



**District of Columbia
Corrections Information Council (CIC)**

**ANNUAL REPORT
FISCAL YEAR 2013**

February 28, 2014

CIC Board Members

Michelle R. Bonner, Chair
Katharine A. Huffman
Reverend Samuel Whittaker

CIC Program Analyst

Cara M. Compani

Table of Contents

Letter from the CIC Board	iii
Executive Summary	v
I. Introduction	1
a. Statutory Mandate of the CIC	1
b. CIC Composition	2
II. Fiscal Year 2013	2
III. Overview of the DC Inmate Population	3
a. DC Department of Corrections	3
b. Federal Bureau of Prisons	5
c. Residential Reentry Centers	7
IV. Inspections in Fiscal Year 2013	8
a. FCI Fairton	8
b. FCI Manchester	18
c. USP McCreary	27
d. The Fairview RRC	36
V. Inmate and Community Concerns	44
VI. General Observations	47
VII. Best Practices	49
VIII. Recommendations	52
IX. Conclusion	56
X. Appendices	57



District of Columbia Corrections Information Council (CIC)

February 28, 2014

To: Mayor Vincent Gray, District of Columbia
Congresswoman Eleanor Holmes Norton
Charles Samuels, Director, Federal Bureau of Prisons
Thomas Faust, Director, DC Department of Corrections
Phil Mendelson, Chairman, Council of the District of Columbia
Tommy Wells, Chairman, DC Committee on the Judiciary and Public Safety
Council of the District of Columbia
Currently and Formerly Incarcerated Citizens of the District of Columbia
DC Community at Large:

It is our great honor to provide you with the second annual report of the newly reestablished DC Corrections Information Council (CIC). While our efforts have just begun, we are encouraged by the interest and support that have brought us to this point. The restoration of this independent oversight body demonstrates the importance that our community places on the wellbeing of those DC residents who are incarcerated, whether locally or far from home. We look forward to working with those in the DC and Federal governments, corrections and detention professionals, incarcerated DC residents and their families and friends, and the broader DC community to improve the safety, health, and successful reentry of incarcerated DC residents.

The CIC's Performance Plan for fiscal year 2013 set four goals relating to key performance indicators: inspect nine facilities, reach 25% of DC inmates in FBOP custody through on-site inspections, hold or attend twelve community outreach meetings, and conduct three expert training sessions. In fiscal year 2013 the CIC met or exceeded all of these goals. The CIC inspected seven Federal Bureau of Prison (FBOP) facilities, toured the DC Jail twice and the juvenile unit at the Correctional Treatment Facility once, and began an inspection of the use of video visitation at the DC Jail. Through the CIC's onsite inspections we reached 25% of all DC residents in FBOP custody and conducted in-person interviews with over 150 incarcerated residents. The CIC also held training sessions with experts in the areas of criminal justice and met with DC Department of Corrections (DOC) and FBOP leadership.

The CIC's mandate is to inspect the prisons, jails, and residential reentry centers (RRCs) where DC residents are incarcerated in order to ensure compliance with constitutional, human rights, statutory, and institutional standards that govern the operation of these facilities. During fiscal year 2013 there were 5,697 DC residents in 113 FBOP facilities in 34 states, and 2,269 residents in DOC custody.¹ Many DC residents in FBOP custody are far from their government, homes, and families. They face unique obstacles in maintaining community connections and in reentering the community upon completion of their sentences. The CIC's oversight role also

includes reporting on these unique obstacles and making recommendations to remove barriers to reentry.

The CIC owes many thanks for a very successful year. We are grateful for the efforts of advocates, community members, and the friends and family members of our city's incarcerated residents. We thank Mayor Gray and his Administration; DC City Council Chairman Phil Mendelson; Tommy Wells, Chairman of the Committee on the Judiciary and Public Safety; and all the members of the Council of the District of Columbia for recognizing the critical role of the CIC. We would also like to thank the Office of the Deputy Mayor for Public Safety and Justice, which provides support and assistance to the CIC. We are also grateful for the attention and support shown by Congresswoman Eleanor Holmes Norton and her office. The CIC appreciates the cooperation of the FBOP, the DOC, and their contractors, and their willingness to work with the CIC this fiscal year. Specifically, the CIC has received extensive support from Director Charles Samuels and his FBOP staff members, including Mike Boram, Tommy Scarantino, Steve Confair, and Kathryn Tracy. DC DOC Director Faust and his staff have also been supportive, and we would also like to thank DOC Deputy Director Carolyn Cross, Acting Warden Dr. Latoya Lane, and their support staff. Finally, the CIC would like to thank the wardens and staff at the facilities we inspected in this past fiscal year, specifically Hope Village RRC, FCI Fairton, FCI Manchester, USP McCreary, The Fairview RRC, USP Allenwood, FCI Allenwood Low, Rivers Correctional Institution, and the DC Jail.

We have accomplished much as a body in a short period of time with three volunteer Board Members and one full-time staff person. All of the Board Members were aware of the CIC's broad mandate when they agreed to be part of the independent monitoring body and are committed to fulfilling it. In the coming fiscal year we will continue to appeal directly to the Mayor and City Council to increase staff and find permanent confidential office space for the CIC.

We are grateful for this opportunity to serve the city and the residents of the District of Columbia.

Sincerely,

Michelle R. Bonner

Michelle R. Bonner
CIC Board Chair

Rev. Samuel Whittaker

Rev. Samuel Whittaker
CIC Board Member

Katharine A. Huffman

Katharine A. Huffman
CIC Board Member

Executive Summary

In Fiscal Year 2013, the CIC conducted eight facility inspections and a thematic inspection of video visitation at the DC Jail, in addition to a brief tour of USP Beaumont in Texas. These inspections and tours reached all DC DOC inmates, and 1,443 residents in FBOP custody—more than a quarter of all residents incarcerated outside the District. The CIC observed outstanding practices and areas of concern outlined below. This report does not include information on the CIC inspections of USP Allenwood, FCI Allenwood Low, or Rivers Correctional Institute or correspondence from inmates at USP Lewisburg; the CIC will address these topics in separate reports. Following the executive summary is a chart outlining DC inmates' concerns broken down by topic and number for fiscal year 2013.

Best Practices

FBOP Leadership

Director Samuels and his executive staff were and continue to be receptive and responsive to the CIC. The leadership of Director Samuels and his support staff demonstrate a commitment to meeting the needs of inmates and returning citizens while simultaneously ensuring public safety. Director Samuels demonstrated a receptivity to and support for the CIC's independent inspection and monitoring of FBOP facilities. The CIC commends Director Samuels and his staff for their availability, their accountability, and their commitment to inmates and correctional staff in the FBOP.

DC DOC Leadership

Director Faust and his staff have been available and willing to meet with the CIC and facilitate inspections, at times on very short notice. Director Faust and his staff established quarterly in-person meetings with the CIC and biannual tours of the DC Jail and Correctional Treatment Facilities (CTF). The CIC appreciates Director Faust's availability and his support for the CIC's work.

Low-Level Violators Stay in DC

The FBOP now sends DC residents with short sentences (less than nine months) to the CTF for low-level parole and RRC violations. This policy allows residents to remain in DC rather than being re-designated back to secure FBOP facilities outside the District or regional jails in Virginia. This helps ensure that these residents maintain strong ties with their families and community, and increases their chances for successful reentry upon completion of their sentences.

Free Minds Book Club & Writing Workshop

Free Minds uses books, creative writing, and peer support to awaken DC youth sentenced as adults to their own potential. Through creative expression, job readiness training, and violence prevention outreach, Free Minds assists young poets with their education and career goals, helping them become powerful voices for change in the community. Free Minds meets weekly with young men (under the age of 18) at CTF and engages them in book club discussions, creative writing exercises, and author visits. When members turn 18 and are transferred to FBOP facilities outside the District, Free Minds stays connected to them by sending books, birthday cards, letters, a monthly newsletter, and feedback on their writing. Free Minds also provides reentry and mentoring support to members upon release. Young men have found this program transformative and DOC Director Faust also spoke highly of Free Minds and their service to DC youth at a recent public hearing.

Mental Health Cooperation between University Legal Services, USP Allenwood, and FCI Fairton

Allenwood and Fairton have an ongoing partnership with University Legal Services (ULS) to link inmates with mental healthcare needs to services in DC and ensure continuity of care upon release. Through this program, Allenwood and Fairton staff go above and beyond what the FBOP requires of each institution.

SOAR Demonstration Pilot Between University Legal Services and The Fairview RRC

ULS worked with eight women at The Fairview RRC to obtain Social Security Insurance benefits. ULS received inmate referrals for this pilot from The Fairview and Mr. Steve Confair, the FBOP Transitional Drug Abuse Contract Oversight Specialist. The Fairview provided space to ULS for resident interviews and also assisted in assuring their residents had passes to attend meetings at ULS. The pilot began in March 2013 and ended with the final award notices in November. Seven of the eight women in the pilot received benefits (the women who did not receive benefits dropped out of the pilot after she left The Fairview). Although the pilot is over, ULS is still receiving referrals from The Fairview.

FBOP Assessment of its Segregated Housing Policy

The FBOP has awarded CNA Analysis and Solutions a contract for nearly \$500,000 to conduct an assessment of its segregated housing policies. The CNA team includes Dr. James Austin, who conducted the analysis that led to an 85% decrease in administrative segregation at Mississippi's Parchman facility. The CNA team has met with leading prison reform groups, including the ACLU Prison Project and the Vera Institute of Justice. The CIC looks forward to the outcome of this analysis.

FBOP Hope Village Follow-Up

The FBOP responded to several of the concerns the CIC noted in the Hope Village inspection report. The FBOP has hired a full-time oversight coordinator for the facility and is changing its agency-wide Statement of Work for RRCs. The new transportation policies for all RRCs will ensure that residents are provided transportation when searching for employment. We are greatly encouraged by the significant changes FBOP is implementing in response to the CIC report on Hope Village. We hope that all of our reports are as instrumental to the operations of the Bureau and DC Department of Corrections.

Greatest Concerns

Suicides at the DC Jail

There have been four suicides at the DC Jail since November 2012 and 165 suicide attempts in the past two years. Director Faust ordered a study by a nationally-recognized expert in the subject, commissioned a report by a special task force, and testified before the City Council in November. The CIC commends Director Faust for these first steps and recommends that all of the national expert's recommendations be implemented. Additionally, correctional mental health experts and community members familiar with the issue testified at this hearing before the City Council. The CIC recommends the DC DOC take their testimony into account when developing new training and protocol in this area.

USP McCreary

The CIC received numerous and ongoing reports of poor conditions of confinement at USP McCreary. Inmates reported slow or non-existent medical care; racist and abusive staff; retaliatory practices by staff including pepper spray, paper sheets, and other punitive measures; and problems with sentence computation. Warden J.C. Holland, who did excellent work at FCI Manchester, is the new Warden assigned to McCreary. The CIC appreciates his availability during our inspection and looks forward to an update on this facility.

DC Inmates Released Directly From USPs

The July 2013 roster of DC inmates in FBOP custody indicated that 378 inmates serving their sentences in USPs were due to be released in 2013 or 2014. This number includes two inmates at the Administrative Maximum Facility in Florence, Colorado, projected to be released prior to the end of 2014. This equates to 14% – 304 out of 2,192 DC inmates – being released directly from high-security institutions into the community. Releasing inmates directly from high-security facilities into the District of Columbia population is not

conducive to successful reentry and could pose a public safety concern. The CIC will review FBOP sentence designation policies.

Hope Village

Since publishing a report on Hope Village in May, the CIC continues to receive communication from Hope Village residents. The recent concerns from residents are identical to the concerns the CIC reported on in the May 2013 Hope Village report. Although the FBOP has taken action based on the report, we are not aware of any action taken by Hope Village staff or management in response to the report.

Overcrowding

Overcrowding remains an ongoing concern in FBOP facilities; all of the facilities we inspected, except for Hope Village, The Fairview, and Rivers Correctional Institute, operate over their rated capacity. The FBOP has listed overcrowding as its number-one concern in fiscal year 2014, and the CIC is interested in congressional efforts to address this problem.

Sentence Computation and Security Designation

It is difficult to accurately interpret the four separate legal regimes governing good-time credits and early release for DC inmates. The CIC is sympathetic to this difficulty; however, the CIC has heard this issue from inmates at every facility we have inspected as well as from other inmates' correspondence. The CIC does not have the capacity to evaluate the validity of each claim, but we recommend that the FBOP ensure information on sentence designation and computation is communicated clearly and consistently to DC inmates.

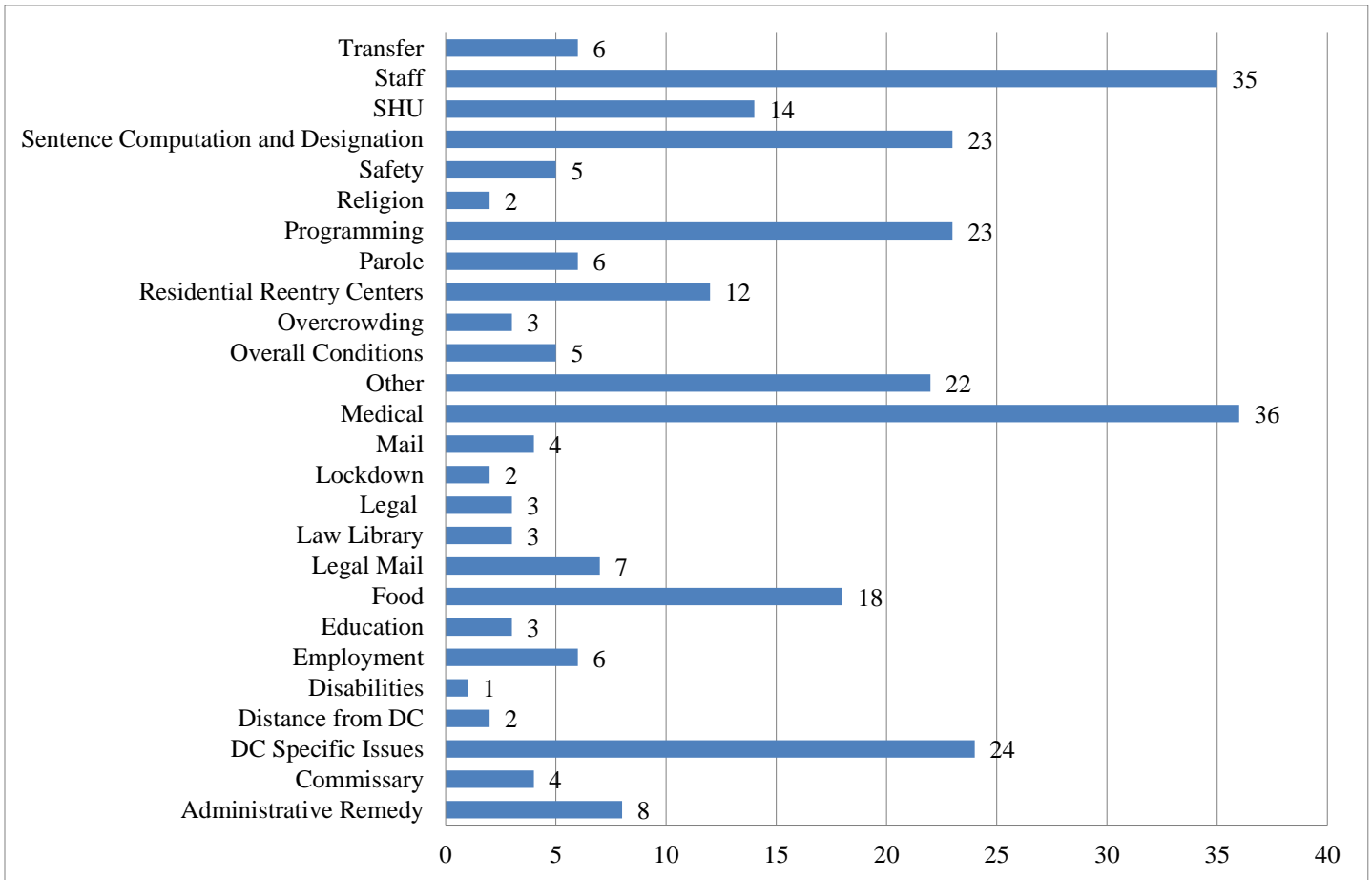
Security designation is a more complex issue, touching deeper policy concerns. The CIC has received many complaints regarding high-security classifications for DC inmates. These classifications seem to be based on FBOP-wide policies, and we are currently researching those policies. The CIC will continue to investigate this area more fully in fiscal year 2014.

The CIC's Lack of Full-Time Staff and Permanent Office Space

The CIC's mandate covers more than 110 facilities in 32 states, and over 8,000 DC inmates in the FBOP and DC DOC custody. To fulfill our mandate, the CIC needs more than one full-time staff member. The CIC is also responsible for ongoing confidential communication with incarcerated members of the DC community. The CIC's current office space, a cubicle in a space shared with several other DC government agencies, is not conducive to confidential communication. In order to properly provide that confidentiality, the CIC needs separate and secure office space. These needs are reflected in the CIC's fiscal year 2015 budget request. In the coming months the CIC is hopeful that the DC government will fund the CIC at a level more appropriate to fulfill such a broad and important mandate.

DC Inmates' Concerns Reported to the CIC in Fiscal Year 2013

The chart below lists the number of complaints, concerns, and information the CIC has received from DC inmates by mail, telephone, email, or in-person interviews in fiscal year 2013. The CIC received 277 inmate concerns from over 150 inmates, including 98 letters from 70 inmates, over 40 in-person interviews, 15 phone calls from 7 inmates, and numerous emails. The specific concerns expressed by DC inmates are outlined in *Appendix A: DC Inmates' Concerns Broken Down by Topic, Number, and Facility*. This chart excludes correspondence and interviews with inmates at FCI Allenwood Low, USP Allenwood, Rivers Correctional Institute, and USP Lewisburg. Information from these inmates will be reported in separate reports.



I. Introduction

The District of Columbia Corrections Information Council is an independent monitoring body presently made up of three volunteer board members from the DC community, a full-time program analyst, and a temporary office manager. Established by the Revitalization Act of 1997 and expanded by the District of Columbia Jail Improvement Act of 2003, the CIC is mandated to inspect and monitor conditions of confinement at facilities operated by the Federal Bureau of Prisons (FBOP), the DC Department of Corrections (DOC), and contract facilities where DC residents are incarcerated. The CIC also assesses programs and services available to DC residents at these facilities. Through its mandate, the CIC collects information from many different sources, including site visits, and reports its observations and recommendations to the DC Mayor, the DC Deputy Mayor of Public Safety and Justice, the DC City Council, the Director of the FBOP, the Director of the DOC, and the DC community.

The CIC's independent prison monitoring ensures accurate, unbiased information about the status of specific prisons, jails and halfway houses as well as the system as a whole. This oversight provides staff and inmates with the knowledge that an independent body is observing and reporting on the conditions of confinement at each facility. Through the inspection and reporting process the CIC provides transparency for the community and information to government officials, allowing for accountability and recommendations when necessary.

a. Statutory Mandate of the CIC

In 1997, Congress passed The National Capital Revitalization and Self-Government Improvement Act of 1997, also known as the Revitalization Act.² This act transferred the convicted DC felon population from the Lorton Correctional Complex to FBOP custody. The Revitalization Act established the CIC and outlined CIC membership, compensation, and duties. The portion of the Act addressing the CIC's duties states:

(g) District of Columbia Corrections Information Council.--

(4) Duties.--The Council shall report to the Director of the Bureau of Prisons with advice and information regarding matters affecting the District of Columbia sentenced felon population.

The CIC's authority was expanded in the District of Columbia Jail Improvement Act of 2003. The establishment, membership, compensation, and duties of the CIC were further delineated and codified in DC Code § 24-101³ and DC Code § 24-211.01.⁴ The pertinent section of DC Code § 24-101 outlining the CIC's duties states:

(4) Duties. -- The CIC shall:

- (A) Report to the Director of the Bureau of Prisons with advice and information regarding matters affecting the District of Columbia sentenced felon population;
- (B) Conduct comprehensive inspections, unannounced whenever possible, of facilities housing District of Columbia sentenced felons and interview selected staff at each facility;
- (B-i) Conduct comprehensive inspections of the District of Columbia's Central Detention Facility in accordance with § 24-211.02(b)(1) and submit a report of each inspection to the Mayor, the Council, and the Director of the District of Columbia's Department of Corrections;
- (C) Review documents related to the conditions of confinement at each facility housing District of Columbia sentenced felons, including, but not limited to, inmate files and records, inmate grievances, incident reports, disciplinary reports, use of force reports, medical and psychological records, administrative and policy directives of the facility, and logs, records, and other data maintained by the facility; and
- (D) Transmit to the Director of the Bureau of Prisons, the Mayor, the Council, and the Director of the District of Columbia's Department of Corrections the following reports, copies of which shall be made available to the public:

- (i) An annual report on the conditions of confinement of District of Columbia sentenced felons; and
- (ii) A report on each inspection of a facility housing District of Columbia sentenced felons.

b. CIC Composition⁵

Before 2012 there were two CIC Boards, appointed in 2002 and 2004. In 2002, the CIC Board was composed of Harold S. Russell (Chair), Chester Hart, and Ginny Spevak. In 2004 the CIC Board was composed of Ronald E. Hampton (Chair), Linda Jo Smith, and John D. McDowell. There was no CIC Board appointed between 2005 and 2012. On June 7, 2012, the new CIC board members were sworn in by Mayor Gray.

Michelle R. Bonner - appointed to the CIC by Mayor Gray, Ms. Bonner is a private attorney who lives and practices in Washington, DC.

Reverend Samuel Whittaker – appointed by Mayor Gray, Reverend Whittaker is the pastor of Contee AME Zion Church, 903 Division Avenue, N.E., Washington. As a pastor in the Ward 7 community Reverend Whittaker has seen and pastored many citizens returning from incarceration. Reverend Whittaker also served on Mayor Gray’s 2011 Faith Based Transition team.

Katharine A. Huffman – appointed by the DC City Council, Ms. Huffman serves as a Principal at the Raben Group LLC in Washington, DC, a comprehensive legislative law firm with a mission to identify opportunities and solve problems for clients in the corporate, nonprofit, foundation, and government sectors.

II. Fiscal Year 2013

In Fiscal Year 2013, the CIC set and reached the following goals:

a. Goal One: Conduct comprehensive inspection of facilities housing DC inmates.

Correctional facilities within the District are an important portion of the CIC’s mandate. These include the DC Jail (aka, Correctional Detention Facility, or CDF); the Correctional Treatment Facility (CTF), which houses juvenile, female, and low-security male offenders; and the four halfway houses in DC (Efforts for Ex-Cons, The Fairview, Hope Village, and Extended House). The CIC reviewed video visitation at the DC Jail on March 16, 2013, and March 23, 2013, and toured the DC Jail twice. Additionally, we implemented a policy of regularly monitoring DC DOC operations via quarterly meetings with DOC Director Faust and biannual visits to the DC Jail.

The CIC conducted nine inspections for Fiscal Year 2013: Hope Village RRC, FCI Fairton, Video Visitation at the DC Jail, USP McCreary, FCI Manchester, The Fairview RRC, USP Allenwood, FCI Allenwood Low, and Rivers Correctional Institute. On February 21, 2013, Reverend Whittaker conducted a brief tour of USP Beaumont on two days’ notice. Through these inspections and tours, the CIC reached 1443 DC residents in FBOP custody, more than 25% of all residents incarcerated outside of the District.

The CIC also looks to innovative ways to reach larger portions of the DC inmate population in FBOP custody. In the coming fiscal year the CIC will send a survey to at least one third of DC residents at each FBOP facility where DC residents are located. In fiscal year 2014, the CIC will continue to develop separate inspection manuals capable of supporting comprehensive inspections for Bureau facilities, DOC facilities, and their contract facilities, including halfway houses.

b. Goal Two: Community Outreach

The DC community and its concerns, experience, and expertise are extremely important to the CIC. The CIC continues to attend numerous meetings, DC Council hearings, forums, and events with DC community members to understand their concerns regarding conditions of confinement and reentry into the DC

Community. In fiscal year 2013, the CIC held open meetings pursuant to the Open Meetings Act on the second Tuesday of each month from 6:30 until 8:00 pm at different locations throughout the District.⁶ These meetings brought together a variety of stakeholders to discuss issues relevant to the DC community and the CIC's mandate.

Additionally, in fiscal year 2013, with a financial stipend from Chevy Chase Presbyterian Church, the CIC hired one community outreach intern, Sherman Justice, to assist with outreach. Sherman provides information about the CIC to organizations and individuals. He also collects information from returning citizens, family members and loved ones of currently incarcerated individuals, and other sources relevant to the CIC's work. Sherman Justice has continued his role as community outreach intern in fiscal year 2014.

c. Goal Three: Obtain Appropriate Staff and Office Space

The CIC guarantees all DC residents anonymity for phone conversations and written correspondence. In our current office space, a bank of three desks in an open space shared by members of the Mayor's staff, it is difficult to maintain confidentiality, and we will not be able to guarantee this confidentiality as the work of the CIC increases. Without a separate office, we cannot guarantee the confidentiality crucial to our inspecting and monitoring role. Therefore, through the remainder of fiscal year 2013 and beyond the CIC will continue to work toward a more secure office space.

Beginning in June of 2013 the CIC employed an office manager through a temporary employment agency. Through this position the CIC has been able to exponentially increase its capacity to remain in constant communication with DC inmates both here in the District and across the US. However, this position is not funded within our budget; therefore, we are forced to draw funds for her salary from other areas of our budget, such as travel.

It is not possible for the CIC to monitor conditions of confinement for all 7,966 incarcerated DC residents with our current resources. The CIC consists of volunteer board members with separate full-time jobs, and it has a budget for only one staff person. Of the over 100 facilities that house DC prisoners, the CIC must pick and choose which facilities we inspect, instead of providing oversight to all facilities that house District of Columbia citizens. In order to fulfill our mandate, the CIC needs a larger staff with additional full-time employees built into the budget.⁷

d. Goal Four: Obtain training from local and national experts to develop best inspection and monitoring practices

Through this fiscal year, the CIC continued training sessions with members of the DC community and experts in prison oversight. The sessions included training on general information about DC and federal agencies and organizations, best inspection and monitoring practices, and the largest areas of concern for DC residents in DOC and FBOP custody. The CIC will continue training with local and national experts throughout our tenure.

III. Overview of the DC Inmate Population

The CIC gathers information from DOC, FBOP, and CSOSA to identify the number, location, and demographics of DC residents incarcerated in DOC and FBOP facilities.

a. DC Department of Corrections

At the end of Fiscal Year 2013 there were 2,269 individuals in DOC custody.⁸ This includes 1,659 inmates at Central Detention Facility (DC Jail), 531 inmates at Correctional Treatment Facility (CTF), and 28 residents at contract halfway house facilities.⁹ Below is a further breakdown of these numbers by date, facility, gender and ethnicity.

DOC Population Broken Down by Facility and Month for Fiscal Year 2013¹⁰

	12- Oct	12- Nov	12- Dec	13- Jan	13- Feb	13- Mar	13- Apr	13- May	13- Jun	13- Jul	13- Aug	13- Sep
DC Jail	1775	1734	1706	1709	1741	1715	1786	1749	1736	1679	1633	1659
CTF	519	529	504	503	492	509	507	509	501	511	531	531
Other Contract Facilities	92	94	78	75	82	78	67	72	76	28	29	28
Total	2385	2357	2288	2287	2315	2302	2360	2331	2313	2276	2248	2269

Gender

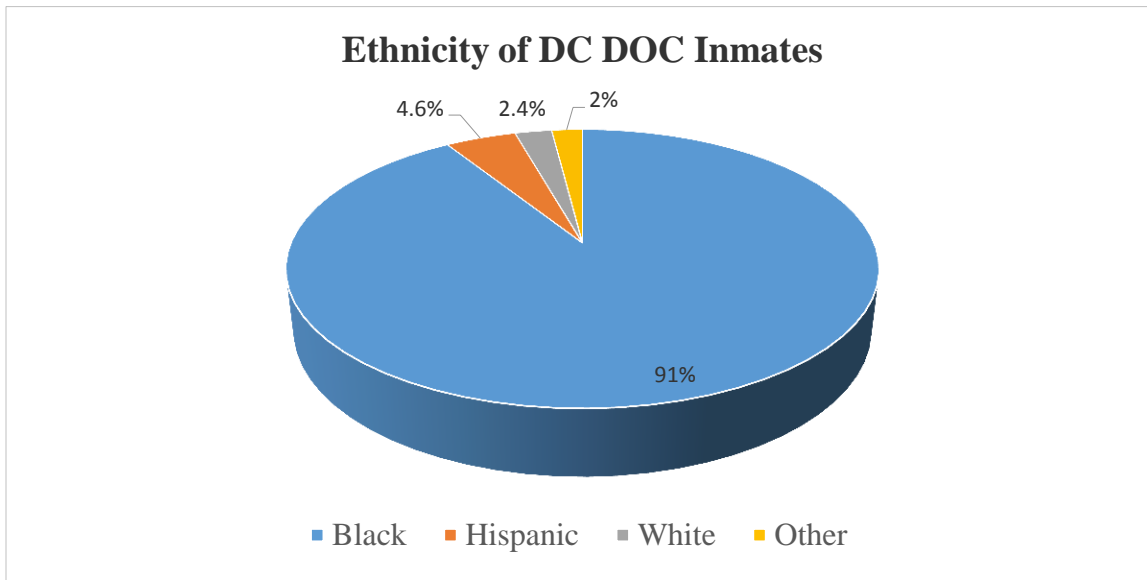
In fiscal year 2013, the average male population in DOC custody was 2,136 and the average daily population at the DC Jail was 1,718. In Fiscal Year 2013, the average female population was 152, with 144 at CTF. The average DOC juvenile population was 23.¹¹

Average Daily DOC Population for Fiscal Year 2013 Broken Down by Gender¹²

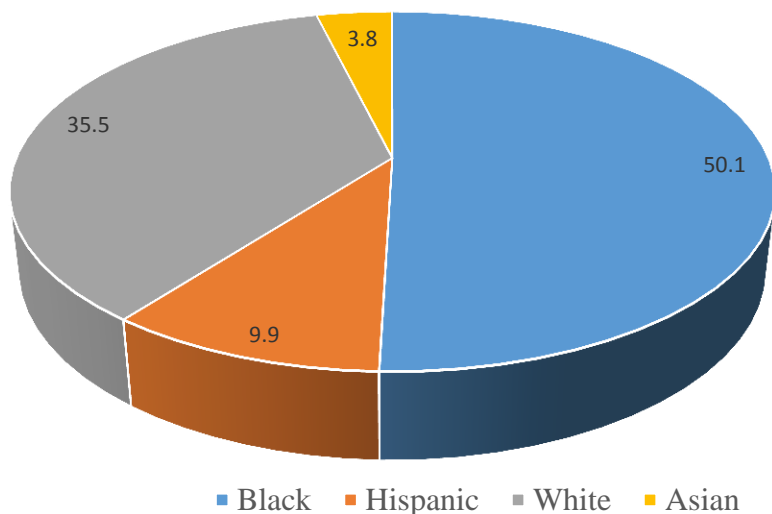
	Male	Female	Juveniles
DC Jail	1677	0	22
CTF	370	141	0
Total	2047	141	22

Race/Ethnicity

In Fiscal Year 2013, 91% of DOC inmates were Black, 4% of DOC inmates were Hispanic, 3% of DOC inmates were White, and 2% of DOC inmates were of another ethnicity or did not disclose their ethnicity.¹³ The general DC population is 50.1% Black, 35.5% White, 9.9% Hispanic, and 3.8% Asian.¹⁴



Ethnicity of DC Population



b. Federal Bureau of Prisons

FBOP operates facilities at five different security levels: minimum, low, medium, high, and administrative. DC inmates are incarcerated in facilities with several different security levels:¹⁵

- Community-based correctional programs are known as Residential Reentry Management (RRMs);
- Minimum-security facilities are known as Federal Prison Camps (FPCs);
- Low-security facilities are known as Federal Correctional Institutions (FCIs Low);
- Medium-security facilities are known as FCIs Medium, or USPs designated to house medium security inmates;
- High-security facilities are known as United States Penitentiaries (USPs); and
- Administrative facilities are institutions with special missions, including the treatment of inmates with serious or chronic medical problem or the containment of extremely dangerous, violent, or escape-prone inmates. Administrative facilities include Metropolitan Detention Centers (MDCs), Metropolitan Correctional Centers (MCCs), Federal Detention Centers (FDCs), and Federal Medical Centers (FMCs), as well as the Federal Transfer Center (FTC), the Medical Center for Federal Prisoners (MCFP), and the Administrative-Maximum (ADX) U.S. Penitentiary. Administrative facilities, except the ADX, are capable of holding inmates in all security categories.

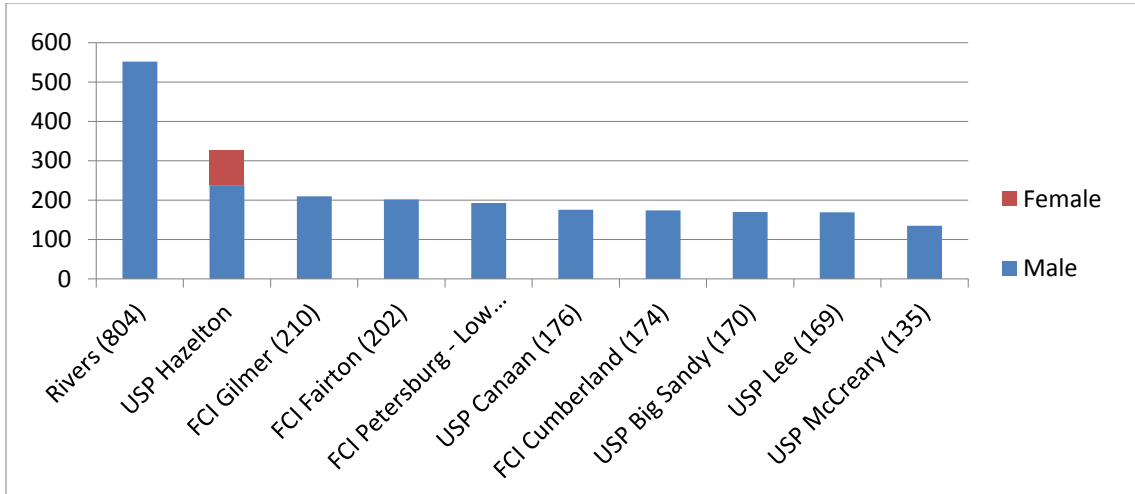
According to the Distribution Report from the Court Services and Offender Supervision Agency (CSOSA), September 30, 2013, there were 5,697 DC residents, including 5,462 males and 235 females, incarcerated within 113 FBOP facilities in 34 states including the District of Columbia.¹⁶ DC Inmates are incarcerated at different custody levels throughout the US and most are concentrated at USPs, FCIs, and contract facilities.

Type of Facility	ADMAX	High	Medium	Low	Minimum
Number	29	1821	1799	299	9

Type of Facility	CCM	Medical	Contract	DC Jail	Other Administrative
Number	38	132	559	410	140

The largest numbers of DC residents were incarcerated at ten facilities in seven states.

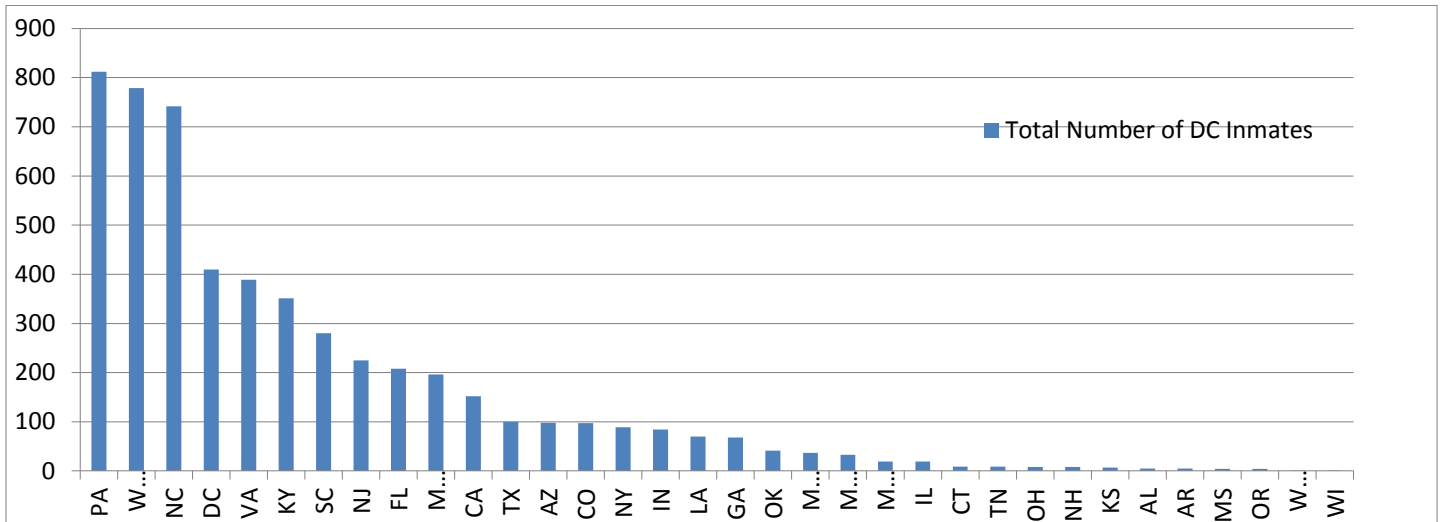
Top Ten FBOP facilities with the Largest Number of DC Residents in September 2013¹⁷



States Incarcerating the Largest Number of DC Residents

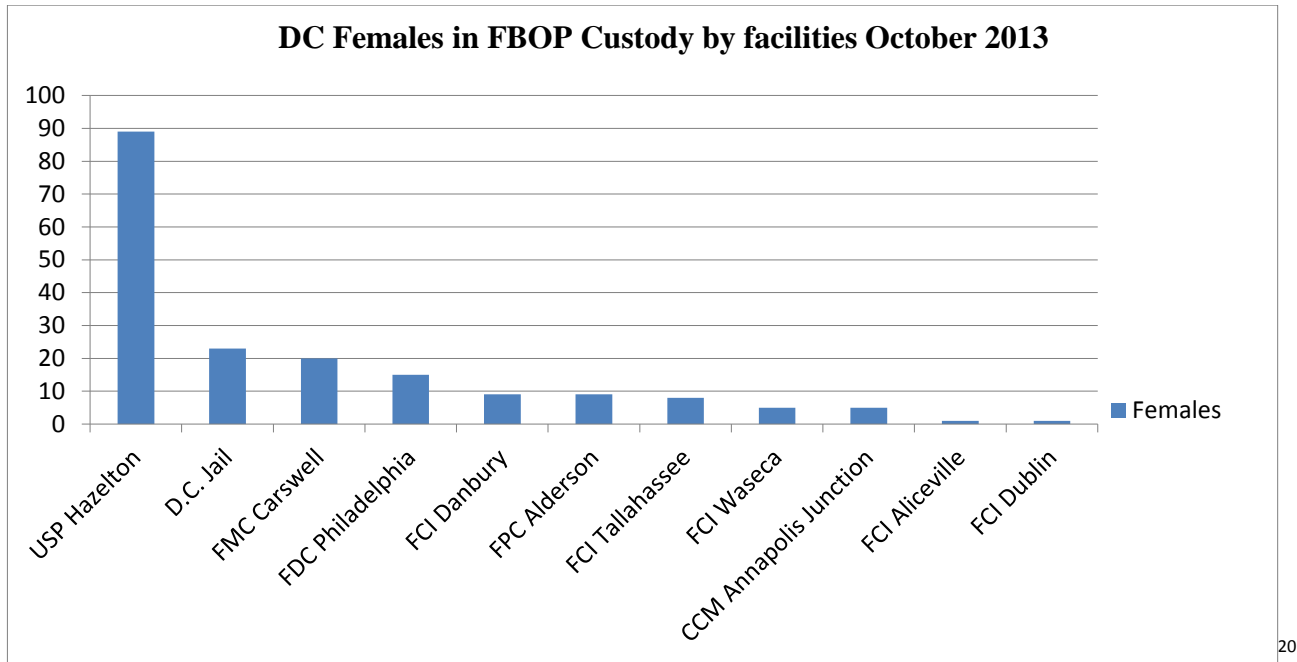
The states with the largest number of DC residents in September 2013 were (in descending order) Pennsylvania, North Carolina, Virginia, Kentucky, South Carolina, New Jersey, Florida, Maryland, and California.

States Incarcerating DC Residents September 2013¹⁸



Female DC Residents in FBOP Custody

In September 2013 there were 235 female DC inmates in FBOP custody in DC and 12 states with one FBOP facility incarcerating females in each of the 12 states.¹⁹ During fiscal year 2013 the FBOP decided to transform FCI Danbury into an all-male facility and transfer women at the facility elsewhere. The CIC was informed by the FBOP that all female DC inmates at FCI Danbury would be transferred to Secured Female Facility (SFF) Hazelton and other facilities. Although the CIC recognizes the concerns of other women at FCI Danbury, to our knowledge the transfer was not problematic for female DC inmates.



DC Inmates in FBOP Custody: Distance from DC

As of September 2013 approximately 70% (3,900 out of 5,577) of DC residents in FBOP custody were located within 500 miles of DC, in thirty-eight FBOP facilities.²¹ There were 1,453 DC residents in FBOP custody located more than 500 miles from DC in seventy-one FBOP facilities.²² Please see Appendices D and E for more details.

c. Residential Reentry Centers

There are four halfway houses in DC: The Fairview, Hope Village, Extended House, and Efforts from Ex-Convicts (EFEC). The Fairview is the only female halfway house in the city. DOC contracts with all four halfway houses; FBOP contracts solely with Hope Village for males and The Fairview for females.

Prior to December of 2013, the FBOP was sending DC residents in their custody to EFEC. At the end of calendar year 2013 the FBOP informed the CIC that they were no longer sending individuals in their custody to EFEC and would relocate the FBOP residents currently at EFEC to Hope Village, Volunteers of America in Baltimore, Montgomery County Work Release Center, and home confinement. This decision was made internally by the FBOP because they did not have a contract with EFEC; the FBOP placed Bureau inmates there through the DC DOC's contract with EFEC. The FBOP, however, recently decided that this practice is unauthorized procurement because the practice uses a private vendor. The FBOP is actively seeking additional RRC beds in the DC area. It is specifically looking for facilities that will take sex offenders.

IV. Inspections in Fiscal Year 2013

FCI FAIRTON

Fairton, New Jersey

145 miles from downtown DC: 2.5 hours by car, 8.5 hours by bus and taxi

Demographics

- Security level: FCI Medium
- Facility mental health care level: 3²³
- Inmates as of July 2013: 1368
- DC inmates: 211
- Inmates FCI was designed to house: 864
- Current capacity: 158%
- Total staff: 285
- Inmate/staff ratio (average over 12 mos): 4.9
- Median age: 35
- Median DC inmates' age: 32.1
- Overall facility racial demographics:
Black 67.6%, White 31.9%, Other .4%
- Ethnicity: Hispanic 17.9%, Non-Hispanic 82.1%
- DC inmate racial demographics:
Black 98.5%, white 1.6%
- Ethnicity: Hispanic 1.6%, Non-Hispanic 98.5%

Commendable Practices

Innovative

- Through many of Fairton's practices, especially with respect to DC inmates, the facility has developed innovative approaches and is actively looking for solutions to issues affecting inmates.

Pilot Program with University Legal Services (ULS)

- Fairton partners with ULS to link DC inmates with mental health providers and other reentry services in DC.

Partnership with Local Social Security Office

- Fairton partners with a local Social Security office to ensure that inmates are provided Social Security cards and are set to receive SSI upon release.

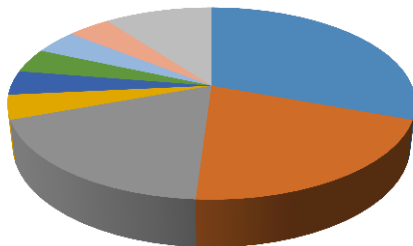
DC Mentor Project

- Through this program DC inmates are introduced to the FBOP, receive support from other inmates, and begin to prepare for reentry.

Staff

- The CIC commends the Warden and his staff for their availability to the CIC during, before, and after our inspection.

Inmate Concerns



- Medical (15)
- Programming (10)
- DC Specific (9)
- Employment (2)
- Administrative Remedies (2)
- Law Library (2)
- Issues with Other Institutions (2)
- Parole (2)
- Other (5)

Areas for Improvement

Lack of Visitation for DC Inmates

- Like most FBOP facilities, Fairton's distance from DC prevents visitation by inmates' family members and loved ones. The CIC recommends that the FBOP confer with the DC DOC on how to establish video visitation programs.

DC Inmates Stigmatized

- DC inmates report being stigmatized and treated poorly solely because they are from DC.

Medical Treatment Concerns

- We recommend Fairton investigate its medical care and practices. This was the largest area of concern expressed from DC inmates.

Inspection

The CIC conducted a comprehensive inspection of FCI Fairton over a six-month period, with a site visit on March 5, 2013. Overall, the CIC was impressed with the innovative practices Fairton has pioneered, particularly programs serving the needs of DC inmates. Due to the inventive nature of this facility we recommend Fairton begin a pilot Video Visitation program with the DC Department of Correction's Video Visitation Center, allowing DC inmates to have virtual visitation with family members and loved ones in the District. We also recommend Fairton investigate its medical care and practices as this was the largest area of concern expressed from DC inmates, both in interview responses and inmate administrative remedies.

On the inspection date the CIC toured and/or spoke with staff from the following departments and programs: Education, Recreation, Food Service, Health Services, Psychology Services, Reentry, Vocational Training, UNICOR, Religious Services, Commissary, one standard housing unit, the Special Housing Unit, Drug Abuse, and the Law Library. The CIC also spoke with 27 randomly-selected DC inmates while at the Fairton facility.

Demographic Data (source: Bureau of Prisons data from 7/2013)

Total Inmates FCI	1368			
DC inmates	211			
Total inmates (FCI + camp)	1489			
Total inmates prison was designed to house	864			
% capacity	158%			
Total staff	285			
Inmate/staff ratio	4.905263			
Inmate Demographics				
	Total Number	DC Number		
Number of male inmates	1368	211		
Number of female inmates	0	0		
Inmates < 18 years old	0	0		
Median age	35	32.1		
Racial breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Black	925	190	67.6%	98.5%
White	437	3	31.9%	1.6%
Other Races/Ethnicities	6	0	0.4%	0%
Ethnic breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Hispanic	245	3	17.9%	1.6%
Non-Hispanic	1123	190	82.1%	98.5%
Inmate Sentence Information				
	Total Number	DC Number		
# inmates with data available	1356	193		
Mean sentence (months)	119.9	99.2		

Median sentence (months)	84	60
Mean time remaining – New Law/Old Law (months)	51.7/67.2	N/A
Median time remaining – New Law/Old Law (months)	28/36.5	N/A
Months to Release – total inmate population	Number of Inmates	Percent
4 months or less remaining	90	7%
5-8 months remaining	129	10%
9-12 months remaining	136	10%
13-24 months remaining	267	20%
25-60 months remaining	337	26%
61-120 months remaining	223	17%
121 months remaining	139	11%
Months to Release - DC inmate population	Number of Inmates	Percent
0-12 months remaining	61	32%
13-59 months remaining	74	38%
60-83 months remaining	11	6%
84 months remaining	47	24%
Offenses	Total inmates / Percentage (out of 1356)	DC Inmates/ Percentage (out of 189)
Violent offenders	521/ 38%	125/ 66%
Drug offenders	614/ 45%	26/ 14%
Sex offenses	13/ 1%	1/1%
Other	241/ 17%	37/ 20%

Facilities

There are four housing units at Fairton, identified as A, B, C, and D, and two sections, right and left, per unit. Each housing unit has 170 cells and eight showers. Each cell has two, three, six, or eight inmates per cell, and cell placement is based on length of time at Fairton and programming considerations, such as RDAP.

Email, Mail, and Phone

Inmates at Fairton have access to email through a specialized FBOP system, CORRLINKS. The Fairton mail system seems to be operating properly, and there are no indications of tampering with legal mail or other problems with the mail system. For phone service, inmates in the general population receive a maximum of 300 minutes per month. An additional 100 minutes is given in both November and December for the holidays. The cost to make local and long distance phone calls is the same cost per minute.

Special Housing Unit

On the day of the CIC's visit there were 82 inmates in the Special Housing Unit (SHU), including eleven DC inmates. Of the eleven DC inmates in the SHU, eight were there for the following reasons: three for weapon possession, three for fighting, one in protective custody, and one pending classification.

Administrative SHU/DHO (Special Housing Unit/Disciplinary Hearing Officer) Appeals Indicators

(source: Bureau of Prisons data from 8/2012 through 7/2013)

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s related to SHU	11	7	4	1	0
BP-10s related to SHU	5	3	2	0	0
BP-11s related to SHU	2	0	2	0	0
BP-9s related to DHO Appeals	7	7	0	42	0
BP-10s related to DHOs Appeals	65	35	30	8	6
BP-11s related to DHOs Appeals	11	2	9	0	0

Meals

Fairton follows the FBOP national menu and serves 1,500 inmates three meals per day within the hour and a half designated for each meal. As of March 5, 2013, 143 inmates are employed in the kitchen and each works 160 hours per month. During the noon meal, commonly referred to as "main line" throughout the Bureau of Prisons, a staff member from each department is available in the Dining Hall to answer any questions posed by inmates and address their issues.

Law Library

DC inmates have access to DC Superior Court cases and DC Circuit cases in the computerized law library. Legal resources are uploaded to all FBOP facilities from the Central Office.

CSOSA Community Resource Day

Fairton has quarterly videoconferences with Court Services and Offender Supervision Agency (CSOSA) for Community Resource Day. Through this program government agencies and DC-based service providers videoconference with DC inmates at Fairton and other Bureau facilities to provide information on services available to returning citizens in the District. Fairton targets inmates within six months of release to attend the CSOSA event. All inmates who are targeted are required to participate, at a minimum, in the first portion of the day.

MOU with Local Social Security Office

Fairton has a Memorandum of Understanding (MOU) with the local Social Security Administration office. This local office has agreed to handle all of the social security card processing and Supplemental Security Income (SSI) applications for Fairton inmates, including DC residents incarcerated at Fairton. Inmates can obtain a social security card and SSI approval prior to release, and also arrange for continuity of care upon their return to the District. Three DC inmates had utilized the MOU by March 2013.

Pilot Program with ULS

Beginning in 2011, Fairton and University Legal Services (ULS) began a Mental Health Transition Pilot Program. Through this program ULS traveled to Fairton, and mental health professionals at Fairton referred DC inmates with mental health needs to ULS. During onsite visits ULS shared resources for reentry, mental health, housing, substance abuse, and social security with DC inmates and provided intake for DC residents with

mental health needs. ULS, Fairton, and the FBOP were able to connect DC residents with necessary services and ensure earlier access to benefits, mental health resources, and continuity of care.

Initially, ULS would travel to Fairton every three to six months; however, their last site visit was in December 2011. Since this time the intakes from Fairton to ULS have slowly decreased, partially because ULS has not had a physical presence at that facility since late 2011. Fairton and ULS continue to partner in order to provide continuity of care for returning citizens.

Education

According to Fairton staff, DC inmates have notably lower levels of education than the non-DC population. For example, the CIC was informed that inmates from Anacostia or Cardozo High Schools generally need more educational support than the other inmates.

Upon entry, 45% of Fairton inmates have no GED or High School Diploma. GED testing is administered up to two times per month as needed. The pass rate for the GED program last year was approximately 50%. As of August 26, 2013, 71 inmates at Fairton have obtained their GED in 2013. Of those 71 inmates, 5 are from the Washington, D. C. area.

Fairton is also setting up computers for computer-based GED testing.²⁴

Educational Indicators (source: Bureau of Prisons data for FY 2012)

Education Indicators (FY 2012)	# Enrolled	# Completed
GED/Equivalent Programs	469	55
ESL Programs	60	4
Parenting Programs	184	141
Occupational Programs	145	122
Onsite College-Level Programs	0	0
Correspondence College-Level Programs	1	1
Recreational Wellness Programs	517	517
Pre-Release Programs	456	456

Indicator	Hours Complete FY 2012
GED	45,121
Post-Secondary	50
Pre-Release	642
Continuing Education	8,473
Recreation Leisure	1,702
Recreation Wellness	2,949
Total hours of Education Instruction	69,865
Total hour of Occupational Vocational	224,296

Total hours of Instruction for Educational and Vocational Programming: 294,161

Vocational Programs

The Fairton UNICOR factory produces electronics and cables for the Department of Defense. Additionally, the Fairton factory serves as an alternative to UNICOR and produces plates, spoons, and forks for use in FBOP facilities. The factory was retooled to produce items used by the FBOP as part of a response to budgetary pressures on the UNICOR program. This creative response reflects Fairton's innovative nature.

In addition to UNICOR, FCI Fairton offers vocational programs in Horticulture, and K-9 Training. Fairton also has apprenticeship programs to train inmates as HVAC technicians, electricians, plumbers, building repairers, landscape management technicians, gardeners, experimental assemblers, and quality assurers. The apprenticeships are on-the-job training, and inmates receive Department of Labor certificates upon completion. Of the 122 inmates that completed vocational training program in fiscal year 2012, 9 were from the DC area.

Recreation

Fairton has the largest recreation field of any prison facility in the Northeast. The following recreational classes are offered: healthy eating, leather working, ceramics, art/drawing, crochet beading, gym, spinning, yoga, meditation, music, stretching, calisthenics, and step aerobics. The facility also offers intramural sports leagues in soccer, dodgeball, basketball, volleyball, and football. Fairton holds a fitness fair once per month and the community is invited to participate.

Residential Drug Abuse Treatment Program (RDAP)

RDAP is the FBOP's primary intensive substance abuse treatment program. RDAP is a voluntary program open to inmates who have a verifiable substance abuse disorder, committed a nonviolent offense, and do not have a record containing serious violent felonies. There are three components to the program: the unit-based component, the follow-up services, and the community-based drug abuse treatment. To be considered for the program inmates must be able to complete all three components of the program prior to release. The unit-based component is a minimum of 500 hours of programming over the course of nine to twelve months, in a treatment unit separate from the general population. The follow-up services involve ongoing review and evaluation. The community-based treatment involves treatment in an RRC for no less than 120 days. Successful completion of an RDAP may qualify an inmate for up to a 12-month reduction in sentence.

At Fairton, RDAP runs every weekday from 8 am until 11 am, and in the afternoon RDAP residents attend school or work. All inmates in the program are required to reside on the treatment unit throughout the program. Topics discussed in the program are broader than just drug use; inmates discuss changes in life and issues related to family, peers, value systems, and specific personal circumstances. Narcotics Anonymous (NA) and Alcoholic Anonymous (AA) classes are also available on the RDAP unit. Currently the Fairton RDAP program has 2 inmates on the waiting list and 5 active participants from the Washington DC area. The staff surmised that the number of DC participants in this program may be low because a number of DC inmates have criminal histories that would disqualify them for early release consideration. Fairton also has a nonresidential drug treatment program as an alternative for those who are not able to participate in RDAP.

DC Mentor Project

The DC Mentor Project meets one hour per week for six weeks, and each class has thirty inmates. The program began solely for DC inmates in 2007, but has since expanded to the general population. Since its inception, 202 Fairton inmates have completed the program. The DC Mentor Project is designed to familiarize DC inmates with the Bureau of Prisons, help them deal with issues while incarcerated, and help inmates begin the reentry process the day they arrive at FCI Fairton.

Other Programs

Fairton offers other programs including Parenting and Black History. The parenting program includes inmate visitation with their children in addition to parenting days once per year. In fiscal year 2012, 141 inmates completed the Parenting program at FCI Fairton. Of those 141, 8 were from the DC area. Also, drug programming, including Alcoholics Anonymous & Narcotics Anonymous, is currently being run by volunteers

and the facility is open to additional assistance from volunteers. Celebrate Recovery, a faith-based recovery program, was sponsored by Religious Services and run by volunteers on Tuesday evenings in fiscal year 2012 and part of 2013, but the volunteers were no longer able to commit the time and the program is temporarily suspended until additional volunteers can be acquired.

Medical and Mental Health Care²⁵

Fairton is a Care Level Two facility for non-chronic ailments. Medical staff are onsite from 5:45 am through 11:45 pm Monday through Friday, and 7:30 am through 11:15 pm on weekends and holidays. A medical staff member is on call when no other medical personnel are at the facility. Non-indigent inmates must pay a \$2.00 co-pay for non-emergency services. Inmates in the SHU in need of medical care are brought to the health center, or if necessary a member of the medical staff travels to the SHU. Inmates with emergency medical concerns are triaged within 24 hours to determine whether emergency care is necessary. Chronic care patients are seen by medical staff quarterly. According to Fairton staff, DC inmates at Fairton are younger and healthier than the general population.

In addition to its existing Care Level 2 mental health care services, Fairton has assembled a Care Level Three Mental Health Unit with a psychologist designated for the unit in order to care for its inmates with more acute mental health needs. At the time of the CIC’s visit, the Level Three unit had no more than seven inmates and management was working to develop standard procedures for the unit. Generally, the psychology department provides symptomatic (not trauma) therapy; the department does not have enough staff and resources to provide trauma therapy to all inmates in need. Additionally, telemedicine visits are conducted with a psychiatrist in Philadelphia.

Medical Indicators (Source: ACA audit dated 1/2013 and Bureau of Prisons data from 8/2012 – 8/2013) Average inmate population for the period in the ACA Audit is 1559.

DEATHS	
Total Deaths	0
Unexpected Natural Deaths	0
Deaths By Homicide	0
Deaths By Suicide	0
Suicide Attempts (Source: ACA Audit dated 1/11/2013)	1

Communicable Disease Indicators Average daily population 1,559 (Source: ACA Audit dated 1/11/13). All data is for the 12 month period prior to the 1/11/13 ACA Audit.

HIV	
Inmates on antiretroviral treatment <i>at a given point in time</i>	23
Inmates <i>at a given point in time</i> who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	14
"Inmates diagnosed with HIV <i>at a given point in time</i> in ACA audit	29
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within the last 12 months prior to the ACA Audit	18
Inmates tested for TB in the 12 month period before the ACA Audit	1638
Inmates treated for latent TB in the 12 month period before the ACA Audit	13
Inmates who completed treatment for latent TB in the 12 month period before the ACA Audit	7

Hepatitis C	
Inmates diagnosed with Hepatitis C <i>at a given point in time</i>	55
MRSA	
Inmates diagnosed with MRSA the 12 month period before the ACA Audit	2
Other Health Indicators	
Diabetic inmates reviewed	84
Diabetic inmates <i>at a given point in time</i> under treatment for at least six months with hemoglobin A1C level measuring > 9%	25
Completed dental treatment plans during the 12 month period before the ACA Audit	36
Inmate admissions to off-site hospitals	23
Inmates transported off-site for treatment of emergency health conditions	32
Specialty consults completed	331
Specialty consults ordered	340

Religious Programs

Fairton provides 17 faith-based religious programs. All major faiths are covered, through staff and volunteers.

Inmate Concerns

On the afternoon of the inspection date the CIC interviewed 27 DC inmates. Fairton inmates' concerns are outlined in Appendix A: *Inmate Concerns Broken Down by Topic, Number, and Facility*. The most numerous concerns were noted in the areas of medical services, staff, DC-specific concerns, and programming. Medical services were the most pressing issue. Although the CIC cannot verify these medical concerns, we recommend Fairton and FBOP staff investigate the concerns listed. Also, we recommend Fairton investigate why DC inmates report being treated differently simply because they are from DC.

Administrative Remedies

The CIC reviewed grievances submitted from Fairton inmates by subject (this is not DC-inmate-specific, but rather facility-wide). Inmates filed the largest number of administrative remedies in the following categories: Unit Discipline Committee (UDC) actions, Medical and Staff DHO Appeals, Staff, and Jail Time received the largest number of administrative remedies at the regional level. Medical, Disability and Jail Time received the largest number of administrative remedies at the Central Office level. After review of these documents the CIC reiterates its recommendation that Fairton and FBOP staff further investigate medical care provided to inmates at Fairton.

Administrative Remedies Filed by Topic, facility-wide, not DC-specific (Source: Bureau of Prisons, from 10/2012 – 9/ 2013).

Subject Breakdown	BP-9s submitted	BP-9s % granted	BP-10s submitted	BP-10s % granted	BP-11s submitted	BP-11s % granted
Classification	14	66.7%	8	0.0%	9	0.0%
Comm Programs	0	0.0%	0	0.0%	1	0.0%
Control Unit	2	0.0%	1	0.0%	0	0.0%
Dental Care	18	0.0%	5	0.0%	3	0.0%
Disability	25	0.0%	23	0.0%	13	0.0%
Education/Recreation	4	16.7%	1	0.0%	1	0.0%
Food	3	0.0%	0	0.0%	0	0.0%

Forced Med	0	0.0%	0	0.0%	0	0.0%
Inst. Operation	9	0.0%	4	0.0%	4	0.0%
Inst. Program	9	0.0%	8	0.0%	3	0.0%
Jail Time	22	0.0%	32	42.9%	11	50.0%
Legal	17	7.7%	8	0.0%	10	0.0%
Mail	6	100.0%	5	0.0%	3	0.0%
Medical	53	27.3%	31	20.0%	14	0.0%
Mental Health	1	0.0%	0	0.0%	0	0.0%
Non-Mail Comm	0	0.0%	0	0.0%	0	0.0%
Other Stat-Mandated Procedures	0	100.0%	0	100.0%	1	0.0%
Records	1	0.0%	1	0.0%	0	0.0%
Search Restraint	0	0.0%	0	0.0%	0	0.0%
Sentence Comp.	7	0.0%	9	66.7%	5	0.0%
Sepcial Housing	11	0.0%	5	0.0%	2	0.0%
DHO Appeals	7	0.0%	65	75.0%	11	0.0%
Staff	40	0.0%	32	0.0%	7	0.0%
Transfer	2	0.0%	1	0.0%	1	0.0%
UDC Actions	65	33.3%	25	66.7%	2	0.0%

Significant Incidents at FCI Fairton (Source: Bureau of Prisons, from 8/2012 – 8/ 2013)

Significant incidents (8/2012-8/2013)	Number
Institution locked down	5
Assault on inmate with weapon	1
Assault on inmate, no weapon	8
Assault on staff with weapon	3
Assault on staff, no weapon	12
Attempted assault on inmate with weapon	0
Attempted assault on inmate, no weapon	0
Attempted assault on staff with weapon	0
Attempted assault on staff, no weapon	0
Sexual act, nonconsensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	1
Number of 583 reports (reports of assault on officers)	68
Chemicals used	7
Use of force	21
Use of restraints	26

Use of restraints, pregnant inmate	0
Escape from secure facility	0
Escape from non-secure facility	1

FCI MANCHESTER

Manchester, Kentucky

520 miles from downtown DC: 8.5 hours by car, 20+ hours by bus and taxi

Demographics

- Security level: FCI Medium
- Facility health care level: 1
- Inmates as of September 2013: 1097
- DC inmates: 39
- Number of inmates facility was designed to house: 756
- Total staff: 320
- Inmate/staff ratio (average over 12 mos): 5/1
- Median age: 36
- Median DC inmates' age: 31
- Overall facility racial demographics:
Black 50.5%, White 48.2%, Other 1%
- Ethnicity: Hispanic 22.3%,
Non-Hispanic 77.7%
- DC inmate racial demographics:
Black 97.4%, White 2.6%
- Ethnicity: Hispanic 7.9%,
Non-Hispanic 92.1%

Commendable Practices

Relatively Low Number of Inmate Concerns

- The number of inmate complaints about Manchester was relatively low compared to other FBOP facilities. Additionally, many DC inmates shared positive comments about the facility; these are included in the report.

Inmate-Run Reentry Affairs Office

- This Office is staffed by an inmate full-time and has many DC specific resources available to inmates.

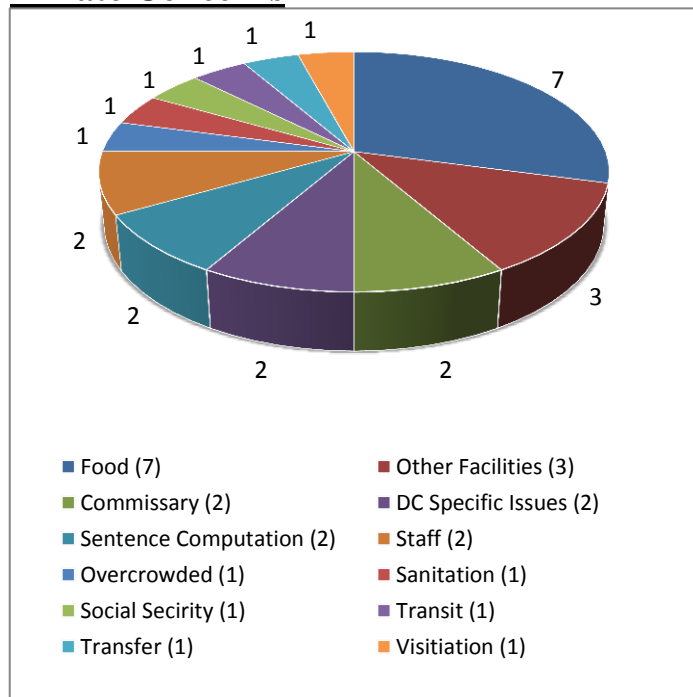
Non-profit Building Project

- Manchester partners with local non-profit organizations on building projects. The organizations provide materials and inmates provide labor.

Staff

- The CIC commends the Warden and her staff for their availability to the CIC during, before, and after our inspection.

Inmate Concerns



Areas for Improvement

Lack of Visitation for DC Inmates

- Like most FBOP facilities, Manchester's distance from DC prevents visitation by inmates' family members and loved ones. The CIC recommends that the FBOP confer with the DC DOC to establish video visitation programs.

DC Inmates Participate Less in Programming

- DC inmates seem to participate less in programming at Manchester than non-DC populations, and staff reports that DC inmates seem less motivated. The CIC recommends that Manchester adopt a mentoring program for DC inmates, especially younger inmates.

Inspection

The CIC conducted an inspection of FCI Manchester, with a site visit occurring on April 16, 2013, and related investigation taking place from March 2013 to August 2013. On the day of the onsite inspection, the CIC toured and/or spoke with staff from the following departments and programs: Education, Recreation, Food Service, Health Services, Psychology, Reentry, Vocational Training, UNICOR, Religious Services, Commissary, one standard housing unit, the Special Housing Unit, Drug Abuse, and the Law Library. The CIC also spoke in person with 10 DC inmates.

Demographic Data (source: Bureau of Prisons, general data from 9/2013; DC data from 2/2013)

Total Inmates	1097			
DC Inmates	39 (3.5% of total population)			
Total inmates prison was designed to house	756			
% Capacity	145%			
Total Staff	320			
Inmate/Custody Staff Ratio	5/1			
Inmate/Staff Ratio	3.4/1			
Inmate Demographics				
	Total Number	DC Number		
Number of male inmates	1097	39		
Number of female inmates	0	0		
Inmates < 18 years old	0	0		
Median age	36.0	31.01		
Racial breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Black	554	37	50.5%	97.4%
White	529	1	48.2%	2.6%
Other Races/Ethnicities	14	0	1.3%	0
Ethnic breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Hispanic	245	3	22.3%	7.9%
Non-Hispanic	852	35	77.7%	92.1%
Inmate Sentence Information				
	Total Number	DC Number		
# inmates with data available	1097	38		
Mean sentence (months)	136.2	151.5		
Median sentence (months)	120.0	108.0		
Mean time remaining - New Law/Old Law (months)	64.1/ 108.3	N/A		
Median time remaining - New Law/Old Law (months)	46/ 117	N/A		
Months to Release - total inmate population				
	Number of Inmates	Percentage of Total		
4 months or less remaining	78	7%		
5-8 months remaining	73	7%		
9-12 months remaining	75	7%		

13-24 months remaining	146	14%
25-60 months remaining	275	26%
61-120 months remaining	251	23%
121 months remaining	180	17%
Months to Release - DC inmate population		
	Number of Inmates	Percentage of DC Total
0-12 months remaining	7	18%
13-59 months remaining	11	29%
60-83 months remaining	5	13%
84 months remaining	15	40%
Offenses		
	Total inmates / Percentage (out of 1098)	DC Inmates/ Percentage (out of 38)
Violent offenders	371/ 34%	22/ 58%
Drug offenders	528/ 48%	4/ 11%
Sex offenses	17/ 2%	5/13%

Location

Manchester FCI is located at 805 Fox Hollow Road, Manchester, Kentucky 40962. It is 8.5 hours from downtown DC by car. Manchester is not accessible by Greyhound; however, nearby towns are a 20-hour bus ride from DC.

General Housing

There are four housing units, identified as Clay, Knox, Laurel, and Whitley, named after four surrounding counties in Kentucky, with two pods, A and B, per unit. Each housing unit has 252 cells, and each cell has two or three beds. There is a large room for common use by inmates in the center of each pod.

Special Housing Unit (SHU)

There are 92 beds in the SHU. On the day of the CIC's visit there were 76 inmates in the SHU, including five DC inmates. On the day of the inspection, CIC members spoke briefly through the door with four of the five DC inmates in the SHU.

Administrative SHU/DHO Appeals Indicators (source: *Bureau of Prisons*, from 10/2012 through 9/2013)

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s related to SHU	7	3	4	1	0
BP-10s related to SHU	5	4	1	1	0
BP-11s related to SHU	1	1	0	0	0
BP-9s related to DHO Appeals	2	2	0	27	0
BP-10s related to DHOs Appeals	84	31	53	4	2
BP-11s related to DHOs Appeals	27	11	16	0	0

Leisure/Law Library

The leisure library is well stocked with books. There is a three-book checkout limit per inmate. The computer lab in the law library has 15 terminals, the terminals are wheelchair accessible, and inmates in the general

population have open and unlimited access to the law library every day during hours of operation. Four typewriters are available in the law library for inmates drafting legal documents, and ribbons for typewriters are sold in the commissary. Inmates can assist each other with legal documents, but they must first obtain permission from staff.

Recreation Facilities

The recreation area at Manchester includes an outdoor track and baseball field, an indoor gym, a recreation area, and band rooms. Manchester offers 33 recreational programs to inmates, including volleyball, soccer, weightlifting (one of the few weightlifting programs left in the FBOP), basketball, flag football, music, leather shop, painting, and yoga. Several leagues and intramural sports are offered to inmates.

Meal Hall

The meal hall at FCI Manchester serves 240 inmates at one time. Manchester employs 177 inmates in the FCI meal hall and 78 at the camp meal hall. Each unit has a different designated meal time; all inmates do not eat at one time. The menu is based off of the National FBOP Menu and includes heart healthy and vegetarian options. Manchester has a religious diet room. The food for this room is ordered from a certified religious vender and is already blessed. The prep area is set up to serve kosher and non-kosher type meals. According to staff, a proper religious diet and preparation is very important for inmates, especially during Jewish and Muslim holidays.

Manchester also has a newly installed food digester. The digester is used to reduce food waste through breaking down all foods into 94% gray water with no leftover byproducts. The 94% gray water is converted into clean water, beneficial biogas energy, and fertilizer. This machine eliminates food waste and solid trash for the entire facility. The machine can digest over 11,000 pounds of food waste per year.

During the inspection, the CIC observed a meal in the meal hall. During meals Manchester staff from all departments “stand main line” and are available to speak with inmates about their concerns.

Religious Services

Manchester has a chaplain, 17 different recognized religions, and three outdoor worship areas. Volunteers lead religious classes and programming.

General Medical and Dental Services

Manchester is a Care Level One²⁶ facility and has two doctors, one nurse practitioner, five nurses, one dentist, one dental hygienist, one pharmacist, one pharmacy technician, and one X-ray technician. Inmates with emergency medical concerns are triaged within 24 hours to determine whether emergency care is necessary. Inmates in the SHU in need of medical care are brought to the health center, or if necessary a member of the medical staff travels to the SHU. Manchester has a hallway directly from the SHU to health services. Inmates pay a \$2.00 co-pay for each healthcare and dental visit. Indigent inmates with a trust fund account balance of \$6.00 or less for the most recent 30-day period will not have to pay the co-pay. FCI Manchester has two dentists, and there is a one- to two-week waiting list for a dental appointment. The waiting list for dental work (e.g. extraction) is two years long; however, if an emergency exists, inmates are to be seen right away.

Mental Health

On the date of the CIC’s visit, there were 40 inmates on mental health medication. The onsite Manchester physician provides medication to inmates with mental health needs.

Medical Indicators (Source: ACA audit dated 8/2011 and Bureau of Prisons data from 10/2012- 9/2013)
Average inmate population for the period in the ACA Audit is 1538.

DEATHS	
Total Deaths	0
Unexpected Natural Deaths	0

Deaths By Homicide	0
Deaths By Suicide	0
Suicide Attempts (Source: ACA Audit dated 8/15/2011)	2

Communicable Disease Indicators (Source: ACA Audit dated 8/2011). All data is for the 12-month period prior to the ACA Audit.

HIV	
Inmates on antiretroviral treatment at a given point in time	1
Inmates at a given point in time who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	0
Inmates diagnosed with HIV at a given point in time in ACA audit	3
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within the last 12 months prior to the ACA Audit	0
Inmates tested for TB in the 12 month period before the ACA Audit	1285
Inmates treated for latent TB in the 12 month period before the ACA Audit	N/A
Inmates who completed treatment for latent TB in the 12 month period before the ACA Audit	N/A
Hepatitis C	
Inmates diagnosed with Hepatitis C at a given point in time	80
MRSA	
Inmates diagnosed with MRSA within the 12 month period before the ACA Audit	103
Other Health Indicators	
Diabetic inmates reviewed	30
Diabetic inmates at a given point in time under treatment for at least six months with hemoglobin A1C level measuring > 9%	5
Completed dental treatment plans during the 12 month period before the ACA Audit	36
Inmate admissions to off-site hospitals	21
Inmates transported off-site for treatment of emergency health conditions	57
Specialty consults completed in the 12 month period before the ACA Audit	226
Specialty consults ordered in the 12 month period before the ACA Audit	247

Significant Incidents (Source: Bureau of Prisons, from 10/2012 – 9/ 2013)

Significant incidents (8/2012-8/2013)	Number
Institution locked down	4
Inmate suicides	0
Inmate homicides	0
Inmate deaths by natural causes	0
Assault on inmate with weapon	3
Assault on inmate, no weapon	7
Assault on staff with weapon	0
Assault on staff, no weapon	2
Attempted assault on inmate with weapon	1
Attempted assault on inmate, no weapon	1
Attempted assault on staff with weapon	0
Attempted assault on staff, no weapon	2
Sexual act, nonconsensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	0
Number of 583 reports (reports of assault on officers)	30

Chemicals used	2
Use of force	3
Use of restraints	3
Use of restraints, pregnant inmate	0
Escape from secure facility	0
Escape from non-secure facility	1

GED Program

Currently 265 inmates are enrolled in the GED program, and 11 of the enrolled inmates are from DC. Out of the 11 enrolled DC inmates, three are continuing GED classes in the SHU. There are 20 GED classes with 15 to 20 inmates per class. The GED program is staffed by 11 Bureau personnel, and all instructors have a teaching degree. GED classes run from 7:30 am to 9:00 pm Monday through Friday and there is currently a waiting list for the GED program. Manchester is preparing for the transfer to the computerized GED testing and has a computer room ready for the testing with ten computers.

Vocational Training and Apprenticeships

Manchester offers vocational training programming for AutoCAD (Computer Aided Design), building trades, carpentry, electrical systems, cabinetmaking, horticulture, culinary arts, and Heating Ventilation and Cooling (HVAC). Also, Commercial Driver's License (CDL) training is provided at prison camp. There are 108 inmates in the vocational training classes. In 2012, 46 inmates completed the culinary arts program and received their ServSafe Certification; none of those 46 inmates were from DC. There are currently 70 inmates in vocational training programs in Manchester; 2 are from DC. To participate in vocational training, inmates must be in good standing and have completed 240 hours of basic GED classes.

Manchester offers apprenticeships classes in carpentry, electric, HVAC, and masonry. There is currently a waiting list for apprenticeship programs. To participate in the programs, inmates must have their GED and four years of clear conduct. Also, non-profit organizations may submit building project requests to Manchester. The non-profit organizations provide the materials for the project, and inmates provide the labor. At the time of the CIC's visit Manchester had a staffing shortage in the in vocational training program because of a recently-retired staff member.

Educational Indicators (source: Bureau of Prisons, data for FY 2012)

Education Indicators (FY 2012)	# Enrolled	# Completed
GED/Equivalent Programs	158	64
ESL Programs	56	24
Parenting Programs	27	108
Occupational Programs	201	195
Onsite College-Level Programs	0	0
Correspondence College-Level Programs	4	9
Recreational Wellness Programs	432	677
Pre-Release Programs	240	224
Indicator		
	Hours Complete FY 2012	
GED	2,055	
Post-Secondary	284	
Pre-Release	572	
Continuing Education	7,492	

Recreation Leisure	346
Recreation Wellness	4,497
Total hours of Education Instruction	83,735
Total hour of Occupational Vocational	62,033

Total hours of Instruction for Education and Vocational Programming: 173,375

Addiction and Recovery Programming

The Non-Residential Drug Treatment Program consists of 24 sessions over a six- to seven-month time period. This is a voluntary program for inmates in recovery from drug and alcohol addiction. According to Manchester staff, inmates develop sobriety plans, learn new coping strategies, and learn methods to deal with everyday life on a sober basis in this program. There is a \$30 financial incentive to complete the program. The Drug Abuse Education Program at Manchester consists of a 15-hour class focusing on drugs, addiction, and recovery. Upon completion of the course inmates take a written test and receive a certificate of completion. FCI Manchester does not have a Residential Drug Abuse Program (RDAP). If inmates qualify for the RDAP program they are transferred to an institution where it is offered.

General Programming

Manchester also offers courses in financial management and food management. There are currently no DC inmates participating in these programs. The financial management course includes discussion of budgets, credit, and other areas of personal finance. The inmates learn basic tax information, how to avoid financial disaster, and how to live on a budget. The food management class teaches inmates how to plan their daily menus within a budget. Other non-residential drug treatment programs at Manchester include anger management, irrational thinking, beat the street, and a manhood class.

UNICOR

UNICOR is a factory within the facility where inmates are employed as workers. The Manchester UNICOR factory specializes in clothing for the military. With three lines and 90 operating stations, the Manchester factory assembles 900 pairs of pants per day. During the CIC’s inspection process there were 363 inmates employed in the UNICOR factory, none of whom were from DC. Inmates with court ordered financial obligations, prior UNICOR experience, or low numbers of facility violations are deemed a priority for UNICOR employment.

Reentry

The Re-entry Affairs Office at Manchester is staffed by inmates and offers reentry resources, including information specifically for DC residents. The office has a 2008 Homecoming Guide, published by the DC Criminal Justice Coordinating Council (CJCC), the Hope Village Orientation Guide, and a PDS Resource Guide 2012. The latter document includes information and resources for Office of Returning Citizens Affairs (ORCA) as well as guidance on procuring birth certificates and social security cards and benefits. It also contains information on employment, housing, and health care in the District. FCI Manchester also has relationships with the local Social Security Administration and Veterans Administration Offices. Inmates can begin to apply for benefits up to 30 days prior to release.

Visitation

The distance from DC (see Location, above) makes visitation extraordinarily difficult. Prisoner Visitation and Support (PVS) is a program at Manchester and other FBOP facilities designed to provide visitation to inmates. Although this may not be ideal, as the visitor is not a family member or loved one of the inmate, this could be useful for DC inmates that have no other visitation options.

Inmate Concerns/ Positive Feedback

During the inspection the CIC interviewed 9 DC inmates. Even though Manchester has a small number of DC inmates, we heard the largest number of positive inmate comments out of any inspection the CIC has conducted thus far, and we commend Manchester staff for this. Inmates were especially positive about the programming at the facility. Inmates did have concerns, mostly centering on food and facilities.

DC Inmate Concerns and Positive Feedback by Topic

On the afternoon of the inspection date the CIC interviewed ten DC inmates. Manchester inmates' concerns are outlined in Appendix A: *Inmate Concerns Broken Down by Topic, Number, and Facility*. The most numerous concern was noted in on the area of food.

Notably, the CIC heard positive feedback from DC inmates at Manchester outlined below by topic and number below.

Staff
<ul style="list-style-type: none"> The guards are not racist and this inmate is not treated differently because he is from DC
Programs
<ul style="list-style-type: none"> One inmate has been in the following programs: stress and anger management, beat the streets, drug education, and home improvement. They were good programs One inmate participated in <i>8th Habit of Highly Successful People</i> (this was the best program), spiritual development, electrical training, <i>Man's Search for Meaning</i> (this program was 48 hours over two months). One inmate was a part of the housekeeping apprenticeship
Warden
<ul style="list-style-type: none"> This warden is making some changes for the good
Employment
<ul style="list-style-type: none"> An inmate that works in kitchen/dish room makes \$80 per month and his pay has increased UNICOR is good
Recreation
<ul style="list-style-type: none"> The recreation department has better staff (treat people better)
Religious Services
<ul style="list-style-type: none"> Every Saturday he goes to religious services
General
<ul style="list-style-type: none"> This place is okay, clean, and food is better than in DC

Administrative Remedies

The CIC reviewed administrative remedies filed by Manchester inmates by subject (this is not DC-inmate-specific, but rather facility-wide). At the facility level (BP-9), the top concerns were the disciplinary process (UDC concerns), staff, medical, and visitation. At the regional level (BP-10), DHO appeals, sentence computation, jail time and food received the most complaints. At the Central Office level (BP-11), the top concerns were DHO Appeals, sentence computation, jail time, and food.

Administrative remedies filed by topic facility-wide, not DC-specific

(Source: Bureau of Prisons data from 10/2012 – 9/ 2013)

Subject Breakdown	BP-9s submitted	BP-9s % granted	BP-10s submitted	BP-10s % granted	BP-11s submitted	BP-11s % granted
Classification	8	33.3%	6	0%	3	0%
Comm Prgms	6	0%	4	0%	2	0%
Control Unit	0	0%	0	0%	0	0%
Dental Care	0	0%	0	0%	0	0%

DHO Appeals	2	0%	84	50%	27	0%
Disability	0	0%	0	0%	0	0%
Education/Recreation	0	0%	0	0%	0	0%
Food	1	0%	4	0%	6	0%
Forced Med	0	0%	0	0%	0	0%
Inst Operatn	8	0%	5	0%	3	0%
Inst Program	8	0%	8	0%	2	0%
Jail Time	7	0%	9	0%	6	25%
Legal	1	0%	1	0%	0	0%
Mail	2	0%	2	0%	0	0%
Medical	10	0%	5	0%	1	0%
Mental Health	1	0%	1	0%	1	0%
Non-Mail Com	0	0%	0	0%	0	0%
Other Stat-Mandated Procedures	0	0%	0	100%	0	0%
Records	3	0%	2	0%	0	0%
Sentence Comp	5	0%	4	0%	6	0%
Spec Housing	7	0%	5	0%	1	0%
Srch/Restrnt	2	0%	0	0%	0	0%
Staff	23	0%	9	0%	1	0%
Transfer	4	100%	3	0%	0	0%
UDC Actions	47	0%	11	100%	4	0%
Visiting	10	0%	7	0%	4	0%

USP MCCREARY

Pine Knot, Kentucky

570 Miles from downtown DC: 9 hours by car, inaccessible by bus

Demographics

- Security level: USP High
- Facility mental health care level: 2
- Inmates as of July 2013: 1422
- DC inmates: 166
- Inmates facility was designed to house: 1492 (USP)
- Total staff: 370
- Inmate/staff ratio (average over 12 mos): 3.8/1
- Median age: 36
- Median DC inmates' age: 38
- Overall facility racial demographics:
Black 58.4%, White 38.1%, Other 3.5%
- Ethnicity: Hispanic 16.7%, Non-Hispanic 83.3%
- DC inmate racial demographics:
Black 98.7%, White 1.3%
- Ethnicity: Hispanic 0.7%, Non-Hispanic 99.3%

Commendable Practices

Warden J.C. Holland and Support Staff

- Warden Holland is new to McCreary. Warden Holland's previous post was FCI Manchester, which exhibited several commendable practices that will hopefully be brought to McCreary. The CIC commends the Warden and his staff for their availability to the CIC before, during, and after our inspection.

Superior Programming

- McCreary had the third-highest number of GED graduates in the FBOP for FY 2012.

CHALLENGE Program

- The CHALLENGE program is a residential program that provides treatment to inmates with a mental health diagnosis and/or substance abuse history.

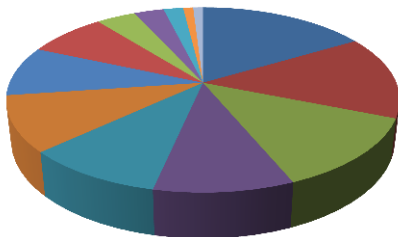
Reentry Program

- McCreary recently opened a reentry program. The program is designed to provide inmates with individualized programming plans while incarcerated and prepare inmates for release.

Interlibrary Loan with all Kentucky Libraries

- The McCreary library utilizes an interlibrary loan system, through which inmates have access to all public libraries in Kentucky.

Inmate Concerns



- Staff (17)
- Sentence Designation & Computation (15)
- Medical (13)
- Food (10)
- Programming (10)
- Special Housing Unit (10)
- Other (9)
- DC Specific Issues (8)

Areas for Improvement

Staff

- The most prevalent inmate concern reported to the CIC was staff treatment of inmates. The CIC is particularly concerned with reports of racist officers and retaliatory and punitive practices in the SHU.

Medical Concerns

- DC inmates reported numerous concerns regarding medical care. The specific concerns are noted in the report.

CSOSA Community Resource Day

- The CIC recommends McCreary begin participating in quarterly CSOSA Video Conferences.

FBOP-Wide Issues at McCreary

- **Sentence Computation and Designation.** The second most frequent inmate concern reported to the CIC was sentence designation and computation.
- **DC Inmates Stigmatized.** DC inmates reported being treated differently stigmatized simply because they are from DC.
- **Lack of Visitation for DC Inmates.** Like most FBOP facilities, McCreary's distance from DC is not conducive to visitation by family members and loved ones. The CIC recommends that the FBOP confer with the DC DOC to establish video visitation programs not just at McCreary, but FBOP wide.

Site Inspection

The CIC conducted a comprehensive inspection of United States Penitentiary (USP) McCreary over a seven-month period, with a site visit on April 15, 2013. The CIC obtained information from current and former McCreary inmates, families and loved ones of current and former McCreary inmates, advocates in the community knowledgeable on McCreary, and the DC community at large. The CIC's onsite inspection began with an opening session with Warden Holland and his support staff. The CIC then toured the facility, observed programming, interviewed DC inmates, and had a closeout session with the Warden and his staff. The CIC toured and/or spoke with staff from the following departments and programs: Education, Recreation, Food Service, Health Services, Psychology Services, Reentry, Vocational Training, Religious Services, Commissary, one standard housing unit, the Special Housing Unit, the CHALLENGE unit, and the law and leisure libraries. The CIC also spoke with 24 DC inmates at McCreary and received 33 letters from DC inmates at McCreary.

McCreary Demographic Data (source: Bureau of Prisons, general data from 9/2013 and DC data from 2/2013)

Total Inmates	1422			
DC Inmates	166			
Total inmates prison was designed to house	955			
% Capacity	149%			
Total Staff	370			
Inmate/Staff Ratio	3.8/1			
Inmate Demographics				
	Total Number	DC Number		
Number of male inmates	1422	166		
Number of female inmates	0	0		
Inmates < 18 years old	0	0		
Median age	36	38		
Racial breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Black	830	151	58.4%	98.7%
White	542	2	38.1%	1.3%
Other Races/Ethnicities	50	0	3.5%	0
Ethnic breakdown				
	Total Number	DC Number	Percent of total population	Percent of DC population
Hispanic	238	1	16.7%	0.7%
Non-Hispanic	1184	152	83.3%	99.3%
Inmate Sentence Information				
	Total Number	DC Number		
# Inmates with data available	1422	153		
Mean sentence (months)	175.6	196.5		
Median sentence (months)	120.0	79		
Mean time remaining - New Law/Old Law (months)	113.3/547.1		NA	
Median time remaining - New Law/Old Law (months)	67.0/371.5		NA	
Months to Release - Total Inmate Population				
	Number of Inmates	Percent		
4 months or less remaining	51	4.2%		
5-8 months remaining	72	6.0%		
9-12 months remaining	71	5.9%		
13-24 months remaining	136	11.3%		
25-60 months remaining	252	20.9%		

61-120 months remaining	277	23.0%
121 months remaining	346	28.7%
Months to Release - DC inmate population		
Months to Release - DC inmate population	Number of Inmates	Percent
0-12 months remaining	26	17.0%
13-59 months remaining	39	25.5%
60-83 months remaining	5	3.3%
84 months remaining	83	54.2%
Offenses		
Offenses	Total inmates / Percentage (out of 1407)	DC Inmates/ Percentage (out of 158)
Violent Offenders ²⁷	759/ 53.9%	107/ 70.4%
Drug Offenders	419/ 29.8%	18/ 11.8%
Sex Offenses	13/ 0.9%	6/ 3.9%
Others	216/15.4%	27/17.1%

Facilities

There are six housing units at McCreary, identified as 1, 2, 3, 4, 5, and 6, and two sections, right and left, per unit. Each housing unit has 128 cells and 20 showers.

Education/Recreation

The education department at McCreary offers the following classes: General Education Development (GED), English as a Second Language (ESL), Adult Literacy, and post-secondary studies through correspondence. All classes are voluntary except for the GED and ESL classes. The education department also employs inmates as tutors. Inmates who do not have a verifiable high school diploma or a GED will be required to attend 240 hours of GED classes. In 2012, 57 inmates, five from DC, graduated from the GED program. This ranks third in the FBOP. In the first quarter of calendar year 2013 three DC inmates completed their GED and three DC inmates completed vocational training programs. Additionally, at the time of the CIC's inspection there were three DC inmates enrolled in ESL classes.

On the date of the inspection the CIC was informed that the computers for the new computerized GED testing would be up and running within the next couple of weeks. The GED computer room has 24 computers, which will also be used for Adult Continuing Education (ACE) courses. McCreary will also utilize computerized Pre-GED test as a trial before the GED test is computerized.

Recreation activities at McCreary include indoor and outdoor activities such as leather craft, hobby craft, crochet, art, and many more. Volunteers from the local community college occasionally teach the art classes; however, classes are usually Bob Ross instructional videos and DVDs. Wellness and physical fitness programs are also available, and according to McCreary staff these programs assist inmates in maintaining good interpersonal relations, improving mental health, and reducing stress. McCreary also offers a music program with inmate instructors, and the facility has 12 to 14 inmates in guitar lessons per quarter. The instruments offered include guitar, bass, drum set and bongos. There is also a book club in Unit 2A.

In 2012, McCreary received the Golden Apple Award. This award is given to FBOP Education/Recreation Departments demonstrating excellence in academics, occupational training, and recreation. Institutions are evaluated on how programs and resources meet or exceed community standards and the ability of the Education/Recreation Department to address the diverse needs of the inmate population. Below are additional McCreary education and recreation indicators.

Education and Recreation Indicators (source: Bureau of Prisons data for FY 2012)

Education Indicators (FY 2012)	# Enrolled	# Completed
GED/Equivalent Programs	313	52
ESL Programs	11	2
Parenting Programs	95	82
Occupational Programs	82	86
Onsite College-Level Programs	0	0
Correspondence College-Level Programs	0	0
Recreational Wellness Programs	229	308
Pre-Release Programs	620	620
Indicator		
	Hours Complete FY 2012	
GED	36,023	
Post-Secondary	0	
Pre-Release	620	
Continuing Education	6,297	
Recreation Leisure	1,545	
Recreation Wellness	395	
Total Hours Of Education Instruction	48,137	
Total Hours Of Occupational Training	24,158	

Total hours of instruction for education and vocational: 72,295

Challenge Program

The CHALLENGE program is designed for inmates in the penitentiary setting and is open to inmates with a mental health diagnosis and/or substance abuse history.²⁸ The CHALLENGE program is located on a separate unit decorated with murals and motivational wall art. According to the FBOP, the CHALLENGE program is about making a transition from former criminal lifestyles to a new, positive way of living. CHALLENGE groups meet in separate rooms, not in common areas, and meetings are led by treatment specialists. On the day of our inspection the CHALLENGE program had 73 inmate participants, five of which were from DC. The capacity for this program is 90; the program will not be at capacity until another treatment specialist is hired. Inmates participating in the CHALLENGE program can receive a lower security designation within 9 to 12 months of participating in the program.

Other Programs

The Non-Residential Substance Abuse Program is a 6-month program with a \$30 incentive upon completion. McCreary does not have Residential Drug Abuse Program (RDAP); however, Substance Abuse Specialists conduct interviews for inmates that would like to participate in the RDAP program and make recommendations for transfers accordingly. Additionally, McCreary has Narcotics Anonymous and Alcoholic Anonymous (NA/AA) meetings weekly, with 30 to 40 inmates participating in each session.

Reentry Unit

McCreary recently opened up a reentry program on Unit 2A. On the date of the CIC’s visit the unit had been open for two months and had 130 inmates, 17 of which were from DC. McCreary plans to have 260 inmates on this unit in the near future. Residential Reentry Center staff members have spoken to the men on the unit, and inmates have access to the CSOSA Resource Day video. The unit provides various kinds of programming daily and GED training is offered to all unit members. The reentry unit accepts inmates with six months to four years remaining on their sentences, but also accepts special applications from other inmates.

Medical Care

McCreary is a Care Level Two facility for non-chronic ailments. At the time of the CIC’s visit to McCreary there was no physician on staff, but since then the position has been filled. Medical staff are onsite seven days a week from 6:00 am through 10:00pm. If an inmate needs medical assistance after 10:00 pm the Lieutenant will contact the on-call Physician’s Assistant for guidance. Chronically ill inmates are all placed on the same unit, which is in close proximity to the medical unit.

Within 14 days of arrival, each inmate who does not have a current documented examination or mandatory tests from another federal facility will receive a physical. The Inmate Release Preparation Program (IRPP) allows inmates to request a physical examination sixty (60) days prior to release, if they haven’t received one within one year prior to the expected day of release. Inmates must pay a \$2.00 co-pay for non-emergency services, but there is no co-pay for the following: Chronic Care Clinic visits, insulin injections, lab services, follow up visits, and wound care. Requests for prescription refills are completed utilizing the TRULINCS system. Over the counter medication is available for purchase at the Commissary.

On the day of the inspection the CIC interviewed 24 DC inmates onsite, and through the inspection process the CIC received 33 letters from McCreary inmates. DC inmates reported numerous medical concerns; the most serious included:

- Inmates with serious medical conditions not receiving medical care
- Long wait times to receive medical care
- Poor medical care
- Problems delivering urgent care
- An incorrect diagnosis
- Refusal or inability to test an inmate reporting a mass

A further breakdown of DC inmate medical concerns is in Appendix A: *Inmate Concerns Broken Down by Topic, Number, and Facility*.

Routine dental care requests are submitted to a Staff Member using the cop-out form. According to McCreary staff, dental emergencies are seen quickly and the wait for non-emergency care is up to six months. Additional medical information is below.

Medical Indicators (Source: ACA audit dated 10/2012 and Bureau of Prisons data from 10/2012- 9/2013)
Average inmate population for the period in the ACA Audit is 1559.

DEATHS	
Total Deaths	0
Unexpected Natural Deaths	0
Deaths By Homicide	0
Deaths By Suicide	0
Suicide Attempts (Source: ACA audit dated 8/2010)	75

COMMUNICABLE DISEASE INDICATORS (Source ACA Audit dated 8/2012). All data is for the 12 month period prior to the ACA Audit.

HIV	
Inmates on antiretroviral treatment <i>at a given point in time</i> within a 12 month period before the ACA Audit	19
Inmates <i>at a given point in time</i> who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	10
"Inmates diagnosed with HIV <i>at a given point in time</i> in ACA audit	21
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within last 12 months before the ACA Audit	1
Inmates tested for TB in the 12 months before the ACA Audit	1649
Inmates treated for latent TB within a 12 month period before the ACA Audit	2
Inmates who completed treatment for latent TB within a 12 month period before the ACA Audit	2

Hepatitis C	
Inmates diagnosed with Hepatitis C <i>at a given point in time</i>	191
MRSA	
Inmates diagnosed with MRSA within the last 12 months before the ACA Audit	27
Other Health Indicators	
Diabetic inmates reviewed	30
Diabetic inmates <i>at a given point in time</i> under treatment for at least six months with hemoglobin A1C level measuring > 9%	11
Completed dental treatment plans during the 12 month period before the ACA Audit	119
Inmate admissions to off-site hospitals	36
Inmates transported off-site for treatment of emergency health conditions	17
Specialty consults completed during the 12 month period before the ACA Audit	362
Specialty consults ordered during the 12 month period before the ACA Audit	549

Mental Health

McCreary does not have a mental health unit. In order to receive psychotropic medication, inmates have access to tele-psychiatry based upon clinical need. Most psychotropic medications are prescribed and managed by the clinical director and mid-level providers.

Special Housing Unit (SHU)

Each inmate in the SHU is to receive one phone call every 30 days and has the ability to write and receive mail. The SHU has an outside recreation area, an outdoor cage that holds up to four inmates. Also, there is a law library terminal in the SHU. McCreary does not maintain records for SHU occupancy and therefore could not provide the CIC with follow-up information concerning the total number of inmates and DC inmates in the SHU on the day of the CIC's inspection. Information on administrative remedies filed by inmates in the categories of the SHU and Disciplinary Hearing Officer (DHO) Appeals are outlined below.

Administrative SHU/DHO indicators (source: Bureau of Prisons data from 10/2012 through 9/2013)

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s related to SHU	22	N/A	N/A	N/A	N/A
BP-10s related to SHU	13	8	5	3	0
BP-11s related to SHU	5	4	1	0	0
BP-9s related to DHOs	20	N/A	N/A	N/A	N/A
BP-10s related to DHOs	129	58	71	20	6
BP-11s related to DHOs	62	39	23	0	0

Meals

McCreary serves over 1,400 inmates three meals per day. The menu is based on the FBOP National Menu. McCreary spends \$3.25 per day per inmate for food. The inmates are served hot breakfast and lunch on a daily basis; dinner is served cold. McCreary has also stopped serving juice, cool-aid, and tea; currently the only liquid being served is water.

McCreary has a religious diet room to accommodate the religious diets of inmates. Approximately 20 to 30 inmates have religious dietary requirements. These diets are requested through Religious Services and are mandated by the religious tenets of officially recognized faith groups. The religious diet room receives food

only from certified religious vendors. McCreary also serves food to comply with medical dietary needs, such as low-sodium and low-cholesterol meals, soy products that are alternative protein sources for vegetarians, and separate rooms for vegetable preparation and meat preparation.

Law and Leisure Libraries

DC inmates have access to DC Superior Court cases and DC Circuit cases through the electronic law library seven days a week. There are four paid inmate clerks available to assist inmates in the law library; this work detail is the highest paid in McCreary's education department. In addition to the law library in the education department, there is a law library located on the SHU.

The leisure library is separate from the law library. The library utilizes an interlibrary loan system, through which inmates have access to all libraries in Kentucky. Inmates can use the interlibrary loan system to obtain up to two books; however, if an inmate loses a book he must pay the value of the book up to \$60.00. Eight typewriters are available for inmate use in the leisure library.

Religious Programs

McCreary offers a wide range of religious programs to inmates. Staff Chaplains are available, as well as contract and volunteer representatives of other faiths. Faith group time and space allotments, religious diets, holy day observances, and ceremonial meals are coordinated through the Chaplain's office. Information about Religious Services programming and staff schedules is available on bulletin boards located in the housing units and Religious Services offices.

There are 17 faith groups (32 are officially recognized by the FBOP). When inmates want to introduce a new component to a Religious Service program they can fill out the Unfamiliar Religious Belief and Components Form. Between 300 and 500 inmates use the chaplain or religious services each week.

Currently, there are three faiths practiced outside. There are two worship areas located on the facility grounds: one chapel, and one smaller area with lockers to hold items for particular faiths. On Fridays, 30 to 40 Muslim inmates meet to worship. There are five inmates that practice Catholicism and one volunteer Catholic Priest. Overall, there are about 50 volunteers for Religious Services.

Religious Services offers several other programs including anger management, spiritual growth, financial classes, and the programs on the new reentry unit.

Email, Mail, and Phone

Inmates at McCreary have access to email through a specialized and secure FBOP email system, CORRLINKS. For phone service, inmates in the general population can purchase a maximum of 300 minutes per month.

Inmate Concerns

On the day of the inspection the CIC interviewed 24 DC inmates onsite, and through the inspection process the CIC received 33 letters from McCreary inmates. The largest number of inmate concerns reported to the CIC concerned staff conduct, sentence designation and computation for DC inmates, and medical care. The numerous medical concerns are outlined below at Appendix A: *Inmate Concerns Broken Down by Topic, Number, and Facility*

The CIC also received reports from inmates about mistreatment by staff including: reports of SHU staff using retaliatory and punitive practices, specifically, the use of pepper spray and paper sheets. The concern of sentence designation and computation is a FBOP issue, not McCreary specific. However, how McCreary staff responds to the frustrations of DC inmates surrounding sentence designation and computation should be examined.

The CIC recommends McCreary and FBOP staff investigate the concerns listed in Appendix A.

Administrative Remedies

The CIC reviewed the number and topic of administrative remedies submitted by McCreary inmates over a twelve month period from October 2012 through September of 2012.²⁹ The CIC, however, did not review individual administrative remedies, but rather a breakdown of administrative remedies by number filed and topic. At the facility level inmates filed the most numerous administrative remedies in the following subjects: visitation, education/recreation and mental health. At the regional level inmates filed the most numerous administrative remedies in the following subjects: DHO Appeals, staff, and medical. At the Central Office level inmates filed the most numerous administrative remedies in the following subjects: DHO Appeals, staff, and medical. A chart outlining administrative remedies by topic filed and granted at the facility level, regional level and, Central Office is below.

Administrative Remedies Filed by Topic; Facility-Wide, not DC-Specific

(Source: Bureau of Prisons data from 10/2012 – 9/ 2013)

Subject Breakdown	BP-9s submitted	BP-9s % granted	BP-10s submitted	BP-10s % granted	BP-11s submitted	BP-11s % granted
Classification	13	N/A	20	0.00%	12	0.00%
Comm Prgms	19	N/A	1	0.00%	0	0%
Control Unit	14	N/A	0	0.00%	0	0%
Dental Care	27	N/A	2	0.00%	0	0%
DHO Appeals	20	N/A	129	30.00%	62	0%
Disability	35	N/A	5	0.00%	1	0%
Education/Recreation	11	N/A	5	0.00%	2	0%
Food	24	N/A	19	0.00%	11	0%
Forced Med	26	N/A	0	0.00%	0	0%
Inst Operatn	25	N/A	19	0.00%	21	0%
Inst Program	15	N/A	10	0.00%	5	0%
Jail Time	30	N/A	8	0.00%	7	0%
Legal	33	N/A	16	0.00%	12	0%
Mail	16	N/A	17	0.00%	14	0%
Medical	26	N/A	59	0.00%	44	0%
Mental Health	28	N/A	0	0.00%	0	0%
Non-Mail Com	17	N/A	0	0.00%	0	0%
Other Stat-Mandated Procedures	36	N/A	0	66.70%	0	0%
Records	32	N/A	2	0.00%	3	0%
Sentence Comp	31	N/A	8	0.00%	5	0%
Spec Housing	22	N/A	13	0.00%	5	0%
Srch/Restrnt	23	N/A	3	0.00%	1	0%
Staff	34	N/A	89	0.00%	48	0%
Transfer	10	N/A	11	0.00%	3	0%
UDC Actions	21	N/A	38	75.00%	13	0%
Visiting	18	N/A	3	0.00%	4	0%

Significant Incidents (Source: Bureau of Prisons data from 10/2012 – 9/ 2013)

This information is not DC-specific.

Significant incidents (8/2012-8/2013)	Number
Institution locked down	0
Assault on inmate with weapon	13
Assault on inmate, no weapon	50
Assault on staff with weapon	3
Assault on staff, no weapon	29
Attempted assault on inmate with weapon	1
Attempted assault on inmate, no weapon	1
Attempted assault on staff with weapon	0
Attempted assault on staff, no weapon	11
Sexual act, nonconsensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	1
Number of 583 reports (reports of assault on officers)	255
Chemicals used	34
Use of force	106
Use of restraints	80
Use of restraints, pregnant inmate	0
Escape from secure facility	0
Escape from non-secure facility	1

The Fairview RRC

Washington, DC

Contract facility, owned and operated by Reynolds & Associates

Demographics

- Facility Type: Residential Reentry Center
- DC residents as of June 26, 2013: 44
- Capacity: 60
- Residents released in past 12 months: 289
 - Released back to DOC Custody: 16
 - Released back to BOP Custody: 5
- DOC Population on June 26, 2013: 5
 - Pre-trial: 1
 - Sentenced Misdemeanor: 1
 - Electronic Monitoring: 3
- 12 month average occupancy
 - BOP: 36 residents, 79%
 - DOC: 9 residents, 19%
 - CSOSA 1 resident, 2%
- Total staff: 16
- Resident/staff ratio (average over 12 months): 2.125

Commendable Practices

No Resident Concerns

- The CIC interviewed 40% of DOC residents at The Fairview, two out of five residents, provided all DOC residents with our email and mailing addresses, and did not receive any concerns from The Fairview residents.

Volunteer-Run Programming

- DC community organizations offer volunteer services on and off-site to The Fairview residents.

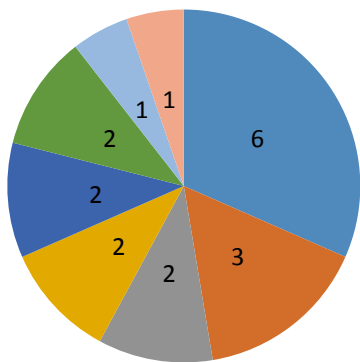
Resident Access to Internet for Employment

- Computer classes are available to residents in the onsite computer room. During class residents may search for jobs on the internet.

Community Relations

- The Fairview holds an annual open house and quarterly Community Relations Advisory Board Meetings. All meetings are open to the public.

Resident Comments*



Overall Conditions	Community Partnerships
Food	Medical
Staff	Transportation
Housing	Visitation

* Please note this chart is entitled *Resident Comments*, not Resident Concerns. Residents commented about the facility, but did not share any concerns or complaints. A breakdown of these topics is noted in the report under the heading *Resident Comments*.

Areas for Improvement

Identification

- RRC providers are not contractually required to provide funds for residents to obtain identification documents essential for the employment and reentry process. The CIC recommends the DC government provide one free birth certificate to returning citizens upon release from prison or jail in the same way it has made accommodations for non-driver's IDs to assist residents in obtaining necessary identification.

Housing

- Nationally, finding suitable housing for returning citizens is problematic. DC returning citizens face this same issue.

Mentors

- The Fairview should ensure that residents requesting mentors are matched with them.

Site Inspection

The CIC conducted an inspection of The Fairview Residential Reentry Center (RRC) located at 1430 G Street NE, Washington DC 20002, with a site visit occurring on June 26, 2013, and related investigation taking place from June 2013 through January 2014. Michelle Bonner, CIC Chair, recused herself from the inspection of The Fairview given her work at The Fairview with co-owner Ms. Reesa Motley Reynolds. The Fairview has been operating in its current location for 18 years. The Fairview houses female residents in the Federal Bureau of Prisons (FBOP), DC Department of Corrections (DOC), and Court Services and Offender Supervision Agency (CSOSA) supervision.

For this inspection the CIC inspected only the DOC contract with The Fairview, not the FBOP contract. On the day of the onsite inspection the CIC had an opening session with Mr. Charles Reynolds, the CEO of Reynolds & Associates, and Ms. Michele Fauntleroy, Director of The Fairview. The CIC then interviewed residents in DOC custody, toured the facility, observed programming, had a close-out session, and reviewed requested documents related to conditions of confinement. The CIC toured and/or spoke with The Fairview staff about the following topics: case management, reentry, programming, housing, recreation, medical and mental health, education, employment, food services, religious programming, and other topics related to DC residents at The Fairview. Additionally, on the day of the onsite inspection, the CIC spoke in person with two of the five residents in DOC custody. Information from these interviews is included throughout the report under the heading *Resident Comments*.

The capacity at The Fairview is 60 and the current occupancy is 35. Per a contractual agreement DOC has access to 25 beds in The Fairview. The Fairview has averaged nine DOC residents from April 2012 through March 2013. The CIC contacted DOC requesting additional information as to why the number of women in DOC custody at The Fairview was low. The CIC had not received a response from DOC at the time this report was released.

The Fairview staff meets monthly with staff from DOC and CTF as well as and women in DOC custody to inform the women of The Fairview, discuss challenges the women face upon reentry, and explain the rules and regulations of the facility. Potential Fairview residents are identified by CTF staff. Once identification is complete referrals are sent to a DOC employee for approval and disposition. Procedurally, any potential Fairview resident must: inform CTF staff that she would like to be a resident at the RRC, be medically cleared, not have outstanding warrants, not be a domestic violence case, and not have a previous escaped record from an RRC.

The chart below outlines the average occupancy and custody of The Fairview residents from April 2012 through March 2013.

Date	BOP Population	CSOSA Population	DOC Population	Total
April 2012	28	0	8	36
May 2012	30	1	9	40
June 2012	30	1	11	42
July 2012	36	0	12	48
August 2012	39	0	9	48
September 2012	38	1	12	51

October 2012	40	1	11	53
November 2012	37	2	9	48
December 2012	38	1	4	43
January 2013	42	0	6	48
February 2013	38	0	8	47
March 2013	39	1	7	47
12 month average	36	1	9	46
% of total population	79%	2%	19%	

Document Review

The document request and review process for this inspection was uncomplicated. The CIC requested The Fairview inspection and corresponding documents related to conditions of confinement on Wednesday June 6, 2013. The CIC was able to review all requested documents for a 24-hour period beginning on the date of the inspection. A list and brief description of the documents the CIC reviewed are attached at *Appendix F: CIC Document Review*.

Overall Conditions

The CIC toured the facility and overall the facility was clean and in suitable condition.

Resident Comments:

- Generally Fairview is fine.
- DC offers many opportunities to their residents; success will just depend on the individual.
- The rooms at the Fairview are fine and the bathrooms are shared with everyone.
- Residents clean the facility twice daily.
- The temperature is good.
- The facility is too strict.
- The staff members are nice, most of the time.
- At orientation the case manager will meet with each resident individually. After this initial meeting residents see their case manager weekly.

Medical

Through its partnership with Unity Health Care the Fairview offers residents offsite medical service, including a physical examination upon arrival at The Fairview and other necessary medical care. At The Fairview all medication is distributed by staff. Medical distribution times are displayed on the bulletin board and a medical log signed by residents is kept to track intake and distribution. Additionally, while at the facility residents may apply for medical benefit programs which will be available upon release.

Resident Comments:

- Most of the time medical care can be easily assessed.
- The facility keeps the medication downstairs and provides medication to residents as directed.

Mental Health

The case managers at The Fairview provide resident referrals for appointments with the Department of Mental Health office located at 35 K Street NE. This process generally takes one full day. The Department of Mental Health will provide 30 day supply of medication to any DC resident that does not have insurance. Residents placed on “no movement” status are still able to receive medical and mental health services.

The Fairview residents attend Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings at Holy Name Parish, St. Martin’s, and Howard University Hospital. The Fairview also offers onsite drug education, relapse prevention, and recovery support groups.

Food Services

The Fairview utilizes a catering service that provides meals to residents three times a day. Residents are served a hot breakfast and dinner each day and are allowed to order out on the weekends. There is also a microwave and vending machine available to residents for use during free time.

Resident Comments:

- The food is alright.
- The food is good sometimes and has been better recently.

Programming

The Fairview staff informed the CIC that individual program plans are developed and recommended for each resident in accordance with the resident’s specific goals and needs. All residents are required to participate in a minimum of 12 hours of Life Skills classes. The Life Skills class and other employment training courses are taught by the Social Service Coordinator. Classes are held during the evening allowing all residents to may attend. The Life Skills class focuses on transition. Each resident is provided with a journal and life skills book. The classes are rotated through the month with different topics from week to week. The class always has something pertaining to employment (resume writing, attire, schedule, budgets). This class is required for all FBOP residents not in drug treatment.

On the day of the inspection the CIC observed one hour of the Job Readiness Skills class entitled *Successful Workplace Attitudes and Behaviors*. There were 10 residents present. The teacher kept the class involved and the topics discussed were related to job preparation. The classroom was welcoming with positive signs on the wall such as, “What you tell yourself is what you believe and what you believe is what you do and what you do is what you become.”

Computer classes are available to residents in an on-site computer room. Through this class residents have access to the Internet and email for job searching purposes only.

Additionally, residents needing assistance beyond just employment attend day programs at the McClendon Center, Community Connections, PSI, Strive, and other core service providers though out the city. Residents are to provide their own transportation, unless they are indigent. If residents are indigent The Fairview provides a smart trip card, tokens, or transports them in the facility van.

The Fairview staff also provide one-on-one meeting time with residents and assistance with GED and vocational skills. Furthermore, case managers may require additional groups and programming depending on the needs of specific residents. Case managers are required to facilitate life skills, such as self-esteem, stress management, boundaries, building healthy relationships, cultural diversity, financial planning, parenting, maintaining a household, and many more. The Fairview also has guest speakers, interns, and other volunteers facilitate groups with residents.

The following organizations facilitate group programming at The Fairview and other locations: Shaw Collaborative, University legal Services, University of the District of Columbia, Eve, Women of Virtue, and Consultants for Change.

Academic and Vocational Education

There are a variety of academic and vocation programs available to The Fairview residents. Residents must obtain a referral from their case manager to sign up for these programs.

Upon leaving The Fairview, residents can contact the following agencies for academic assistance and services: Academy of Hope, Ballou STAY High School, Byte Back, Catholic Charities, Congressional Heights Training Center, GED Testing and Verifications, Opportunities Industrialization Center DC, DC Central Kitchen, Marshall Heights Community Development Organization, New Course Catering, N Street Village, and Vocational Rehabilitation Center.

Recreation

There is a recreation room with a television, playing cards, games, and books. The recreation room is available to residents at all times unless there is a scheduled class or event.

Religious Services

Residents can go to the religious service of their choice within the community and/or attend religious programs offered at the facility. Onsite religious services are offered throughout the week by volunteers. Also, religious dietary preferences are recognized along with special dietary needs.

Community Relations and Partnerships

According to The Fairview staff, the facility has been in its current location for 18 years and there have been no issues or tensions with the neighborhood. The Fairview has a Community Relations Advisory Board (CRB) and community partners that provide services and education to residents.

The CRB is comprised of Mr. Charles Reynolds and Ms. Reesa Motley Reynolds (CEO of Reynolds & Associates), church groups, an employee from the Department of Employment Services, and other members of the community. The Board meets quarterly and the meetings are open to the public. The CRB is comprised of diverse, cross-section of representatives from the civic, social, religious, educational, cultural, business, and public safety sectors of the community. Members provide linkages and input to programming by enhancing The Fairview's

ability to tailor programs to meet the needs of the residents. CRB members facilitate life skills groups and host RDAP sessions on Friday evenings.

Additionally, The Fairview has listed 60 community partners in various fields, such as federal corrections, mental and physical healthcare, clothing assistance, housing assistance, educational services, and employment assistance.³⁰

Additionally, the Fairview has been in communication with the Office on Returning Citizens Affair (ORCA), Ballou, Project Empowerment, Court Services and Offender Supervision Agency (CSOSA), and other neighboring companies and community partners to educate The Fairview about the reentry needs of women. The Fairview holds events in which the facility invites local companies and community partners to the facility to meet the residents. The Fairview has held open houses to allow the community to tour the facility, speak with the residents, meet staff, and generally foster a better understanding of the services The Fairview provides. The Fairview also uses this event to recruit volunteers. It should be noted that in 2013 the Fairview did not hold an open house because their occupancy was far below capacity and they were not able to finance the venture.

Resident Comments:

- Every Sunday different people from churches come to the facility to preach and sing.
- Volunteers come to the facility to provide programming.
- One resident would like a mentor.

DC Community Member Comment:

- One DC community member informed us that she has attempted to volunteer to provide reentry services to residents at The Fairview for over a year. She has followed the proper procedure for volunteers and completed the necessary paperwork, but has not received approval from the facility.

Visitation and Community Relationships

Visitation is available to residents two times per week, Saturday and Sunday. Each visitor may visit for up to two hours. Residents also have access to a pay phone onsite.

Resident Comment:

- One resident informed the CIC that visitation is available to her; however, she does not utilize use this.

Employment Assistance

The Fairview offers employment training and life skills classes to residents. According to The Fairview, numerous organizations are available to assist residents with job training, interviews, professional dress attire and other employment-related needs.³¹

The Fairview Social Service Coordinator (SSC) is responsible for providing employment contacts to residents. The SSC develops relationships with employers that hire returning citizens, confirms employers who are hiring, and coordinates efforts for residents to apply to those companies. In addition, The Fairview works closely with the Department of Employment

Services, Office of Returning Citizens Affairs, DC Central Kitchen, New Course Catering, the University of the District of Columbia, and other stakeholders to assist women in obtaining gainful employment.

Housing Assistance

Residents are held at The Fairview for relatively short periods of time and need to find housing before they leave. Staff at The Fairview providing housing assistance to residents; however, locating suitable housing is problematic nationwide for individuals returning from incarceration.

The Fairview staff refer residents with housing assistance needs to Virginia Williams, House of Ruth, and N Street Village. If the resident is connected to a core service provider, staff will partner with that provider to assist the resident in obtaining housing.

Resident Comment:

- One resident has a place to live when she is released. She received a voucher from Unity Health Care for housing.

Transportation Assistance

The Fairview provides residents deemed indigent by their respective case managers with tokens and smart trip cards for travel to job interviews, vocational training, medical appointments, and legal appointments.

Resident Comments:

- One resident receives funding from her family for transportation; she has never asked Fairview for transportation assistance.
- One resident never received transportation assistance but never asked for it.

Disciplinary Procedure

A violation of The Fairview rules or new criminal conduct may lead to an incident report, disciplinary action, and/or an investigation for new criminal conduct. There are numerous options available for disciplinary action, the most severe being returning residents to secure DOC custody. Decisions regarding disciplinary action may be made by DOC or by The Fairview in conjunction with DOC together. The most common reason residents are remanded back to secure DOC custody is for testing positive to drugs; however, positive tests do not require automatic actions. Each violation is decided on a case-by-case basis. The Fairview had six DOC residents remanded to the DC jail in the past 12 month period. During this same 12 month period, there were no administrative remedies filed by residents.

Resident Security

Residents may obtain daily activity passes for the following purposes: church, court, psychological/psychiatric services, job interviews, substance abuse treatment, social security appointments, to obtain a driver's license, attorney interviews, medical appointments, school, and other employment-related purposes.

Residents' ability to obtain social passes is dependent on the satisfactory progress of the individual toward program goals and/or objectives, as determined by the case manager. To

obtain a social pass to leave The Fairview residents must first submit a destination sheet to their case manager for approval; all activities must be confirmed and documented prior to pass approval. After the application/destination sheet is submitted and approved by staff, the staff will schedule the social pass in the Secure Management System. If there are no scheduling conflicts the pass will be approved.

The SecurManage System is a computer based program that documents intake information in a database. Items in the SecurManage system include case notes, program plans, shift log entries, resident photographs, resident inventory, resident movement, safety and sanitation, fire drills, and more. This system is designed to eliminate paper files and store information electronically.

Subsistence Contributions

DOC requires residents to contribute 20% of gross earnings during each pay period.

DOC Oversight

The Fairview is contractually required to administer and manage local regulations and the contractual agreement in a professional and responsible manner. The Fairview staff informed the CIC that they are in constant communication with the community corrections center (CCC) administrator, to ensure that questions, issues, and concerns raised by residents and staff are addressed in a timely manner. The CCC office also conducts random visits and inspections.

Administrative Remedy Process

The Fairview has an internal communication process and an administrative remedy process. For the internal communication process a resident with a concern will complete a communication form, provide it to the director, and allow sufficient time for staff to address the concern internally. The communication forms are readily available for residents. Once a form is completed it is placed in a locked box and a response is due to the resident within 24 hours. If the resident is not satisfied with the director's response she is directed to address the concern to the executive vice-president. If residents are still unsatisfied residents are directed to the president. The RRC also has an administrative remedy process with both the contracting agencies. The DOC grievance process is posted onsite for residents and FBOP administrative remedy forms are readily available to residents. Additionally, all of the contractor's contact information is posted on the resident communication boards.

Conclusion

The CIC had a successful first inspection of The Fairview RRC. We look forward to working in partnership with The Fairview, the DOC, and the DC community to better serve our returning citizens and DC residents in DOC and FBOP custody in the future.

V. Inmate and Community Concerns

Through attendance at DC Council hearings, contact with advocates, contact with inmates, and contact with inmates' families, the CIC learned of concerns regarding conditions of confinement, programming, and reentry. We recognize that the information below is not comprehensive; the CIC collects and compiles this information in order to gain insight and become aware of potential issues so that we can prioritize our work and conduct the most efficient and detailed inspections possible. The CIC has not independently confirmed any of the issues raised below.

a. Inmate Concerns by Topic and Number

The CIC received 277 inmate concerns from over 150 inmates, including 98 letters from 70 inmates, over 40 in-person interviews, 15 phone calls from 7 inmates, and numerous emails. The chart in the executive summary lists the number of complaints, concerns, and information the CIC has received by mail, telephone, email, or in-person interviews in fiscal year 2013. The specific concerns expressed by DC inmates are outlined in Appendix A: *DC Inmates' Concerns Broken Down by Topic, Number, and Facility*. As noted above, this chart excludes correspondence and interviews with inmates at FCI Allenwood Low, USP Allenwood, Rivers Correctional Institute, and USP Lewisburg. Information from these inmates will be reported separately.

The most numerous concerns (in descending order) received from DC inmates are in the areas of staff, medical, DC specific issues, sentence designation and computation, and programming.

b. Concerns from Inmates' Family Members and Loved Ones by Topic and Number

The following chart lists the number of complaints, concerns, information, and recommendations the CIC has received by mail, telephone, email, or in-person meetings in fiscal year 2013. The CIC has spoken informally with over 100 family members and loved ones of inmates through CIC open meetings and other forums about their experiences. The most numerous concern we have heard from loved ones is the inability to visit their family members and loved ones incarcerated throughout the country. The second most pressing concern is the inability of family members to know the health status of their incarcerated family member. The concerns formally documented by the CIC are below; however, the majority of our conversations with family members and loved ones are informal.

Distance from DC (2)
Facility is too far for visitation, family does not have money to travel: 2
It is very difficult for one mother to visit her son. She is older and has to drive over 15 hours to Kentucky. Also, she often picks up her son's children for the visit, but again this is difficult because of the distance from DC (USP McCreary)
Mail (1)
One inmate is not receiving mail from family members or loved ones (USP Lewisburg)
Medical (2)
One inmate was sick (he couldn't breathe and his throat was swollen). He was seen by the physician's assistant, who prescribed him medicine. The inmate was not able to get the medicine the next morning (McCreary).
One inmate did not get the medical attention he should be getting. He has several medical conditions and is not receiving the medical attention he should be getting (McCreary)
Other (1)
One inmate is not able to work because of medical reasons but his family must put money into his account because

he has to pay into the Victim's Trust Fund (USP Allenwood)
Programming (1)
No programming (McCreary)
Parole (1)
One inmate went before the Parole Board and had not heard a decision in three month. At the hearing his counselor was not present (USP Hazelton)
Safety (1)
One inmate suffered a broken jaw and rotator cuff from a fight with another inmate, but he has no memory of the incident. A loved one called the facility to be updated on his status and they only disclosed the concussion. The inmate is still in pain and not receiving medical care (USP Lewisburg)
SHU (1)
One family member informed us that her nephew was in the SHU for over 6 months. During this time the family did not know if he was alive and later found out the inmate was not receiving mail during this period (Allenwood)
Staff (2)
One wife of an inmate had not heard from her husband in an unusually long period of time. She called the facility to make sure he was okay and the staff informed her "he is not dead". This same inmate's wife and mother called to speak with the Warden every day for a month, and staff would not transfer their calls to the Warden (FCI Gilmer)
One inmate was pepper-sprayed by staff when he did not hear a count (USP Lewisburg)
Positive Feedback from Family Members and Loved Ones (2)
The staff at Allenwood respect inmates and visitors (FCI Allenwood Medium)
One inmate's medical conditions are being cared for (FCI Allenwood Medium)
Recommendation from Family Members and Loved Ones (1)
Relocate inmates closer to home (overall)

c. Contact with Community Advocates

The CIC spoke with community advocates and collected their concerns for this report.

Visitation Problems

DC families face a long, expensive journey across the country to visit loved ones in federal custody. Many community partners report that FBOP facilities make this experience more difficult through unpredictable lockdowns, prohibitively long wait times on visiting days, and correctional staff that treats families like "absolute garbage."

Problems with Correctional Officers

Community partners report mistreatment of DC inmates by staff, racist correctional officers, and overuse of the SHU in many facilities across the FBOP.

Reentry Problems

Community partners report a lack of quality programming, poor reentry planning, and unsuccessful RRCs; one DC organization described RRCs as "more harm than help" for returning citizens.

Deaf and Hard of Hearing Inmates

Prisons are especially difficult environments for the deaf or hard of hearing. Historically prisons use sounds for meal calls, movement, counts, etc., and correctional staff demand immediate obedience from inmates. Deaf and hard of hearing prisoners consistently miss out on information and are punished for failure to obey commands that they could not hear. The CIC recommends a best practice of pairing sounds with flashing overhead lights. This visual notification would help solve these problems at little cost to the facility.

American Sign Language (ASL) is a unique language with its own grammar, syntax and structure. Many deaf prisoners do not know or communicate effectively in English, and interpreters are required for effective communication, especially during medical and mental health appointments, disciplinary hearings, orientation, and other important communication in prison settings.

Pursuant to federal disability rights law, persons with disabilities must receive the same access to programs services and activities as their non-disabled peers. This means that staff at prisons that house deaf inmates must ensure that deaf prisoners can participate in the prison's programs and services to the same extent as their hearing peers. The Rehabilitation Act provides for "reasonable accommodations" for the deaf and hard of hearing. Courts have required sign language interpreters for inmates at "disciplinary hearings, classification decisions, HIV-AIDS counseling, and educational and vocational programs".³²

The CIC recommends that interpreters or other reasonable accommodations be provided to deaf and hard of hearing inmates for all important communication and education/vocational communication. Also, inmates using ASL should not be shackled during hearings; this makes communication impossible. The CIC also recommends that deaf inmates be placed in facilities with accessible telecommunication devices so that they can communicate with their families, attorneys and advocates. Additionally, the CIC received an informative and very helpful training on this topic; the CIC recommends that all FBOP and DOC staff working with deaf and hard of hearing inmates receive a similar training.

Juveniles in the DC Justice System

Juveniles in DOC custody at the CTF face a number of unique problems. Juveniles in administrative segregation or protective custody are held in solitary confinement for extended periods of time to protect their safety. The amount of time juveniles spend in administrative segregation or protective custody is not tracked at CTF. The CIC will continue to monitor this situation.

There are several other concerns regarding juveniles at the CTF. Juveniles are locked down frequently; there is subpar schooling within the facility; the mental health care is subpar; pretrial and post-conviction juveniles are housed together; and like adult inmates, juveniles see their families only through video visitation, a practice consistently condemned by the community.

Young Adults Under the Age of 21 in FBOP Custody

In the coming year the CIC will request information on how many juveniles from the age of 18 to 21 are in FBOP custody each year. The CIC has been informed that between 100 and 200 juveniles between 18 and 21 are in FBOP custody every year. The most pressing concern we heard from advocates is that these youth are being transferred often enough that it is difficult for parents and loved ones to stay in contact with their children through correspondence and visitation. Accurately locating children and loved ones through the FBOP Inmate Locator can be problematic. The CIC understands that the FBOP is working to keep all DC residents within 500 miles of DC; however, the CIC recommends the FBOP further this effort with juveniles by

keeping DC juveniles close to home at a specific facility with juvenile-focused counseling and reentry programs.

Hope Village Concerns

Advocates and community service providers are unable to even get an appointment with a staff member at Hope Village. One community member informs her young-adult clients to remain in secure FBOP facilities rather than Hope Village because of the lack of staff assistance and high number of violations.

VI. General Observations

Not Enough Individual Legal Assistance Available to DC Inmates

There is not enough individual legal assistance available to DC inmates in FBOP and DOC custody in areas where legal assistance is not a matter of right. There are organizations here in the District that provide individual legal assistance, but there are not enough attorneys available to support the needs of over 5,000 inmates across the US and over 2,000 in the District.

DC Inmates Treated Differently

Through our general inspection process the CIC investigates areas in which DC inmates may be treated differently or receive different opportunities because they are from DC. Inmates have expressed this concern at numerous Bureau facilities and it is not facility specific. DC inmates seem to have a reputation for poor behavior and violating the facility's rules more often than non-DC inmates. The CIC currently does not have enough information to determine whether DC inmates are violating the rules more often, or this is an unfounded stigma associated with DC inmates. The CIC will attempt to gather particular information about rule violations and discipline to better understand the treatment of DC inmates. We recommend FBOP institutions ensure their staff and administration treat every DC inmate individually and do not label this population.

Good-Time Computation and Security Designation

There are four distinct methods for calculating good time for DC inmates, depending on when the inmate committed the offense for which he or she is incarcerated. Some of these methods, especially the Old Law³³ versions, are complex enough to pose difficulties for the CIC's legal intern. Calculating good time is difficult.

However, the CIC receives complaints from DC inmates that indicate that FBOP staff are unable or unwilling to explain exactly how an inmate's good time is calculated, and why an inmate has a particular release date or parole-eligibility date. The CIC recommends that the FBOP work with the Public Defender Service for the District of Columbia to draw up materials that clearly explain how to calculate good time for all DC inmates.

The CIC also receives complaints from inmates regarding security designations. The policies and guidelines regarding security designations are extremely complex, and will require further research by the CIC. The CIC understands that facility security is a serious concern. We will continue to investigate this issue.

DC Inmates Released from High-Security Facilities

As of July 2013, 2,192 DC inmates had a projected release date from FBOP custody in the remainder of 2013 and 2014. Out of this 2,192, 304 DC inmates were still incarcerated in high-security level facilities (USPs), Special Management Units (SMUs), and the Administrative Maximum facility in Florence. Therefore, 14% of DC inmates released during this timeframe were projected to be released from high-security institutions directly into the community. This is troubling for two reasons. First, there are more opportunities for programming, education, and vocational training at medium- and low-security facilities. These facilities and their corresponding programs are designated to better facilitate reentry. Inmates without access to these facilities are, therefore, not able to participate in programming designed to enable their successful transition back to society. Second, public safety is compromised when inmates are released from high-security facilities because inmates are moving from rigidly-structured environments to their communities where structure is nearly nonexistent. This abrupt change can lead to a greater risk of recidivism.

In fiscal year 2014 the CIC will be investigating reentry resources at high security facilities. Additionally, sentence designation and public safety factor calculations for DC inmates are a priority for the CIC. The CIC will investigate how these calculations and guidelines affect DC inmates differently from federal inmates.

Memorandum of Understanding with the FBOP

On July 24, 2013, the CIC finalized a memorandum of understanding (MOU) with the FBOP. The CIC worked with the FBOP on this agreement through fiscal year 2013. The MOU outlines procedures for announced CIC inspections of FBOP facilities housing DC inmates. Between June 13, 2013 and early September 2013 the FBOP denied the CIC access to FBOP facilities incarcerating DC inmates. During this period the FBOP indicated that they would not fulfill additional CIC inspection requests until the CIC had submitted all previous inspection reports to the FBOP. The FBOP notes that until July 24, there was no finalized MOU outlining agreed-upon policies for CIC announced inspections. After CIC inquiry, on September 7, 2013, the CIC was informed that the FBOP reviewed its policy and would no longer require report submission prior to additional inspections. The FBOP accommodated three inspection requests before September 30, 2013. The CIC is grateful to the staff at Allenwood, Rivers, and the FBOP Central Office for accommodating these requests on shorter-than-agreed-upon notice.

CSOSA and Hope Village

CSOSA initiated a shuttle service in late 2013 between Hope Village and their office at Good Hope Road. The service operates two days per week with two runs per day (9am and 1pm). CSOSA staff still attend progress review team (PRT) meetings at Hope Village, and through these meeting CSOSA identifies who they will need to see the following week. CSOSA should be able to meet the same number of residents this way as when they were physically present at Hope Village. The FBOP and Hope Village have both agreed that residents must visit CSOSA. If residents have another place to be that is a priority, CSOSA will adjust.

VII. Best Practices

In addition to the best practices noted in the individual inspection reports, the CIC is especially encouraged by the following FBOP and DC DOC practices.

FBOP Assessment of Segregated Housing Policies

The US Government Accountability Office (GAO) conducted an audit of the FBOP's use of solitary confinement at the request of Senator Richard Durbin, Representative Elijah Cummings, and Representative Robert Scott. The audit was conducted from January 2012 to April 2013, and the report was released May 13, 2013. This GAO audit found that 7.1% of all inmates in Bureau of Prisons custody were being held in segregated housing.³⁴ The audit made four specific recommendations regarding segregated housing:

GAO recommends that FBOP (1) develop ADX-specific monitoring requirements; (2) develop a plan that clarifies how FBOP will address documentation concerns GAO identified, through the new software program; (3) ensure that any current study to assess segregated housing also includes reviews of its impact on institutional safety; and (4) assess the impact of long-term segregation. FBOP agreed with these recommendations and reported it would take actions to address them.³⁵

The second recommendation regarded SHU documentation found by the GAO. A GAO review of 35 inmate case files for inmates in administrative segregation found that only 4 of the 35 had complete documentation regarding the required review of segregated status and the required 5 hours per week of exercise. The FBOP concurred with the GAO's recommendation, and instituted a program review.

On September 19, 2013, Director Samuels testified before the House Judiciary Committee and reported that the FBOP had reduced its SHU population by 25 percent, "primarily by focusing on alternative management strategies and alternative sanctions for inmates."³⁶ The CIC is encouraged by this testimony, and is interested in the specific management strategies being utilized for this commendable decrease. As more and more states institute reforms to reduce their reliance on solitary confinement, more empirical data is being collected that indicates that reducing the use of solitary confinement makes prisons safer and less expensive. The CIC will continue to investigate state solitary confinement reform.³⁷

The FBOP awarded a contract to CNA Analysis and Solutions to conduct an assessment of its segregated housing policies. The assessment team includes Ken McGinnis and Karl Becker, as well as Dr. James Austin, who directed the review of Mississippi's administrative segregation procedures that resulted in an 85% reduction in administrative segregation at its Parchman administrative maximum facility. The assessment team met on November 11 with representatives of several leading prison reform advocacy groups, including the ACLU Prison Project, the Vera Institute for Justice, the National Religious Campaign Against Torture, CURE, the National Association for Mental Illness, and Prison Fellowship. The groups have requested ongoing updates and the opportunity to review the final assessment.

The CIC commends the FBOP for contracting with experts like Dr. Austin to conduct its assessment, and is particularly encouraged to see the assessment team meeting with nationally-known prison reform groups. The CIC looks forward to CNA's final report, and the FBOP's plan to implement the recommendations. Although any assessment is only as good as the methods used and the implementation that follows, this is an excellent beginning.

Mental Health Care and Reentry at Fairton and Allenwood

FCI Fairton and USP Allenwood partner with University Legal Services DC Jail and Prison Advocacy Project in a pilot program to serve the mental health needs of DC inmates within those facilities and upon release. This innovative partnership allowed ULS staff to visit the prisons in order to facilitate mental health care connections to DC inmates. As a result of the partnership, Fairton sought and successfully negotiated a pre-release agreement with the local Social Security field office to enable people with disabilities to apply for benefits well in advance of their release dates. Although funding for the three-year pilot ended December 31, ULS still receives referrals from Allenwood and Fairton and handles them as funding allows. When an inmate with mental health needs is near release, the psychology department at Allenwood contacts ULS, which coordinates with the DC Department of Behavioral Health, CSOSA, and other relevant agencies and organizations (e.g., Social Security Administration, the DC Department of Human Services) to make arrangements for services that the inmate will need upon release. USP Allenwood also completes paperwork to expedite placement in community programs with higher levels of care. These facilities are taking part in innovative programs with DC community partners. The CIC commends their efforts.

Steve Confair is the Transitional Drug Abuse Contract Oversight Specialist for the FBOP; he works with residents in RRCs who have mental health or substance abuse issues. His job involves linking RRC inmates with mental healthcare needs to services in DC to better ensure continuity of care upon release. The CIC commends Mr. Confair and the FBOP's commitment to this effort.

Responsiveness of FBOP Staff at the Executive and Facility Level

Director Charles Samuels and his executive team met with the CIC at Director Samuels's suggestion to review the CIC's recommendations and concerns for completed site inspection. Director Samuels was greatly concerned with DC inmates' reports of mistreatment, and immediately made plans to investigate this issue. In response to the problems at Hope Village, Director Samuels hired a full-time employee to provide oversight on an ongoing basis. Director Samuels informed the CIC that the FBOP plans to modify its Statement of Work for RRCs to provide transportation assistance to all RRC residents who are seeking employment, not just those who are "indigent," and to establish a Reentry Services Division as a separate department within the FBOP that reports to the Director. Director Samuels and his executive team have been accessible, accommodating, and have taken immediate action to address several of the CIC's recommendations.

Use of DC Jail for Violations

The FBOP now sends DC residents to the CTF for low-level parole and RRC violations with short sentences (less than nine months). This policy allows residents to remain in DC rather than

being re-designated back to secure FBOP facilities outside the District or regional jails in Virginia. This helps ensure that these residents maintain strong ties with their families and community, and greatly increases their chances for successful reentry, including employment and reentry, upon completion of their sentences. This policy only applies to low- and medium-security offenders. The contracts include 200 male beds (they do not yet include women) for inmates serving US Parole Commission (USPC) sentences of six months or less for violations of conditions of release. The CIC commends the FBOP for this community-centered policy.

Notably, DOC receives payment for inmates' stays once the USPC issues a notice of action. Prior to this notice such inmates are in FBOP custody pending their violation hearings, but the DOC does not receive payment for this period.

DC DOC Leadership

The CIC meets quarterly with DC DOC Director Thomas Faust. Director Faust initially suggested these regular meetings, and through these meetings he and his staff have ensured CIC access and DOC transparency. The CIC greatly appreciates their openness, accessibility, and willingness to work with the CIC.

Free Minds Book Club & Writing Workshop

Free Minds uses books, creative writing, and peer support to awaken DC youth incarcerated as adults to their own potential. Free Minds utilizes creative expression, job readiness training, and violence prevention outreach to assist these young poets with their education and career goals as well as and become powerful voices for change in the community.

Free Minds serves its members through three phases:

- **Book Club.** The Book Club serves 16- and 17-year-old males incarcerated at the DC Jail. Free Minds meets weekly with young men in DOC custody by engaging them in book club discussions, creative writing exercises, and author visits.
- **Continuing Support.** Free Minds stays connected to members after they turn 18 and are transferred to FBOP by sending them books, birthday cards, letters, a monthly newsletter, and feedback on their writing.
- **Reentry Support.** Free Minds also mentors members upon release by providing paid work readiness and in-house writing apprenticeships, education and job referrals, and a positive peer support community of fellow Free Minds members. Poet Ambassadors give back to the community through the On The Same Page Violence Prevention Project, which includes public poetry readings and educational outreach on the underlying causes of youth incarceration. Poet Ambassadors visit schools, middle school through college, and local community groups to share poetry and open a dialogue to promote healing and nonviolence in the community. Poet Ambassadors also lead weekly writing workshops at New Beginnings Youth Development Center where they serve as mentors to juveniles in detention. Poet Ambassadors gain valuable skills such as public speaking and teamwork, and they help create solutions to the violence in our city.

Since its inception in 2002, Free Minds has reached over 750 youth through their continuum of services. Free Minds is the only organization working with these youth throughout their entire

incarceration and when they return home. Nationwide, the recidivism rate for youth incarcerated as adults is 70 – 90%; the recidivism rate for Free Minds members is 24%.

VIII. Recommendations

Video Visitation in the FBOP

DC inmates often do not receive any visitation by family, friends or loved ones. There is a proven correlation between increased visitation and decreased recidivism.³⁸ Recent studies have indicated:

- Inmates who receive visitation while incarcerated are significantly less likely to recidivate;³⁹
- The frequency with which inmate visitation occurs has a significant effect on recidivism; specifically, inmates visited more often are less likely to recidivate;⁴⁰ and
- Visitation closer to an inmate’s release date has a greater impact on reducing recidivism.⁴¹

Due to the correlation between visitation and recidivism and the distance of DC inmates from their home and loved ones, the CIC recommends the FBOP develop a pilot video visitation program for DC inmates, and recommends that it confer with DC DOC on how they might make this happen. This would greatly increase inmates’ ability to stay in touch with family and community support back home.

Legal Mail

Confidential legal mail is protected by numerous circuit court decisions⁴² and FBOP policy.⁴³ Incoming legal mail, properly marked, must be opened in the presence of the inmate, and may not be read or copied by prison staff.⁴⁴ Outgoing legal mail sent by an inmate who is not on restricted special mail status may not be inspected by prison staff.⁴⁵ The US Supreme Court has noted that “[t]he implications of outgoing correspondence for prison security are of a categorically lesser magnitude than the implications of incoming materials.”⁴⁶ Correspondence is a liberty interest,⁴⁷ and the FBOP’s procedural protections regarding decisions to restrict correspondence therefore have constitutional significance.⁴⁸

The CIC has received complaints from DC inmates regarding violations of legal mail procedures at FCI Beckley, USP Coleman II, FCI Fairton, USP Lewisburg, and USP McCreary.⁴⁹ The CIC has reviewed the inmate handbooks of these facilities.

USP Coleman II

The procedures at USP Coleman II appear to violate FBOP policy and federal case law. The facility’s Admission and Orientation Handbook states that for outgoing special mail (legal mail), “Staff will inspect the contents and seal the correspondence in the presence of the inmate.”⁵⁰ This appears to be in direct violation of FBOP Program Statement 5265.14, Correspondence, Section 540.18(c)(1), which states that unless an inmate is on restricted special mail status, “outgoing special mail may be sealed by the inmate and is not subject to inspection.” USP Coleman’s procedure is also concerning in light of the Supreme Court dicta quoted above.

FCI Beckley, FCI Fairton, and USP Lewisburg

The CIC has reviewed the inmate handbooks at these institutions, and while they are not in direct contravention of FBOP policy, they are deficient in their description of the protections afforded outgoing legal mail. These inmate handbooks do not explain clearly the FBOP policy that “outgoing special mail may be sealed by the inmate and is not subject to inspection.”⁵¹

CIC Recommendation: Adopt and Implement Language Used by USP McCreary

The CIC recommends that USP Coleman II, FCI Beckley, FCI Fairton, and USP Lewisburg adopt the language and policy in USP McCreary’s inmate handbook, which states that “Special Mail is a category of correspondence which may be sent out of the institution unopened and unread by staff. . . . ‘Special Mail’ that is being sent out of the institution may be sealed by the inmate.” The CIC commends USP McCreary for specifically upholding FBOP policy and for protecting the rights of its inmates. Of course, any policy is only as good as its implementation: the CIC further recommends that all the facilities mentioned in this section take great care to ensure that these procedures are being followed by all staff members.

Suicides in the DC Jail

There have been 165 suicide attempts at the DC Jail in the past two years, a rate of more than one attempt every five days.⁵² There have been four suicides at the DC Jail since last November.⁵³ According to the DOC, 40% of DOC inmates suffer from AXIS I disorders⁵⁴, and 35% of all intakes are diagnosed with some sort of mental illness. The CIC toured the DC Jail in September 2013, reviewed Director Faust’s testimony before the DC Committee on the Judiciary November 7, 2013, and reviewed the Report of the Suicide Prevention Task Force. The CIC commends Director Faust’s efforts thus far to respond to the suicides at the DC Jail, and we recommend that the changes suggested by Dr. Hayes be implemented.

The CIC toured the DC Jail on September 16, 2013 and collected information on the current status of suicide prevention and new policies and procedures being implemented. One of the largest problems staff at the DC jail identified with respect to suicide prevention was an information gap between the courts, attorneys, community in general and the DC Jail. The facility does not have real-time access to mental health records or mental health concerns from agencies, groups, or individuals. The information the DC Jail does receive is faxed directly from the courts as well as from staff Internet and newspaper research.

The DOC took the following actions in response to the recent suicides at the DC Jail:

- Established a Suicide Prevention Taskforce;
- Hired Dr. Lindsey Hayes to assess suicide policies at the DC Jail;
- Mandated a 24-hour turnaround time for sick call;
- Required rounds on status units every 15 minutes;
- Removed all razors from the institution;
- Contracted with an FBOP suicide prevention expert to assess the suicide policies at the DC Jail;
- DOC staff were trained by FBOP suicide prevention experts in suicide prevention best practices;
- Instituted suicide training for all three shifts of employees;
- Hired a second Department of Mental Health liaison;

- Hired a new medical director, Dr. Beth Mynett;
- Brought in Dr. Richie from DC Department of Mental Health to assess suicide-proof cells. DOC was in the process of creating a protocol and implementing his recommendations when the CIC toured the DC Jail;
- The National Institute of Corrections completed an onsite review of DOC suicide prevention, policy, and history, and at the time of the CIC's tour the DOC was waiting for their complete assessment;
- Required double celling for all inmates except inmates with assault history;
- Required nurses and health care clinicians to constantly supervise inmates on suicide watch;
- Ordered suicide blankets and smocks to eliminate the use of paper clothing; and
- Trained booking supervisors to flag inmates who may be at risk upon intake.

DOC Director Thomas Faust ordered a review of suicide prevention procedures in the DC Jail by a nationally-recognized suicide expert, Dr. Lindsay Hayes. Although this practice is not authorized by any DC DOC policy, Mr. Hayes' report noted a "Behavioral Observation" status practice occurring within DOC. When staff believed that inmates had "manipulative and/or malingering" motives behind their threats of suicide or suicide attempts,⁵⁵ they tended to "bypass requirements of either continuous or 15-minute observation on Suicide Watch/Suicide Observation by utilizing an observation status that only requires nursing staff to monitor an inmate at 30 or 60-minute intervals."⁵⁶ Mr. Hayes found a staff assumption that most suicide threats were manipulative and therefore not genuine suicidal behavior. His report questioned the ability of staff to properly distinguish manipulative behavior from genuine suicidal behavior.⁵⁷ The CIC commends Director Faust's directive to retrain staff on suicide prevention, and recommends that a core part of the training address these misconceptions. The CIC also urges Director Faust to apply Mr. Hayes's recommendation that this training become an ongoing part of DC DOC training.

Overcrowding

The FBOP listed overcrowding as its number-one concern for fiscal year 2014: "The largest internal challenge for the FBOP is to provide adequate levels of bed space and staffing to safely manage the ever growing inmate population."⁵⁸ Prison overcrowding is a pressing concern in many states as well, and for several years states have made great strides in reducing prison populations and recidivism. Efforts to reduce mandatory minimums for nonviolent drug offenders, such as Congressional consideration of the Smarter Sentencing and the Justice Safety Valve Act, could ease overcrowding in federal prisons by reducing the number of federal inmates.

Meanwhile, the CIC recommends that the FBOP allocate more funding for educational and vocational training, and work with DC-area organizations, such as DC Central Kitchen, to create innovative job-training programs that train inmates to work in industries with high demand for labor in DC. Recidivism is directly linked to unemployment and lack of education.⁵⁹ Such a project would have positive impact on recidivism rates as well as on inmate capacity where DC inmates are held.

Hope Village

The CIC heard on multiple occasions from FBOP staff and inmates that incarcerated DC residents would prefer to stay at secure Bureau facilities than re-enter DC through Hope Village. The CIC conducted an inspection of Hope Village Residential Reentry Center (RRC) in fiscal year 2013, with a site visit occurring on November 30, 2012. Since the inspection and report, the CIC continues to receive phone calls and other correspondence from current and former Hope Village residents and their loved ones and family members. But we are encouraged that FBOP and CSOSA have taken significant action since our report on Hope Village was published in May 2013.

FBOP

As mentioned previously, the FBOP has made positive developments in response to the CIC's recommendations in its Hope Village report.

- **FBOP Oversight:** FBOP has placed a full-time FBOP staff person at the facility. This should also help with FBOP oversight of administrative remedy and disciplinary hearing procedures.
- **Travel Assistance:** the FBOP will modify its Statement of Work for RRCs to provide transportation assistance to all RRC residents seeking employment, not just residents deemed "indigent".
- **Review of Statement of Work:** the FBOP incorporated the CIC's suggestions into its ongoing review of the Statement of Work it uses with RRCs. Suggested revisions will be open to public review and comment, notice of which will be published in the Federal Register.

CSOSA

A van service picks up residents from Hope Village to meet with CSOSA staff at its office nearby for pre-release planning. CSOSA took the initiative to continue to provide service to Hope Village residents, despite not having an office at the facility.

University Legal Services

Since the CIC report, ULS met with staff at Hope Village to discuss delivery of and access to mental health services for its residents. We hope that this conversation will continue with ULS and other service providers to improve community relations and transparency and increase access to mental health services, per CIC recommendations.

DC City Council

The CIC recommended that the government of the District of Columbia provide one free birth certificate to returning citizens upon release from prison or jail in the same way it has made accommodations for non-driver's IDs. The CIC has been encouraged by expressed interest in this recommendation, but to date no action has been taken to effectuate this recommendation.

IX. Conclusion

The CIC is encouraged by the interest, reception, and consideration it and its work have received over the past fiscal year. Agencies' responses, governmental responses, and community responses to CIC meetings, inspections, reports, and recommendations have validated the importance and the value of the existence of the Corrections Information Council. Its present board members hope to remain faithful stewards of its mission and to increase the positive contributions of the CIC in fiscal year 2014.

In fiscal year 2014, the CIC is committed to increasing the number of completed DOC and FBOP tours and inspections, reaching a larger number of DC inmates through innovative measures such as surveys, and appealing directly to the Mayor and City Council to increase staff and find a permanent office space for the CIC. The CIC is dedicated to serving DC residents incarcerated both in the District and across the US.

XI. Appendices

Appendix A: Inmate Concerns Broken Down by Topic, Number, and Facility

Administrative Remedy (8)
One inmate filed an administrative remedy at the Regional Office level, had been waiting two months for a response, and had not received one yet (FCI Beckley)
Administrative Remedies are not being processed and sent back to inmates and if inmates try exhausting the next level of administrative remedies they are deemed untimely. Correctional Officers have retaliated against inmates for filing administrative remedies by sending inmates to the SHU and inmates will in turn lose their property and documentation of incidents (USP Coleman II)
The administrative remedy process is inadequate and flawed and there is no accountability (USP Coleman II)
One inmate requested a transfer and his caseworker required that he complete 36-months of clear conduct even though the program Statement requires 18-months of clear conduct for transfer requests. The case manager told him to file an administrative remedy if he was dissatisfied with his policy. He did so and the response to the BP-8 (administrative remedy filed at the facility level) filed by the inmate was “we will discuss this at our next team meeting” (USP Coleman II)
Filed administrative remedies are not taken seriously or sent out ⁶⁰ (FCI Fairton)
One inmate did not receive an answer to an administrative Remedy he filed and the documentation of the matter was confiscated (FCI Fairton)
One inmate exhausted administrative remedies with no result (USP McCreary)
Administrative Remedy are either “rejected” or not processed (USP Coleman II)
Commissary (4)
Commissary items, including medicine for High Blood Pressure and Cholesterol, are too expensive (FCI Petersburg Medium)
The Warden took some items off the commissary list; some inmates are upset about this (FCI Manchester)
There is tension in the compound because items were taken off the commissary list (FCI Manchester)
In the canteen items with sugar have been stopped (FCI Manchester)
DC Specific Issues (26)
The facility stopped subscribing to the Washington Post: 4 (FCI Allenwood Medium)
There is no Washington DC news paper in the library (USP Beaumont)
DC inmates are required to do more for transfers to medium level institutions than the federal population (FCI Petersburg Medium)
Staff are prejudice toward DC inmates (Overall)
DC inmates are discriminated against (USP Coleman II)
The staff believes there is a DC gang (FCI Fairton)
DC inmates are questioned and punished as a group for individual infractions (FCI Fairton)
DC inmates are treated unfairly (FCI Fairton)
DC inmates “are not liked here ”; there is favoritism towards the federal inmates, especially for job attainment and placement (FCI Fairton)
“Not a lot here for us ” is how one DC inmate described the facility (FCI Fairton)
DC inmates are being stereotyped and the 007 inmates ⁶¹ are treated differently: 2 (FCI Fairton)
Young men from DC need much more than their GED for successful reentry (FCI Fairton)
There needs to be a mentor program available for the young DC inmates (FCI Fairton)
DC inmates get a bad rap wherever they go, this holds DC inmates back and puts them in the lowest place (overall)
Inmates from DC are almost a target (FCI Manchester)
DC inmates are treated differently: 6 (USP McCreary)
DC inmates are stereotyped (USP McCreary)

Distance from DC (4)
One inmate is incarcerated too far from home (USP Beaumont)
One inmate will have a three-day bus ride from Beaumont, Texas to Washington, DC. He is concerned that he will not have enough money for three meals a day for the bus ride (USP Beaumont)
No visitation from family because it is too far (FCI Manchester)
Too far from home (USP McCreary)
Inmates with Disabilities (1)
One inmate in a wheel chair does not have a handicapped accessible cell, and the facility does not have wheel chair accessible computer terminals (USP Terre Haute)
Employment (6)
Jobs are scarce and 78% of inmates on the compound do not have employment. Most inmates who have jobs are employed because they provided the authorities with information (USP Coleman II)
If an inmate is not assisting the government he will not get a job (USP Coleman II)
There are not jobs at USP Coleman II. Also, one inmate did not get paid for four months of work (USP Coleman II)
One inmate obtained his GED and did not received an increase in pay (Fairton)
The waitlist for UNICOR is long, especially if inmates are not deemed a <i>priority</i> ⁶² (Fairton)
Not enough pay for inmate employment (USP McCreary)
Education (4)
Inmates are only allowed five books per cell (USP Big Sandy)
One inmate is working on his GED, but keeps getting bumped from classes because inmates with earlier release dates are receiving priority (USP Beaumont)
Lack of secondary education opportunities for inmates (FCI Fairton)
One special education student's needs are not being met (FCI Fairton)
Food (18)
Food is bad (USP Canaan)
Meals are designed to create sickness; food served has a lot of starch. The new warden is not following national menu (FCI Manchester)
Pink/blue packets in canteen cause cancer (FCI Manchester)
One inmate does not eat food served in the meal hall (FCI Manchester)
Inmates do not receive hot food: 2 (FCI Manchester)
Vegetarians do not get enough food, usually only bread and cheese (FCI Manchester)
The food served in the meal hall does not comply with specific religious requirements and inmates following a specific religious diet are not able to eat at all during religious holidays (FCI Manchester)
Inadequate amount of food: 3 (USP McCreary)
Food spoiled: 2 (USP McCreary)
Unsanitary preparation: 2 (USP McCreary)
Cold meals for dinner (USP McCreary)
Meals are not nutritious (USP McCreary)
Generally food is poor (USP McCreary)
Legal Mail (7)
Staff are not following legal mail procedures (FCI Beckley)
During foggy mornings inmates are not allowed to send or receive legal mail (FCI Beckley)
BOP facilities are not recognizing CIC criteria for special mailing handling (FCI Fairton)
One inmate's legal mail is being opened and read (USP Coleman II)
Legal mail is not picked up and the unit officer will not take it out. Legal mail is opened outside of the presence of the inmate (USP Coleman II)
Staff violate the legal mail procedures: 2 (USP McCreary)
Law Library (3)

The Warden informed inmates that under Program Statement 1542.06 the facility is required to provide inmates with a minimum of three hours on weekdays and eight hours on the weekend in the law library, however, this policy applies to the leisure library and not the law library. Also, all inmates are not able to attend the law library (USP Coleman II).
DC case law is not up to date on the computers (FCI Fairton)
One inmate was concerned that Fairton may limit how much time inmates can spend in the library (FCI Fairton)
Legal (3)
Presentence Investigation (PSI) contains false and incorrect information pertaining to arrests and convictions (FCI Beckley)
It is difficult for DC inmates to receive individual legal representation for legal issues related to conditions of confinement and other legal matters where attorneys are not guaranteed and appointed by law.(Overall)
Staff is not following proper procedure for legal calls and, therefore, inmates in the SHU are not receiving legal calls (USP Coleman II)
Lockdown (2)
During lockdown hot meals are not served (this occurred for ten days); staff do not pass out cleaning supplies, writing utensils, or envelopes; there is no laundry pick up; and departments do not make rounds. (USP Coleman II)
In December of 2012, Fairton locked down and remained locked down for almost a month. The inmates were locked down through Christmas and could not have visitation (FCI Fairton)
Mail (4)
One inmate's regular mail is not reaching its destination (USP Coleman II)
One inmate's mail is not sent out (USP McCreary)
No access to paper, envelopes and pens in SHU (USP McCreary)
Mail is not being sent out (USP Coleman II)
Medical (33)
One inmate had not received necessary medical treatment for a broken bone or a medical condition (USP Canaan)
Medical is bad (USP Canaan)
One inmate has a history of seizures and epilepsy and the medication he takes requires his levels to be checked regularly and the facility is not regularly checking his levels. Also, due to his medical conditions he believes he should be at a medical facility and he is not. Furthermore, financially he cannot afford to have copies of his medical records (USP Coleman I)
One inmate had concerns about the health services; it took him a month and a half to see a doctor after her put in a sick call slip; his wheel chair does not fit him properly; he did not receive prescribed medication; and he does not receive assistance for daily human needs that he is unable to do himself (USP Terre Haute)
The facility took away one inmate's necessary medical supplies and staff has not complied with doctor's orders (MCFP Springfield)
DC inmates died due to medical conditions (FCI Fairton)
It takes a long time to receive medical treatment: 2 (FCI Fairton)
Medical care is not great: 3 (FCI Fairton)
One inmate did not receive a physical upon intake (FCI Fairton)
Two inmates were not receiving necessary treatment for medical conditions: 2 (FCI Fairton)
Inmates requiring immediate medical attention are told to sign up for sick call (FCI Fairton)
It takes too long to be seen if you are sick; it will take at least three weeks to be seen by a doctor after an inmate fills out a sick slip (FCI Fairton)

Each sick call costs \$2.00 and this money is withdrawn from an inmate's account when the inmate fills out the cop-out form, even if he hasn't seen the doctor yet (FCI Fairton)
Prior to 2013 one inmate was cleared to obtain a specialized test in 2013 and as of March 2013 he had not received the test (FCI Fairton)
One inmate could not get necessary medical supplies (FCI Fairton)
The facility only gave one inmate 7 days' worth of medicine for a 30 day period; In order to be properly medicated without the prescribed medicine the inmate would have to take seven Motrin from the commissary at one time (FCI Fairton)
Inmates with serious medical conditions are not receiving medical care: 2 (USP McCreary)
It takes a long time to receive medical care: 2 (USP McCreary)
Staph Infection is present in the SHU (USP McCreary)
McCreary does not take preventative measures to stop spread of infectious diseases (USP McCreary)
Medical providers are racist and discriminatory (USP McCreary)
Poor medical treatment (USP McCreary)
Problem obtaining urgent care (USP McCreary)
One inmate was not properly diagnosed by medical staff (USP McCreary)
One inmate needed medical testing, but never received it (USP McCreary)
It is difficult to get medical care treatment within the FBOP system (USP McCreary)
Dental: one inmate's teeth were removed at Allenwood and the teeth were to be replaced in six months, but when we spoke with him it had been a year and he still had no teeth. He had not been able to eat solid food during that year period (USP Beaumont)
Dental: one inmate had an issue with a filling in his tooth and this took almost a month to get fixed (FCI Fairton)
Dental: dental care was not timely (USP McCreary)
Other (21)
On inmate wrote a letter to FBOP general counsel at the Central Office and received no response (FCI Beckley)
The BP-112, the form necessary to request funds upon release, was not available to one inmate when he initially requested it. One indigent inmate applied to receive money on the date of release, but did not receive the amount he applies for. Generally, inmates can receive up to \$500 upon release, however, inmates are receiving \$10 or \$20, but not the whole amount the applied for (FCI Fairton)
Corrections officers leave the unit at 10 pm and return at 6 am. Inmates are told to use the emergency button if there is a problem. One inmate feels this is a breach of security and safety (FCI Petersburg Medium)
The barbershop needs a complete overhaul (FCI Petersburg Medium)
One inmate is locked up for a crime he did not commit (overall)
Inmates need a radio to listen to the TV, if an inmate cannot go to the store they cannot watch TV (USP Canaan)
No fitness equipment where inmates can relieve stress (USP Canaan)
The previous warden and his colleagues stole all the money from the inmate trust fund account (USP Coleman II)
One inmate was called to pick up his mail but the officer told him he could not have it because his attorney sent some illegal including contraband such as drugs and tobacco. The inmate informed the CIC that this was a false report and he was seen by the Disciplinary Hearing Officer (DHO) and was not able to present any documentation evidence in his defense (USP Lee)
One inmate is a candidate for compassionate release, but is not receiving assistance to complete the process (MCFP Springfield)
It is a public safety issue to incarcerate juveniles under the age of 18 without setting a parole date (overall)
One inmate was concerned his property was being thrown away (FCI Fairton)

An inmate has not been able to do an Social Security Insurance (SSI) application because staff told him he could not do so (FCI Manchester)
Inmates are forced to cell with inmates they do not feel comfortable with: 2 (USP McCreary)
Inmate wishes to receive DC Periodicals (USP McCreary)
Segregation trust fund is non-existent (USP McCreary)
Inmates are not receiving adequate time at recreation (USP McCreary)
The entire facility was turned into administrative segregation (USP McCreary)
One inmate is being charged for medical records (USP McCreary)
No mentors for inmates (USP McCreary)
Overall Conditions (6)
Living quarters are bad (USP Canaan)
USP Atlanta is atrocious, filthy, over one hundred years old. Also inmates cloths are not washed, instead inmates are given used undergarments (USP Atlanta)
One inmate is on a lockdown unit where he comes out of his cell for two hour every other day (USP Terre Haute)
Laundry is being returned to inmates unclean and the water is insufficiently warm to kill MRSA (FCI Petersburg Medium)
The showers are not fully sanitized (FCI Manchester)
Unsanitary conditions of confinement (USP McCreary)
Overcrowding (3)
One inmate wrote a letter to general counsel at Central Office and received no response (FCI Beckley)
BOP facilities are overcrowded (Overall)
Manchester is overcrowded (FCI Manchester)
Residential Reentry Centers (12)
One resident at Hope Village feels like he is not given a second chance (Hope Village)
One inmate was sent from Hope Village back to a secure facility without a hearing (Hope Village)
Hope Village staff are paid by residents(Hope Village)
Staff did not allow one inmate to get his prescription filled; he did not have prescribed medication for a week at the time of his communication to CIC (Hope Village)
One Hope Village residents struggled with a drug addiction for almost 40 years. He completed the RDAP and other drug programs while incarcerated. He is at Hope Village and got high after he was paid for the first time. He came back to Hope Village three hours late and told the staff the truth about why he was late. He informed the CIC that he needs drug counseling and an outpatient program and not to be sent back to secure FBOP custody. Hope Village said they have drug programming available for him onsite. This resident informed us that the drug program at Hope Village does not include discussion of drugs or drug use, but rather other topics including world events (Hope Village)
One inmate was nervous to go to Hope Village; he feels this facility sets him up for failure because of the location (Hope Village)
The RRC is unsanitary (Hope Village)
One resident received an incident report that was written incorrectly. The staff member who wrote the incident report was the same staff member that held his disciplinary hearing. At the disciplinary hearing he was found guilty, even though the report was not written correctly (Hope Village)
One resident had an appointment to obtain the necessary blood pressure medication medication and staff would not let him go because “he may run”. This inmate was without blood pressure mediation for at least a week (Hope Village)
During Ramadan, the breakfast and dinner at Hope Village are small and the Muslim inmates are not getting enough food (Hope Village)
Staff is unprofessional (Hope Village)
One resident was working a temporary job making minimum wage, had an apartment, and applied for the

sustenance waiver because he could not afford the apartment, travel and the funds necessary to support his family. When he inquired to the status of the waiver, another staff member informed him that the request was never filed (Hope Village)
Programming (23)
Void of vocational training (FCI Fairton)
Inmates are being transferred prior to completing programs and obtaining completion certificates (FCI Fairton)
Allenwood offers some very good programs but they are not up to par with the other programs offered throughout the FBOP. The US Parole Commission feels that the programs offered at USP Allenwood don't meet a Superior Program standard. One inmate who completed a lot of programming was recently denied parole and informed that even though he has complete a lot of programming, the quality of the programming was not good enough. He did not receive the Superior Program Achievement Award (USP Allenwood).
No programs available (FCI Fairton)
There are no longer culinary arts and building classes (FCI Fairton)
Not enough programs at Fairton (FCI Fairton)
The energy conservation trade teacher left and the program ended (FCI Fairton)
One inmate has been waiting over a year for a certificate of a program he completed (FCI Fairton)
Inmates are denied parole because they have not done enough programming, but often more programs are not offered (FCI Fairton)
There are no programs available. The court requested one inmate take anger manager and some type of inpatient program, but Fairton has not followed up on those recommendations (FCI Fairton)
Fairton needs additional vocational programs (FCI Fairton)
The electrical program was poor (FCI Fairton)
Some drug programs (not including RDAP) are not helpful (FCI Fairton)
Not enough programming offered: 5 (USP McCreary)
Programming is not available to inmates serving life sentences: 2 (USP McCreary)
Quality of programming is poor (USP McCreary)
Less programming is available to DC inmates (USP McCreary)
Poor reentry programing (USP McCreary)
Parole (7)
As of five months after a Parole Revocation hearing, one inmate never received a Notice of Action, without the Notice of Action his case manager will not preparing his residential reentry center package (FCI Petersburg Medium)
One inmate was violated because he committed a new crime, but the revocation and parole process were not explained to him properly (FCI McDowell)
Cannot move to a lesser custody facility because of the detainer that the parole board has issued on him (FCI McDowell)
One inmate missed his parole hearing because his case manager did not inform him of the hearing and date (USP Beaumont)
A conflict of interest exists for DC inmate and the Parole Commission because the Chairperson of the Parole Board was the Chief of Police who investigated the Old Law DC Prisoners' criminal cases. The Parole Board is issuing Old Law Prisoners unreasonable parole setoffs (overall)
Parole should apply one set of guidelines for DC and federal inmates (overall)
Inmates are denied parole because they have not done enough programming, but often more programs are not offered (overall)
Religion (2)
Inmates cannot go to the Chapel during the Ramadan Prayer time (USP McCreary)
Chaplain is unavailable during Ramadan prayer (USP McCreary)

Safety (5)
Since being at Atwater one inmate has been assaulted and robbed and feels his safety is in jeopardy. He was given an incident report for refusing to leave protective custody on 10-15-13 (USP Atwater)
One inmate was assaulted and this resulted in a four-day hospitalization, he informed us that the assault occurred because he was not placed in Protective Custody (withheld to protect anonymity)
Inmates have been injured by other inmates: 2 (USP McCreary)
One inmate informed us that staff will not protect him from harm (USP McCreary)
Sentence Computation and Designation (23)
Old law code offenders are experiencing an unfair sentencing disparity, staying in higher level facilities, and are not programming because the FBOP is calculating their release date based on their back number (often life) and not taking the front number into account. Their custody classification is based on a having a life sentence even if the inmate has served 50-90% of the front number. Because the old laws prisoners are denied low security classification, pre-release programs are restricted; and they are excluded from participation in some programs offered at high and medium facilities because of their “life” sentence. Also, there are no incentives for programming because DC Old Law Offenders are not eligible for good time credit in the same way new code law offenders are. DC Old Law Code Offenders (overall)
Computation of educational good time credits for Old Law DC Prisoners is not being done correctly (FCI Allenwood Medium)
Sentence computation error (FCI Allenwood Medium)
One inmate never received good time education credit from his time at Lorton (USP Atlanta)
One inmate informed us that he completed a photography course, but did not receive education good credit time because of typographical error (USP Atlanta)
One inmate completed several courses, but did not receive good time credit because staff did not submit the proper paperwork to the Designation and Sentence Computation Center before his parole hearing and he was granted parole. His parole release date, therefore, does not reflect the earned goodtime credit (USP Atlanta)
BOP doesn’t know how to handle DC sentence computation (FCI Manchester)
Received a Management Variable and cannot put in a transfer for 18 months (FCI Manchester)
Public Safety Factor: 7 (USP McCreary)
Classification: 7 (USP McCreary)
General issues (USP McCreary)
SHU (14)
One inmate has been in the SHU while the facility is investigating an alleged assault. He was informed that he must stay in the SHU for his safety, however, the officer that is being investigated in his case works in the SHU (USP Coleman II)
Inmates are sent to the SHU for Disciplinary Segregation and the sent to the Special Management Unit for the same infraction, this is double jeopardy (USP Canaan)
One inmate was placed in the SHU and after release never received his necessary medical supplies back (FCI Fort Dix)
The SHU is unsanitary: 4 (USP McCreary)
Retaliatory practices by SHU staff (including retaliatory and punitive use of pepper spray and paper clothing and sheets): 3 (USP McCreary)
No programming or education available in SHU: 2 (USP McCreary)
Inmates cannot access personal property in SHU (USP McCreary)
No access to inmate’s legal material in the SHU (USP Coleman II)
Staff (36)
Staff will not provide one inmate with a form he is entitled to; he went up the proper chain of command and still cannot receive the form (FCI Fairton)
Staff are disrespectful and unprofessional (USP Atwater)
Staff claim that DC inmates have destroyed the FBOP and made it over populated (USP Atwater)

One staff member is aiding and assisting an organized group, the Aryan Brotherhood (USP Big Sandy)
Since the death of a corrections officer staff have retaliated against inmates, amounting to cruel and unusual punishment (USP Canaan)
Inmates are constantly humiliated and harassed by staff (USP Canaan)
One inmate was assaulted by a corrections officer, spoke out, and is now being retaliated against (USP Coleman II)
Unit team is denying access to the courts by not providing stamps/and copies for Administrative Remedies. One inmate lost his appeal because he could not meet the deadline. The Warden is aware of this issue (USP Coleman II)
One inmate is being retaliated against: a corrections officer filed a false report in which the inmate was placed SHU because he has spoke out about the facility. He was then designated to a USP, but a disciplinary report was never issued, so his custody classification should not have changed to a USP (FCI Schylkill)
Staff are racist (USP Coleman II)
A female counselor threw away an inmate's headphones (\$60), and cosmetics because he wouldn't remove his shirt. He filed three B-8's and they never came back (USP Canaan)
One inmate was placed in protective custody while the facility was investigating a report of a staff assault on this inmate. While the inmate was in the SHU, the corrections officer who assaulted the inmate was working in the SHU (USP Coleman II)
One inmate was housed in the SHU for two months without a hearing. The staff informed this inmate that the Special Investigative Services (SIS) investigation is 90 days with a 90 day extension, but the investigation is 30 days with a 15 day extension (USP Coleman II)
Staff are corrupt and inmates are in danger; staff have assaulted inmates unnecessarily (USP Coleman II)
Staff force inmates to place separations on other inmates so staff can transfer inmates inmates they do not like. Inmates who cooperate with staff are paid in stamps (USP Coleman II)
One inmate feels he is punished for complaining about staff (USP Coleman II)
One staff member called an inmate "trash" (MCFP Springfield)
The staff is unprofessional (FCI Manchester)
Specific staff members do not treat the inmates well (FCI Manchester)
Staff are racist: 5 (USP McCreary)
Staff are unprofessional : 5 (USP McCreary)
Mistreatment of inmates by staff: 3 (USP McCreary)
Sexual harassment by correctional officers: 2 (USP McCreary)
Retaliatory Practices: 2 (USP McCreary)
Transfer (6)
One inmate has not received his property since his transfer (several facilities)
During transportation cuffs and belly chains cut into skin because they were applied too tight (in-transit)
On inmate informed us he was transferred because he would not "be a rat" for staff at the facility (USP McCreary).
One inmate was transferred from McCreary and his property, including photos and legal paperwork, was transferred as well. (USP McCreary)
Transit centers are cold and filthy (in-transit)
Did not receive any notice on being transferred (FCI Manchester)
Positive Feedback from Inmates (5)
Case manager assisted inmate in filing with the United States Pardon Attorney (FCI Beckley)
Staff provided inmate with phone call and stamps to inform family members and loved ones of his whereabouts (USP Terre Haute)
One inmate received a new wheelchair (USP Terre Haute)
One inmate is working with the local SSI office to get Social Security Disability Insurance (SSDI) upon

release. This inmate had SSDI prior to incarceration (FCI Fairton).
Many DC inmates were transferred to medium security level facilities. According to these inmates, their designation was appropriately computed (USP McCreary)
Recommendations from Inmates (2)
Build a prison in the Washington DC area
Access to DC periodicals for inmates from DC
Mentors for DC inmates

Appendix B: Biographies of the CIC Board Members

Michelle R. Bonner Michelle Bonner is a private attorney who lives and practices law in Washington, DC. After her graduation from Stanford Law School in 1996, she was Prettyman/Stiller Fellow in the Trial Advocacy Program at Georgetown University Law Center's Criminal Justice Clinic. As a clinic fellow, she taught both trial advocacy and litigation skills to third year law students and represented indigent criminal defendants in DC Superior Court. She has also worked as a criminal defense attorney in the Trial Division of the Public Defender Service for the District of Columbia, where she represented indigent criminal defendants at jury trials, bench trials and various hearings at DC Superior Court. Ms. Bonner also worked as Director of Legal Services at Our Place DC, where she provided direct legal services and legal education to presently incarcerated women in DC Department of Corrections and the Federal Bureau of Prisons, as well as to formerly incarcerated women in the community. In her private practice, Ms. Bonner has represented clients in bankruptcy, landlord-tenant issues, small claims, family law, small business & nonprofit development, and criminal appeals.

In addition to her Juris Doctorate from Stanford Law School, Ms. Bonner has obtained a Masters in Criminal Justice Policy from the London School of Economics and Political Science and a Bachelor of Arts in Political Science from The Johns Hopkins University in Baltimore

Katharine A. Huffman serves as a Principal at the Raben Group LLC in Washington, DC, a comprehensive legislative law firm with a mission to identify opportunities and solve problems for clients in the corporate, nonprofit, foundation, and government sectors. With many years of experience working with nonprofits and foundations, Ms. Huffman leads teams to assist clients in identifying their policy goals, developing short- and long-term strategic plans, building organizational programming and resources, expanding coalition partnerships, and implementing public and policymaker educational and lobbying campaigns.

Prior to joining The Raben Group, Katharine was the Director of State Affairs for the Drug Policy Alliance, a national nonprofit membership organization. She also founded the organization's first state-level office, in New Mexico. Ms. Huffman began her legal career as a civil rights litigator and Soros Justice Fellow at the Southern Center for Human Rights in Atlanta, Georgia, where she focused on prison and jail conditions of confinement in the southeastern United States.

Katharine grew up in Memphis, Tennessee. She received her law degree from Yale Law School and received her undergraduate degree in Psychology and Music from Emory University, where she was a Robert W. Woodruff Scholar. She has lived and worked in DC since 2004, where she and her husband are currently raising their two young children.

Reverend Samuel Whittaker is a native Washingtonian; he was educated in DC public schools, received his college degree in Sociology from the University of the District of Columbia, and holds a Certificate of Completion from the Wesley Theological Seminary. Reverend Whittaker had completed his requirements for Clinical Pastoral Education unit and serves as a contract chaplain at the Washington Hospital Center. Reverend Whittaker also served on Mayor Gray's 2011 Faith Based Transition team.

As a pastor in the Ward 7 community, Reverend Whittaker has seen and pastored many citizens returning from incarceration. It is his passion to help all who are willing to have a second chance at becoming a positive force in their community. Over the past seven years, Reverend Whittaker has helped many people find their way to a productive way of life through faith based initiatives.

Reverend Whittaker fell in love with God while a senior in high school and joined Trinity AME Zion Church, Washington, DC, under the pastorate of Bishop Richard K. Thompson. There, he grew and was nurtured in the ways of the Lord. Reverend Whittaker was called into the ministry in 1982 and served as assistant Pastor while at Trinity.

His desire was always to serve the Lord and as a result of his faithfulness, Reverend Whittaker was called upon to Pastor St. John AME Zion Church, Odenton, Maryland and Union AME Zion Church, New Castle, Delaware and is presently the shepherd of Contee AME Zion Church, 903 Division Avenue, N.E., Washington, DC.

Appendix C: Federal Bureau of Prison Security Levels⁶³

The Bureau operates institutions at five different security levels in order to confine offenders in an appropriate manner. Security levels are based on such features as the presence of external patrols, towers, security barriers, or detection devices; the type of housing within the institution; internal security features; and the staff-to-inmate ratio. Each facility is designated as either minimum, low, medium, high, or administrative. Institutions may undergo institution population changes to accommodate the agency's bed space capacity, security level, and population management needs.

Minimum Security

Minimum security institutions, also known as Federal Prison Camps (**FPCs**), have dormitory housing, a relatively low staff-to-inmate ratio, and limited or no perimeter fencing. These institutions are work- and program-oriented; and many are located adjacent to larger institutions or on military bases, where inmates help serve the labor needs of the larger institution or base.

Low Security

Low security Federal Correctional Institutions (**FCIs**) have double-fenced perimeters, mostly dormitory or cubicle housing, and strong work and program components. The staff-to-inmate ratio in these institutions is higher than in minimum security facilities.

Medium Security

Medium security **FCIs (and USPs designated to house medium security inmates)** have strengthened perimeters (often double fences with electronic detection systems), mostly cell-type housing, a wide variety of work and treatment programs, an even higher staff-to-inmate ratio than low security FCIs, and even greater internal controls.

High Security

High security institutions, also known as United States Penitentiaries (**USPs**), have highly secured perimeters (featuring walls or reinforced fences), multiple- and single-occupant cell housing, the highest staff-to-inmate ratio, and close control of inmate movement.

Correctional Complexes

A number of FBOP institutions belong to Federal Correctional Complexes (**FCCs**). At FCCs, institutions with different missions and security levels are located in close proximity to one another. FCCs increase efficiency through the sharing of services, enable staff to gain experience at institutions of many security levels, and enhance emergency preparedness by having additional resources within close proximity.

Administrative

Administrative facilities are institutions with special missions, such as the detention of pretrial offenders; the treatment of inmates with serious or chronic medical problems; or the containment of extremely dangerous, violent, or escape-prone inmates. Administrative facilities include Metropolitan Correctional Centers (**MCCs**), Metropolitan Detention Centers (**MDCs**), Federal Detention Centers (**FDCs**), and Federal Medical Centers (**FMCs**), as well as the Federal Transfer Center (**FTC**), the Medical Center for Federal Prisoners (**MCFP**), and the Administrative-

Maximum (**ADX**) U.S. Penitentiary. Administrative facilities, except the ADX, are capable of holding inmates in all security categories.

Satellite Prison Camps

A number of FBOP institutions have a small, minimum security camp adjacent to the main facility. These camps, often referred to as Satellite Prison Camps (**SPCs**), provide inmate labor to the main institution and to off-site work programs. FCI Memphis has a non-adjacent camp that serves similar needs.

Federal Satellite Low Security

FCI Elkton and FCI Jesup each have a small Federal Satellite Low Security (**FSL**) facility adjacent to the main institution. FCI La Tuna has a low security facility affiliated with, but not adjacent to, the main institution.

Secure Female Facility

Currently, the FBOP has one Secure Female Facility (**SFF**) unit (located at USP Hazelton, WV) designed to house female inmates. Programming at the SFF promotes personal growth by addressing the unique needs of this population.

Appendix D: DC Inmates in FBOP Custody within 500 miles of DC

As of September 2013 more than 70% (74.18%), 3,976 out of a total 5,360, DC residents in FBOP custody are located within 500 miles of DC.

State	Name of Facility	Type	Total Number 2013	Male 2013	Female 2013	Distance from D.C. (miles)
DC	Washington DC	Central Office	410	387	23	0
MD	Annapolis Junction	CCM	22	17	5	24
VA	Petersburg (Low)	FCI	193	193	0	129
VA	Petersburg (Medium)	FCI	27	27	0	129
MD	Cumberland	FCI	174	174	0	137
PA	Philadelphia	FDC	91	76	15	137
PA	Philadelphia	CCM	2	2	0	140
NJ	Fairton	FCI	202	202	0	143
NJ	Fort Dix	FCI	23	23	0	173
PA	Schuylkill	FCI	118	118	0	175
PA	Loretto	FCI	8	8	0	187
PA	Lewisburg	USP	107	107	0	189
WV	Hazelton	USP	327	238	89	193
PA	Allenwood	USP	122	122	0	197
PA	Allenwood (Low)	FCI	9	9	0	197
PA	Allenwood (Medium)	FCI	118	118	0	203
WV	Morgantown	FCI	9	9	0	211
NC	Rivers	Corr. Instit.	552	552	0	212
NY	Brooklyn	MDC	7	7	0	224
NY	New York	MCC	2	2	0	227
NY	Brooklyn	CCM	1	1	0	229
NC	Butner	FMC	17	17	0	244

NC	Butner (Low)	FCI	11	11	0	244
NC	Butner I (Medium)	FCI	31	31	0	244
NC	Butner II (Medium)	FCI	127	127	0	244
NC	Raleigh	CCM	4	4	0	244
PA	Canaan	USP	176	176	0	265
WV	Alderson	FPC	9	0	9	278
CT	Danbury	FCI	9	0	9	291
PA	McKean	FCO	61	61	0	295
WV	Gilmer	FCI	210	210	0	299
WV	Beckley	FCI	127	127	0	302
OH	Northeast Ohio	CC	1	1	0	305
NY	Otisville	FCI	41	41	0	313
OH	Elkton	FCI	7	7	0	314
WV	McDowell	FCI	97	97	0	361
SC	Bennettsville	FCI	79	79	0	399
CA	Dublin	FCI	1	0	1	426
MA	Devens	FMC	33	33	0	430
KY	Ashland	FCI	3	3	0	433
VA	Lee	USP	169	169	0	435
KY	Big Sandy	USP	170	170	0	447
SC	Williamsburg	FCI	69	69	0	467
			3976	3825	151	

Appendix E: DC Inmates in FBOP Custody more than 500 Miles from DC

As of September 2013 approximately 25% (25.82%), 1,386 out of a total 5,360, DC residents in FBOP custody are located within 500 miles of DC

State	Name of Facility	Type	Total Number 2013	Male 2013	Female 2013	Distance from D.C. (miles)
KY	Lexington	FMC	12	12	0	510
KY	Manchester	FCI	31	31	0	517
NY	Ray Brook	FCI	38	38	0	520
SC	Edgefield	FCI	96	96	0	554
SC	Estill	FCI	36	36	0	555
KY	McCreary	USP	135	135	0	571
NH	Berlin	FCI	8	8	0	620
GA	Jesup	FCI	10	10	0	640
GA	Atlanta	USP	51	51	0	641
GA	Atlanta	CCM	1	1	0	641
IN	Terre Haute	FCI	11	11	0	671
IN	Terre Haute	USP	73	73	0	671
GA	D. Ray James	CC	2	2	0	676
GA	McRae	CI	4	4	0	700
AL	Talladega	FCI	4	4	0	731
IL	Chicago	CCM	1	1	0	777
IL	Greenville	FCI	6	6	0	788
IL	Pekin	FCI	3	3	0	811
IL	Marion	USP	9	9	0	850
FL	Orlando	CCM	1	1	0	850
AL	Aliceville	FCI	1	0	1	852
FL	Coleman I	USP	90	90	0	853

FL	Coleman II	USP	82	82	0	853
FL	Coleman Low	FCI	1	1	0	853
FL	Coleman Medium	FCI	10	10	0	853
TN	Memphis	FCI	9	9	0	862
FL	Tallahassee	FCI	8	0	8	868
WI	Oxford	FCI	1	1	0	909
FL	Marianna	FCI	14	14	0	937
AR	Forrest City Medium	FCI	5	5	0	990
SC	Yazoo City Medium	FCI	4	4	0	1028
NY	Rochester	FMC	13	13	0	1047
MO	Springfield	MCFP	37	37	0	1054
FL	Miami	FDC	1	1	0	1055
FL	Miami	FCI	1	1	0	1074
LA	Medium	USP	7	7	0	1100
MN	Waseca	FCI	5	0	5	1102
MN	Minneapolis	CCM	1	1	0	1108
KS	Leavenworth	USP	7	7	0	1113
TX	Texarkana	FCI	1	1	0	1160
LA	Pollock	USP	57	57	0	1182
LA	Oakdale	FCI	5	5	0	1206
LA	Oakdale	FDC	1	1	0	1207
TX	Seagoville	FCI	1	1	0	1332
TX	Beaumont	USP	55	55	0	1338
TX	Beaumont Low	FCI	8	8	0	1338
TX	Beaumont Medium	FCI	3	3	0	1338
OK	Oklahoma City	FTC	38	38	0	1351
OK	El Reno	FCI	3	3	0	1366

TX	Carswell	FMC	20	0	20	1375
TX	Fort Worth	FCI	1	1	0	1427
TX	Big Spring	FCI	3	3	0	1625
TX	Three Rivers	FCI	8	8	0	1628
CO	Florence	ADMAX	29	29	0	1703
CO	Florence	FCI	4	4	0	1703
CO	Denver	CCM	2	2	0	1734
CO	Florence	USP	62	62	0	1762
AZ	Tucson	FCI	1	1	0	2271
AZ	Tucson	USP	95	95	0	2271
CA	Victorville	USP	47	47	0	2272
CA	Victorville Medium I	FCI	7	7	0	2272
CA	Victorville Medium II	FCI	14	14	0	2272
AZ	Phoenix	FCI	2	2	0	2317
CA	Herlong	FCI	6	6	0	2658
CA	Terminal Island	FCI	1	1	0	2689
CA	Sacramento	CCM	2	2	0	2732
WA	Seattle	CCM	1	1	0	2756
CA	Lompoc	USP	7	7	0	2819
CA	Mendota	FCI	3	3	0	2823
CA	Atwater	USP	64	64	0	2843
OR	Sheridan	FCI	4	4	0	2857
Total			1384	1350	336	

Appendix F: The Fairview Document Review

1. **Emergency Response Plan**
2. **Public Defender Service for DC (Office of Rehabilitation and Development) 2012 Women's Resource Directory: Community and Confinement Access Guide.** This documents contains contact information for individuals and organization specializing in women's reentry needs, specifically substance abuse and treatment, employment and vocation training, medical care, HIV/AIDS, volunteer opportunities/community service, as well as lesbian, gay, bisexual and transgender services and other reentry needs.
3. **DOC Resident Handbook:** This includes guidelines for The Fairview residents in DOC custody. Specifically the document contains information for residents on visitation, program plan, maintenance contributions, escape, activity pass privileges and more.
4. **BOP Residents Handbook**
5. **Employee Standards of Conduct**
6. **Employee Orientation Information**
7. **Community Partners.** The Fairview lists 60 community partners with the following fields of expertise: federal corrections, mental and physical health, clothing assistance, housing, educational services, and employment assistance.
8. **The Fairview Volunteers for 2012 and 2013 with contact information.** The Fairview lists the name and contact information for twelve organizations that volunteer with The Fairview residents. These organizations include Allen Chapel AME Church, Destiny Power & Purpose Inc., Dupont Park Seventh-Day Adventist, End Violent Encounters Ministry, Harbor Light DC, Insight Meditation Community of Washington, Mount Jezreel Baptist Church, Our Place DC, Rising Above Transitional Place, Seabrook Prison Ministry, St. Stephens Baptist Church, and University Legal Services.

The Fairview volunteers must submit applications and sign authorization forms so that the background checks can be performed. Volunteers must pass a background check though FBOP and DOC.

Volunteers provide life skills such as financial planning, stress management, women's issues, domestic violence, time management, personal development, decision making, parenting, effective communication, anger management, conflict resolution, transition to work, resume building, dress for success, natural hair braiding, basic Spanish, health and wellness, HIV/AIDS prevention, NA meetings, etc. these programs are held at The Fairview.

There are some programs that take place outside of the facility, such as mental health services, dealing with trauma, grief and loss, relapse and recovery. Transportation, for these programs/events, is provided by The Fairview.

9. The Fairview Program Schedule

10. Menus

11. Resident Information, this information is included throughout the report.

12. Average Census from June 1, 2012 through June 24, 2013.

13. Mission Statement

14. Volunteer Handbook

15. Standards of Employee Conduct

16. Job Descriptions. Key job descriptions are outlined below.

Director

- **Qualifications:** Must possess a degree with special related work in criminal justice, corrections, sociology, psychology, social work or related field. Must have three years of supervisory experience in criminal justice programming. Commission on Accreditation for Corrections (CAC) certification is a plus. Must have a valid driver license
- **Duties and responsibilities:**
 - Evaluates employees under direct supervision,
 - Ensures contract compliance,
 - Attends administrative meetings,
 - Delivers informative talks to various civic organization,
 - Prepares regular reports, analyses, charts, and forecasts as directed by the president,
 - Collaborates and maintains a program curriculum that meets the needs of clients referred to the facility and ensures program documents are maintained in the residents records,
 - Conducts monthly staff meetings,
 - Develops, implements, and coordinates pre-service and in-service training for staff,
 - Serves on the Community Relations Advisory Board (CRB),
 - Develop and implement an effective community outreach program,
 - Must be on call, and
 - Travel to institutions, meetings and conferences.

Case Manager

- **Qualifications:** Must possess a Bachelor's Degree in criminal justice, sociology, social work, psychology, or related field and two years of relevant human services experience.
- **Duties and Responsibilities:**
 - Works within the rehabilitative framework designed by the Assistant Director that includes: individual and group counseling, specialized habitation methods, use of community resources, and resident management and control,
 - Conducting the residents orientation,
 - Using an assessment tool to prepare resident program plans for reentry,
 - Providing individual counseling to residents,

- Preparing and submitting report to criminal justice agencies or judiciary with the approval of Director,
- Keeping accurate case notes and preparing case reports in a timely fashion,
- Playing a lead role in staffing,
- Participating in in service and other trainings to enhance counseling, case management, life/safety and administrative skills,
- Developing and maintaining relationships with appropriate social services agencies,
- Assisting in the planning, developing, implementing, monitoring, accountability and leading of resident and operation programs,
- Collecting resident demographics and research data,
- Conducting field and home contacts with residents their families and employers,
- Performs duties related to disciplinary procedure,
- Testifying in court,
- Performing other duties, and
- Effectively managing resident schedule.

Social Services Coordinator (SCC)

- **Qualifications:** Four year degree in a social or behavior science program from an accredited college or university. At a minimum one year of experience in social services field in relevant position. Must be familiar with the facility and willing to travel 100 miles from the office. Must have a valid driver's license and car.
- **Duties and Responsibilities:**
 - SSC is responsible for providing residents with employment assistance with job placement resources, employment information assistance, portfolio development, individual and group counseling, case management, and post-release follow-up relative to employment within the community to include the location the resident plans to live.
 - Arrange for residents to attend employment job fairs on-site or in partnership with other organization, such as community colleges, and vocation programs,
 - Make every effort to match a residents skill level to actual job placement, and
 - Maintains electronic records.

17. DOC Disciplinary Procedure

18. Resident Bulletin

19. Policy for Sexual Misconduct Against Clients

20. Operations Manual

Appendix G: Calculating Good Time Credits for DC Inmates

Good Time Calculation Chart

Good time is most easily calculated using a chart. A more detailed explanation of each of the four statutory schemes follows the chart.

Date of Offense	Good Time Calculation
On or after August 5, 2000	Time required to serve = length of sentence in days, divided by 1.148. Good time = length of sentence minus time required to serve. Example: 10 year sentence. Time required to serve = $3650/1.148 = 3180$ days. Good time = $3650 - 3180 = 470$ days.
Between June 22, 1994, and August 4, 2000	Eligible for educational good time credit only. Length of educational good time credit will vary widely from inmate to inmate. Consult FBOP Program Statement 5884.02; for details, see below.
Between April 11, 1987, and June 21, 1994	Eligible for both “Old Law” good time credit and educational good time credit. This method is extremely complex, and the Old Law guidelines should be consulted (see below). The base calculation, however, is 10 days per month for inmates serving 10 years or more.
Before April 11, 1987	Eligible for “Old Law” good time credit only. Not eligible for educational good time credit. The Old Law guidelines are extremely complex; see below.

Calculation for inmates serving time for crimes committed on or after August 5, 2000

DC inmates convicted of crimes committed on or after August 5, 2000, accrue credits according to the federal good time statute, U.S.C. 18-3624(b). See DC Code, 24-403.01(d). The federal statute allows 54 days of good time credit per year served, with time accruing during the last year served on a prorated basis. The Supreme Court analyzed the statute, worked out the math, and provided a simplified formula: **“if we divide the total number of days in a sentence by 1.148, we get the minimum number of days that a defendant must serve in that sentence.** If we then subtract the number of days served from the total number of days in the sentence, we arrive at the maximum number of good time credit days the prisoner can earn.” Barber v. Thomas, 560 U.S. 474, 130 S. Ct. 2499, 2511, 177 L. Ed. 2d 1 (2010).

To illustrate: suppose an inmate has a 10-year sentence (3650 days). $3650/1.148 = 3180$. The inmate will have to serve 3180 days. $3650 - 3180 = 470$ days of good time credit accrued.

Note that over the course of a ten-year sentence, a prisoner will accrue 470 days of good time credit under this formula (47 per year), not the 540 that might be expected. The reason for this is that the good time credit applies only to time actually served: since the inmate does not serve the tenth year of his or her sentence (and part of the ninth), he or she does not receive good time credit for it.

Calculation for inmates currently serving time for crimes committed between June 22, 1994, and August 4, 2000

For DC inmates whose sentences stem from felonies committed between June 22, 1994, and August 4, 2000, regular good time credit does not apply. The Omnibus Criminal Justice Reform Amendment Act (OCJRAA), which took effect June 22, 1994, repealed good time credit for DC inmates. Educational good credit time was not repealed, so DC inmates from this time period may calculate any educational good credits and apply them to their sentence.

Educational good time credits vary widely according to the specific details of the individual programs completed. For details on calculating educational good time credits, see FBOP Program Statement 5884.02, Educational Good Time Sentence Credit for DC Code Offenders, available online at http://www.bop.gov/policy/progstat/5884_002.pdf.

Calculation for inmates currently serving time for crimes committed between April 11, 1987, and June 21, 1994

DC inmates who committed crimes between April 11, 1987, and June 21, 1994, receive good time credit under the federal Old Law calculations, as well as educational credit. The Revised Old Law Sentencing Guide, FBOP 5880.30, provides directions for calculating good time credit under this method. The full method is extremely complex, and the various considerations for things like inoperative time, presentence time, dangerous special offenders, and many other specific circumstances should be calculated by a careful reading of FBOP 5880.30. The base good time credit guidelines, however, are simple: 10 days per month for inmates serving sentences of 10 years or more. This credit is applied to the full term of the imposed sentence, not the time served as in the post-2000 calculation above, so an inmate sentenced to 30 years will accrue 3600 days of good time credit.

Educational good time credits vary widely according to the specific details of the individual programs completed. For details on calculating educational good time credits, see FBOP Program Statement 5884.02, Educational Good Time Sentence Credit for DC Code Offenders, available online at http://www.bop.gov/policy/progstat/5884_002.pdf.

Calculation for inmates currently serving time for crimes committed before April 11, 1987

According to the FBOP, DC inmates serving time for crimes committed before April 11, 1987 use the same calculations for U.S. Code Old Law Sentences. The Revised Old Law Sentencing Guide, FBOP 5880.30, provides directions for calculating sentences under this method. The full method is extremely complex, and the various considerations for things like inoperative time, presentence time, dangerous special offenders, and many other specific circumstances should be calculated by a careful reading of FBOP 5880.30. The base good time credit guidelines, however, are simple: 10 days per month for inmates serving sentences of 10 years or more. This credit is applied to the full term of the imposed sentence, not the time served as in the post-2000 calculation above, so an inmate sentenced to 30 years will accrue 3600 days of good time credit.

Endnotes

¹ Comment from the DC DOC: “The interpretation should be as follows: On an average daily basis DOC housed 2259 individuals during FY 2013. Over 9500 unduplicated individuals were processed through 12,500 intake transactions. A number of the persons who passed through DOC more than once were sentenced weekenders, USMS inmates (CCA Greenbelt for whom movement only records were created to allow DOC to track and confirm CCA reimbursements), and a number of persons who were released on bond or in pretrial status and may have been recommitted. We also have some individuals who pass through the system multiple times in multiple bookings, particularly the mentally ill. We did not have over 3000 persons who passed through the system more than once.”

² Public Law 105-33 (1997).

³ DC Code § 24-101(g-1) (2001).

⁴ DC Code § 24-101.01(2010).

⁵ Full biographies of the CIC members are attached at Appendix B

⁶ For additional information on the time and location of this meeting please contact the CIC or reference the CIC’s website.

⁷ For fiscal year 2013, the CIC was awarded a budget of \$148,895.38, which after travel expenses only allowed for the hire of one staff person, and did not allow for additional staff, independent office space, or travel for additional staff and volunteers conducting the work of the CIC.

⁸ DC Department of Corrections, DC Department of Corrections Facts and Figures, October 2013, available at

http://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DC_Department_of_Corrections_Facts_n_Figures_Oct_2013.pdf [hereinafter DC Department of Corrections Facts and Figures, October 2013].

⁹ DC Department of Corrections Facts and Figures, October 2013. More information on DOC contract Halfway Houses is located in subsection c: “Halfway Houses.”

¹⁰ DC Department of Corrections Facts and Figures, October 2013.

¹¹ DC Department of Corrections Facts and Figures, October 2013.

¹² DC Department of Corrections Facts and Figures, October 2013.

¹³ DC Department of Corrections Facts and Figures, October 2013. Information pertaining to inmate ethnicity was disclosed personally by the inmate.

¹⁴ U.S. Census Bureau, 2011 State & County QuickFacts District of Columbia, available at <http://quickfacts.census.gov/qfd/states/11000.html>. 2.5% of Persons reporting two or more races; U.S. Census Bureau <http://quickfacts.census.gov/qfd/states/11000.html>.

¹⁵ Additional information on FBOP security levels is attached at Appendix C.

¹⁶ Marianne Staroscik, Court Services and Offender Supervision Agency for the District of Columbia (CSOSA), Distribution of District of Columbia Inmates Adjudicated in DC Superior Court and Housed in FBOP Facilities, by State and Gender (September 2013). [hereinafter CSOSA Distribution October 2013].

¹⁷ CSOSA Distribution September 2013.

¹⁸ CSOSA Distribution September 2013.

¹⁹ CSOSA Distribution September 2013. This number includes 50 female inmates who were in transit.

²⁰ CSOSA Distribution September 2013.

²¹ CSOSA Distribution July 2012.

²² CSOSA Distribution July 2012.

²³ The FBOP care levels are outlined at footnote number eight.

²⁴ During our site visit at Fairton the facility was preparing for the transition to computer based GED testing in 2014. The FBOP staff at the Central Office later informed the CIC that this transition will occur in 2015 rather than 2014.

²⁵ Care Level 1 inmates are less than 70 years old and are generally healthy but may have limited medical needs that can be easily managed by clinician evaluations every 6 months. Sub-specialty care is limited in that it is not regularly required and is completed in less than 3 months. This care level includes inmates

with stable mental-health conditions requiring chronic care appointments and individual psychology or health services contacts no more than once every 6 months.

Cara level 2 inmates are stable out-patients who require at least quarterly clinician evaluations. Their medical conditions, including mental health issues, can be managed through routine, regularly scheduled appointments with clinicians for monitoring. Enhanced medical resources, such as consultation or evaluation by medical specialists, may be required from time to time, but are not regularly necessary. Examples of issues at this level include medication-controlled diabetes, epilepsy, or emphysema. Level 2 institutions have no special capabilities beyond those that health services staff ordinarily provide; however, they are within about an hour of major regional treatment centers.

Care Level 3 inmates are fragile outpatients who require frequent clinical contacts to prevent hospitalization for catastrophic events. They may require some assistance with activities of daily living, such as bathing, dressing, or eating, but do not need daily nursing care. Other inmates may be assigned as “companions” to provide the needed assistance. Stabilization of medical or mental health conditions may require periodic hospitalization. Examples of these medical conditions include cancer in remission less than a year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease. Level 3 institutions are located adjacent to level 4 institutions, also known as federal medical centers.

Level 4 inmates require services available only at a FBOP Medical Referral Center (MRC), which provides significantly enhanced medical services and limited inpatient care. Functioning may be so severely impaired as to require 24-hour skilled nursing care or nursing assistance. Examples include cancer on active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical treatment, and high-risk pregnancy.

²⁶ Care Level 1 inmates are less than 70 years old and are generally healthy but may have limited medical needs that can be easily managed by clinician evaluations every 6 months. Sub-specialty care is limited in that it is not regularly required and is completed in less than 3 months. This care level includes inmates with stable mental-health conditions requiring chronic care appointments and individual psychology or health services contacts no more than once every 6 months. The acute services required, such as crisis 16 intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization. United States Office of the Inspector General Audit Division, *The Federal Bureau of Prison’s Efforts to Manage Inmate Health Care* (Feb. 2008), available at: <http://www.justice.gov/oig/reports/BOP/a0808/final.pdf>.

²⁷ Violent Offenses include conviction for the follow charges: Weapons, Explosives, Arson, Robbery, Homicide, Aggravated Assault, and Kidnapping.

²⁸ The CHALLENGE program is distinguishable from the Residential Drug Abuse Program (RDAP) because the CHALLENGE program is specifically designed for the USP setting. Also RDAP participants must have a diagnosed drug disorder, while the CHALLENGE program provides treatment to inmates with substance abuse and/or mental illness.

²⁹ The information reviewed was not DC specific, but rather facility wide.

³⁰ Federal Correctional partners include: BOP, DC DOC, US Probation Office of DC – Assistance with sex offender population, and US Probation office of Eastern VA – Assistance with sex offender population. Mental and Physical Health Community relations include: DC Department of Mental health, Anchor Mental health, Community Connections, Green Door, McClendon Center, Dr. Fredrick Clark, DDC, Universal Health Care Management, and Whitman – Walker Clinic. Clothing Assistance partners include: Goodwill of Greater Washington, Dress for Success, and Suited for Change. Housing partnerships include: House of Ruth, New Endeavors, and Virginia Williams Housing Services. Information Services community relations include: Bread for the City, Chevy Chase Presbyterian Church – Birth Certificate Assistance, Foundry United Methodist Church – Birth certificate Assistance, Social Security Cards, Miriam’s Kitchen, Office on Ex-Offenders Affairs, PDS, Our Place DC, Ralph Waldo Green Community Center (UPO), So Others Might Eat, ULS, and Visitor’s Legal Services.

³¹ According to the Fairview the numerous organizations are available to assist residents with job training, interviews, professional dress attire and other employment related needs, including: Strive DC, Inc., Suited for

Change, Toni Thomas Associates, Inc., Wider Opportunities for Woman, Workforce Development Program – P.R. Harris, Shadd Elementary, UDC, and Workforce Development Program – Maryland.

³² ACLU National Prison Project, Know Your Rights 0 the Rights of Disables Prisoners, https://www.aclu.org/sites/default/files/images/asset_upload_file735_25737.pdf.

³³ Old Law refers to a set of laws applied to offenses committed on or before April 10, 2987.

³⁴ “Improvements Needed in Bureau of Prisons’ Monitoring and Evaluation of Impact of Segregated Housing,” GAO-13-429, General Accounting Office, May 2013, page 13. Available at <http://www.gao.gov/assets/660/654349.pdf>

15,000 prisoners: there were 218,849 inmates in FBOP custody on November 11, 2013. 7.1% of 218,849 is 15,538. FBOP Weekly Population Report, accessed at http://www.bop.gov/locations/weekly_report.jsp on 11/25/2013. Report updated 11/21/2013, accessed on 11/25/2013.

³⁵ *Id.* at “Highlights” page, second overall page.

³⁶ Statement Of Charles E. Samuels, Jr. Director Federal Bureau Of Prisons Before The Subcommittee On Crime, Terrorism, Homeland Security And Investigations Committee On The Judiciary U.S. House Of Representatives For A Hearing On The Oversight Of The Federal Bureau Of Prisons Presented On September 19, 2013, page 7. Available at <https://judiciary.house.gov/hearings/113th/09192013/Samuels%20Witness%20Testimony.pdf>

³⁷ In Mississippi, the Department of Corrections’ decision to reduce the administrative maximum population at its supermax prison from over 1,000 to 150 resulted in a 70% decline in serious incidents and a savings of over \$5.6 million per year. ³⁷ Beyond Supermax Administrative Segregation: Mississippi’s Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs. Terry A. Kupers et al, Criminal Justice and Behavior 2009, available at https://www.aclu.org/files/images/asset_upload_file359_41136.pdf, and Sparkman, Emmitt L. “Mississippi DOC’s Emmitt Sparkman on reducing the use of segregation in prisons”. October 31, 2011, available at <http://www.vera.org/blog/mississippi-docs-emmitt-sparkman-reducing-use-segregation-prisons>. In Virginia, after decreasing solitary confinement at the Red Onion supermaximum prison by 62%, inmate grievances dropped by 79%. Patrick A. Hope and Adam P. Ebbin, “Virginia Turns Away From Solitary Confinement,” The Washington Post, September 6, available at http://www.washingtonpost.com/opinions/virginia-turns-away-from-solitary-confinement/2013/09/06/376e0502-14d7-11e3-880b-7503237cc69d_story.html. In Illinois, the yearly per-inmate cost of \$65,000 was a major factor in the decision to close the Tamms supermax facility, along with growing reports of unacceptable conditions of confinement at the facility. Maya Szilak, “A Price Illinois Cannot Afford: Tamms and the Costs of Long-Term Isolation,” The John Howard Association of Illinois, reporting on a March 12, 2012 visit. Available at <http://thejha.org/sites/default/files/TammsReport.pdf>. These experiences and many others in states like Maine, and Colorado, and Michigan are more evidence of a growing consensus that reducing solitary confinement makes prisons safer and cheaper, a consensus that was reflected in the GAO’s audit of the FBOP’s use of solitary confinement. The American Civil Liberties Union, “State Reforms To Limit The Use Of Solitary Confinement,” available at

https://www.aclu.org/files/assets/state_reforms_to_limit_the_use_of_solitary_confinement.pdf

GAO Report 13-429, May 2013. BUREAU OF PRISONS: Improvements Needed in Bureau of Prisons’ Monitoring and Evaluation of Impact of Segregated Housing, pages 33-37. Available at <http://www.gao.gov/assets/660/654349.pdf>. The CIC is encouraged by the FBOP’s efforts in this area, and looks forward to the implementation of CNA’s recommendations in 2014.

³⁸ Minnesota Department of Corrections, The Effects of Prison Visitation on Offender Recidivism (Nov. 2011), available at: <http://www.doc.state.mn.us/pages/files/large-files/Publications/11-11MNPrisonVisitationStudy.pdf>.

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² See, e.g., Lemon v. Dugger, 931 F.2d 1465 (11th Cir.1991); Davidson v. Scully, 694 F.2d 50 (2d Cir.1982); Jensen v. Klecker, 648 F.2d 1179 (8th Cir.1981); Ramos v. Lamm, 639 F.2d 559 (10th Cir.1980); Smith v. Shimp, 562 F.2d 423 (7th Cir.1977); Taylor v. Sterrett, 532 F.2d 462 (5th Cir.1976). Cited in Proudfoot v. Williams, 803 F. Supp. 1048, 1052 (E.D. Pa. 1992).

⁴³ FBOP Program Statement 5265.14, Correspondence, Section 540.18, “Special Mail.”

⁴⁴ FBOP Program Statement 5265.14, Correspondence, Section 540.18(a).

⁴⁵ *Id.* at Section 540.18(c)(1).

⁴⁶ Thornburgh v. Abbott, 490 U.S. 401, 413, 109 S. Ct. 1874, 1881-82, 104 L. Ed. 2d 459 (1989).

⁴⁷ “The interest of prisoners and their correspondents in uncensored communication by letter, grounded as it is in the First Amendment, is plainly a ‘liberty’ interest within the meaning of the Fourteenth Amendment even though

qualified of necessity by the circumstance of imprisonment. As such, it is protected from arbitrary governmental invasion.” Procunier v. Martinez, 416 U.S. 396, 418, 94 S. Ct. 1800, 1814, 40 L. Ed. 2d 224 (1974) overruled on other grounds by Thornburgh v. Abbott, 490 U.S. 401, 109 S. Ct. 1874, 104 L. Ed. 2d 459 (1989).

⁴⁸ See FBOP Program Statement 5265.14, Correspondence, Section 540.15(c) and (d); Section 540.18(c)(2).

⁴⁹ CIC confidential correspondence.

⁵⁰ Admission And Orientation Handbook, Federal Correctional Complex, Coleman, Florida United States Penitentiary – 2. Last updated January 2013. Accessed at

http://www.bop.gov/locations/institutions/clp/CLP_aohandbook.pdf on 12/9/2013.

⁵¹ FBOP Program Statement 5265.14, Correspondence, Section 540.18(c)(1).

⁵² Aaron C. Davis, DC Jail Works To Stem Rash Of Suicides, But Mental-Health Efforts Could Strain Resources, The Washington Post, November 9, 2013. Accessed at http://www.washingtonpost.com/local/dc-politics/dc-jail-works-to-stem-rash-of-suicides-but-mental-health-efforts-could-strain-resources/2013/11/09/9b3983f8-48b8-11e3-bf0c-cebf37c6f484_story.html on December 2, 2013.

⁵³ Keith L. Alexander, DC Jail Announces More Changes To Reduce Inmate Suicides, The Washington Post, August 6, 2013. Accessed at http://articles.washingtonpost.com/2013-08-06/local/41132374_1_faust-inmates-jail on December 2, 2013.

⁵⁴ Axis I and II disorders are mental disorders. The DSM-IV defines "mental disorder" as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." As one researcher put it, "Axis II disorders includes personality and developmental disorders, and all others are on Axis I." Axis I disorders tend to be mood disorders like depression, bipolar disorder, drug/alcohol addiction, impulse-control disorders, etc. Widiger and Shea, "Differentiation of Axis I and II Disorders," available at <http://www.ncbi.nlm.nih.gov/pubmed/1918619>.

⁵⁵ Id. at 31.

⁵⁶ Id. at 35.

⁵⁷ Id. at 26, 32.

⁵⁸ DOJ FY 2014 Performance Budget, page 14, available at <http://www.justice.gov/jmd/2014justification/pdf/bop-se-justification.pdf>

⁵⁹ The University of Missouri Institute of Public Policy found that "Employment prove[d] to be the strongest predictor of not returning to prison in each of our models." http://ipp.missouri.edu/files/ipp/attachments/15-2011_the_path_to_successful_reentry.pdf

An Indiana DOC study also found that employment, or lack thereof, was the top predictor of recidivism:

http://www.in.gov/idoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf

⁶⁰ Administrative remedies often referred to as grievances, can be filed at three levels, BP-9s are filed at the institution level, BP-10s are filed at the regional office, and BP-11s are filed at central office.

⁶¹ A federal register number ending in "007" e.g. 12345-007 indicates an inmate is from DC.

⁶² Inmates with court ordered financial obligations, prior UNICOR experience, lower number of facility violations are deemed a priority for UNICOR employment.

⁶³ The Federal Bureau of Prisons, About our Facilities, http://www.bop.gov/about/facilities/federal_prisons.jsp, last visited Feb. 27, 2014.