustments to the work eligibility criteria in order to expand the pool of inmates who are available for work detail.

Agree \_\_\_\_\_ Disagree **X already done**

### ***DOC's Response, as Received:***

*Program Statement 4210.2 Inmate Institutional Work Program was revised in May of 2009 which made adjustments to the work eligibility criteria (Exhibit 9 Previous and Current Program Statement).*

OIG Response: **The OIG stands by its recommendation as stated. DOC's response appears to meet the intent of this recommendation.**

- 8b. That the D/DOC consider the feasibility of making the NIPS coordinator position solely responsible for clearing inmates for work detail.

Agree \_\_\_\_\_ Disagree **X already done**

### ***DOC's Response, as Received:***

*The NIPS Coordinator position is solely responsible for clearing inmates for work detail with the exception of one required thirty (30) minute lunch relief (Exhibit 10 Master Roster). However, when necessary this assignment has been identified as a "shut down post" when required to ensure the order, safety, and security of the facility.*

OIG Response: **The OIG stands by its recommendation as stated. DOC's response appears to meet the intent of this recommendation.**

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### **New Finding 9: Lapses in maintenance of vital equipment in the Culinary Unit.**

DOC has a contract with Aramark to provide food service for the CDF. When the contract was revised in 2007, Aramark became responsible for maintaining all kitchen equipment in the Culinary Unit. In accordance with the contract, Aramark shall institute and maintain a regular preventative maintenance program using qualified equipment service technicians for all kitchen equipment.

During an interview in November 2007, the team learned of three pieces of Culinary Unit equipment in disrepair. Sometimes equipment sits idle in disrepair for weeks according to an interviewee. Aramark does not have a regular preventative maintenance program for government-issued equipment. Presently, if the equipment in the Culinary Unit were to break down because of heavy usage, Aramark staff would have to call a contractor to repair it.

According to an Aramark employee, repair contractors have been reluctant to come to the jail because they must check their tools in and out of the jail with corrections staff when entering and leaving the building. In addition, repair contractors reportedly do not feel comfortable working in a jail environment.

Disrepair of equipment in the DOC Culinary Unit could potentially delay daily food service activities if multiple pieces of machinery are down at the same time.

### **New Recommendation:**

That the D/DOC determine whether Aramark is complying with the terms of its contract with respect to maintaining the equipment in the Culinary Unit and, when necessary, strictly enforce penalties/damages provisions in the food service contract.

Agree \_\_\_\_\_ Disagree **X already done**

### ***DOC's Response, as Received:***

*The DOC has an assigned Food Service Contract Monitor on site in the culinary unit five (5) days per week. This person conducts a daily inspection and prepares a report on all culinary deficiencies, which is forwarded to Aramark for corrective action when necessary. Aramark has implemented a Preventative Maintenance schedule. EMR, Hobart and Ecolab, private maintenance contractors, provide services for the culinary equipment (Exhibit 11 Invoices for repairs from 2008 to present and Preventative Maintenance Schedule).*

**OIG Response: During the re-inspection, the OIG interviewed an Aramark employee who revealed DOC did not have a preventative maintenance program for culinary unit equipment. However, in its response, DOC provided maintenance invoices for culinary unit equipment repairs and documents reflecting that Aramark has implemented a preventative maintenance schedule. DOC's response appears to meet the intent of this recommendation.**

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### **New Finding 10: Exit interviews are not conducted when staff separate from the CDF.**

When employees resign from employment, exit interviews can be used to gather their feedback to improve operations. According to best practices in recruitment and retention, “Information gleaned [from exit interviews] should form the basis for making improvements that help to attract and retain talent.”<sup>19</sup> Exit interviews provide a more complete understanding of turnover as well as feedback on the work environment, and allow organizations to set targets for reducing turnover through planned strategies. They also yield data that reveal trends and allow employers to develop strategies to increase retention.

During an interview, it was revealed to the team that DOC does not conduct exit interviews. Staff ask departing employees informal questions, but formal exit interviews are not conducted. Staff stated that DOC may not have the chance to conduct exit interviews because staff have the option to leave without notice and DOC may not have time to talk to them prior to separation. By not conducting exit interviews, DOC is diminishing its ability to gather staff input on operations and management.

### **New Recommendation:**

That the D/DOC implement a policy requiring that CDF staff conduct formal exit interviews upon an employee’s departure, as practicable.

Agree   X   Disagree \_\_\_\_\_

### ***DOC’s Response, as Received:***

*The DOC has implemented a requirement that the Warden conducts exit interviews as part of the sign out process required by employees upon separating from the agency while in good standing.*

### **New Finding 11: DOC does not maintain weekend visitation hours at the CDF.**

The JIA requires DOC to grant inmates access to visitors on weekends. D.C. Code § 24-211.02(b)(3) (Supp. 2008). However, according to a DOC case manager, inmate visitation hours are held only on weekdays.

The Inmate Handbook states that all inmates, except for those who are on disciplinary detention, are eligible for social visits. Visitation hours are Monday to Friday, from noon to 7 PM. The handbook states that inmates are granted two, 30 minute visits a week, with up to two adults and three minors per visit. The days of the week for inmate visits are assigned based on the first letter of their last names.

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<sup>19</sup> [Http://www.personneltoday.com/articles/2005/08/23/31258/exit-interviews-how-to-conduct-them.html](http://www.personneltoday.com/articles/2005/08/23/31258/exit-interviews-how-to-conduct-them.html) (last visited May 15, 2009).

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After a breach in security was highlighted by inmate escapes in June 2007, DOC decided to eliminate weekend visitation due to staffing requirements. The re-inspection team interviewed a senior CO who said there are several reasons why weekend visitation hours are not established, including staff shortages and inmate escapes. This officer added that the majority of DOC staff is off duty on weekends and, to facilitate visitation, there needs to be a certain number of COs on duty. The lack of weekend visits: 1) prevents inmates from seeing family members and friends who are limited during the week by work and family obligations; and 2) constitutes a violation of the JIA.

### **New Recommendation:**

That the D/DOC establish weekend visitation hours as mandated by the JIA.

Agree \_\_\_\_\_ Disagree  X

### ***DOC's Response, as Received:***

*The CDF visitation schedule is developed according to the alphabet. The family members of inmates may visit on the day of the week that corresponds with the inmate's last name. Each inmate is provided with two (2) one-half hour visits per week from the hours of 12 noon to 8 p.m. This time period allows for family members that work during the day or until 5 p.m. as well as for those that work an afternoon shift with the opportunity to visit inmates. To increase the availability of visiting space visiting hours for inmates who are housed in the facility's Special Management Unit begin at 8 a.m. and are conducted using video visitation. In addition, the DOC is currently working with the DC Fire Department and other agencies to develop a video visitation program that will allow citizens to visit with inmates principally on the weekend without having to travel to the facility.*

**OIG Response: The OIG stands by its recommendation as stated in order for DOC to comply with the JIA.**

### **New Finding 12: Inmates receive prescribed medications at the CDF.**

DOC has a contract with a private healthcare provider (Unity Health Care) for delivery of healthcare services, including on-site primary and emergency medical, dental, and mental healthcare and pharmaceutical services. The re-inspection team observed the medication delivery process for inmates at the CDF.

Previously, the OIG received an anonymous letter issued in June 2005 at the CDF alleging that inmates were not receiving their medication or were receiving the wrong medication. According to an article in the *Washington City Paper*, "From Jan. 1 to Jan. 19, 2005, there were 14 instances in the logbook where an inmate didn't receive prompt medical attention or was not given meds on time."<sup>20</sup>

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<sup>20</sup> Jason Cherkis, Man Down, WASHINGTON CITY PAPER, June 29, 2007, available at <http://www.washingtoncitypaper.com/display.php?id=1903>.

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At the time of the re-inspection, the team learned through interviews and observations that inmates were being provided prescribed medication timely and efficiently at the CDF. The delivery process at the CDF is as follows: (1) the doctor sees an inmate after being processed in R & D and taken to the medical unit; (2) the doctor evaluates an inmate and, depending on the inmate's medical condition, will decide if the inmate needs to be on "watch-take"<sup>21</sup> status or "keep-on-person"<sup>22</sup> status; (3) the prescription is then sent electronically through Logician (computer software used to record inmate medical history) to the pharmacy; (4) the pharmacy prints out the prescription with the prescribing doctor's electronic signature and sorts them by watch-take patients and keep-on-person patients; and (5) the prescription is filled to be administered to inmates by the Medical Nurse or distributed by the Pharmaceutical Technician.

For monitoring purposes, a medical administration record is used by the Pharmaceutical Technician and the Medical Nurse to record when inmates receive their medication. The record includes the inmate/patient name, the date and time the medication was received or administered, and the inmate signature (keep-on-person status), or the initials of the Medical Nurse (watch-take patients). Keep-on-person patients receive up to a 7-day supply of medication from the Pharmaceutical Technician and watch-take patients receive a daily dose of medication administered by the Medical Nurse. The completed record is submitted at the end of the month to the medical records unit and placed in the inmate record as proof of receipt of medication.

During an interview, the Health Center Director of Unity Health Care stated that there were problems getting medications to inmates in 2006 with the prior healthcare provider. The Director said that since Unity Health Care began providing medical care to inmates in 2008, there have been no problems getting medications to inmates.

The team reviewed inmate medical records, which reflected they were receiving medication timely. According to quality improvement staff, 9 out of 10 times the inmates are receiving their medication. When an inmate does not receive a medication, the corrections staff escorts the inmate to the medical unit for delivery of medication. If the inmate cannot come to the medical unit and the drug is critical, the technician or the nurse delivers the medication to the inmate's location. Furthermore, staff stated that Unity Health Care has numerous and effective checks and balances for delivery of inmate medications.

According to staff, they are in the process of converting from paper to electronic file documentation for improved records management. Information can then be viewed electronically to expedite the medication distribution and record keeping process in the medical unit.

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<sup>21</sup> Medical Nurse administers medication to the inmate.

<sup>22</sup> Inmates allowed to keep their medication with them once they receive it from the pharmaceutical technician.

## NEW FINDINGS

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### New Recommendation:

That the D/DOC and Unity Health Care continue to research and explore ways to develop an electronic record keeping system that will improve and expedite medication distribution and record keeping.

Agree   X   Disagree                     

### DOC's Response, as Received:

*These issues were researched and evaluated beginning in FY2007, the first year of the DOC/Unity contract for implementation of a Community-Oriented Correctional Health Care model. The DOC submitted a FY2009 budget enhancement request in the amount of \$651,538 for a Centricity (Electronic Medical Record, EMR) Pharmacy Acquisition inclusive of both medication administration and pharmacy management/inventory control. The rationale for this request was based upon the continuing reliance upon a proprietary pharmacy information system (CIPS) acquired in 1989. No electronic interface exists among CIPS and GE Centricity/Logician, the EMR system or JACCS, the inmate (non-medical) records management system. The net result is often ineffective and/or inconsistent documentation, regulation and control of inmate pharmaceutical prescriptions and delivery. Last year there were no enhancements submitted by DOC because none were accepted due to the fiscal constraints in the FY 2010 budget.*

*In addition, the DOC submitted a grant application this year through the Robert Wood Johnson Foundation titled, "Integrating the Offender Management System, Electronic Medical Records, and Inmate Pharmacy Systems in a Large Jail to Achieve Process and Cost Effectiveness and Implement Management Controls." This application for \$338,000 will purchase a modern electronic pharmacy application and integrate it with the existing Offender Management System and EMR. The DOC seeks a comprehensive solution that manages the end-to-end workflow of the pharmacy department while interfacing bi-directionally to other information systems and devices (i.e., e-mail, MAR, CDR bar-coded devices, clinical documentation, laboratory) to ensure the seamless movement of information between caregivers in the process of distributing medications, and believes we will recognize at least a 15% reduction in cost of inmate pharmacy within a year of implementation.. Also this year, several EMR/Pharmacy System Providers were invited to demonstrate their systems (and did so) in preparation for acquisition, if funding is available, of a system enhancement to the EMR that will automate Medication Administration Records (MAR) as well as enable automated medication dispensing, inventory control, and documentation (Exhibit 12 Budget Enhancement Documents).*

## **NEW FINDINGS**

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**ORIGINAL  
FINDINGS AND  
RECOMMENDATIONS:**

**COMPLIANCE AND  
MONITORING  
BACKGROUND**

## **COMPLIANCE AND MONITORING BACKGROUND**

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### Repeated Health and Safety Violations Remain

**Original Finding 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.

During the initial inspection, the team reviewed health and safety reports issued by CDF and Department of Health (DOH) health inspectors as well as Department of Consumer and Regulatory Affairs (DCRA) inspectors. The reports revealed that each agency cited the same issues repeatedly concerning health and safety violations. Violations included, but were not limited to:

- Vermin and rodent infestation;
- Improper storage of hazardous materials;
- Inoperative and mislabeled fire extinguishers;
- Food serving utensils stored with hazardous chemicals allowing for potential cross contamination of food;
- Unsanitary conditions in the Culinary Unit, such as stagnant water on floors, dirty floors, and cracked and warped tiles;
- Obstruction of aisles and passageways due to improper storage of supplies and inmates' personal property;
- Inoperative exhaust hoods over the cooking vats;
- Broken steam pipes in the Culinary Unit;
- Unsanitary and deteriorated bathrooms and showers in the Halfway House; and
- Structural deterioration and inadequate space in the Halfway House to accommodate inmates in the day room.

### Original Recommendation

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.

**Current Status: Partially In Compliance.** DOC has inspection teams that inspect the CDF and record and report deficiencies in facilities maintenance. A team of COs inspect the CDF daily and a Supervisory CO team inspects the jail weekly. An Environmental and Safety Officer (ESO) team inspects the jail monthly. In addition, the Warden has a team that conducts inspections of the CDF every Wednesday to ensure compliance and abatement of deficiencies.

According to DOC policy 2920.4, there should be adequate instruction, supplies, equipment, and facilities to maintain the CDF in a clean and orderly condition. Through interviews and observations, the team found that there were not enough cleaning supplies and equipment such as buffers, wet/dry vacuums, janitor's carts, and dusting mops to keep the CDF clean and sanitary.

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The team reviewed inspection reports from DOH and DCRA inspectors from 2005 through 2007 regarding health and safety issues. The CDF has made strides in decreasing health and safety violations by improving pest control, labeling fire extinguishers, and replacing the floors in the Culinary Unit. However, while present at the CDF, the team observed that the jail still needed improvement in areas that were reportedly cited in inspection reports from DOH and DCRA. These violations are detailed in the table below.

### *DOH and DCRA Inspection Report Summaries*<sup>23</sup>

<b>Violation Location</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
CDF (Cellblocks, common areas in cell blocks, showers, day room, gym, and visiting area)	Peeling paint on walls, doors, and tables. Pest/vermin in shower areas. Shower areas damaged and missing floor tiles. Housekeeping needs improvement.	Cells peeling paint, floor tile damaged/missing, showers non-functional & dirty/peeling paint/missing floor tiles. Insects observed in cell. Ceiling vent blocked/dirty/no airflow. Inoperable light switches. Water seepage into other cells.	Cells dirty/peeling paint/floors dirty/cracked or missing tiles, vermin control needed, showers dirty and insects, plumbing issues, poor housekeeping, vent obstructed/no airflow, inoperable or no water fountains, and lighting obstructed. Water seepage into other cells. Holes in ceiling and housekeeping need improvement.
R & D (Receiving & Discharge - male & female showers, holding cells, and status area)	Walls dirty, no bedrolls prepared in storage area, exposed piping, and vermin present.	Walls/floor dirty, sink & toilet dirty, showers not fully functional, handicap shower chair filthy, thermostat in corridor had no cover, and graffiti on wall in R & D. Holding cell floor dirty. Status area floor/wall dirty & peeling paint. Plexiglas cracked.	Walls/floor dirty, sink & toilet dirty, showers not fully functional, handicap shower chair filthy in R & D. Holding cells wall & floor dirty, and peeling paint. Status area staff bathroom vent dirty, floor soiled, sink dirty, and first aid kit expired. Plexiglas cracked.

<sup>23</sup> Citations gathered from DOH and DCRA reports from 2005 through 2007.

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<b>Violation Location</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
STAIRWELLS AND VISITOR CHECK POINT	Dirt in metal overhead cage.	Visitor checkpoint bathrooms unsanitary on 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> floor; floors/walls dirty, lighting out, and no soap. Miscellaneous trash in stairwells.	Visitor checkpoint bathrooms unsanitary on 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> floor; floors/walls dirty, lighting out, holes in walls.
CULINARY UNIT	Mice droppings, flies, and insects present. Rust spots on inside of ice machines, and no toilet paper in toilet room.	Flies and mice droppings observed in preparation and storage areas, walls of ice machine dirty and mold growth on doors, storage rack for pots and pans not sanitary, and other holding containers dirty.	Vermin present. Floor in clean storage room dirty. Floor under compartment sinks dirty. Housekeeping needs improvement. August 1, 2007, inspection reveals all cleaning and sanitizing items were abated. The grease pit door and garbage disposal were not repaired.

**New Recommendation (a.):**

That the D/DOC ensure that internal housekeeping and maintenance policies and procedures are enforced continuously by DOC staff to abate the remaining deficiencies cited in DOH and DCRA inspection reports.

Agree \_\_\_\_\_ Disagree   X already done  

***DOC's Response, as Received:***

*The DOC has a continuous housekeeping plan.*

OIG Response: **The OIG stands by its recommendation as stated. In its response, DOC did not provide any documentation to confirm it has a continuous housekeeping plan.**

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### New Recommendation (b.):

That the D/DOC expeditiously procure enough cleaning supplies and equipment to maintain the CDF in a clean, sanitary, and environmentally safe manner.

Agree \_\_\_\_\_ Disagree  X already done

### DOC's Response, as Received:

*Cleaning supplies are continuously being procured and are currently in good supply.*

OIG Response: **The OIG stands by its recommendation as stated. In its response, DOC did not provide documentation confirming that it continuously procures cleaning supplies and equipment.**

### Deficiencies Cited in DOH and DCRA Inspections Unabated

**Original Finding 2:** Deficiencies cited during the DOH and DCRA inspections remain unabated in violation of stipulation.

During the initial inspection, the team reviewed DOH quarterly inspection reports over a 1-year period and found that the same deficiencies were cited on each visit and had not been abated. The team also found that DOC's poor housekeeping practices, failure to adhere to its own housekeeping policies and procedures, and a lack of enforcement by supervisors were the root causes of continued deficiencies. The reports documented the following deficiencies:

- Plumbing problems, including leaking pipes, low water pressure, and inoperative faucets and showerheads;
- Missing light bulbs in cells or improper wattage of light bulbs in cells;
- Exposed electrical wiring adjacent to shower stalls;
- Floors in shower and Culinary Unit in deplorable condition including broken tiles, holes in floors and accumulated water beneath floor surfaces producing unsanitary conditions and a collection of flies or larvae;
- Cell walls with large cracks and crevices, many so large that adjacent cells could be seen through cracks;
- Leaking ceilings and walls;
- Poor air quality throughout the facility. Many cells, including the sick call and adjacent treatment rooms, had little or no apparent air movement;
- HVAC system covered with dirt, grime, and grease; and
- Fire extinguishers lacking proper documentation and/or inspection by the Fire Marshal.

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### Original Recommendation (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.

**Current Status: Partially In Compliance.** DOC has abated some but not all deficiencies cited in inspection reports provided by internal and external agencies. Many of the deficiencies at the CDF are recurring and abatement of these deficiencies is ongoing. According to facilities maintenance, sometimes inmates cause damage to cells purposely, which is challenging to facilities maintenance. They also indicated that the age and configuration of the jail make it difficult to maintain the building. The CDF has made significant strides in abating deficiencies from internal and external reports, such as replacing the floor in the Culinary Unit and properly labeling fire extinguishers. However, the team observed and heard that the jail still needed improvement in:

- Plumbing: low water pressure throughout CDF, faucets not working in bathrooms, and leaky fixtures in cells;
- Lighting: poor lighting in the mop closets/storage areas;
- HVAC: blocked vents, poor air quality, and accumulated dirt on vents; and
- Housekeeping: trash and debris, dirty/cracked tiles and floors, leaky ceilings and walls/water seepage into cells, and peeling paint on walls.

The JIA requires DOH to conduct environmental inspections of the CDF three times a year for the purpose of temperature control, ventilation, and sanitation. DOH is required to provide a report of its findings to the City Council within 30 days of the inspection.<sup>24</sup> We requested that DOH provide us with its inspection reports conducted at the CDF from 2005 through 2007. The team received reports for one inspection in 2005 (September), three inspections in 2006 (June, September, and October), and two inspections in 2007 (April and August). It appears DOH did not inspect the CDF at least 3 times in 2005. A DOH representative informed us that they did not conduct a third inspection in 2007 because there was not enough staff to conduct inspections at the CDF and there were funding issues.

### New Recommendation:

That the D/DOC coordinate with DOH to ensure that the CDF is inspected in accordance with the JIA and the results of inspections reported promptly to the D.C. Council and the Mayor.

Agree \_\_\_\_\_ Disagree  X already done

### DOC's Response, as Received:

*The DOH inspections are being performed as required. The DOH in conjunction with the Department of Corrections established procedures that ensure the inspections are completed on a quarterly basis. This procedure has continued since its inception in 2006.*

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<sup>24</sup> See D.C. Code §§ 7-731(a-1)(1) and (2).

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OIG Response: **The OIG stands by its recommendation as stated. Neither DOH nor DOC provided documentation indicating inspections have been consistently occurring as required by the JIA.**

### **Original Recommendation (b.)**

That D/DOC direct DOC staff to comply with DOC housekeeping policies and procedures.

**Current Status: Partially In Compliance.** DOC management, Supervisory COs, and staff are not enforcing and adhering to housekeeping policies and procedures thoroughly. Supervisors are not enforcing policies thoroughly with front line employees and front line employees are not enforcing policies thoroughly with inmates.

DOC policy requires each housing unit's officer-in-charge to conduct daily housing unit inspections to ensure inmates' cells are clean. In addition, DOC staff are to ensure that all areas of the facility are clean, safe, and in full compliance with DOC policy.

Management has a team that inspects the jail once a week for follow-up and compliance, but housekeeping violations persist. According to a DOC employee, inmates repeatedly obstruct ceiling lights and vents, actions which are prohibited by DOC housekeeping/maintenance policies and procedures. The team observed that an inmate stored a food tray in his/her cell, a behavior which can attract vermin. During a tour, the team observed that an inmate had photographs on the walls of his cell although this violated DOC policy. Management has made efforts (e.g., written program statements, verbal directives, and write-ups) to direct staff to comply with and enforce DOC policies on inmates. However, various interviewees expressed general concerns with officers not fulfilling responsibilities and duties.

### **Concerns with Handling of Inmate Records Remain**

**Original Finding 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.

The initial inspection team found the District of Columbia Office of the Corrections Trustee (Trustee) had conducted studies<sup>25</sup> of the CDF Records Office and found several problems. The inspection team observed that many problems had not been addressed: lack of policies and procedures; lack of formal training; inaccurate and untimely computation of sentences by the Legal Instrument Examiners (LIE); lack of security and quality control of inmate files; and errors associated with retrieving and purging information in JACCS.

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<sup>25</sup> Letter from Court Services and Offender Supervision Agency for the District of Columbia, Office of the General Counsel, Subject: Order to Show Cause, Misc. No. 00-0149 (RCL), (July 28, 2000).

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*Original Finding 3a: Inaccurate information in the computer system has resulted in inmates being released too early or incarcerated beyond their release dates.*

### **Original Recommendation (a.)**

That D/DOC establish policies and procedures to verify the accuracy of data in the JACCS system.

**Current Status: Partially In Compliance.** The team learned through an interview with a senior Records Office specialist that formal written policies to verify the accuracy of data in the JACCS system have not been established. In addition, external audits have not been conducted to verify the accuracy of data in the JACCS system. DOC conducts random reviews/audits of JACCS and compares the information in the system to the information in inmates' files.

The team learned that DOC has unwritten practices in place to verify the accuracy of data in JACCS. According to interviews with senior Records Office specialists, Records Office staff verify the accuracy of data in the JACCS system by analyzing daily and periodic internally generated reports. The team learned through an interview with the DOC Information Service Director that the various users of JACCS generate reports to monitor the accuracy of data in JACCS. Daily and periodic quality checks for the accuracy of data in JACCS are the responsibility of staff who use JACCS. Each manager that inputs and uses data in JACCS is responsible for its accuracy.

A DOC official stated the JACCS database information is not accurate and reliable due to the large number of diverse units (i.e., correctional officers, finance office, adjustment board, case managers, records office, educational services, etc.) entering data into JACCS.

### **Original Recommendation (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.

**Current Status: In Compliance.** The re-inspection team conducted an interview with the Records Office Administrator and observed that policies and procedures have been established to ensure accurate sentence computations are entered into JACCS. A manual guides Records Office personnel with step-by-step tasks to calculate inmate sentence computations.

### **Original Recommendation (c.)**

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

**Current Status: Not In Compliance.** The team conducted an interview with the

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Records Office Administrator and learned that quarterly reviews of information in JACCS are not being conducted and quality control policies and procedures for use during quarterly reviews have not been established.

### ***DOC's Response, as Received:***

*The DOC has revised the Program Statement to reflect weekly audits of JACCS input by the Records Office Administrator. The new procedures will require a quality review of eight (8) reports that will assess staff errors for appropriate action and any additional training needs of the Record Office (Exhibit 13 Report Name and Purpose). The report is required to be submitted to the Office of Internal Controls and Accreditation for monitoring and assessment.*

OIG Response: **DOC's response appears to meet the intent of this finding.**

*Original Finding 3b: An internal audit could not locate official files on 100 inmates.*

### **Original Recommendation (d.)**

That the Deputy Warden for Programs immediately take action to locate or re-create all missing official inmate files.

**Current Status: Partially In Compliance.** According to DOC policy 4060.2A, case records should not be removed from the Records Office except when requested by the Warden or for parole hearings. However, case managers are removing them. In December 2007, the re-inspection team conducted an interview with the Records Office Administrator who was unaware of any missing official inmate files. In March 2008, this Administrator stated that files missing from the Records Office were in the custody of case managers, the Warden, or Deputy Warden. The team interviewed a senior case manager and learned that on average in a given month, she is unable to locate seven inmates' official files in the Records Office. The senior case manager stated that on occasion it has taken up to 2 days for the Records Office to locate an inmate file folder. This delay in the ability to locate a file can impact the 72-hour timeframe under which DOC must accurately classify an inmate for appropriate housing.

### ***DOC's Response, as Received:***

*The Program Statement has been revised to reflect the authorized staff who may remove inmate files and for what purposes. The Program Statement also reflects a procedure for obtaining the inmate file, the time frame for returning an inmate file, and the authorizing authority on any deviations from the procedure.*

OIG Response: **DOC's response appears to meet the intent of this finding.**

### **Original Recommendation (e.)**

That D/DOC require the Deputy Warden for Programs to develop a means of tracking

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inmate file folders.

**Current Status: In Compliance.** Upon re-inspection, the team interviewed the Records Office Administrator and a supervisor and reviewed inmate file tracking documentation. The team reviewed documents and observed that the Records Office has established a sign-in and sign-out log sheet to track the retrieval and return of inmate files by case managers and DOC officials.

*Original Finding 3c: CDF management has intentionally assigned unqualified employees to the Records Office.*

### **Original Recommendation (f.)**

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.

**Current Status: In Compliance.** The re-inspection team obtained and reviewed position descriptions detailing the skills and abilities required of all employees assigned to the Records Office. The Records Office Administrator stated during an interview in March 2008 that all non-Legal Instrument Examiners staff (i.e., correctional officers, temporary, or relocated staff) departed the office during February 2008. He/she stated that all staff onboard are designated Records Office personnel.

*Original Finding 3d: Eight Legal Instruments Examiner (LIE) positions critical to effective inmate processing remain unfulfilled.*

### **Original Recommendation (g.)**

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

**Current Status: In Compliance.** During the re-inspection, the team interviewed the Records Office Administrator and reviewed staffing level documents received in December 2007. DOC has assigned 19% of the Records Office personnel into lead and supervisory positions and the remainder of staff are non-managerial.

According to the Records Office Administrator, there are approximately 55 Records Office employees of which approximately 48 are LIEs, including supervisory personnel. The Administrator stated that there are currently one to two LIE vacancies in the office. He/she stated that as of April 2008, there was sufficient staff to manage the Records Office operations efficiently. There are no temporary or relocated personnel assigned to the office.

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*Original Finding 3e: 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.*

### **Original Recommendation (h.)**

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

- Recommendation R-1: Prepare and publish Records Office Manual.
- Recommendation R-2: Implement Records Office Training Plan.
- Recommendation R-10: Consider delay in release orders from Superior Court in cases being transferred to U.S. District Court.
- Recommendation R-15: Devote resources to correct additional Record Office problems in recommendations 1, 2, and 3.
- Recommendation R-16: Additional resources (equipment/space/furniture) Jail Records Office.
- Recommendation R-17: Shift rotation every 4 hours.
- Recommendation R-18: Conduct desk audits, workflow and staffing of Records Office.
- Recommendation R-19: Records Office employee absenteeism curbed and corrective action taken.
- Recommendation R-20: Staff accountability for work product.
- Recommendation R-21: DCDC must find the resources to resolve the file retirement crisis.
- Recommendation R-22: Grade enhancements place high performing staff in lead LIE and supervisory positions.
- Recommendation R-23: Construction of additional entrance and work area for Case Managers.

**Current Status: Partially In Compliance.** Upon re-inspection, the team interviewed the Records Office Administrator and received the following updates:

- Recommendation R-1: The team received DOC's written policy regarding the creation and management of inmate records.
- Recommendation R-2: Staff are receiving 40 hours of training.
- Recommendation R-10: Inmate releases are being processed upon receipt of release orders. This results in releases being processed simultaneously with other incoming commitment orders. When clearing inmates for release, staff review the incoming commitment orders to ensure no detaining orders are outstanding regarding a particular inmate being processed for release.
- Recommendation R-15: There were approximately 55 Records Office employees and 1 to 2 LIE vacancies in the office as of April 2008. Reportedly, there are a sufficient number of staff currently on board to manage Records Office operations efficiently.

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- Recommendation R-16: The current office resources (equipment/space/furniture) meet the needs for effective operations. As of April 2008, the Administrator stated that office equipment is relatively new with acquisitions made in the last year. The Records Office Administrator stated that furniture is comfortable and in generally good working condition. Office space to accommodate Records Office operations is adequate at this time.
- Recommendation R-17: Shift rotations every 4 hours have been discontinued. The Records Office operates 24 hours a day with three shifts. The office is closed on Sundays.
- Recommendation R-18: Supervisors and Lead LIE conduct Records Office desk audits and reviews of workflow and staffing.
- Recommendation R-19: Reportedly, there is a problem with employee absenteeism. Records Office personnel are routinely requesting sick leave. Records Office supervisors are monitoring employees who routinely call in to request sick leave. Staff absenteeism is suspected to be due to work place stress within the CDF. Reportedly, the hiring of new staff eased the workload in the Records Office that caused staff to excessively take leave.
- Recommendation R-20: The Administrator has implemented staff accountability for work products through closer supervisory oversight of lower level employees and by providing staff counseling. The Administrator is using progressive disciplinary mechanisms to counsel staffers with performance issues.
- Recommendation R-21: The retirement and storage of Records Office files occurs on a 90-day cycle. Files are stored at the Federal Records Center in Suitland, MD. (Note: the facility is actually referred to as the Washington National Records Center). Reportedly, the processes for file retirement and storage are being managed efficiently.
- Recommendation R-22: Each of the three work schedule shifts is led by a supervisor with experience and skills to guide subordinate staff members. Approximately 48 of 55 Records Office employees are LIEs, including supervisory personnel.
- Recommendation R-23: Reportedly, construction for the case managers' work area within the Records Office is complete. The workspace affords them a location to review inmate file folders. Computers are available for the case managers to retrieve automated records and to perform data entry to update inmate files.

*Original Finding 3f: The Records Office has no written policies and procedures.*

### **Original Recommendation (i.)**

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

**Current Status: Partially In Compliance.** DOC has a guide to facilitate inmate sentences computations and records management. In September 2000, DOC issued a policy on inmate records that pertains to the creation and content of an inmate record, inmate record management, organization of an inmate record, and inmate record security. However, written policies to verify the accuracy of data in JACCS have not been

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established beyond a training manual. In addition, policies to use during quarterly reviews of JACCS have not been established.

**FINDINGS AND  
RECOMMENDATIONS:**

**HEALTH AND SAFETY**



### **Sick Call for Inmates Needs Improvements**

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

The initial inspection team found that the corrections staff complained that it frequently took up to 6 days for sick inmates to see a doctor because the medical staff did not always take inmate complaints seriously. In addition, the team observed the medical intake process on three separate occasions, but did not witness the distribution of medical literature. It appeared to the initial team that some inmates and correctional officers did not know what to do when inmates became ill.

#### **Original Recommendation**

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

**Current Status: In Compliance.** A senior case manager and a case manager stated that there are no systemic problems with inmates receiving medical care. A senior case manager added that from time to time, inmates indicate there is a delay in receiving medical care. In June 2008, DOC issued a press release announcing it had received medical accreditation from the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). DOC's Director stated in the press release that the certifications reflected that DOC had met, if not exceeded, national correctional standards. According to the press release, "NCCHC accreditation is recognized as the premier acknowledgement of sound medical practices within penal settings as this body is dedicated exclusively to correctional healthcare programs in jails and prisons."

DOC's Health Services Administrator and Unity's Health Center Director stated that Unity Health Care has urgent medical care available to inmates 24 hours a day. Sick call requests in the evenings are handled on an emergency basis. The re-inspection team obtained copies of the inmate handbook. It informs inmates of the availability of medical services and sick call requests within the CDF. For sick call, "[y]ou should be seen within one day (Monday-Friday) of submitting a sick call request."<sup>26</sup> CDF healthcare policies state that sick call services shall be provided during business hours unless otherwise specified and approved by the Medical Director. The re-inspection team observed and learned through an interview that there are no written policies for nighttime and weekend sick call requests.

The team learned that sick call forms are printed in English and Spanish. However, the Health Services Administrator was uncertain whether sign language services were established for sick call.

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<sup>26</sup> D.C. DOC INMATE HANDBOOK, 8.

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According to DOC policy, DOC and an independent medical consultant should conduct “no less than an annual program audit of all aspects of the healthcare delivery system. . . .”<sup>27</sup> The re-inspection team interviewed the DOC Health Services Administrator and requested copies of completed annual audits of assessments for healthcare delivery to inmates. The team did not receive the requested reports. During one communication, the Administrator explained that the “DOC Counsel has not had the opportunity to complete its review....”

Multiple inmate location tracking databases at the CDF and CTF are not interfaced to identify inmate location. Reportedly, this affects the Medical Unit’s delivery of medical services to inmates.

### **New Recommendation (a.):**

That the D/DOC take steps to ensure it conducts an audit, on at least an annual basis, of DOC’s effectiveness in delivering healthcare to inmates housed in the CDF, as required by DOC policy, and provide the OIG with a copy of its most recent audit results.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ X already done

### ***DOC’s Response, as Received:***

*Contract DCFL-2006-D-6001 between DOC and UNITY for the provision of comprehensive inmate health services specifies the submission and reporting to the DOC on a monthly, quarterly, and annual basis as well as at other intervals as may be directed by the DOC Contracting Officer’s Technical Representative (COTR), to include but not limited to, performance metrics, performance measures, benchmarks, quality performance and improvement reviews/audits, utilization management, access to and quality of care, data quality, off-site specialty care, peer review, staffing coverage, hospital admissions/discharges, and pharmacy and medications management. Applicable contract sections include but are not limited to C.3.8.2 UTILIZATION MANAGEMENT; C.3.27.1, C.3.27.5, C.3.27.6, C.3.25.7 and C.3.27.8 REPORTING; F.3.1 CONTRACT DELIVERABLES, and H.18.3 Corrective Action Plans. These reports are independently reviewed by the DOC Office of Health Services Administration (OHSA) at least on a sample basis monthly and are subject to audit verification by the DOC OHSA during the contract period. The OHSA staff who perform oversight of clinical and administrative contract and program requirements include the Health Services Administrator (who also serves as COTR), Medical Director, Nurse Consultant, Program Specialist and Chief Pharmacist. In addition, each fixed price monthly invoice payment to the Contractor approved by the COTR through PASS reflects language from the COTR that services provided and paid for under the contract are subject to DOC audit verification.*

*In addition, DOC Program Statement (PS) 6000.1D Medical Management, reflects the authority of the DOC OHSA to provide oversight and monitoring of Contractor compliance with the contractual agreement, ACA and NCCHC accreditation standards and practices, and federal and local law, rules and regulations. PS 6000.1D also specifically enumerates under Section 6*

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<sup>27</sup> DOC Program Manual, Policy Number 6000.1C, § 6.c.

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*QUALITY ASSURANCE that the DOC Health Services Administrator “conduct regular program review of the health care delivery system to determine if the provider remains in compliance with the delivery of health care services pursuant to the contractual agreement and this directive” and “to participate in a multidisciplinary quality improvement program, collect and evaluate data and ensure adequate provision of services.” (Exhibit 14 Audit Reports for calendar years 2008 and 2009).*

OIG Response: **The OIG stands by its finding as stated. During the re-inspection, the OIG reviewed DOC’s Program Statement (PS) 6000.1C *Medical Management* issued in November 2006. It required DOC’s Health Services Administrator, in conjunction with an independent medical consultant, to conduct an annual program audit for all aspects of its healthcare delivery system. As a result of DOC’s response, we reviewed PS 6000.1D, *Medical Management* issued in February 2008. It has been modified to direct the Health Services Administrator to conduct regular program reviews. DOC’s response appears to meet the intent of this recommendation.**

### **New Recommendation (b.):**

That the D/DOC ensure databases for identifying the location of inmates are interfaced.

Agree      X      Disagree    \_\_\_\_\_

### **Special Dietetic Meals Properly Prepared**

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

During the initial inspection, the team spoke to medical staff who revealed that therapeutic diet meals prescribed for inmates are frequently late, ignored, or replaced with substitute foods by the food service contractor. As a result, the nutritional content of some diets prescribed by the ordering physician were altered.

### **Original 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.

**Current Status: In Compliance.** DOC policy requires any special meals to be made available per medical authorization and submitted in writing to the food service manager for preparation. DOC’s policy requires meals to be “nutritionally balanced, well planned, prepared and served in a manner that meets established government health and safety codes.” DOC Program Statement 2120.3 at 1.

According to Aramark’s General Manager, approximately 300 of the CDF’s 2,000 inmates require special meals. Such meals typically accommodate inmates’ dental,

diabetic, or allergic conditions. For instance, the meals for diabetic inmates reduce their caloric intake depending on the severity of their illness and inmates with cardiac issues receive meals that contain less sodium. A registered dietician for DOC creates a menu that repeats every 4 weeks and revises the menu every quarter. A dietician from Aramark is involved in the menu development process while DOC's dietician has the final approval. A CO stated that the only time inmates complain about not receiving their required meals is when their prescribed diets expire and they have to go to the Medical Unit to renew their meal plans; otherwise, the officer stated, there are no complaints.

**Transferred Inmates Routinely Receive Medically Required Meals**

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

The initial inspection found that several inmates who had been transferred from one cellblock to another stated that they were not receiving prescribed diabetic and medically required meals. According to medical staff, inmates who experienced an interruption in their prescribed diets might suffer detrimental medical consequences.

**Original Recommendation**

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

**Current Status: Partially In Compliance.** Every day, the Medical Unit provides Aramark with a list of inmates who require medical meals based on information maintained in JACCS. Aramark receives a total meal count from Central Command's master count sheet. Central Command provides Aramark a total count sheet of inmates 3 times a day before each meal reflecting inmate locations so meals can be properly prepared and delivered.

An inmate and a CO deliver the meals. Once the meal carts leave the Culinary Unit, Aramark is no longer responsible for meal deliveries. A meal receipt is used to ensure delivery of meals to inmates and is returned to Aramark. Aramark revises the sheets with inmate locations and meal needs by hand for last minute inmate movement. Aramark uses its own Microsoft Access database to generate a list of inmates that is then sent to the Medical Unit Monday through Fridays to ascertain inmates who require a special diet.

Aramark does not have the access or authority to use JACCS to review inmates' special dietary needs and locations. DOC management stated that non-DOC employees cannot have access to information in JACCS. Limited access to the system, however, would enable Aramark to prepare required meals more effectively and efficiently.

**New Recommendation:** That the D/DOC explore the feasibility of giving Aramark employees limited access to JACCS so that they have more accurate, up-to-date information regarding the locations of inmates with special dietary needs.

Agree \_\_\_\_\_ Disagree   X   issue resolved

***DOC's Response, as Received:***

*The DOC, Aramark and Unity have resolved this issue. Aramark is provided with a list of inmates who have been moved in-house. Unity provides Aramark with the names of the inmates that are transferred out of the facility and that require a medical diet.*

**OIG Response: The OIG understands that DOC has a list system in place. The OIG stands by its recommendation as stated.**

**“Automatic” HIV Testing is Established**

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

During the initial inspection, the Medical Administrator stated that unless there were clinical indicators present during medical intake screening, or unless an inmate consented, they were prohibited from testing inmates for Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), or other infectious diseases. Mandatory testing would safeguard against potential lawsuits against the District for failure to protect inmates from a foreseeable danger.

**Original Recommendation**

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

**Current Status: In Compliance.** According to a DOC press release in July 2006, DOC in partnership with DOH instituted an “automatic” HIV testing program into its routine medical intake procedures at the CDF.<sup>28</sup> According to DOC’s Health Services Administrator, the Family Medical and Counseling Services conducts the HIV testing at DOC under a contract with DOH. Inmates entering the complex are screened for the virus at intake and again before they are released into the community.

DOC’s Health Services Administrator indicated that as of December 31, 2007, 19,070 inmates had been tested at intake for HIV since the testing and counseling program began on June 1, 2006. In addition, as of January 24, 2008, 2,883 inmates had refused to submit to testing. DOC requires an inmate to sign a waiver when he/she refuses to receive

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<sup>28</sup> Department of Corrections Implements Automatic HIV Testing for Inmates, July 26, 2008, *available at* <http://newsroom.dc.gov/show.aspx/agency/doc/section/2/release/9125/year/2006/month/7/page/2>.

medical treatment. According to the Health Services Administrator, an inmate may refuse this testing and DOC does not impose sanctions against an inmate who refuses to be tested.

**Fire Extinguishers Readily Accessible**

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

During the initial inspection, the team found that fire extinguishers had not been inspected or recharged since December 1998. The inspection team also noticed that the extinguishers were not labeled as required to identify their class or type.

**Original Recommendation:**

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.<sup>29</sup>

**Current Status: Partially In Compliance.** The team reviewed 2005-2007 inspection reports from FEMS regarding fire safety violations at the CDF. The 2006 and 2007 FEMS reports contained no citations about fire extinguishers. The 2005 report noted that DOC abated one violation concerning fire extinguishers on the grounds.

Through interviews and observations, the team learned that the DOC Fire Safety Officer/Fire Marshal conducts and keeps a record of monthly inspections to ensure fire extinguishers are fully charged, readily accessible, of the proper class, and up-to-date. Every time a fire extinguisher is inspected, the Fire Safety Officer/Fire Marshal initials and dates the tag. In November 2007, the team noticed non-working and extraneous fire extinguishers were stored at the CDF pending removal.

*New Finding 8a: COs lack in-service fire and safety training.*

According to DOC policy and procedures, all professional and support employees, including contractors, who have regular and/or daily inmate contact, shall receive 40

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<sup>29</sup> 29 CFR § 1910.157(c)(4)(2001) requires employers to assure that portable fire extinguishers are fully charged and in operable condition and kept in their designated places at all times. 29 CFR § 1910.157(e)(1)(2001) states that the employer shall be responsible for inspection, maintenance, and testing of all portable fire extinguishers in the workplace. The BOCA National Fire and Prevention Code (1999) Chapter 5 §§ F-519.2 (1) and (4) states that “[a] portable fire extinguisher shall be installed...[specifically] in all areas containing commercial kitchen exhaust hood systems, [i]n all areas where a flammable or combustible liquid is used in the operation of spraying, coating or dipping.”

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hours of annual in-service training that includes training on fire safety.<sup>30</sup> In addition, all employees shall receive annual in-service training during each subsequent year of employment. The training should cover fire extinguishers (type and class) training, fire emergency training, and inspections training (recognizing fire hazards). The team learned through interviews that existing COs had not received the 40 hours of in-service training. One CO stated that he had not received fire prevention training in over 2 years and that the officers receive pre-service (i.e., at the time of hire) fire safety training but nothing else.

One CO revealed that training has not been available because officers cannot be released from their posts and that DOC will not pay COs overtime to cover posts. Management explained that hiring additional staff will allow DOC to rotate staff into in-service training courses.

Without training in fire safety prevention, COs may not know how to operate fire equipment and recognize possible fire safety hazards at the CDF. Therefore, employees and inmates could be at risk. In addition, Fire Safety Training would promote accreditation and compliance with the D.C. Fire Codes.

**New Recommendation (8a.):** That the D/DOC ensure that COs and required staff receive annual Fire Safety Training promptly.

Agree \_\_\_\_\_ Disagree  X already done

***DOC's Response, as Received:***

*Annual Fire and Safety Training is being conducted through our in-service training program (Exhibit 15 2008 and 2009 In-Service Training Schedule).*

**OIG Response: The OIG stands by its recommendation as stated. In its response, DOC provided an in-service training schedule that includes the course, "Environmental Sanitation and Fire Safety/Emergency Response Plan." However, DOC did not provide documents to reflect when the training was held, the staff in attendance, and/or confirmation that staff have completed the course annually.**

*New Finding 8b: Fire drills are not conducted according to DOC policies.*

According to DOC policy, the CDF's Fire Safety Officer/Fire Marshal is required to conduct fire drills at least quarterly on all three shifts.<sup>31</sup> Staff stated that there should be at least one or more Alternate Fire Marshals present to assist with the drills.<sup>32</sup> According

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<sup>30</sup> DOC Program Manual, Policy Number 3700.2D, § 19.

<sup>31</sup> DOC Policy 2920.1C requires the Fire Safety Officer to conduct fire drills at least quarterly on all shifts at the CDF, the CDF Administration Building, and the Grimke Building.

<sup>32</sup> DOC Policy 2920.1B entitled Fire Safety under Section 8.e states that the Warden or Community Corrections Centers (CCC) Administrator shall identify staff to work as the Institution Fire Marshal and one or more Alternate Fire Marshals.

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to policy, DOC supervisors and staff have to participate in the fire drill and safety activities.<sup>33</sup> These drills should include the evacuation of all inmates, except special management, protective custody, mental health, or other inmates who pose a threat to facility security.

According to an interviewee, presently, the Fire Safety Officer/Fire Marshal is not able to conduct fire drills at the CDF, the CDF Administration Buildings, and the Grimke Building on a quarterly basis for each shift. According to staff, fire drills are conducted on a monthly basis, but not at the capacity mandated by policy because there is no alternate to assist the Fire Marshal as required. Reportedly, it is too much for one person to handle the drills in all areas.

Management stated that DOC has not identified additional persons who are qualified to fill the Alternate Fire Marshal positions. Management also stated that when the previous Fire Marshal retired in March 2007, the Fire Safety Officer who was serving as the Alternate Fire Marshal took on the role of Fire Marshal.

According to a DOC official, responses to fire drills are problematic. Although supervisors are notified a day in advance of a fire drill, some supervisors reportedly are not showing up as required simply because they do not want to participate. In addition, insufficient staff members are available at the time of the fire drills. The official stated that management is aware of the lack of participation by supervisors and staff members, and has issued e-mails to supervisors about the need to participate.

By not conducting quarterly fire drills, DOC has no assurance that staff and inmates are familiar with evacuation procedures.

**New Recommendation (8b.):** That the D/DOC ensure that the CDF conducts fire drills quarterly on each work shift, identifies and trains correctional officers and supervisors to be qualified as Alternate Fire Marshals, and takes steps to ensure that all required staff participate in drills.

Agree \_\_\_\_\_ Disagree  X already done

***DOC's Response, as Received:***

*Fire drills are conducted in each area of the facility quarterly and on each shift. Drills began in the last quarter of 2007 and are continuous. Staff and inmate are required to participate in the drills and evacuate when necessary. The Fire/Safety Specialist position was filled in July of 2007 (Exhibit 16 Fire Drills 2008-2009).*

**OIG Response: The OIG stands by its recommendation as stated. A review of the fire drill inspection records from January 2008 through June 2009 provided by DOC with its**

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<sup>33</sup> DOC Policy 2920.1B Section 8.b requires all employees and staff to participate in all fire drills and safety activities.

response revealed that DOC conducted quarterly fire drills at the CDF.<sup>34</sup> However, fire drills were not consistently conducted on each CDF work shift in each quarter. For instance, in the first quarter of 2008, no drills were conducted on the midnight shift and for the third quarter, no fire drills were conducted during the day or midnight shift. DOC did not provide documentation that fire drills occurred at the Grimke Building.

*New Finding 8c: Smoke detectors are not tested in CDF housing units.*

According to CDF policy, smoke detectors shall be visually inspected monthly.<sup>35</sup> The National Fire Protection Association (NFPA) states that testing of smoke detectors for functionality should be conducted annually with the exception of devices or equipment that are inaccessible due to safety considerations (e.g., excessive height). In addition, NFPA also states that devices that are inaccessible shall be inspected during scheduled shutdowns by the approved authority having jurisdiction but should not be tested more than every 18 months.

At the CDF, there are hard-wired smoke detectors that lack visual indicators to reflect if they are functioning. These smoke detectors are engaged at excessive heights in the ceiling of each housing unit so one needs equipment (e.g., a ladder or smoke-detector spray) to test them regularly.

According to an interviewee, no one, including the Fire Marshal, has been checking the smoke detectors. In addition, the team found no records indicating that these smoke detectors have been tested. An officer indicated the CDF did not have the equipment needed to test them. Because a number of hard-to-reach smoke detectors have not been tested, staff members are unsure if they would alert them of a fire. Testing smoke detectors would help the CDF attain accreditation from the American Correctional Association (ACA) by complying with agency policy and NFPA standards.

**New Recommendation (8c.):** That the D/DOC: (1) ensure that smoke detectors are tested monthly and repaired/replaced if they are found to be inoperative; (2) procure the necessary equipment so that staff members can test hard-to-reach smoke detectors properly and safely; and (3) explore the feasibility of relocating the hard-to-reach smoke detectors.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** already done \_\_\_\_\_

***DOC's Response, as Received:***

*Smoke detectors are required to be tested by a licensed technician annually. The DOC has a contract with Cintas, a private firm, that conducts annual testing on the smoke detectors, fire alarms and fire extinguishers. Smoke detectors as well as other fire apparatus are inspected monthly for damage and/or functionality (Exhibit 17 Fire Inspections).*

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<sup>34</sup> Only one drill was conducted in the Administration building in 2008.

<sup>35</sup> DOC Program Manual, Policy Number 2920.1C, § 10.

OIG Response: **The OIG stands by its recommendation as stated. In its response, DOC provided documentation that reveals a contractor conducted smoke detector tests in January 2008 that included testing ceiling mounted smoke detectors. However, DOC did not provide documentation that: (1) ceiling mounted smoke detectors are checked monthly and repaired/replaced if they are inoperative; (2) equipment has been procured so staff can test the hard-to-reach smoke detectors; and (3) it has considered relocating the hard-to-reach smoke detectors.**

### **Storage of Hazardous Materials Improved**

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

During the initial inspection, the inspection team noticed that hazardous chemicals such as cleaning solvents and lubricants were stored improperly in the warehouse area. Several storage drums containing these chemicals were leaking and chemicals had spilled onto the floor. Leaking chemicals posed a safety hazard to employees working in the area who could slip and fall on the wet floor. The storage drums and containers of hazardous chemicals within the Culinary Unit were not labeled to identify the contents as required by federal law. A fire resistant partition did not separate various chemicals as required by federal law.

#### **Original Recommendation (a.)**

That D/DOC and CDF management request inspections of the CDF by the District of Columbia Office of Occupational Safety and Health (OSHA) and the District of Columbia Fire and Emergency Medical Services Department (FEMS).

**Current Status: In Compliance.** Through an interview with a maintenance employee and observations, the team learned that OSHA and FEMS are conducting inspections of the CDF. OSHA responds when DOC management calls them to inspect a safety and health concern at the CDF. In November 2007, an employee stated that OSHA comes out every 3 years and the last time they were present was in 2004. FEMS is required to inspect the CDF yearly to ensure the CDF is in compliance with D.C. Fire Code and Fire Safety standards. The team reviewed FEMS inspection reports from 2005, 2006, and 2007.

#### **Original Recommendation (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.<sup>36</sup>

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<sup>36</sup> BOCA National Fire Protection Code Chapter 23 § F- 23091.3 (cabinets) states that “[h]azardous materials shall be located in storage cabinets. Materials that are incompatible shall not be stored within the same cabinet.”

**Current Status: Not In Compliance.** During an interview with a DOC employee, the team learned that the few chemicals housed in the CDF were not stored in fireproof cabinets. There are cleaning chemicals stored in the chemical room and lubricants stored in the maintenance department that are not stored in required fireproof cabinets. CDF management was in the process of procuring new fireproof cabinets during the re-inspection.

**DOC's Response, as Received:**

*The DOC has one (1) flammable cabinet located outside of the facility on the loading dock. All hazardous chemicals have been removed from the facility and placed in the flammable cabinet. Access to the cabinet is controlled. Each chemical in the cabinet is weighed and inventoried on a perpetual inventory upon distribution and return (Exhibit 18 Perpetual inventory and cabinet photo).*

OIG Response: **DOC's response appears to meet the intent of this recommendation.**

**Original Recommendation (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).<sup>37</sup>

**Current Status: Overtaken by Events.** Through interviews and a review of 2005-2007 FEMS inspection reports, the team learned that FEMS did not cite the need for a firewall in their inspection reports of DOC. In addition, staff stated that because no chemicals are stored in the warehouse, a fire retardant wall is not needed.

**Original Recommendation (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).<sup>38</sup>

**Current Status: In Compliance.** We reviewed the 2005-2007 FEMS inspection reports. There was no citation about hazardous materials in the warehouse. In 2006, FEMS cited the pharmacy for not having material safety data sheets posted outside of the pharmacy.

Through interviews, the team learned that all larger drums and containers containing hazardous chemicals are not stored at the CDF warehouse; rather, they are stored at an offsite warehouse. The laundry area has containers that are labeled with material safety

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<sup>37</sup> Title 29 CFR § 1910.106(d)(5)(vi)(a) (2001) states that “[i]f the storage building is located 50 feet or less from a building or line of adjoining property that may be built upon, the exposing wall shall be a blank wall having a fire-resistant rating of at least two hours.”

<sup>38</sup> Title 29 CFR § 1910.1200(f)(1) (2001) states that “[t]he chemical manufacturer, importer, or distributor shall ensure that each container of hazardous chemicals...is labeled, tagged or marked with the [identity of the hazardous chemical(s)].”

data sheets. Cleaning chemicals are also stored in a chemical closet and labeled; they are not in the Culinary Unit.

### **Original Recommendation (e.)**

That D/DOC and CDF management clean and remove spilled chemicals from the warehouse floor area.

**Current Status: In Compliance.** During the re-inspection, the team observed that the warehouse was clean, items were organized, and there were no spills. A DOC employee stated that all large chemical drums/containers were removed from the CDF to an offsite warehouse.

### **Original Recommendation (f).**

That D/DOC and CDF management stack, secure, and properly seal all materials up and away from the light fixtures and passageways.

**Current Status: In Compliance.** During the re-inspection, the team noticed that all materials had been neatly stacked on the shelves and secured away from light fixtures and that passageways were no longer obstructed in the warehouse.

## **Written Hazardous Communication Program Established**

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

During the initial inspection, the inspection team determined that the CDF lacks a written communication program for employees working within the proximity of hazardous chemicals.

### **Original Recommendation:**

That D/DOC and CDF management complete and implement a written hazardous communication program as required by 29 CFR § 1910.1200(e)(1) (2001).<sup>39</sup>

**Current Status: In Compliance.** Through an interview and observation, the team found that DOC has a written hazardous communication program. The program includes container labeling, Material Safety Data Sheets (MSDS), employee training and information, and an inventory list of hazardous chemicals at the CDF. In January 2008, DOC issued Program Statement 2920.3A on the control of hazardous and non-hazardous chemicals.

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<sup>39</sup> Title 29 CFR § 1910.1200(e)(1) (2001) *Written hazard communication* program states that “[e]mployers shall develop, implement and maintain at each work place, a written hazardous communication program . . . .”

**Material Safety Data Sheets Are Readily Available**

**Original Finding 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.

During the initial inspection, MSDS were not readily accessible for review by the inspection team. CDF employees stated that they were located in a staff member's office; however, the team never received the sheets during the inspection. OSHA requires that the employer provide copies of the data sheets and that all copies are readily accessible for review upon request. The MSDS are to be in the same location as the chemicals.

**Original Recommendation (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).<sup>40</sup>

**Current Status: In Compliance.** During the re-inspection, the team learned that in 2007 the MSDS sheets were stored in the same location as the chemicals. MSDS copies were available for review by the team. In an FEMS inspection report in 2006, DOC's pharmacy was cited for not having a MSDS sheet posted outside. The 2005 and 2007 FEMS inspection reports listed no citations regarding MSDS.

**Original Recommendation (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).<sup>41</sup>

**Current Status: In Compliance.** During an interview, it was revealed to the team that all hazardous chemicals that are stored at the CDF have an MSDS.

**Written Emergency Evacuation Plans Established**

**Original Finding 12:** CDF management had not complied with federal law regarding written emergency evacuation plans.

During the initial inspection, the inspection team was informed by the CDF safety staff that there was no written emergency evacuation plan. The absence of an emergency evacuation plan endangers the safety of CDF employees and inmates in the event of a fire or other emergency. After issuance of a MAR on this issue, DOC submitted a Fire Safety Program and

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<sup>40</sup> Title 29 CFR § 1910.1200(g)(11) (2001) *Material safety data sheets* states that “[m]aterial safety data sheets shall [] be made readily available [] upon requests...”

<sup>41</sup> Title 29 CFR § 1910.1200(g)(1) (2001) *Material safety data sheets* states that “[e]mployers shall have a material safety data sheet in the workplace for each hazardous chemical which they use.”

Protection Plan. However, it did not illustrate routes of evacuation within the CDF as required by federal law.

**Original Recommendation:**

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).

**Current Status: In Compliance.** Through an interview with a DOC employee, the team found that DOC has a written emergency evacuation plan showing the exit routes as required by law. The team observed DOC's evacuation plan issued in February 2002. The evacuation plan includes a floor plan with evacuation routes for employees and inmates including specific exit locations, location of fire extinguishers, and location of standpipes throughout the CDF.

**Poor Housekeeping Practices Remain**

**Original Finding 13:** Poor housekeeping practices and vermin contamination were observed throughout the CDF.

During the initial inspection, the inspection team observed poor housekeeping practices throughout the CDF. The facility was not maintained in a clean and orderly manner. The team noted that the entire facility suffered from neglect and inconsistent maintenance. In addition, the team observed that large spoons and knives were stored in a cabinet that also contained chemicals, such as tubes of cement-type glue.

**Original Recommendation (a.)**

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

**Current Status: Partially In Compliance.** Through interviews and observations, the team learned that DOC has a daily general maintenance and cleaning program. However, CDF employees and inmates fail to adequately clean and maintain common work areas. The following conditions were discovered through on-site observations and the team's review of DOH and DCRA inspection reports:

- Housekeeping: trash and debris; dirty/cracked tiles and floors; leaky ceilings and walls; water seepage into cells and peeling paint on walls; and pictures/posters on the cell walls.
- HVAC: blocked vents; poor air quality; and accumulated dirt on vents.
- Light fixtures: inmates put newspapers up to block the lights.
- Plumbing: low water pressure; faucets not working in bathrooms; and leaky fixtures in cells.

A DOC official disclosed that the vermin contamination problem has decreased now that an exterminator comes into the CDF twice a week. Another issue commonly raised during the team's re-inspection was the lack of cleaning supplies.

**Original Recommendation (b.)**

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

**Current Status: In Compliance.** Through observations, the team noted that cooking utensils are no longer stored with potentially hazardous materials. The utensils for food preparation are stored in a locked cage located behind the officer's post; COs have to release the utensils to the workers.

**Ventilation and Overall Air Quality Remain Poor**

**Original Finding 14:** Ventilation and overall indoor air quality (IAQ) inside the CDF ranged from poor to inadequate.

During the initial inspection, the team observed that the vents and ductwork of the ventilation system were covered with large amounts of dirt, dust, and grime. The system was old and suffered from a lack of general maintenance. The CDF has a long-standing history of poor indoor air quality according to health and safety inspection reports by DOC and DOH. The inspection team noticed that the overall IAQ was poor throughout the entire facility.

**Original Recommendation (a.)**

That D/DOC and CDF management install an HVAC unit that is properly equipped to filter out airborne contaminants, such as bacteria and harmful viruses.

**Current Status: Partially In Compliance.** Through interviews and observations, the team learned that management installed an HVAC unit that is equipped with high efficiency filters to remove airborne contaminants. However, staff are not able to keep the HVAC vents and registers clean throughout the facility. Staff stated that they do not have the equipment to reach and clean the vents that are located near the ceilings.

**New Recommendation (a.):** That the D/DOC and CDF management procure proper cleaning equipment so staff can clean the registers and vents.

Agree \_\_\_\_\_ Disagree   X already done  

**DOC's Response, as Received:**

*The DOC has the available equipment to properly clean the vents. The vents were removed and cleaned in February of 2009 and are being cleaned on a regularly scheduled basis.*

OIG Response: **The OIG stands by its recommendation as stated. In its response, DOC did not provide documentation to support that the vents are cleaned regularly.**

**Original Recommendation (b.)**

That D/DOC requests that D.C. (OSHA) conduct an IAQ sampling at the CDF.

**Current Status: Not In Compliance.** Through interviews, a DOC official revealed to the team that air quality at the CDF is not monitored. DOC policy requires that air quantities be documented by a qualified outside source at least every 3 years. In 2004, OSHA inspectors inspected DOC's HVAC unit and found that it was not working properly. DOC representatives explained to OSHA that the unit was under construction. OSHA directed DOC to contact them once the system was completed. According to staff, they had no knowledge of OSHA ever issuing an IAQ report. The air handling system was still under construction during the time of the re-inspection.

**New Recommendation (b.):** That the D/DOC and facilities management expeditiously repair the HVAC system so IAQ and air quantities can be measured by OSHA and ensure that the IAQ program is implemented.

Agree            **X**            Disagree      \_\_\_\_\_

***DOC's Response, as Received:***

*The Office of Project Management has begun the scope of work to replace the chillers in the penthouse of the facility to include balancing the air system.*

**Improved Accessibility in the Warehouse**

**Original Finding 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.

During the initial inspection, the inspection team observed that floors and passageways in the warehouse storage areas were blocked and cluttered with tools, mechanical equipment, cleaning supplies, boxes, paper, expired fire extinguishers, and Self Contained Breathing Apparatus (SCBAs).

**Original Recommendation:**

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.<sup>42</sup>

**Current Status: In Compliance.** Through observations, the team found that CDF management appears to have complied with federal law regarding safe clearances. Passageways, floors, and aisles were clear for movement. There were no obstructions across the aisles that could create a hazard. The exit door was not blocked by large equipment that would impede egress.

**Passageways to Cellblocks Appeared Clean and Sanitary**

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

During the initial inspection, the inspection team observed that floors throughout the facility were covered with chipped paint and mold.

**Original Recommendation:**

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

**Current Status: Partially In Compliance.** Through interviews, the team learned that the floors at the CDF are stripped and waxed three times per year. DOC's Environmental Supervisors are required to monitor the scheduling and other logistics for major cleaning projects. The inspection team reviewed DOH inspection reports from 2005 through 2007 and found that DOC was cited for flooring concerns, such as cracked/missing tiles. Facilities maintenance officials stated that they were in the process of removing some of the old vinyl composite floors in the cellblocks and replacing them with self-leveling epoxy based flooring to improve cleanliness and sanitization.

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<sup>42</sup> Title 29 CFR § 1910.22(b)(1) (2001) *Housekeeping* states that “[s]ufficient safe clearances shall be allowed for aisles, at loading docks, through doorways and wherever turns or passage must be made. Aisles and passageways shall be kept clear and in good repair[ ], with no obstruction across aisles that could create a hazard.”

### Cellblock Ceiling Lights Repaired

**Original Finding 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.

The initial inspection team observed that in several inmate cells, lights were missing, broken, or obstructed by paper or cardboard. Dark conditions in cells pose safety hazards to COs who may have to enter the cells.

**Original Recommendation:**

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.

**Current Status: In Compliance.** According to staff, the light fixtures have been upgraded throughout the CDF through the Capital Improvement Project (CIP). To ensure continued compliance, CDF staff has the responsibility of enforcing DOC Policy 2920.6 § 13.c<sup>43</sup> to ensure housing units are clean and cell light fixtures are free from paper and other objects inside of and over the lights. According to a DOC employee, the COs are to check the inmates' cells each day for maintenance issues. A DOC official stated that inmates repeatedly put newspapers up to block the lights.

### Food Spills No Longer Impair Movement

**Original Finding 18:** Food spills on the floors impair safe movement.

The inspection team observed that the floor in the Culinary Unit was constantly wet from leaking water pipes located throughout the kitchen area. The floor had broken, warped, and cracked tiles, and there were puddles of stagnant, putrid water on the kitchen floor. In addition, the inspection team noted food spilled on the floor throughout the Culinary Unit. These conditions impeded free and safe movement of employees.

**Original Recommendation (a.)**

That D/DOC and CDF management repair the leaking pipes and broken floors in the Culinary Unit.

**Current Status: In Compliance.** Through observations and an interview, the team learned that the broken floors in the Culinary Unit have been repaired. During interviews, the team learned that the leaky pipes in the Culinary Unit have also been repaired.

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<sup>43</sup> DOC Policy 2920.6 entitled Operations section § 13.c subsection 7 states, "Each inmate shall in his/her cell: Refrain from placing paper and other objects inside of and over lights and light covers."

**Original Recommendation (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.

**Current Status: In Compliance.** Through observations and interviews, the team learned that there is a cleaning schedule for the Culinary Unit to maintain cleanliness and sanitization. According to staff, the floor and line equipment are cleaned after each meal. DOH cited dirty floors in the Culinary Unit in their 2007 inspection report; however, DOH finalized their report by stating that cleaning and sanitization issues had been abated in the Culinary Unit.

**Exhaust Hoods in Culinary Unit Operative**

**Original Finding 19:** Exhaust hoods located over the cooking vats in the Culinary Unit were inoperative, violating D.C. regulations regarding exhaust systems.

The initial inspection team observed that exhaust fans located on top of the cooking vats were inoperative. As a result, boiling hot steam emitted from the broken pipes located at the bottom of cooking vats and vented into the open. This condition exposed inmates and CDF employees to heat stress and possible burns to the body. The initial inspection team asked the CDF officer on duty to turn on the exhaust hoods; however, the employee stated that he did not know how to operate the exhaust system.

**Original Recommendation (a.)**

That D/DOC and CDF management repair the exhaust equipment in the Culinary Unit.

**Current Status: In Compliance.** Through interviews and observation, the team found that the exhaust hoods in the Culinary Unit are checked and cleaned once a week by maintenance. New exhaust hoods were installed when the kitchen was renovated.

**Original Recommendation (b.)**

That D/DOC and CDF management train CDF employees on how to properly operate the exhaust equipment.

**Current Status: Overtaken by Events.** Aramark's manager stated there is no cut off switch for the exhaust hoods. They are constantly running; therefore, there is no need for training.

### Electrical Panel Boxes Repaired

**Original Finding 20:** The electrical panel boxes located in the Culinary Unit have missing or broken covers.

During the initial inspection, the inspection team observed that the Culinary Unit electrical panel covers were either bent, missing, or did not close properly. These conditions created a possible fire and electrocution hazard for CDF employees and inmates.

**Original Recommendation:**

That D/DOC and CDF management ensure that all electrical panels are replaced and repaired as required by 29 CFR § 1910.305(b)(2)(2001).<sup>44</sup>

**Current Status: In Compliance.** According to interviews and observations, the electrical panels at CDF have been repaired and locks were added to prevent tampering. In addition, the electrical panels are inspected during daily inspections. The electrical panels in the Culinary Unit were in good repair during the re-inspection.

### Critical Personal Protective Equipment Not Issued to Officers

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

During the initial inspection, the inspection team observed that COs did not wear gloves or other PPE while frisking visitors and inmates at various locations of the CDF. Officers frisk visitors and inmates at the front desk checkpoint station at the Halfway House and frisk all inmates arriving at the CDF in the receiving and discharge area of the facility. OSHA recommends that puncture resistant gloves be worn at all times to protect employees from exposure to sharp objects such as needles or knives. Employees stated that management had not issued PPE to officers staffing the posts mentioned above.

**Original Recommendation (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.

**Current Status: Partially in Compliance.** During the re-inspection, a DOC CO explained to the team that CDF COs were wearing rubber latex gloves that are not puncture proof when performing shakedown (searches). According to CDF staff, they have other PPE safety equipment including vests, shields, elbow and kneepads, batons, helmets, restraints, bullhorn, and shin pads. Some COs had not received their vests due

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<sup>44</sup> Title 29 CFR § 1910.305(b)(2) (2001) *Covers and canopies* states that “[a]ll pull boxes, junction boxes, and fittings shall be provided with covers approved for the purpose.”

to incorrect sizing or because they were not present for a fitting. The team confirmed the officers had PPE by observing the equipment in the storage area. The officers are responsible for all the equipment that is issued to them. Every new officer coming from the training academy is provided a vest. DOC also received 100 new radios at the beginning of 2007 and reportedly conducts training and daily inspections on use of all PPE worn by the officers at roll call on every shift.

**Original Recommendation (b.)**

That D/DOC ensure that CDF management is held accountable for the immediate abatement of violations.

**Current Status: Partially in Compliance.** According to an interview, management ordered the recommended puncture proof gloves but upon delivery they were “dry-rotted” (decayed) and replacement gloves were not ordered. Management stated that they can obtain them but they were not aware that they were needed.

**Conditions at Halfway Houses**

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

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. DOC does not currently manage the halfway houses; rather, private contractors manage them.

**Medication Dispensing at Halfway Houses**

**Original Finding 23:** Inmates at the Halfway House have access to each other’s medications.

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. DOC does not currently manage the halfway houses; rather, private contractors manage them.

**Disposal of Medical Supplies by Staff**

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

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. DOC does not currently manage the halfway houses; rather,

private contractors manage them.

### **Security Panels in Command Centers Repaired**

**Original Finding 25:** The security control panels in the command centers of the CDF cellblocks are in need of repair.

During the initial inspection, the team observed that the control panels in the command centers had missing knobs and frayed wires. CDF employees stated that the command centers had been in need of repair for years. These broken panels could have malfunctioned or shut down and created a safety hazard for CDF employees.

#### **Original Recommendation:**

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

**Current Status: In Compliance.** Through an interview and observation, the team found that the control panels in the command centers of the cellblocks have been repaired. Whenever there is an issue with the control panels, they are given priority and repaired immediately. Staff conduct inspections on each shift daily in order to record any deficiencies with control panels. There was no exposed wiring. There is a CIP for the cell door renovation that will be concluded in the near future.

### **Transportation of Inmate Laundry**

**Original Finding 26:** Halfway House employees transport inmate laundry in private vehicles.

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. Three recommendations were issued in the original report for this finding. DOC does not currently manage the halfway houses; rather, private contractors manage them.

**FINDINGS AND  
RECOMMENDATIONS:**

**MANAGEMENT**

## MANAGEMENT

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**Case Management Oversight Remains Problematic**

**Original Finding 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.

During the initial inspection, many COs stated that inmates are frustrated because case managers are frequently absent and, therefore, unavailable to provide assistance. The team reviewed the log of inmate grievances filed and noted that the cellblocks with the greatest number of absences by Case Managers had the most grievances. The initial inspection team noted that Case Managers were required to use a logbook to sign in and out. The inspection team examined the official logs covering the period of April 18, 2001 - May 18, 2001, at each of the 17 cellblocks and found that none of the Case Managers was in his/her cellblock office every workday. The team also could not find attendance records or logs to indicate that Case Managers were present during an entire 8-hour shift. CDF management had no published policy regarding the number of hours a Case Manager should spend in his/her cellblock office.

**Original Recommendation (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.

**Current Status: Partially In Compliance.** The re-inspection team conducted interviews with a senior CO, a senior case manager, and case managers and learned that the Warden has not developed a written program statement requiring that case managers be in their cellblock offices for a specified number of hours on a daily basis to assist inmates. DOC management has issued memoranda that case managers should be in their offices 4 hours a day. The re-inspection team toured case managers' cellblock offices and observed that some, but not all, case managers post the hours during which they will be in their offices.

**Original Recommendation (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.

**Current Status: In Compliance.** The re-inspection team conducted interviews and observations of case managers' attendance and productivity. DOC has developed systems to track time and attendance, duty assignment, location, and productivity among case managers.

The re-inspection team learned through interviews and observation that case managers are required to sign in and out upon arrival and departure from the CDF in a time and attendance logbook maintained at the CDF staff entrance and/or Chief Case Manager's office. Case managers must sign a logbook maintained at the Bubble to record their entry

and exit within the cellblock. Case managers are required to maintain a logbook inside their cellblock offices to record dates and types of services provided to inmates. In addition, case managers prepare a monthly status classification report about the inmates.

### **Resources for Case Managers Improved**

**Original Finding 28:** Case Managers do not have the necessary resources to provide assistance to inmates.

The initial inspection team learned from case managers that they had to complete their records, reports, and forms manually because they did not have access to computers in their cellblock offices. They stated that because they did not have file cabinets in their cellblocks to properly store and secure either records or supplies, they were required to spend an inordinate amount of time running back and forth to review files maintained in Central Records and looking for forms and information in inmate records. As a result of not providing Case Managers with the proper training, policies, procedures, supplies and equipment needed, inmates were not consistently receiving the services they needed.

### **Original Recommendation**

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

**Current Status: In Compliance.** The re-inspection team conducted interviews with case managers and were informed that DOC provided case managers with adequate office furniture, equipment, and computers for their cellblock offices.

### **Structured Training for Case Managers Has Not Been Established**

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

The initial inspection team observed that in a report dated October 5, 1999, the District of Columbia Office of the Corrections Trustee stated that the level of disorganization and inefficiency in case management jeopardized the sound management of inmates. They further stated that most of the written case management policies were at least several years old, with many being 10-20 years old, and that virtually all of the Case Management Unit's (Unit's) policies were either ignored and/or ineffective. The initial inspection team reported that case management officers stated that they followed no written policies or procedures and relied on verbal instructions that are often confusing and usually not followed. The team witnessed a heated verbal exchange between management and staff over a failure to follow verbal instructions. The Deputy Warden for Programs stated that the Unit relied on policies and procedures developed for use at the Lorton facility. This failure to provide the Unit with updated

## MANAGEMENT

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written policies and procedures and the reliance on verbal instructions caused disorganization and inefficiency, and jeopardized effective assistance to inmates.

### **Original Recommendation**

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

**Current Status: Partially In Compliance.** The re-inspection team conducted interviews with case managers and was informed that policies and procedures were developed for the Case Management Unit. The team reviewed DOC's guidelines for the inmate admission process. The guidelines direct procedures for a standardized identification and admission process for inmates committed to DOC.

Some case managers stated that DOC has not developed structured training or a training manual for case managers. One case manager stated that he/she had received training focused primarily on computer software. Two case managers stated there is a training manual but one of them added it has not been updated in awhile. According to the lead case manager, a training manual existed at the previous DOC location in Virginia but one does not exist at the CDF.

### **Halfway House Policies and Procedures**

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

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. DOC does not currently manage the halfway houses; rather, private contractors manage them.

## MANAGEMENT

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**FINDINGS AND  
RECOMMENDATIONS:**

**CAPITAL IMPROVEMENT  
PROJECTS**

## CAPITAL IMPROVEMENT PROJECTS

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## CAPITAL IMPROVEMENT PROJECTS

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### Feasibility Team Not Established to Evaluate Capital Improvements

**Original Finding 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.

During interviews with engineers from the Facilities Management Division of the CDF, the team learned of the extensive renovation project planned for the CDF. After reviewing the renovation plan, the inspection team determined that there were several alternatives for temporary inmate housing that could have been evaluated and considered for implementation.

#### Original Recommendation

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.

**Current Status: Not In Compliance.** During the re-inspection, it was revealed to the team through interviews and observation that DOC did not establish a team to evaluate alternatives to the renovation plans. According to DOC management, they approach each project differently and address relocation options for inmates when a CIP is underway. DOC management stated that once a contract is awarded, they look at alternatives for housing because some of the CIP projects may take up to 2 to 3 years. The team was notified by a DOC maintenance employee that when CIP projects are being conducted, they shut down a cellblock. As of October 2008, a cellblock was available for inmate occupancy if a CIP project is underway. Staff stated that CIP projects completed since 2002 include upgrades to the HVAC system, lighting throughout the facility, plumbing upgrades in the cellblocks, and upgrades to the escalators and elevators. Future projects will be on-going to maintain the facility, including upgrades to the central security command center and renovation of cellblock doors.

#### *DOC's Response, as Received:*

*DOC management identified and evaluated various alternatives to accomplish major facility-wide construction projects such as the RFID implementation and the planned cell door renovation and Inmate Processing Center (IPC) construction projects. Each project is described below justifying the approach of DOC management.*

#### *RFID Implementation:*

*The task-at-hand was to reduce the construction time as much as possible to satisfy funding requirements and cause least disruption to the jail operations without compromising security. The construction period for each cellblock was four days on average, if done separately. DOC decided to hand over simultaneously three cellblocks in each wing. This compressed the average time per cellblock to 2.5 days. In addition, it allowed elimination of*

## CAPITAL IMPROVEMENT PROJECTS

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*escort security, storage of tools and materials at site and faster set-up and shutdown each day. Benefits of this approach were increased security, elimination of inmate contact with outside world, ability to allocate more resources and faster turn-around time. Moreover, inmates of the affected cellblocks were distributed across the remaining cellblocks within the jail with very few transferred to Correctional Treatment Facility (CTF). Alternative to this approach was working on each cellblock sequentially. While the total number of inmate relocations would have remained the same, it would have caused frequent disruptions in jail operations, increased the security risk and resulted in a longer turn-around time. Because of the approach that DOC undertook, the agency will be in a position to complete the project as per the expedited schedule and utilize all the funds. Moreover, a project of this magnitude and complexity was achieved without any accidents involving inmates, officers or members of the construction crew.*

### *Cell Door Implementation:*

*Cell door renovation is a multi-year, multi-million dollar project, which is logistically somewhat similar to RFID project. However, cell door renovation is a project of greater magnitude, complexity and duration. Once again, the goal is to reduce the construction time and cost as much as possible, cause least disruption to the jail operations and minimize security risk to inmates, staff and construction crew. Based on recent experiences, DOC could expedite work on the maximum-security cellblocks by relocating inmates to other parts of the jail. This would be achieved by working on three cellblocks of each wing simultaneously. Removing a pre-fabricated panel would permit quick and secure movement of materials and crew while eliminating the need for costly security escorts. Sealing off the whole wing would prevent any interaction with the inmates. While maximum-security custody level inmates would be shifted to other cellblocks within the jail, minimum custody inmates may be housed at the adjacent Correctional Treatment Facility. Per the project architects and executioners, alternate option of renovating each cellblock separately would increase the average construction time per cellblock resulting in extended project duration. This is simply not acceptable for this kind of a mission-critical project. It is estimated that this approach would help cut down construction period by almost half.*

### *Inmate Processing Center Project:*

*This is a court-mandated project that has to be constructed as soon as possible to minimize liability risks and improve the business process. Schematic design of the project is completed and construction is due to commence within few months. A number of options were considered to expedite construction and reduce costs. Some of them were (A) phased construction taking partial Receiving & Discharge (R&D) area at the jail, (B) relocating inmates to CTF via a separate catwalk and (C) constructing a temporary modular structure. The decision-making criteria were DOC control over the process (and by extension security), project time and costs. Option A would cause enormous disruptions in operations, raise security concerns and extend project schedule by almost six months. Option B, while reducing overall project duration time would result in a partial loss of DOC control over its processes and substantial increase in response time during emergencies. Option C is by far the most cost-effective alternative that would allow DOC manage its processes, and retain all the inmates at the jail while significantly shortening the overall project cycle time.*

## CAPITAL IMPROVEMENT PROJECTS

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### Halfway House Long-term Lease Agreements

**Original Finding 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.

**Current Status: Overtaken by Events.** This finding pertained to conditions identified in the Halfway House. DOC does not currently manage the halfway houses; rather, private contractors manage them.

## CAPITAL IMPROVEMENT PROJECTS

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**APPENDICES**

## APPENDICES

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## APPENDICES

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- Appendix 1:** List of New Findings and Recommendations
- Appendix 2:** List of New Recommendations Pertaining to Original Findings
- Appendix 3:** MAR 08-I-004 with DOC Response
- Appendix 4:** DOC Response to OIG Draft Report of Re-inspection

## APPENDICES

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**APPENDIX 1**

## APPENDICES

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## LIST OF NEW FINDINGS AND RECOMMENDATIONS

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### NEW FINDINGS AND RECOMMENDATIONS

1. **Efforts to reduce the inmate population have been successful.**
2. **Case managers' personal safety at risk inside cellblocks.**
3. **During a recent 3-year period (2005 – 2007), DOC conducted only one mock inmate escape drill.**

That the D/DOC determine the frequency for conducting mock inmate escape drills, conduct them routinely, and evaluate the results of these drills for corrective actions.

4. **Results of mock suicide exercises need to be evaluated.**

That the D/DOC require that the results of mock suicide exercises be documented and evaluated by a designated management official to make any necessary recommendations for policy and operational improvements.

5. **DOC did not meet the accreditation deadline set by Jail Improvement Act (JIA).**

That the D/DOC continue to pursue ACA accreditation and, if necessary, clearly enumerate and communicate to the D.C. Council the need for additional funds and/or other resources to meet the accreditation requirement of the JIA.

6. **Translation and interpretive services are not in compliance with the Language Access Act.**

That the D/DOC ensure that DOC complies with all aspects of the Language Access Act of 2004.

7. **CDF staff do not consistently comply with and enforce CDF policies and procedures.**

That the D/DOC consider implementing a program wherein each CO is required to periodically review and demonstrate sufficient knowledge and understanding of DOC policies and post orders.

8. **Larger number of eligible inmate workers needed to support day-to-day key operations.**

8a. That the D/DOC lead a review of inmate staffing levels and consider making adjustments to the work eligibility criteria in order to expand the pool of inmates who are available for work detail.

## LIST OF NEW FINDINGS AND RECOMMENDATIONS

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8b. That the D/DOC consider the feasibility of making the NIPS coordinator position solely responsible for clearing inmates for work detail.

**9. Lapses in maintenance of vital equipment in the Culinary Unit.**

That the D/DOC determine whether Aramark is complying with the terms of its contract with respect to maintaining the equipment in the Culinary Unit and, when necessary, strictly enforce penalties/damages provisions in the food service contract.

**10. Exit interviews are not conducted when staff separate from the CDF.**

That the D/DOC implement a policy requiring that CDF staff conduct formal exit interviews upon an employee's departure, as practicable.

**11. DOC does not maintain weekend visitation hours at the CDF.**

That the D/DOC establish weekend visitation hours as mandated by the JIA.

**12. Inmates receive prescribed medications at the CDF.**

That the D/DOC and Unity Health Care continue to research and explore ways to develop an electronic record keeping system that will improve and expedite medication distribution and record keeping.

## **APPENDIX 2**

**LIST OF NEW RECOMMENDATIONS PERTAINING TO ORIGINAL FINDINGS**

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## LIST OF NEW RECOMMENDATIONS PERTAINING TO ORIGINAL FINDINGS

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### NEW RECOMMENDATIONS PERTAINING TO ORIGINAL FINDINGS

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.**

- a. That the D/DOC ensure that internal housekeeping and maintenance policies and procedures are enforced continuously by DOC staff to abate the remaining deficiencies cited in DOH and DCRA inspection reports.
- b. That the D/DOC expeditiously procure enough cleaning supplies and equipment to maintain the CDF in a clean, sanitary, and environmentally safe manner.

2. **Deficiencies Cited during the DOH and DCRA inspections Remain Unabated in Violation of Stipulation.**

That the D/DOC coordinate with DOH to ensure that the CDF is inspected in accordance with the JIA and the results of inspections reported promptly to the D.C. Council and the Mayor.

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

- a. That the D/DOC take steps to ensure it conducts an audit, on at least an annual basis, of DOC's effectiveness in delivering healthcare to inmates housed in the CDF, as required by DOC policy, and provide the OIG with a copy of its most recent audit results.
- b. That the D/DOC ensure databases for identifying the location of inmates are interfaced.

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

That the D/DOC explore the feasibility of giving Aramark employees limited access to JACCS so that they have more accurate, up-to-date information regarding the locations of inmates with special dietary needs.

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

- a. That the D/DOC ensure that COs and required staff receive annual Fire Safety Training promptly.

## **LIST OF NEW RECOMMENDATIONS PERTAINING TO ORIGINAL FINDINGS**

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- b. That the D/DOC ensure that the CDF conducts fire drills quarterly on each work shift, identifies and trains correctional officers and supervisors to be qualified as Alternate Fire Marshals, and takes steps to ensure that all required staff participate in drills.
- c. That the D/DOC: (1) ensure that smoke detectors are tested monthly and repaired/replaced if they are found to be inoperative; (2) procure the necessary equipment so that staff members can test hard-to-reach smoke detectors properly and safely; and (3) explore the feasibility of relocating the hard-to-reach smoke detectors.

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

- a. That the D/DOC and CDF management procure proper cleaning equipment so staff can clean the registers and vents.
- b. That the D/DOC and facilities management expeditiously repair the HVAC system so IAQ and air quantities can be measured by OSHA and ensure that the IAQ program is implemented.

**APPENDIX 3**

## APPENDICES

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The complete Management Alert Report MAR 08-I-004 and agency responses regarding the case managers' safety inside the cellblocks are available on the OIG website at <http://oig.dc.gov/news/view2.asp?url=release08%2FMAR%5F08%2D1%2D004%2Epdf&mode=iande&archived=0&month=20085>

## APPENDICES

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**APPENDIX 4**

## APPENDICES

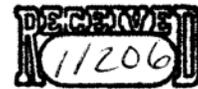
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APPENDICES

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Corrections

2009 JUL 30 PM 3 43



Office of the Director

July 28, 2009

Charles J. Willoughby  
Inspector General  
Government of the District of Columbia  
717 14<sup>th</sup> Street  
Washington, D. C. 20005

Dear Mr. Willoughby:

Please find enclosed the response of the Department of Corrections (DOC) to the July 2009 Draft Report of Re-Inspection of the Central Detention Facility issued by your office. Kindly know that I am highly appreciative of the observations and recommendations contained in this document. Your findings and suggestions will be seriously considered in our efforts to strengthen the operations of our correctional system as we are determined to improve our functioning in all manners possible.

Towards this end, the Department of Corrections undergoes continuous audits by local, federal, and nationally acclaimed professional organizations of subject matter experts who are keenly familiar with industry endorsed standards governing correctional operations. With respect to this situation, the DC Department of Health (DMH), the United States Marshals Service (USMS), the American Correctional Association (ACA), and the National Commission on Correctional Health Care (NCCHC) review our process on an ongoing basis to ensure that we meet or exceed best practices within our profession. Moreover, should we encounter an area that requires specialized intervention, we avail ourselves to the expertise of the National Institute of Corrections (NIC) for technical assistance. Collectively, these measures in conjunction with our unwavering commitment to the advancement of our mission have been quite productive as we are currently among those City agencies that are totally free of court oversight. In addition, we are proud to now hold accreditation by both the ACA and NCCHC. It is significant to note that less than five percent of the correctional systems in the country share this distinction. With this attainment, we have become the only public safety department in District government that has achieved full national accreditation in its respective field.

## APPENDICES

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Charles J. Willoughby  
Inspector General  
Page 2  
July 28, 2009

The results of your inspection will do much to enhance our progress as we strive to expand the development and implementation of approaches that will further our success. I thank you and your staff for your contributions in helping us to accomplish this goal.

Sincerely,



Devon Brown  
Director

Enclosure

C. Neil O. Albert  
City Administrator