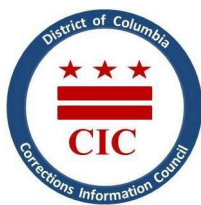


**District of Columbia
Corrections Information Council**



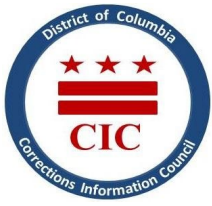
**Women at District of Columbia
Department of Corrections'
Correctional Treatment Facility**

**Report on Findings and
Recommendations**



Correctional Treatment Facility (CTF)

November 17, 2025



District of Columbia Corrections Information Council

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About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in jails where District of Columbia Code offenders are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are still encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of residents, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

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Facility Overview

Correctional Treatment Facility Profile

Dates of Inspection: June 25 - 26, 2025

Location: 1901 E St. SE, Washington, DC

Security Level: Minimum, Medium

Population of Women on 06/25/25: 126

Population of Women surveyed: 72¹

Introduction

The DC Department of Corrections' (DOC) Correctional Treatment Facility (CTF) houses women and specialized populations of men. The facility was activated in May 1992. The eight-story structure stands on 10.2 acres next to the Central Detention Facility (CDF aka DC Jail) at 1901 E. St. SE, Washington, DC 20003. CTF consists of five separate, multi-story buildings that are situated immediately adjacent to each other, presenting the appearance of one large structure. Each building contains separate areas for administration, programs, housing, and services. Building A includes administration, maintenance, personnel, and medical services. Building B includes master control, visitation, the gymnasium, and a large chapel. C and D buildings house male residents. All women are housed in Building E. Each cell in Building E has a window, and each unit has at least one television room and a multi-purpose room.

The DOC contracts with Aramark for food service; Keefe for inmate commissary; and Unity Health Care, Inc. for medical, mental health, and dental services.

Demographics

The DOC provided demographic data about the 129 women housed at CTF on June 24, 2025, the day before the site visit. On that date, the women ranged in age from 19-73. The length of stay for the 129 women ranged from a few hours to 1,018 days. According to the data provided by DOC, 107 of the 129 women were black; 19 were white; one was Asian; and data was not available for two women. Four women were sent from District Court, 123 were sent from Superior Court, and one was sent from Greenbelt.

Seventy-two of the 126 women housed at CTF on June 25 and 26, 2025, participated in the CIC's survey. Thirty-seven survey respondents indicated that they have a total of 87 children under the age of eighteen: forty-seven are ages 4 to 12; twenty-one children are age 3 or younger; and nineteen are teenagers.

¹ Seventy-two women filled out a survey. Not every woman answered every question. The number of respondents to each question is noted.

Housing Units

Currently, there are six units designated for the female population. Women in need of continuous medical observation are placed in Medical 82, which also houses men.

Unit and Purpose	Number of Women on the Unit	Number of Women who Completed the Survey
E1B--Residential Substance Abuse Treatment (RSAT)	9	9
E2A—Better & Beyond Gen Low	6	3
E2B—General Population Low-Mod	33	18
E3A—Mental Health Treatment	20	10
E4A—Intake and Special Management	24	14
E4B—General Population Maximum	33	18
Medical 82	1	0
TOTAL	126	72

E1B Residential Substance Abuse Treatment Unit (RSAT)

Currently, there are nine women on the unit which has 33 cells. In addition to standard cells, there is one larger handicapped cell and bathroom. Admission to the women's RSAT unit occurs on a rolling basis. The RSAT program is conducted by DOC staff. As part of their Intensive Treatment Plan for the initial 30 days, participants engage in programming for five to six hours per day, which includes yoga, trauma-informed curriculum, art therapy, and individual counseling. The residents utilize workbooks, which they are permitted to keep. Women are given a completion certificate after the first 30 days. During the second phase of the program, the Treatment Phase, participants engage in four hours of daily core group activities and three hours of elective programming. During the final phase, the Maintenance Phase, participants engage in a minimum of three meetings with program staff each week. At the end of the 90 days, there is a graduation and certificates are presented. To graduate from RSAT, a resident must actively participate in the program for 120 days or four months. Afterwards, they can either stay as a mentor if there is space or move to a general population unit.

The Trauma, Addictions, Mental Health and Recovery Project (TAMAR) is provided weekly by Unity Health Care. Residents spoke highly of TAMAR. This program, which began in July of 2000, focuses on providing treatment to women who have experienced abuse or trauma. Other programming on the unit includes individualized and group counseling sessions to discuss core issues, as well as meditation and health education classes on Fridays.

The classrooms on the upstairs level are not being used. Staff reported that the classrooms will be used in approximately two months after the completion of the shower maintenance project.²

E2A (Reentry Unit – Better and Beyond/ Low Custody)

This unit houses those who are short term (between three and six months) and demonstrate good behavior. Currently, there are six residents on this unit, which has a capacity of 32. Residents can participate in classes and receive an educational tablet.

Educational tablets provide up to 12 movies during the weekend. Residents can access GTL communication tablets at the cost of .05 cents per minute. A case manager visits one to two times every day from Monday to Friday. Three to five programs are offered on the unit each day. Programs have

² CIC cited the lack of use of available classrooms on the second level of the women's units in its 2024 report.

included yoga, meditation, sexual abuse information, counseling, and guidance for finding jobs or apartments upon discharge. For every month of good behavior, residents get three days removed from their sentence.

Residents' Comments:

- It is difficult to get a replacement uniform when mine no longer fits.
- The case manager is not always available or helpful because they handle multiple units.
- The reentry program overall is incredibly helpful, it makes us feel connected to the outside again, and helps us learn how to think through actions.

E2B (General Population/ Low Custody)

There are currently 30 residents in this unit. The capacity is 50; however, the DOC tries to cap the population at 40. Every resident gets five hours of out of cell time per day. Half of the residents (one side of the unit) are out of their cells in the morning, and the other half are out of their cells in the afternoon. Each day, the schedule switches between morning and afternoon. DOC staff noted that the split schedule was instituted for safety and security reasons.

Residents' Comments:

- We are stuck in our cells for more than 24 hours at a time because of the [split] schedule.
- Covid restrictions are over, but we are still in these cells too long.

E3A (Mental Health Unit)

The total population was 24, two of whom were in court. The number of cells in total is 32. In-unit staff consists of two corporals, one case manager, one clinician, one doctor, and one nurse. Case managers are available three days per week. The correctional officers on the unit are trained in de-escalation techniques and verbal calming tactics.

Residents have five hours of recreation outside of their cells per day. Residents in the upper cells have out of cell time in the morning, and residents in the lower cells have out of cell time in the afternoon. Residents can participate in educational programming outside of the unit or through tablets. There is no specialized programming on the unit.

Residents' Comments:

- Educational tablets are very beneficial to gain certificates and skills.
- Inside of the cells, there are some connection issues for the tablets, which makes education difficult since we are in cells for most of the day.
- The communication tablet fees are a financial burden.
- Bring back in-person programming for the unit, such as arts and crafts.

E4A (Intake and Restrictive Housing Unit – Disciplinary, Administrative, Protective Custody)³

The current population is 24 women. The maximum population on the unit is 50 women. There are 32 cells, and 18 contain double bunks. Women of the various statuses mingle while on the unit. There are several classrooms upstairs that have not been used in the past few months.

³ "Disciplinary segregation" is a punitive sanction that is authorized after a hearing for inmates who violate facility rules. "Protective custody" refers to the placement of an inmate in a special housing unit to protect them from harm; inmates are either placed in protective custody at their own request or due to facility-initiated concerns. "Administrative segregation" refers to the placement of an inmate in a housing unit where they are locked down due to an array of situations other than "disciplinary" or "protective" reasons.

Upon arrival at CTF, after initial processing all women are placed on the Intake unit where they are observed and evaluated for a minimum of 72 hours. Individuals may be classified as intake for an average of 7 to 30 days.

During the intake process, individuals undergo a medical evaluation and mental health assessment conducted by UNITY staff. The DOC case manager comes daily. Live orientations, where different departments explain their services and procedures are presented every Thursday. During the intake period, women are out of their cells two hours per day, seven days a week.

Restrictive housing is for those who are different statuses, such as protective custody, disciplinary segregation, pre-housing hearing, special handling, pre-housing detention, and administrative segregation. Women in restrictive housing are allowed out of their cells for two hours a day, five days a week. Women in restrictive housing are required to be placed in four-point restraints, which includes handcuffs, a belly chain, black box, a lock, and leg chains anytime they leave the unit.

E4B (General Population/ Maximum Custody)

A total of 32 residents are allowed out of cell on a split schedule: one side out from 9am to 2:30pm; the other side from 4:30pm to 9:30pm, and vice versa the next day. There was a water jug in the day room, but no cups. The counseling room upstairs was covered in trash. Many “do not disturb” signs were posted on the case manager’s office door.

Residents’ Comments:

- There is too much time between meals.
- The toilets overflow on the right side of the unit and one sink is not working.
- There are flies coming out of the sink in my cell.
- We are running out of sanitary napkins and tampons.
- Each cell receives one roll of toilet paper.
- Sheets are not provided on a weekly basis as they should be.
- The TV in the TV room is not working.
- We would like music programs.
- Our case manager [for E4B] is hard to reach, unavailable when in the office, and dismissive of requests.

Key Findings Daily Living

- Due to the split schedule⁴, residents sometimes spend 26 hours in a row in their cells.
- The temperature of the living area fluctuates between hot and cold.
- Sheets and towels are cleaned irregularly, rather than every week.
- The women consistently noted the presence of gnats and flies, especially in showers.

⁴ Split schedule: Half of the women are allowed out on the unit for approximately five hours. This means that ½ of the women are out of their cells while the remaining half are restricted to their cells. The following day, the schedule is reversed, resulting in some women remaining in their cells up to at least 26 hours in a row.

The DOC is currently installing stainless steel sinks and shower inserts in all the women's units. The following observations were noted in both original and renovated bathrooms:

- Damaged tiles on the floor.
- Showers tend to flood regularly; one shower head continually drips.
- Utility pipe drips.
- Several old showers are covered in mildew and ceilings of new showers show mildew.
- On one unit water was temporarily cut off due to flooding between cells the day before the inspection. Standing water and water damage were evident during the inspection.
- Several showers are flooded, and sewage backs up in two of the renovated showers; several women commented on the smell of sewage in the showers.

Meals

Food at CTF is managed by Aramark, prepared at CDF, and transported across the bridgeway. Meals are served in a plastic container or sealed pouch. Containers are opened by correctional officers, which are tilted towards their body cameras before distribution to residents. The CIC was informed that the policy was instituted approximately five months ago in response to complaints about rat feces and other detritus in the food. Residents receive a cold meal for breakfast and lunch and a hot meal for dinner. On the day of the site inspection, residents' breakfast consisted of dry cereal, milk, two pieces of bread, and potatoes. There was no fruit. Special meals with larger portions are reportedly provided on holidays.

Survey Responses:

- Forty-two out of 67 women reported that their hot food was not served hot.
- Twenty-one of the 57 survey respondents indicated that they do not receive fruit.
- Nine of the 57 respondents indicated that they do not receive vegetables.

Residents' Comments:

- We get the same food every day and the portion size is too small.
- Commissary only has unhealthy options.
- We would like more salads as part of lunch or dinner.
- We would appreciate watermelon, apple slices, and oranges.

Recreation

There is an indoor gym and three yards for outdoor recreation. All residents are escorted by staff when traveling throughout CTF. During the inspection, CIC staff observed recreation being offered to the women.

Survey Responses:

- Twenty-nine of 52 survey respondents reported receiving outdoor recreation one or two days a week, while nine reported it was more frequent.
- One woman stated, "I've been here 16 days and haven't been offered outside recreation."

Health Services

Medical Care

Residents have access to routine primary care, urgent, and emergency medical care twenty-four hours a day. For non-emergencies, inmates may access a sick call system to request an appointment with an onsite medical provider. Medical care is provided via contract with Unity Health Care. The medical department follows internal healthcare protocols and holds dual accreditation by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCCHC). Policy dictates that a resident's medical conditions are never disclosed to officers, and medical staff stated that medical records are not shared with the DOC without the consent of the residents.

During the intake process, prior to their housing assignment, inmates receive a complete health assessment, which includes medical history, a physical examination, a mental health evaluation, an oral screening, infectious disease screening, and, if necessary - laboratory and radiology services. Psychologists, case management representatives, a Prison Rape Elimination Act (PREA) coordinator, and Office of Investigative Services personnel also participate in the assessment. Tests for tuberculosis, sexually transmitted infections, and communicable diseases are automatically done, and a pap smear is scheduled within the first 30 days of residence. If a resident's test results are normal, they are informed via letter. If the results are abnormal, an in-person discussion occurs. There is an in-house pharmacy that can fill prescriptions, and all medications are generic.

All women also take a pregnancy test at intake. At the time of the visit, there were five pregnant women. Pregnant women have medical check-ups, but they reside within their assigned unit; at about 35 weeks pregnant, women are moved to the medical unit until after birth. If a new mother wants to continue breastfeeding, arrangements can be made to deliver pumped milk to the baby's caretaker/s.

For standard medical care requests from residents, providers conduct sick call visits on the unit inside of a privacy room - and if the situation warrants, they can place them on the medical unit. At CTF, there are two medical units; only Medical 82 houses women. There is no co-pay for services. Medical personnel must recommend admission to and discharge from the unit, which offers a range of services. Dialysis, high blood pressure, diabetes, asthma, x-rays, OB/GYN, pap smears, and HIV tests are all done within the medical unit, and CT scans are done outside of the facility. Those who require more specialized, long-term care (such as chemotherapy) can be referred to an outside specialist and transported to that location.

Residents are transported to Washington Hospital Center, GW Hospital, and Howard Hospital for care beyond the capability of on-site services, including birthing. If a resident requires care at an external facility, they are transported by contacting 911 for emergency services – or requesting a special DOC conveyance for non-emergencies. The resident is provided with a sealed document containing personal medical information for the hospital, and two officers must accompany the resident to the facility.

Survey Responses:

- Eighteen of fifty-three survey respondents said they did not receive medications on time.
- Thirty of 51 survey respondents reported receiving OB/GYN services.
- Thirty-seven out of 46 respondents said they have concerns about the medical, dental, or mental health care received. Fourteen of the comments were about the lack of medical care including difficulty in getting an appointment and delays in receiving medications; eleven of the comments were about the lack of dental care; three comments focused on the need for more

mental health services; and three women focused their comments on specific needs for eye care. Seven women did not provide details about their concerns.

Dental

There is a dentist and a hygienist on staff every day. A dental exam is provided during the intake process. Routine cleanings can be scheduled. Tooth extractions are done in-house.

Survey Responses:

- Residents stated that there is either a very long wait or they are not seen at all.
- Twenty-nine of 52 survey respondents said they had not seen a dentist:
- One resident said, “I’ve been here three months and haven’t seen a dentist and I have a dental problem.”
- Another resident reported that “[she] requested teeth cleaning in March and has not been seen.”

Mental Health

Mental health checks are done during the intake process by psychiatric staff.

Survey Responses:

- Forty-six of 64 survey respondents said that they do know how to get mental health care.
- Twelve out of 45 survey respondents said they did not receive mental health medications on time.

Safe Cells

The Department of Corrections defines a “safe cell” as a housing cell that provides visibility of inmates and is designed to be suicide resistant by being free of physical structures that could be used in a suicide attempt (e.g. electrical switches or outlets, bunks with open bottoms, towel racks on desks and sinks, radiator vents, or any other fixtures which could be used as anchoring devices for hanging or areas used to jump off of). There are three “safe cells” on Medical 82, which each contain a bed, toilet, sink, and weighted blanket.

Residents placed in safe cells are strip-searched by correctional staff prior to being placed in a safety smock or safety clothing - and placed in the designated safe cell. The resident is checked every 15 minutes by staff. There is an intercom that connects the safe cell directly to the nurse’s station; the resident can push the button, wait for someone at the desk to respond, then communicate. Those within safe cells are allowed 30 minutes out of cell time daily. Staff stated that finger food is provided because utensils are considered a safety risk.⁵ The window on the door of the cell is covered in reflective material so that the resident cannot see through it.⁶

⁵ DC DOC Policy and Procedure, Suicide Prevention and Intervention, 6080.2H Sec. 23 (b)(6), p.22 (March 12, 2024) (there are individualized determinations about restrictions for an inmate on suicide watch as determined by a mental health clinician and documented on the cell door, which could allow access to safe eating utensils if consistent with their safety.)

⁶ Id. at 23 (individualized determinations about restrictions could also allow for an unrestricted view from the cell door, unless there is a history of sexual exposure; in sexual exposure situations, detachable curtains could be used.)

Substance Abuse Treatment

Multiple medications that can be prescribed for substance abuse treatment. Residents consult with a doctor about choices.

Survey Responses:

- Twenty-eight of 63 survey respondents expressed interest in participating in a drug treatment program.
- Twenty-two women responded that they would be interested in a medication-assisted treatment program.

Programming

General Programming

Programs for women at CTF include sociology, trauma talks, personal finance, painting, plumbing, cosmetology and barbering, and web design. Painting and plumbing are 12-week programs that result in a certificate. Cosmetology and barbering require 1,500 completed hours to take the board exam and become certified. If they are released before finishing, the hours stay with them, and they can finish elsewhere. In addition to programming provided by DOC staff, several community-based organizations, including Free Minds and Petey Greene, provide programming in CTF. The DOC library is part of the DC library circuit and can participate in interlibrary loans.

Programming is also available on the Orijin Explore tablets. The DOC has partnered with Orijin and renews the contract yearly, estimated to be 1 million dollars. The tablets contain the following: Law Library; Education; Notices; Grievances; Requests; Facility Messages; Career One Stop; Merriam-Webster Dictionary; Help; Facility Information; Calculator; Account Info; resume building; Ted Talks; library; religious content; voter information; and programs such as entrepreneurship, HVAC, explore construction, plumbing, electrician. The educational tablets do not use the internet, but have software to access information. To acquire an educational tablet, the resident is required to express interest by word of mouth, signing up at intake, or by writing a request to a case manager. There are 1,200 tablets; 900 are currently in circulation. Some of the remaining 300 need repair, and some are in reserve to mitigate having a waitlist or denying residents.

Survey Responses:

- Twenty-six of 67 survey respondents said they are currently participating in educational programs.
- Forty-five of 63 survey respondents said they have access to an educational tablet.
- Forty-two of 63 survey respondents said they have access to the book cart.
- Thirteen of 66 survey respondents said they are currently participating in vocational programming.
- Several residents participating in educational or vocational programs said that the staff does not always arrive to escort them to the education department.
- Several residents stated that they needed more out of cell time to be able to attend to hygiene needs, programming, and medical appointments.

GED and College

The DOC offers GED classes and testing to people who have not finished their high school education. To be eligible to take the GED, the resident is required to complete the TABE assessment, the

READY pre-test on history and math, and score 120 or higher. An Adult Basic Education (ABE) for those not yet ready for high school level courses started in May.

According to data provided by the DOC, 58 women have a high school diploma; 18 have a GED; and 12 have a college degree. The data also indicated that 17 women, who ranged in age from 19 to 64, did not have a high school diploma or GED.

In a typical GED class, there are 8 to 14 residents to ensure that everyone gets the necessary attention. GED testing takes place in the library. The passing rate overall is about 78%. If a resident fails a section of the GED test, they have to wait at least 30 days before they can retake that section. One woman stated, “it’s hard for anybody to obtain a GED because classes are always canceled”.

CTF retains partnerships with colleges and universities including Georgetown University, Ashland University, Harvard University, and Massachusetts Institute of Technology (MIT). All college classes are co-ed.

Special Education

Pursuant to the Charles H. class action settlement⁷, the DOC must provide special education services to anyone aged 23 and under who has not achieved a high school diploma and who needs an Individual Education Plan. Educational services are provided by Maya Angelou Academy, which has satisfied three years of a four-year contract. The men receive special educational services in the same location as the Maya Angelou Academy. The two women currently needing special education services receive services within their housing units.

Religious Services

Survey Responses:

- Twenty-eight of 44 survey respondents said they were able to access religious services weekly.
- Nineteen of 59 survey respondents noted barriers to practicing their religious beliefs, such as a lack of prayer mats for Muslims, or not knowing how to join the list to attend church.

Legal Access

The law library can be accessed through tablets.

Survey Responses:

- Twenty-seven of 59 survey respondents indicated that they do have access to legal materials.
- Forty out of 55 survey respondents indicated that they do have access to visits with their attorney.

⁷ Charles H., et al v. District of Columbia, et al. Civil Action No. 1:21-cv-00997-CJN Document 191-1, Filed 08/25/23, available at https://static1.squarespace.com/static/5a2af8a0f14aa1cbbcf14079/t/6531971ae212ea3607301277/1697748766916/191-001_Settlement+Agreement+and+Release%282147484903.1%29.pdf; *see also*, Civil Action No. 1:21-cv-00997-CJN Document 212, Filed 01/15/24, available at https://static1.squarespace.com/static/5a2af8a0f14aa1cbbcf14079/t/65aabe98e93f300f651f589/1705688850202/212-000_Order.pdf.

Institutional Safety and Security

Grievance Process

Signage about the Internal Grievance Process (IGP) is visible on each unit. The officer on each unit has a grievance notebook that contains blank forms for use by residents. The grievance process is explained in orientation, and a video is presented during intake. The IGP coordinators are responsible for picking up the grievance sheets, making a record, and delivering them to the respective departments. The paper grievance form consists of tri-color, carbonated copies, which must be legible and dated: the white copy is retained by the IGP coordinator for the record, the pink copy is retained by the resident as a receipt of submission, and the yellow copy is eventually returned to the residents with a response.

When an IGP submission is sent via tablet, it goes directly to the IGP coordinator - who makes a physical copy for documentation. Residents are unable to retain a copy; however, once a tracking number is assigned, paper acknowledgement is reportedly sent to the resident.

It typically takes 15 days to respond to a grievance; however, residents are supposed to receive notice of any extensions resulting from lengthier investigations. Reportedly, 98-99% receive responses within 15 days. There was one full-time and one part-time staff members tracking grievances. Three additional staff members are anticipated for onboarding.

As of June 26, 2025, there were 434 grievances submitted in the month of June. The most common grievances were improper actions from the staff, concerns about Unity medical services, and complaints about food. Residents cannot grieve about their housing status, classification, or write on behalf of a group or someone else.

Survey Responses:

- Forty-two of 62 survey respondents indicated they have access to grievance forms.

PREA

When a PREA complaint is lodged, a supervising correctional officer is responsible for protecting all physical evidence and ensuring the safety and welfare of the victim. The supervisor notifies the PREA Coordinator and Office of Investigative Services to ensure that the alleged victim receives timely access to emergency medical treatment and crisis intervention services. A Sexual Assault Nurse Examiner from an outside medical provider, as opposed to a Unity medical staff member, is responsible for interviewing and physically examining the person.

Survey Responses:

- Twenty-three of 61 survey respondents indicated they are not familiar with PREA and the reporting process.

Recommendations

Daily Living

- During renovation of bathrooms, ensure that mold and mildew are treated effectively before installation of stainless-steel showers and sinks.
- Provide effective cleaning materials to residents.
- Enhance extermination efforts.

Meals

- Provide larger portions of daily meals, including two servings of cooked and raw dark green vegetables; two servings of additional cooked and raw colored vegetables; two servings of raw fruit; and protein-rich foods, including meat, poultry, eggs, fish, nuts, seeds, or tofu.

Recreation

- Explore ways to expand out of cell time that does not include attending vital appointments and programming.
- Minimize the constant use of modified schedules by adding officers to the unit and incentivizing good behavior.

Dental

- Ensure that residents receive routine dental care at least annually and that dental emergencies are addressed within forty-eight hours.

Mental Health

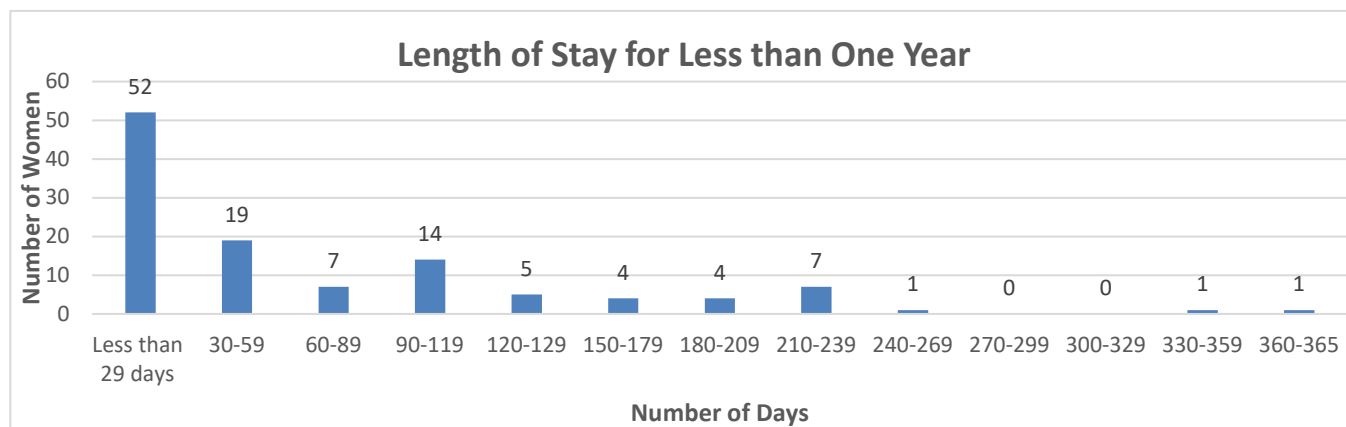
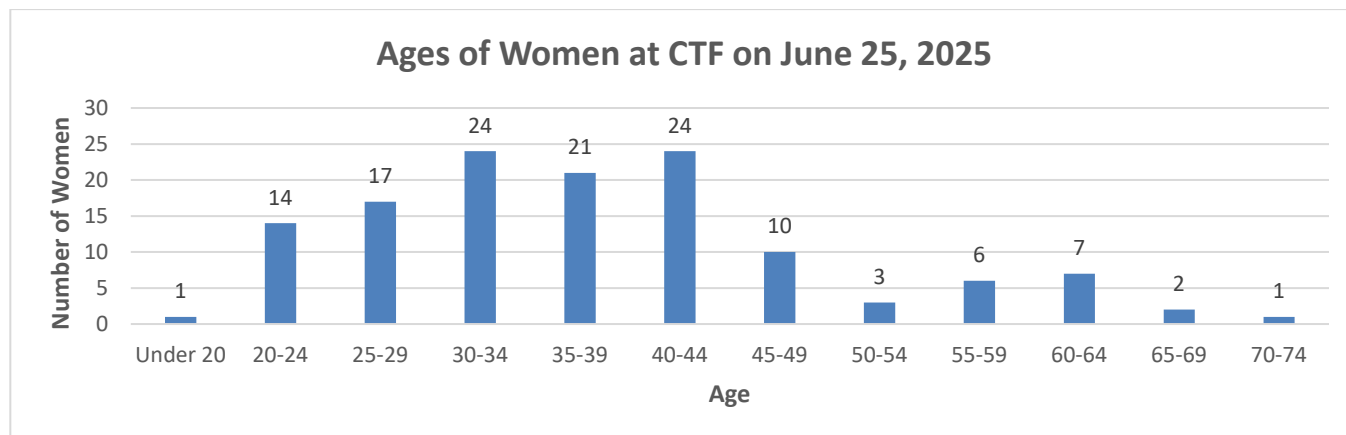
- Ensure that safe cells are operated in accordance with the individualized determinations required by DOC Policy 6080.2H Sec. 23, as opposed to default operating measures, such as pre-covered doors and automatic finger foods.

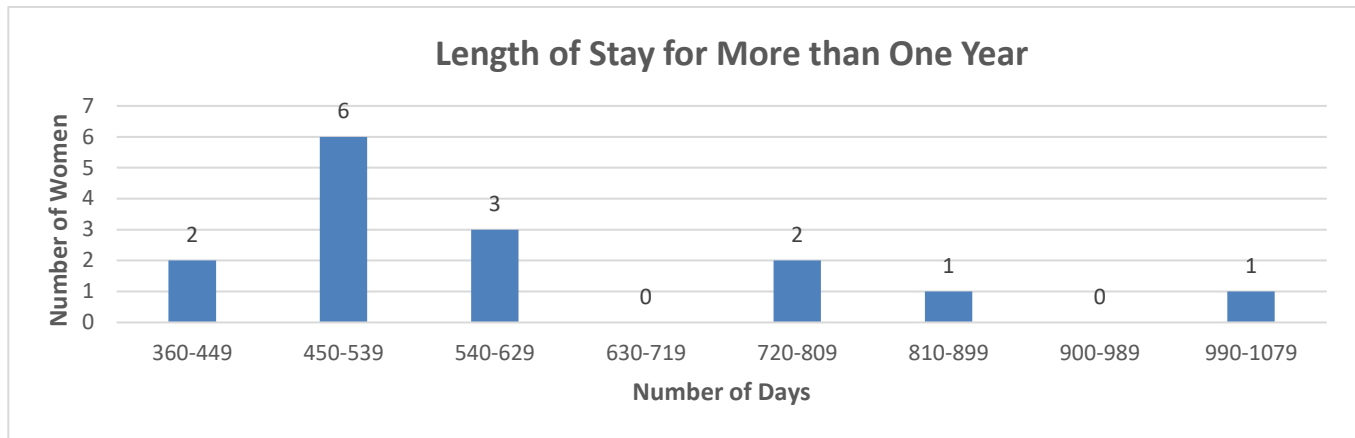
Programming

- Continue efforts to expand both in-person and tablet-based programming.
- Repurpose unused space on the top floor of units as classrooms or programming areas.
- Continue the provision of special education to meet or exceed legal requirements.

Appendix

Demographics and Survey Responses





**Data on age of women and length of stay was provided by DC Department of Corrections June 25, 2025.*

CIC Survey Responses				
<i>Women were asked how frequently they had access to the following ten items. The information below provides the number of women who indicated the availability of each item.</i>				
Item	Daily	Weekly	As needed	No Response
Shower	40	2	16	14
Clean clothes	18	23	12	19
Clean sheets and towels	10	24	16	22
Toiletries	20	3	27	22
Cleaning supplies	17	3	26	26
Commissary	11	33	12	16
Telephone	45	2	12	13
Mail	20	6	19	27
Visitation	14	23	14	21
Communication Tablet	37	3	12	20

