

District of Columbia
Corrections Information Council



District of Columbia
Department of Corrections

2018 Inspection Report



Correctional Treatment Facility (CTF)



Central Detention Facility (CDF)

May 21, 2019



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 correctional facilities where residents from the District of Columbia 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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Executive Summary

Correctional Treatment Facility Profile

Dates of Inspection: September 20, 2018	Rated Capacity: 1,400
Location: SE, Washington, DC	10/01/18 Population: 685
Security Level: Minimum, Medium	Resident-to-Staff Ratio: 2.37:1

Central Detention Facility Profile

Dates of Inspection: September 26, 2018	Rated Capacity: 2,164
Location: SE, Washington, DC	10/01/18 Population: 1,348
Security Level: Minimum, Medium, Maximum	Resident-to-Staff Ratio: 2.37:1

DOC Population Profile (September 2018, Fiscal Year Totals)

Women Daily Average Population: 155 (CTF)	Men Daily Average Population: 1,849 (CDF/CTF)
Modal Age Range: 31-40	Modal Age Range: 21-30
Average Length of Stay: 44 days	Average Length of Stay: 79 days

Key Findings

The CIC highlights the following programs and facility practices:

- The DOC made notable efforts to expand educational offerings to those in custody, particularly within the CTF facility, developing a model college and career readiness department.
- All of the juvenile offenders charged as adults who were in DOC custody were transferred to New Beginnings prior to October 1, 2018.
- The CIC received numerous reports that case managers were not regularly available on units at CDF.
- During the fiscal year there were reported incidents of possible miscalculations in custody scores and subsequent security level classifications that prompted the CIC to look into the DOC classification process.
- The CIC received complaints from at least 11 DOC residents regarding their medical care.
- In FY 2018 the DOC revised its policies on medical assisted treatment (MAT). It now continues suboxone treatments for individuals who were receiving treatment in the community, and identifies individuals to begin MAT while in custody.
- There is little to no programming outside of the GED unit for individuals who are housed at

the CDF, particularly those who are maximum security residents.

- Residents on the administrative housing unit raised concerns about the informal disciplinary process on that unit.
- The CIC received numerous reports throughout FY 2018 about conditions on the government witness unit regarding the lack of programming, extended investigations, and concerns about daily life.
- From September to October 2018, the CIC received concerns from residents on the Special Management Unit (SMU) of CTF, regarding changes in recreation practices on the unit.
- The CIC received frequent resident concerns regarding deficiencies in the DOC grievance process, mainly that residents seldom receive any response to grievances that they submit.
- The CIC received numerous comments from residents that they did not receive documentation of disciplinary incidents.
- The CIC received complaints about access to religious programs and services as well as religious diet trays, ongoing throughout the fiscal year.
- Throughout the fiscal year the CIC received numerous reports about recreation – including comments about not having outdoor recreation or opportunities for recreation in general.
- The DOC has two employees that are trained to provide ADA services to residents who are referred for services, via the DOC medical department.
- Many residents reported to the CIC that their personal property was never returned after they transferred units.
- Throughout the fiscal year, individuals in both the CTF and CDF reported concerns about the physical conditions of the facilities.

Recommendations

Based on the inspection of the CTF and CDF, the CIC makes the following recommendations:

- The DOC should expand educational and vocational programming options generally to those housed at the CDF with a focus on safe and innovative provision of services and programming to maximum security residents, restrictive housing residents, and residents with a classification status other than general population.
- The DOC should ensure that case managers are in fact available on every unit on a daily basis; offer office hours or easily scheduled appointments; and effectively assist residents with their needs.
- The DOC should ensure that case managers are accurately distinguishing between types of convictions and the offense severity points that are assigned to each conviction. The DOC should assess data systems to verify that case managers are accurately interpreting other documents assessed in calculating the custody score. The DOC should provide training to address common errors.
- The DOC should clearly communicate medical decisions and care updates to residents and ensure all appropriate follow-up care is scheduled and completed in a timely manner.
- The DOC should ensure that unit officers are allowing residents to access approved medical accommodations.
- Mental health staff should ensure that daily evaluations of psychiatric status, cell amenities, and life activities are fully completed and documented every day.
- The DOC should ensure that restrictions are only being placed on residents after documentation of a legitimate violation of DOC policy and a fair hearing.
- The DOC should ensure that there is a clear policy that applies to decisions made regarding

individuals with a special handling status, and should clearly communicate the restrictions, reasons for them, and process for having the restrictions lifted.

- The DOC should ensure that residents are always provided with documentation stating why they are under investigation.
- The DOC should work to provide residents on the government witness unit with adequate programming opportunities and recreation time.
- The DOC should ensure that the government witness unit operates in a sanitary and safe manner, including the delivery of cleaning supplies and the proper sealing, labeling, and handling of meals.
- The DOC should ensure that correctional staff is appropriately equipped with schedules for resident's detail assignments in order to preserve safety while ensuring that residents can report for their duties.
- The DOC should provide residents timely answers to all filed grievances in a manner that comports with its stated policies and procedures.
- The DOC should provide residents with documentation of all filed disciplinary actions that are formally charged or result in sanctions.
- DOC staff should ensure that the process for reviewing and approving religious diet requests is timely and efficient.
- DOC staff should ensure that all individuals have access to adequate recreation time and opportunities.
- DOC staff should clearly communicate the process for transferring property when a resident transfers units, document and inform the resident of any property that has been confiscated and will not be returned, and communicate to residents a clear process for addressing missing property complaints.
- The DOC should ensure that the physical premises of both the CDF and CTF are clean and safe at all times.

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Introduction

The DC Department of Corrections (hereinafter, DOC) operates two jail facilities: the Correctional Treatment Center (hereinafter, CTF), and the Central Detention Facility also known as the DC Jail (hereinafter, CDF). The facilities are adjacent to one another and are located in Southeast Washington, D.C.

The CTF complex typically houses residents who are minimum or medium security, including female and juvenile¹ DC residents, as well as male residents who have specialized confinement needs. The CDF houses male residents, a majority of whom are held pending adjudication of a criminal case or are sentenced to a period of incarceration following conviction for a misdemeanor offense.² Other CDF residents include those held on United States Parole Commission (USPC) warrants, those awaiting transfer to the Federal Bureau of Prisons (BOP), and those held due to a writ or hold typically awaiting transfer to another jurisdiction.

Throughout the 2018 fiscal year, CIC staff met with residents housed at the CTF and CDF in order to interview them about conditions and experiences in custody. The CIC conducted its onsite inspection of the CTF on September 20, 2018, and the CDF on September 26, 2018. Following the inspection of facility grounds, the CIC submitted a document request to DOC staff on October 9, 2018. For a complete explanation of the report methodology, see Appendix A: Methodology.

Facility Overviews

As part of the DOC inspection, the CIC toured areas of both the CTF and CDF, including units about which the CIC received resident concerns; units or programs that the CIC had experienced change since the FY2017 CIC inspection; or that the DOC choose to include in the 2018 inspection. For a complete list of the units that the CIC requested to visit and the units that the DOC included as part of the tour, see Appendix A: Methodology. The names of the units toured, information about the population and staff on each unit, as well as a brief description of daily life on each unit can be found in the chart below.

CTF Inspection Summary

Medical 96

Unit Capacity: 36

Population September 20: 36

Unit Population: Residents who require close, but not constant, monitoring. Typically houses individuals in need of ambulatory accommodations.

Unit Staff: Corrections officers; case management rotation;³ nurses

Medical 96 houses residents with ongoing medical needs. The unit does not have medical staff on the unit at all times; however, there is regular medication delivery and medical staff is available on call and during rounds. Dialysis occurs on the unit Monday, Wednesday, and Friday. The cells on this unit have hospital-type beds with wheels and safety rails. Residents on this unit have recreation for one hour per day in an area on the unit, and staff said that they are able to have outdoor recreation, weather permitting. Residents are also able to leave the unit to go to education, programs, barbering, and more. Staff explained that higher security residents have access to programming on the unit, although

¹ See DOC Operational Highlights (II) for more information about the transfer of juvenile offenders from CTF to New Beginnings.

² See *id.*

³ “Case management rotation” refers to case management staff being available on units at the CTF and CDF, but on a rotating basis. The CIC received resident reports throughout the 2018 fiscal year saying that case managers are not available on their units daily, with the exception of specific units. While many residents reported that case managers are infrequently available on the unit and the same case managers are not always staffing their units, during the 2018 CIC tour of the CTF and CDF, DOC staff said that case managers are available on each unit every day. See DOC Operational Highlights (III) for more information about case management.

<p>complete rounds 3x/day; physical therapy; and medical staff (on call 24/7).</p>	<p>most higher security residents are housed on Medical 82.</p>
<p>Medical 82</p>	
<p>Unit Capacity: 40 Population September 20: 29 Unit Population: Male and female residents with acute medical needs. Unit Staff: Corrections officers; case manager rotation; two or more nurses at all times; and medical provider on call.</p>	<p>Medical 82 houses residents with acute medical needs. There are various cell layouts on the unit, including 25 single cells, three dorm cells (fitting up to four people), two female cells (one single, one dorm), three safe cells (two in operation), and one isolation cell (for residents with tuberculosis or other contagious diseases). Staff explained that dorm cells are used for intake before residents are classified but have a medical need, or general population security level residents can be housed in dorm cells if needed. Staff explained that medical status is taken into account in deciding whether a resident can be in a cell with others. Pregnant residents are housed on Medical 82 at eight months into their pregnancy, or sometimes at six months if there are specific issues. Residents are not free to leave their cells and walk around the unit because the residents are different genders and security levels. There are four stall showers, and a television room on the unit. Residents do not go to outdoor or off-unit recreation due to the level of their medical needs.</p>
<p>Women’s Mental Health Unit</p>	
<p>Unit Capacity: 50 (Single cells; two safe cells) Population September 20: 34 Unit Population: Women who have acute mental health needs, a special housing status, or women completing the intake process. Unit Staff: Corrections officers; case manager; 24 hour nurse (Monday-Friday); medical staff (on call on weekends); and mental health clinician (9:00am-5:00pm).</p>	<p>Staff explained that when women come into the facility and report that they are taking psychotropic medication, DOC staff coordinates with DC Department of Behavioral Health (DBH) to obtain records of prescriptions, or – if the woman was formerly in DOC custody – look within DOC records for verification of prescriptions. Staff also explained that the DOC pharmacy is typically able to give individuals at least a generic version of their medication, but medication can be delayed if the facility pharmacy does not have the required medication. Women on the mental health unit meet with liaisons from the DBH when they are going through intake and are cross-matched for DBH services. If they are not already linked to DBH services, DBH liaisons will determine what their needs are so that they can be linked to community service providers. When women are approaching release from DOC custody, DBH liaisons are also able to schedule appointments for them prior to their release. In terms of daily life, women are out of their cells between 9:00am and 3:00pm for programming, therapy, treatment team meetings, group counseling, recreation on and off unit, and a therapeutic arts program (offered on Thursdays). Residents who are taking medication meet with a psychiatrist every 30 days. Once every week women have a treatment team meeting; the treatment team determines if women are stable on their medication, and can be transferred to a general population unit.</p>
<p>Young Men Emerging Unit (YME)</p>	
<p>Unit Capacity: 25 Population September 20: 23 Unit Population: Men 18-25 years old who have been screened into the program, based on mentor and staff interviews and evaluations, as well as a clear record of behavioral conduct. Unit Staff: Corrections officers; case manager; program analyst; and mental health specialist (9:00am-5:00pm).</p>	<p>The Young Men Emerging Unit (YME) opened on June 30, 2018. The ideology behind the unit, as well as its structure, is based on science regarding the developing mind, and the average age at which the brain reaches maturity – typically at about 25 years old. The YME unit was created to positively influence young men and create a sense of community and partnership. Staff and residents described to the CIC that the goal is to create a community within the unit, and also with the larger DC area, with the idea that if one feels connected to a community, they will also contribute to that community. The unit consists of young residents as well as six older mentors. The mentors on the unit are men who were incarcerated between the ages of 18-25, who provide guidance for the younger men on the unit. At the time of the CIC inspection, all six mentors on the unit were enrolled in college programs. Daily life on</p>

the unit consists of a room inspection, community conversation, group session, lunch, educational programs, Street Law, and recreation. Community providers instruct different groups and programs on the unit. Programs include yoga, meditation, substance abuse groups, entrepreneurship, industrial banking, information sessions with MORCA, life skills, and parenting. Additionally, residents on the unit are able to earn spending money based on completion of special assignments and positive behavior. This money goes into YME bank accounts and can be spent on commissary or privileges such as use of a Bluetooth radio, air hockey, X-Box, etc.

Work Readiness Unit

Unit Capacity: 25
Population September 20: 20
Unit Population: Minimum and medium security men within four to six weeks of release (either sentenced misdemeanants or individuals coming back from the BOP), who are DC residents, do not have pending charges or warrants, do not have any Class I disciplinary infractions, and who are otherwise screened into the program.
Unit Staff: Corrections officers, group facilitator, case manager, work force development specialist (employee of Department of Employment Services (DOES), and Information Technology instructor.

The Work Readiness programs consists of two components – the first takes place while participants are in DOC custody and spans five weeks, and the second takes place post release, so that participants can continue the program in the community, where there is subsidized participation for up to eight months. The goal of work readiness is for participants to be employed upon release, or shortly after. The unit moved from CDF to CTF in 2017, and opened in the CTF in October 2017.

In each of the five weeks of the program, the daily instruction has a different topical focus – including resume creation, mock interviews, answering questions about criminal records, attitude sessions, etc. There is also computer instruction in the evenings. Other programs that take place on the unit are yoga, substance abuse sessions with the Hope Foundation, informational sessions with representatives from the Department of Health (DOH), computer basics, and Inside Out.

While in the five-week CTF component, participants meet weekly with a work force development specialist, who assesses their work skills, any additional needs such as mental health, and resources that they may require during the community component. The specialist then creates recommendations for the community component, including but not limited to, additional education, GED attainment, additional training, subsidized work, and involvement in an entrepreneurship program. The work force development specialist also helps participants create resumes and forwards those resumes to prospective employers.

The day after each participant is released from DOC custody, the work force development specialist meets with them in the community to assist with the transition either into work or educational programs. Typical job placements post-release include: the Department of Health and Mary’s Center, as well as positions in the fields of construction, entrepreneurship, food service, and IT.

Finally, the case manager on the unit assists participants with finding housing and clothing, and working through other barriers to employment. DOC staff explained that one such barrier can be the conditions of supervised release, and that while DOC case management does attempt to work with the Court Services and Offender Supervision Agency (CSOSA) prior to release in order to arrange a plan that will help participants meet supervision requirements, it can still be difficult for participants to work and meet supervision requirements – particularly requirements that are scheduled during work hours.

General Population Housing Unit

<p>Unit Capacity: 43</p> <p>Population September 20: 42</p> <p>Unit Population: Individuals involved in college programs (Georgetown, Ashland, UDC, and Howard).</p> <p>Unit Staff: Corrections officers and case manager rotation.</p>	<p>Staff explained that this particular unit was in the process of becoming a programming unit, meaning that all or most of the male residents on the unit are supposed to be enrolled in an educational program. These educational programs include college courses through Ashland University, Georgetown University, Howard University, or the University of the District of Columbia. Individuals enrolled in Ashland University courses are instructed through tablets; the majority of residents enrolled in Ashland are housed on this unit so that the tablets can be kept in one secure area, but also remain accessible for use. See DOC Operational Highlights (I) for more information about educational programming.</p>
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CDF Inspection Summary

Intake Reception Center (IRC)	
<p>N/A</p>	<p>The Intake Reception Center (IRC) is the filter for processing people who are coming into DOC custody or returning to the CDF or CTF, and tracking those who are leaving the facility – for court, transfer, or release. The intake reception center has separate admission areas for males and females, where people are searched, exchange clothes, store clothing and property, shower with delousing shampoo, are photographed and fingerprinted, and receive an identifying wristband. Incoming individuals also receive a “wing card,” which tracks completion of the remaining steps of the intake process. In a common area (male and female), individuals wait to complete the intake process, which includes a series of intake questions; measuring of vitals; TB, HIV, and syphilis tests; an assessment of medical needs and medication; a mental health screening; completion of an emergency contact form; and completion of a Prison Rape Elimination Act of 2003 (PREA) questionnaire.</p> <p>The mental health screening consists of 20 questions, and if those questions indicate a need for a full evaluation, a mental health clinician is able to complete a full evaluation later that day. Staff explained that certain people are flagged for full evaluations, including those who are incarcerated for the first time, have high-profile cases, have previously documented mental health needs, or are at risk of suicide. There are separate holding cells in the reception center for individuals who need to be kept away from the general population until they receive a full evaluation.</p> <p>Residents then go to the transition center, a specialized housing unit, or the CTF. Residents leaving the facility for release or transfer also exit through the IRC. Individuals being released receive a DC ID, library card, a 30-day supply of medication if HIV positive, and for general medications a three-day supply plus a prescription for a 30-day refill. Individuals being transferred to BOP custody receive a seven-day supply of their medication.</p>
Transition Center	
<p>Unit Capacity: 140</p> <p>Population September 26: 121</p> <p>Unit Population: Residents who are going through the process of intake.</p> <p>Unit Staff: Corrections officers and case manager rotation.</p>	<p>Following the IRC process, unless otherwise specified, male residents in the CDF go to the Transition Center where they wait to be classified (in terms of security level and permanent housing unit), have orientation, and complete an interest list of programs in which they would like to be involved while in custody. Orientation is offered on every Wednesday. Residents receive information about case management, accessing phones, visits, etc., and learn about different programs that are offered. Each individual fills out an “interest list” indicating the programs/services in which they would like to participate, in the event that they meet the</p>

	<p>custody and other criteria for those programs. The programs for which each person is eligible will depend on their security level; the facility in which they are housed; and other factors, such as eligibility for a Pell Grant, which is a prerequisite for taking college courses through Ashland University. Classification is typically completed within 72 hours (not counting weekends, holidays, or days that a resident spends at court).</p>
<p>Acute Mental Health Unit</p>	
<p>Unit Capacity: 80 Population September 26: 37 Unit Population: People who are a threat to themselves, or do not take their medication and those who medical staff has determined need to be on suicide watch or precaution. Unit Staff: Corrections officers, case manager, clinician (Monday-Friday, 8:00am-5:00pm hours); Psychologist (Monday-Sunday, evening hours); a psychiatric nurse (24/7), and nurse on call (24/7).</p>	<p>The Acute Mental Health Unit (Acute Unit) is split into two sides: the intake side and the general population side. When residents experiencing a mental health crisis first arrive on the unit they are housed on the intake side, typically for two weeks to one month. On the intake side, individuals are out of cell for two hours every day. The cell lights on the intake side also remain on 24/7, so that the officers are able to see into the cells at all times. The lights can only be dimmed if ordered by a mental health professional. Individuals are assessed daily, and depending on their progress, they can be stepped down to the general population side. On the general population side individuals are out of cell for five hours per day, have more opportunities to interact with other residents on the unit, can participate in yoga or art, and the lights in their cells are turned off at night. Nurses walk the unit every two hours, and officers make rounds every 15 minutes. There are six suicide safe cells on the unit (See Operational Highlights (VII) for more information on safe cells). If a resident is stable and on their medication after being on the intake and then general population side of the Acute Unit, they can either be stepped down to the Mental Health Step-Down Unit, or sent back to general population.</p>
<p>Mental Health Step-Down Unit (MHSDU)</p>	
<p>Unit Capacity: 25 Population September 26: 4 Unit Population: Minimum and medium custody residents with mental health needs. Unit Staff: Corrections officers, case manager, and mental health staff.</p>	<p>The Mental Health Step Down Unit (MHSDU) incorporates a nine-week program, where participants progress through three program levels. If needed, people may stay on the unit for more than nine weeks. Residents are able to progress through the levels by attending and participating in weekly group sessions. With each level of progression comes increased “unstructured” time, as well as increased access to commissary. Groups offered on the unit include Men’s Group (led by a DBH liaison), art therapy, anger management (led by a clinician three times per week), narcotics anonymous, trauma management, and yoga. Individuals on the unit are able to request to meet individually for therapy. All residents on the unit meet with a clinician once a month for medication adjustments. In addition to on-unit programming, those who are able may walk to other units in the facility in order to participate in programs that are off-unit, and go to outdoor recreation when it is offered. During “unstructured” time, residents can play games, watch TV, read, exercise, etc. Residents are able to move off the unit and back to a general population, programming, or other status unit if they are stable and compliant in taking their medications.</p>
<p>GED Unit</p>	
<p>Unit Capacity: 150 Population September 26: 47 (16 Ashland) Unit Population: Medium or maximum custody residents who are also GED students, GED tutors, or those enrolled in college courses students.</p>	<p>The GED unit is a programming unit designed to house residents studying for the GED – in English or Spanish – and in 2018 expanded to include individuals taking college courses. Additionally, a number of ABE and vocational courses are offered. The unit schedule includes morning and afternoon academic periods and afternoon and evening groups. The GED test is offered the last full week of every month. When individuals pass the GED, they are often able to stay on the unit and continue their education by enrolling in college courses. Currently, for college courses, qualifying residents (qualification depends on Pell Grant</p>

<p>Unit Staff: Corrections officers, case manager, volunteer Spanish GED instructor, and seven to eight academic volunteers.</p>	<p>eligibility) are able to take courses through Ashland University. Ashland offers courses through tablet software, and the tablets are available to residents on the GED unit daily from 8:00am – 11:00pm. In addition to course information, the tablets allow residents to have access to Khan Academy, TED talks, and radio programs. See Operational Highlights (I) for more information about educational programming.</p>
<p>Administrative Housing Unit / Special Management Unit</p>	
<p>Unit Capacity: 40 (single cells) Population September 26: 23 Unit Population: Maximum security residents who need to be segregated, have high profile cases, require total separation, are on administrative segregation, have a history of staff assault, are on disciplinary segregation, or have special handling status. Unit Staff: Five Corrections officers per shift and case manager rotation.</p>	<p>The administrative housing/special management unit is the highest security unit in the CDF. There is limited movement and programming available to residents on the unit. Regular movement outside of cells includes recreation time, which is two hours long. In the two-hour time period, residents have recreation by themselves in a recreation cage, can take a shower, and use the phone to make social calls. Residents on the unit are escorted within and outside of the unit in full restraints: leg irons, handcuff box, and belly chains.</p>
<p>Restrictive Housing Unit</p>	
<p>Unit Capacity: 72 Population September 26: 43 Unit Population: Residents with a history of sexual misconduct, protective custody residents who have separations, those on administrative segregation, and those on disciplinary segregation. Unit Staff: Corrections staff (five officers on shift during the day, three overnight) and case manager rotation.</p>	<p>The restrictive housing unit is broken into quadrants by tier, each housing residents with a specific status, including one tier for people with separations, one for administrative segregation, and one that acts as the sexual misconduct unit. Residents on this unit have limited movement, which typically includes only two hours for recreation. In the two-hour time period, residents can have recreation with another resident, take a shower, and use the phone for social calls. There are limited programs on the unit, and when the CIC asked unit officers about programming opportunities on the unit, one responded “there are no programs.” Residents are, however, supposed to have access to the law library and mobile library, and in particular instances they are referred to counseling with a social worker. There is a classroom on the unit for students entitled to education under the Individuals with Disabilities Education Act (IDEA). While staff said that they would not necessarily describe the space as a classroom, there are four desks available for students to meet with DCPS teachers. Staff said that a DCPS teacher goes to the unit daily to meet with students, but it is a different teacher every day.</p>

DOC Operational Findings

The following section highlights aspects of DOC operations, which may be department-wide or specific to the CTF or CDF. These findings relate to the daily operations and functions of the facility, with particular focus on the perception of residents and the treatment they receive. The information in this section was primarily gathered during interviews with residents throughout the 2018 fiscal year, discussions with DOC executive staff, discussions with facility staff during the tour, as well as information sent to the CIC from the DOC as part of an information request. The CIC interviewed roughly 40 individuals during the fiscal year. Their comments and concerns are noted in the following sections:

I. Educational Programming

The DOC made notable efforts to expand educational offerings to those in custody, particularly within the CTF facility, developing a model college and career readiness department.

In 2017, the DOC began to revamp its educational programming in an effort to increase the number and types of educational programs that are available to residents. The revitalized department, now known as the Department of College and Career Readiness, offers courses in the areas of Career and Technical Education (CTE), academic education, post-secondary education, cognitive intervention courses, master classes, work readiness, and legislative theatre. See the list of courses offered in each area below:

Career and Technical Education (CTE)

- Network Cabling Copper-Based Systems
- Applied Systems Integration: Grounding and Bonding Copper Connectivity Systems
- Network Cabling Fiber Optic Systems
- Introduction to Telecommunications Technologies
- Introduction to Home Entertainment Audio/Video Systems
- Guest Services Professional
- Connecting to Business
- Reentry Ventures Entrepreneur Course
- Graphic Design/Journalism
- Commercial Cleaning
- Digital Literacy

Academic Courses

- Literacy Courses – Levels I, II, III
- GED™ Preparatory
- English as a Second Language (ESL) Literacy and GED™ Preparatory
- Individualized GED™ Preparatory Courses (supported by the Petey Greene Program)\
- Free Minds Book Club

Post-Secondary Courses

- For-credit courses leading to an Associate's or Bachelor's degree are offered by Ashland University
- Georgetown University Martin Tankleff Prison Scholars Program – for-credit college courses that lead to a Liberal Arts Associate's Degree and ultimately a Bachelor's Degree
- College level courses that do not result in college credit are offered by Georgetown University
- Music Production and the Carceral Soundscape (Georgetown University)
- Georgetown University Street Law

- Howard University – college-level courses that do not result in college credit through the Inside Out Prison Exchange Program

Cognitive Intervention

- Thinking for a Change

The courses offered are widely available to qualifying residents⁴ – both female and male – at the CTF, but only selectively available to those at the CDF, which also houses the GED unit. From those who are able to participate, the CIC has heard overwhelmingly positive feedback about the quality and value of the educational opportunities. Throughout FY 2018, the CIC had the opportunity to attend a number of graduation ceremonies that the DOC arranged in order to congratulate participants for their accomplishments, while creating a space for peers to praise and encourage each other – in addition to receiving support from family members, who are also invited to the graduation ceremonies.

Additionally, the CIC received feedback from individuals at the CDF, particularly those in maximum security general housing population units and restrictive housing (or status) units, expressing their desire to participate in educational programming. There are still very limited options for programming at the CDF, leaving those DOC residents who are higher security and in DOC custody for the longest durations of time with virtually no educational opportunities, outside of the GED unit.

CIC Recommendations

- The DOC should expand educational and vocational programming options generally to those housed at the CDF with a focus on safe and innovative provision of services and programming to maximum security residents, and residents with a classification status other than general population.

II. Title 16 Transfer of Juvenile Offenders Charged as Adults

All of the juvenile offenders charged as adults who were in DOC custody were transferred to New Beginnings prior to October 1, 2018.

Pursuant to the *Comprehensive Youth Justice Amendment Act of 2016*, DC juveniles charged as adults were to move from the CTF adult facility to New Beginnings, which is operated by the Department of Youth Rehabilitation Services (DYRS), by October 1, 2018. Prior to the transfers of the juveniles, DOC staff along with staff from DYRS, held meet and greets with family members of the individuals, as well as town halls, Q&A sessions, and transition conferences. During the CIC's 2018 inspection, the DOC reported that the first individuals were transferred from CTF to New Beginnings on the weekend of September 15, 2018. On the second day of the inspection, September 26, 2018, the DOC reported that all the transfers would be completed that day.

III. Case Management

The CIC received numerous reports throughout the fiscal year, the majority of which came from those housed in the CDF, that case managers were not regularly available on their units.

During FY 2018, the CIC received at least seven complaints about lack of regular access to case managers. Multiple individuals explained that there was a shortage of case managers (a concern that was heard

⁴ Most courses have a number of requirements that individuals must meet in order to enroll in the program. Example requirements include CASAS scores, literacy retirements (GED programs), GED/high school diploma (post-secondary courses), minimum stay to finish course work, and no Class I or II disciplinary violations.

particularly from individuals on maximum security general population and status units at the CDF), so case managers had multiple units assigned to them. As a result, many units went for weeks at a time without being visited by a case manager. Additionally, when a case manager did go to the unit, it was typically for a short amount of time and only to meet with a few select individuals on the unit. According to some reports, case managers would go to the unit during a count when residents must remain in their cells, or they would simply log in and out of the log book without actually meeting with anyone.

When DOC staff was asked to address the shortage of case managers, they said that every unit has case manager, there is always a backup case manager, and case managers are available Monday-Friday on their assigned unit(s). Staff clarified that some case managers have multiple units in their purview. The staff vacancy list that the DOC sent to the CIC as part of the 2018 information request shows that as of September 20, 2018, there were nine vacant case management positions.

CIC Recommendations

- The DOC should ensure that case managers are in fact available on every unit on a daily basis; offer office hours or easily scheduled appointments; and effectively assist residents with their needs.

IV. Classification

During the fiscal year there were reported incidents of possible miscalculations in custody scores and subsequent security level classifications that prompted the CIC to look into the DOC classification process.

The DOC system of classifying residents gives each resident a total custody score that corresponds to a specific security level. This score is based a number of factors that, at a basic level, account for the individual's current offense, prior convictions, institutional history, drug/alcohol history, age, education, and employment prior to arrest. Within each of these categories, individuals are given a number of points, corresponding to the level of severity or the degree of positive adjustment in that category. These points are added to create the total custody score. A custody score that is above 12 points corresponds to maximum custody; 5-11 points corresponds to medium; four points with additional restrictions corresponds to medium; and four points without additional restrictions corresponds to minimum.

Multiple residents in FY 2018, who felt that their total custody scores had been miscalculated from anywhere between four and six additional points, contacted the CIC. For example, if the original charge of a felony was erroneously counted, instead of the ultimate conviction for a lower misdemeanor offense, then that error would result in a higher sub-score. Even in situations where the correction of a presumed mistake would not necessarily lead to a lower classification score, it is still in a resident's best interest to assure accuracy and achieve the lowest possible point score, because the DOC warden has the discretion to make a custody override based on the particular circumstances of the individual.

When the CIC contacted executive staff at the DOC about particular cases and the classification process in general, the DOC was responsive. Staff reviewed the cases and met with CIC staff to provide information about the classification process.

During the 2018 inspection, the CIC asked for further clarification about the classification process, and whether residents may have their total custody scores reevaluated if they believe an error exists within their score calculation. DOC staff explained that case managers complete the initial classification form using the Prism system to conduct a case search. Staff said that each case should show the conviction, rather than the original charge. While each resident is to be reclassified 90 days after coming into DC custody, residents can ask their case managers to reassess their classifications. However, residents who do not have regular access to their case manager cannot reasonably request such a reclassification.

CIC Recommendations

- The DOC should ensure that case managers are accurately distinguishing between types of convictions and the offense severity points that are assigned to each conviction. The DOC should assess data systems to verify that case managers are accurately interpreting other documents assessed in calculating the custody score. The DOC should provide training to address common errors.

V. Medical Concerns

Throughout the fiscal year, the CIC received complaints from at least 11 DOC residents regarding their medical care.

Multiple residents expressed the feeling that their medical needs were not seriously evaluated, and that the predominating determination of their medical care was based on DOC administration recommendations, not medical staff recommendations. Residents said they were told that they would receive a reference to either meet with a specialist or receive outside care, but they did not receive this additional treatment in a timely manner, and were not given clear updates about the status of their appointments or next steps. Also, there were reports of unit officers failing to accommodate the physical needs of residents which had been approved by medical staff, such as the use of canes, access to bottom bunks, and dietary requirements.

CIC Recommendations

- The DOC should clearly communicate medical decisions and care updates to residents and ensure all appropriate follow-up care is scheduled and completed in a timely manner.
- The DOC should ensure that unit officers are allowing residents to access approved medical accommodations.

VI. New Policies for Opioid MAT

In FY 2018 the DOC revised its policies on medical assisted treatment (MAT). It now continues suboxone treatments for individuals who were receiving treatment in the community, and identifies individuals to begin MAT while in custody.

DOC medical staff described FY 2018 changes to the practice of providing medication-assisted treatment (MAT) for opioid dependence. In January 2018, the DOC began a new initiative whereby individuals may commence suboxone treatment while in custody. Previously, all residents, except for pregnant females (who were able to continue on methadone or suboxone treatments), were tapered off of treatment after intake. The determination of whether to provide this treatment to a particular individual rests on multiple factors, including personal history, withdrawal symptoms, etc. As of September 26, 2018, the DOC had initiated treatment for 30 people.

While the policy has not changed as to pregnant women, the DOC now maintains treatment for people who are already receiving suboxone. However, if a non-pregnant person was receiving methadone treatments in the community prior to their entry into DOC custody, they will be tapered off of those treatments. Additionally, the DOC does not initiate treatment for individuals who are going to the BOP, because the BOP will not continue it. If an individual receiving suboxone treatment prior to entering the DOC is going to the BOP, the individual will be tapered off of treatment.

VII. *Safe Cells and Suicide Watch and Precaution*

The CIC received concerns from incarcerated individuals and attorneys about the conditions of safe cells. The CIC spoke to DOC staff to gain clarification on the 2017 DOC policy on Suicide Prevention.

Safe cells are cells designed to be suicide resistant. They have specific amenities, such as plastic beds, for individuals whom the DOC medical team places on suicide watch or precaution. In the CDF, there are safe cells on the medical unit and acute mental health unit. Additionally, the administrative housing unit contains suicide-resistant cells, which means that there are no points from which someone could hang himself while inside of the cell. In the CTF, there are safe cells on the Medical 82 unit and the women's mental health unit.

Individuals may be held in a safe cell either when they are on suicide watch or precaution. Suicide watch consists of 24-hour observation of the individual, while suicide precaution involves frequent, staggered spot checks of the individual being evaluated. According to DOC staff, individuals on both suicide watch and precaution are assessed daily by a psychiatrist. Individuals on suicide watch, who are evaluated by a psychologist, may be stepped down to suicide precaution for at least 24 hours; however, the amount of time one spends on watch or precaution is a decision that is always made by a psychiatrist. One individual with whom the CIC spoke said that they had been living in a safe cell for four months, and DOC staff confirmed this time period.

According to DOC policy,⁵ safe cells are equipped with certain amenities, and individuals on suicide watch or precaution have restricted access to the usual conveniences available to residents. Such amenities and conveniences include running water in cells, safe mattresses and blankets, dim lighting, use of phones, access to legal visits, access to personal property, etc.⁶ DOC staff explained that there is a presumption that residents on suicide watch or precaution can have running water in their cells, unless the individual has a history of drowning attempts or using the water to destroy their cell.

DOC staff explained its policy that each individual on suicide watch or precaution *may* have access to the listed amenities and conveniences, and that access is to be evaluated by a psychiatrist every day. Restrictions for amenities and conveniences must be signed by the psychiatrist, and posted on the outside of the door to each resident's cell.

Throughout FY 2018, the CIC had the opportunity to speak with individuals who had been placed on suicide watch or precaution for varying periods of time. They described the daily evaluations by mental health staff as sporadic, and lasting for durations of less than one minute. They also described the evaluations as comprised of simple questions, such as "are you ok?", and "are you suicidal?" One individual with whom the CIC spoke detailed his amenity and convenience restrictions, which DOC policy states are discretionary. They included the following: no phone, no recreation, no visits, no eating utensils, no curtains over the window, no socks, and no shoes; additionally, he was allowed a mattress and blankets, a smock, continuous bright lights in his cell, showers every three days, and access to running water in cell. His access to running water depended on which corrections officers were on duty, because the officers control the water. Some would turn the water in his cell on and some would not.

During the September 26, 2018 inspection of the CDF, the CIC observed safe cells on the acute mental health unit. Two of the cells that were in use had signed lists stating relevant restrictions, which were signed and individually dated for September 21, 2018 and September 23, 2018. It appeared as though DOC mental health staff were not in compliance with the departmental policy requiring a daily review of

⁵ See D.C. DEP'T OF CORR., SUICIDE PREVENTION AND PRECAUTION 6080.2G 5 (2017), available at <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%206080.2G%20Suicide%20Prevention%20and%20Intervention%208-9-2017.pdf>.

⁶ See *id.* at 21-22.

restrictions; however, it is possible that those individuals were evaluated, regardless of the lack of updates to their lists.

As part of the CIC request for information, the DOC provided data that there were four resident deaths in FY 2018, two of which were medical in nature, and two of which were suicides by hanging. There were additionally 112 documented suicide attempts, the majority of which were attempted by tied sheet, swallowed pills, or swallowed batteries.

CIC Recommendations

- Mental health staff should ensure that daily evaluations of psychiatric status, cell amenities, and life activities are fully completed and documented every day.

VIII. Maximum Security Programming

There is little to no programming outside of the GED unit for individuals who are housed at the CDF, particularly those who are maximum security residents.

The CIC received comments from at least five individuals about the about the lack of programming options at CDF, particularly on maximum security general population units and restrictive housing units. Throughout FY 2018, residents on maximum security and restrictive housing units continually expressed that they are unable to participate in programs. Some were also on units where the radios were removed around October 2017, and not returned.

One resident noted the impact of not having programming, saying that most issues between inmates occur on the maximum units because people are bored and have nothing to do, nothing to work for, and no privileges to maintain. He explained that the DOC classification system and levels “weren’t built for long-term inmates,” and that there are no benefits to staying out of trouble once you are at maximum security, because there is essentially no way to move down custody levels.

Some maximum security residents reported that they participate in counseling with DOC staff. DOC staff explained that a DOC employed counselor provides long-term counseling to residents mostly in restrictive housing units. The counselor works with residents on a variety of issues, including anger management.

There is also an informal DOC project called the CARE team, which consists of social workers and licensed therapists who work with residents, particularly on restrictive housing units, to identify ongoing needs and connect individuals with mentors when possible. The project is in the early stages, and selections for participation in the program are based on the individual therapy list.

DOC staff stated that it is more difficult to have programs at CDF, as compared to CTF, due to the layout of CDF. However, they explained that they try to be creative and still offer CDF residents programs by moving them to empty housing units for programming. Staff also said, when possible, they bring CDF residents over to CTF for job fairs and other events, and they can participate before CTF residents participate.

CIC Recommendations

- The DOC should work to provide meaningful programming opportunities for residents at CDF, particularly for maximum security units and restrictive housing units.

IX. CDF Administrative Housing / Special Management Unit

The CIC spoke with a number of people residing on the administrative housing unit, who raised concerns about its informal disciplinary process.

During FY 2018, at least four residents contacted the CIC about conditions on the administrative housing unit. All reported no consistent case management services on the unit for months. Additionally, others reported instances where they were subject to restrictions that did not result from a disciplinary hearing.

One individual explained that after failing to get out of the shower when told to do so, he was sprayed with a chemical agent, and restrictions were imposed. The CIC viewed the memorandum stating the restrictions, which was posted outside of his cell. It appears verbatim below:

“The below steps are to be made in regards to (resident) and his out of cell movement:

Effective immediately:

1. A supervisor will be present for all movement of (resident) until he is behind a secured door.
2. A cell door, officer doors, shower doors, closets and housing unit doors are to remain in the closed and locked position at all times. When opening any of these doors, they should be immediately closed upon inmate and/or staff entry or exit.
3. At the completion of the strip search each time inmate (resident) comes out of the cell, the hand wand will be used to scan him once on the tier.
4. A cell search is to be completed once inmate (resident) is secured for any out of cell activity. Any items such as bowls, cups, or anything that can be used to store substances is to be removed from his cell and documented as nuisance contraband and discarded.
5. All (resident’s) activities will be conducted on shift #2, to include education, showers, recreation, case management, and medical when possible.
6. All (resident’s) out of cell activity will be conducted in handcuffs and waist chain restraints, with the exception of a shower.
7. These steps are to remain in effect until further notice.”

CIC Recommendations

- The DOC should ensure that restrictions are only being placed on residents after documentation of a legitimate violation of DOC policy and a fair hearing.

X. Special Handling

Special handling status is a high security status that places individualized, additional restrictions on particular residents.

The special handling status is a security status that places specific restrictions on inmates who the DOC determines require security restrictions in addition to their residency inside of the restrictive housing unit. They may leave their cells for recreation, legal visits, medical emergencies, and other specialized needs. There are very few people with a special handling status, and all are housed in CDF on the administrative housing unit.

Special handling requires that any time a resident is moved out of cell, there must be at least one lieutenant present to escort them, and no other residents can be out of cell on the unit tiers. When a special handling resident leaves their unit, they are typically escorted by four officers. Staff was unable to provide a general explanation of the decision-making process for categorizing an individual as special handling; however, every decision made about a resident on special handling must be approved by the warden. Individuals with whom the CIC spoke stated that their interactions with the warden are few and infrequent. One resident estimated that he saw the warden two times across the span of one year.

According to DOC policy, there is to be a written memorandum designating each individual's specific restrictions. During the September inspection, DOC staff explained that the restrictions are determined on an individual basis. One resident explained that he knew that there was a memorandum detailing his restrictions because he could hear officers reference it; however, he never saw or received a copy of the memorandum.

CIC Recommendations

- The DOC should ensure that there is a clear policy governing individuals with a special handling status; DOC should clearly communicate to such individuals any restrictions, the reasons for them, and the process for having the restrictions lifted.

XI. Government Witness Unit

The CIC received reports throughout FY 2018 about the government witness unit regarding the lack of programming, extended investigations, and daily conditions.

During FY 2018, the CIC spoke with seven individuals housed on the government witness unit.

- *Programming* – The general policy of the DOC is to keep government witness residents separate from general population residents in order to preserve the identity and safety of government witnesses. As a result, government witnesses spend most of their time in the unit, because the facility common areas need to be clear of other residents in order for the government witnesses to access them. This also prevents government witnesses from participating in programming with the general population residents.

Government witnesses commented on the lack of programs that are offered on their unit. Programs offered include life skills, commercial cleaning, industrial banking, and a drug program, as well as opportunities to rent books from the mobile library and participate in on-unit chapel. However, residents are not allowed to participate in life skills if they already participate in commercial cleaning, and vice versa. It was also reported that no programs are offered for the Spanish speakers, and the programs offered in English are not translated.

During an interview with the CIC, one individual communicated that unit residents would like to have access to GED classes; barbershop and cosmetology classes; parenting classes; abusive relationship classes; foreign language classes, particularly for Spanish speakers; and business classes.

- *Investigations* – Residents reported that they have been under investigations that last for over 90 days and suspend their social visits during that time. All of the residents subjected to these investigations reported that they never received any documentation regarding the investigation or its reason; they were only made aware of the suspended visits when families called to schedule in-person visits and were informed that the residents' visits were suspended.

During FY 2018, the CIC contacted the case manager on the unit seeking insight regarding the origin and scope of the investigations, and subsequent restrictions; however, the case manager was unaware of the source and reasons for the investigations.

During the September 2018 inspection, the CIC asked executive staff whether the investigations were internal to the DOC or coming from an outside agency. The CIC also inquired about residents' lack of notice and documentation regarding the investigations. In response, DOC staff members explained that they were not aware of any internal or outside investigations that are unaccompanied by documentation and suspend social visits for government witness unit residents.

According to staff, a resident only has visits suspended if he receives a disciplinary violation with loss of visits as part of the sanction, or if he is sent to the Secure Management Unit. If the suspension is due to a disciplinary violation, residents are informed by the Adjustment board and receive documentation of the process.

- *Recreation* – Residents reported that they do not have recreation regularly throughout the week. They reported that they have recreation once or twice a week, and sometimes not at all.
- *Unit* – Residents reported that the unit is not provided with adequate cleaning products, supplies, or tools. Residents have to ask officers to call and request that supplies, including toilet paper, be delivered. Residents have also said that they have requested remotes for the televisions on the unit. When they do not receive remotes, they change the channel with a broom or mop handle.
- *Detail* – Residents reported that some corrections officers say that there are too many people working detail. Reportedly, some officers do not want to let the people working detail out of their cells at the designated times for their shifts.
- *Visits* – The CIC received reports about visitors being turned away for various reasons, such as wearing a work uniform or smelling like marijuana.
- *Mail* – Residents reported incidents where they have not received mail that was sent to them. Also, family members have reported not receiving mail sent to them by residents.
- *Food* – Residents explained that they do not always eat food that is delivered to the unit, because there is a history of food tampering by individuals working the kitchen, who know that particular trays will be delivered to the government witness unit. Most said that residents on the unit never drink from juice or milk jugs; they only drink beverages delivered in sealed single servings, because some past jug deliveries contained urine.
- *Staff* – Residents reported insults and profanity from staff due to their status as government witnesses.

CIC Recommendations

- The DOC should ensure that residents are always provided with documentation stating why they are under investigation and the basis of the investigation.
- The DOC should work to provide residents on the government witness unit with access to adequate programming opportunities and recreation time.
- The DOC should ensure that the government witness unit operates in a sanitary and safe manner, including the delivery of cleaning supplies and the proper sealing, labeling, and handling of meals.
- The DOC should ensure that correctional staff is appropriately equipped with schedules for resident's detail assignments in order to preserve safety while ensuring that residents can report for their duties.

XII. CTF Special Management Unit

From September to October 2018, the CIC received concerns from residents on the Special Management Unit (SMU) of CTF, regarding changes in recreation practices on the unit.

At least five residents of SMU contacted the CIC to discuss the change in recreation practices on the unit, which caused difficulty in communicating with family members. In mid-September the recreation time changed from starting at 8:00am and lasting until 12:00pm, to starting at 5:00am and lasting until 9:00pm.

Recreation is the only time that the phones are available for residents to make social calls. Each resident on the SMU is allowed to have recreation for two hours within the recreation time (i.e. a two-hour time slot between the hours of 5:00am and 9:00pm). Despite the extended hours, after the change, those with recreation at 5:00am could not reach their families because they were unlikely to be awake at that time. There were also reports that recreation no longer occurs on the weekends.

In September 2018, the CIC reached out to the DOC about these issues. The DOC responded that it would look into the unit issues, particularly the availability of recreation on the weekends.

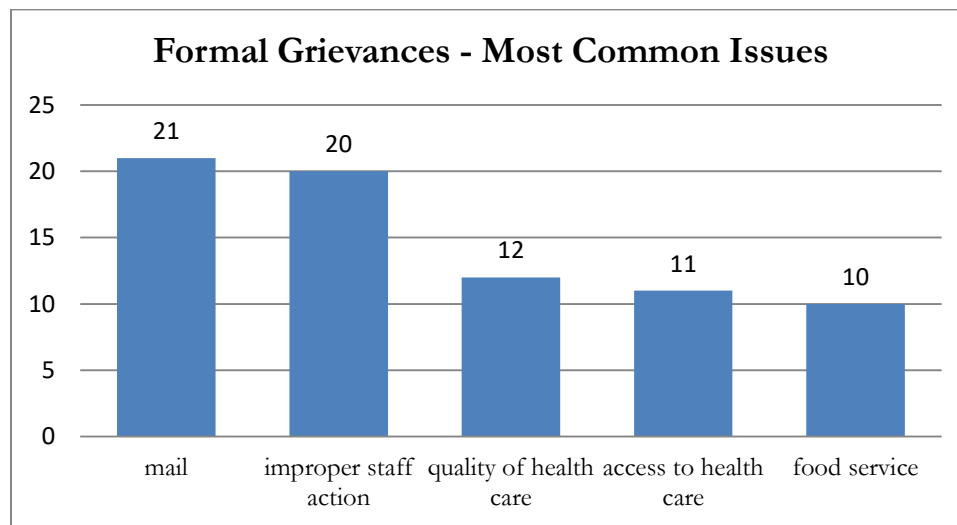
XIII. Grievances

The CIC received resident concerns regarding deficiencies in the DOC grievance process, mainly that residents seldom receive any response to grievances that they submit.

Throughout FY 2018, the CIC received complaints from residents explaining that the DOC grievance process is inadequate. During interviews with individuals, at least nine individuals raised concerns about grievances. The most frequent concern is that residents do not receive responses to their written and submitted grievances.

As part of the information request made by the CIC to DOC, the DOC provided documentation about informal and formal grievances in FY 2018. Informal grievances are complaints communicated to the unit case manager. Formal grievances are complaints filed with the grievance coordinator.

- *Informal Grievances:* There were 810 informal grievance complaints filed in FY 2018, 727 of which were resolved in less than 30 days.
- *Formal Grievances:* There were 144 formal grievance complaints filed in FY 2018, 140 of which were resolved in less than 30 days.



During the 2018 inspection, the CIC asked DOC for clarification on the recently changed grievance process. Staff explained that residents can still ask their case managers to resolve an issue, but communication with a case manager is not part of the formal process. Instead, all grievances are now delivered to the grievance coordinator, who then sends the complaints to the corresponding department. Following an inquiry, the relevant department sends a response to the coordinator, and then the coordinator sends the grievance back to the resident.

CIC Recommendations

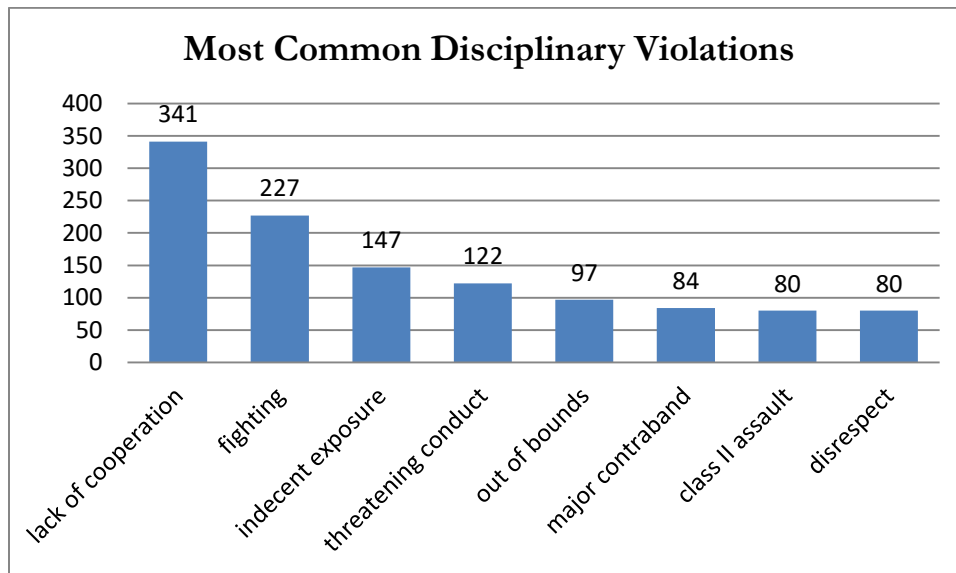
- The DOC should provide residents timely answers to all filed grievances in a manner that comports with its stated policies and procedures.

XIV. Disciplinary Process

The CIC received numerous comments from residents that they did not receive documentation of disciplinary incidents.

Throughout FY 2018, multiple DOC residents raised concerns regarding the lack of documentation for disciplinary incidents that resulted in sanctions. For example, one individual described being placed on a seven-day cell restriction, which prohibited showers, recreation, and any property in his cell. The individual reported that they requested written documentation on the fourth day of the seven-day restriction period, and were released from restricted status on the following day, but no explanation of why the restriction was issued or removed was ever provided.

In response to the CIC’s request, DOC provided information about disciplinary actions in FY 2018. In total there were 1,402 violations, 1,387 of which were sanctioned. During the fiscal year, there was one “not guilty” finding during the disciplinary hearing process.



CIC Recommendations

- The DOC should provide residents with documentation of all filed disciplinary actions that are formally charged or result in sanctions.

XV. Religious Programming and Meals

The CIC received complaints about access to religious programs and services as well as religious diet trays, ongoing throughout the fiscal year.

During FY 2018, the CIC received reports regarding residents’ inability to access religious services and accommodations, such as prayer observance. Five individuals reported times when they were not allowed to come out of their cells to pray or when officers failed to take them to the chapel area to participate in religious services or programming.

Additionally, at least five individuals reported issues with accessing their religious meals. Some residents experienced weeks to months of delays in the process of being approved to receive a religious diet tray. Once individuals were approved for the diet, some reported that religious diet trays were not always brought to the units. Also, there are ongoing concerns about certain food items not being sealed or labeled. In particular, persons observing a kosher diet are not able to distinguish if the food is in fact kosher because it is not labeled.

In November 2018, the CIC received reports that the DOC had recently begun providing a Halal diet for Muslim individuals who had previously been given kosher trays. The Halal diet consists of one hot meal per day and lower quality than the kosher diet, which has two hot meals per day. Similar to the kosher trays, not all items are sealed or labeled, so residents are unable to determine if the items do in fact meet Halal standards.

CIC Recommendations

- DOC staff should ensure that all residents have the opportunity to regularly attend religious services and programs in a manner that comports with its stated policies and procedures.
- DOC staff should ensure that the process for reviewing and approving religious diet requests is timely and efficient.
- DOC staff should ensure the proper sealing and labeling of specialized dietary trays in order to assure quality control.

XVI. Recreation

Throughout FY 2018, the CIC received reports about recreation, including no outdoor recreation or opportunities for indoor recreation.

The CIC received reports from residents on particular units that they do not have opportunities for indoor recreation, and other comments that the majority of residents do not have regular opportunities for outdoor recreation.

At the CTF, residents on the medical units and government witness reported issues with access to indoor recreation. Additionally, residents in one discrete CTF unit have weekly outdoor recreation, whereas other housing units in CTF reported that they have not received any outdoor recreation for at least the past 5-7 months. At least five individuals from CDF expressed that they do not have meaningful opportunities for recreation, both indoor and outdoor.

CIC Recommendations

- DOC staff should ensure that all individuals have regular access to indoor recreation, and adequate access to outdoor recreation time that comports with stated policies and procedures.

XVII. ADA Specialists

The DOC has two employees that are trained to provide Americans with Disabilities Act (ADA) services to residents who are referred by the DOC medical department.

There are two DOC employees who have specialty training for providing services to residents under the Americans with Disabilities Act of 1990 (ADA). According to DOC staff, residents can be referred by the medical department to receive ADA services. If they are referred for services, one of the two trained DOC employees are able to meet with them according to individual service needs. The amount of time an individual spends with a specialist is dependent on the requirements of their services. At the time of the inspection, there were reportedly three residents who were utilizing ADA services.

XVIII. Property

Many residents reported to the CIC that their personal property was never returned to them by DOC after they transferred units.

Throughout FY 2018, the CIC received at least five complaints regarding lost property. Many of the reports involved residents who had to transfer units, whose their property was never delivered from the old unit to the new unit; or, residents who never received their property after temporary property restrictions were lifted.

During the 2018 inspection, the CIC asked DOC staff about the process for property transfer and retention while a resident transfers units or is subject to a property restriction. Staff explained that property is supposed to be sent with residents as they transfer units. DOC staff further explained the process for residents who go from general population to a status housing unit, and have their property restricted. Upon entry to a restrictive housing unit, a resident is placed in the holding cell at the entrance of the unit and strip-searched. Their personal property is also reduced to the limit allowed on the unit. Any property that is over the limit is sent to storage, and residents are supposed to receive it within 24 hours of release back to general population. Staff suggested that residents who spoke to the CIC about lost property and were transferred to a secure housing unit may have had property confiscated as part of an investigation by the DOC Office of Investigative Services (OIS). However, that possibility assumes there was an incident preceding their transfer that would have necessitated OIS involvement.

CIC Recommendations

- Whenever a resident transfers units, DOC staff should clearly document a resident's property, and explain the process for moving, holding, storing, and returning property.
- DOC staff should clearly document property that has been confiscated and will not be returned.
- DOC staff should communicate to residents a clear resolution process if the resident has missing property.

XIX. Facility Physical Conditions

Throughout the fiscal year, individuals in both the CTF and CDF reported concerns about the physical conditions of the facilities.

During interviews throughout FY 2018, at least six individuals raised concerns about the physical conditions of the CTF and CDF. The concerns are listed below:

- *Temperature concerns:* There is no circulation of air in the summer and freezing conditions in the winter since heat does not reach individual cells.
- *Flooding and sewage on bottom tier of a unit:* The DOC responded to this concern during the year and commenced maintenance on a number of units.
- *Mold in units, closets, and showers:* Residents informed the CIC that mold was painted over in preparation for inspections.
- *Cleaning supplies:* Residents are not provided sufficient cleaning supplies.
- *Rusty cage bearings:* Cage bearings are not secure.

CIC Recommendations

- The DOC should ensure that the physical premises of both the CDF and CTF are clean and safe at all times.

XX. Additional Concerns

The following list of resident comments includes the areas in which additional issues were raised to the CIC throughout FY 2018:

- Assaults by staff
- Unprofessional staff conduct
- Staff retaliation following a grievance or other report
- Reported inmate on inmate conflict (including physical altercations and stabbings)
- Issues with good time credits
- Not enough detail jobs for women
- Law librarian requests unanswered and little assistance

Appendix A: Methodology

CIC FY 2018 DOC Inspection: Methodology

In accordance with D.C. Code § 24-101.01(d)(1)(2019), the Corrections Information Council (CIC) sent a request to tour the Department of Corrections (DOC) facilities, the Correctional Treatment Facility (CTF), and the Central Detention Facility (CDF). The CIC conducted an onsite inspection of the CTF on September 20, 2018, and an onsite inspection of the CDF on September 26, 2018. The CIC representatives on the inspection include Board Chair Charles Thornton; Program Analysts Laura de las Casas, Rebekah Joab, Nicole Ukaegbu, and Chrisiant Bracken; Communications Specialist Mabel Tejada, and interns Samantha Kramer and Justin Penik.

On each respective day, the onsite inspection processes included opening sessions with DOC executive staff, tours of the facility grounds, and closing remarks with the DOC executive staff.

The inspection request itinerary included a tour of select units and program areas, which were the locality of comments, both positive and negative, made by DC residents throughout the fiscal year. The units toured, along with those that the CIC requested to visit, but was unable, are listed below:

CTF

- Medical 96
- Medical 82
- Women's Mental Health Unit
- Young Men Emerging Unit (YME)
- Work Readiness Unit
- General Population Housing Unit

Areas that the CIC requested to tour but was not able to:

- Government Witness Unit
- Special Management Unit

CDF

- Intake Reception Center (IRC)
- Transition Center
- Acute Mental Health Unit
- Mental Health Step-Down Unit (MHSDU)
- GED Unit
- Administrative Housing Unit / Special Management Unit
- Restrictive Housing Unit

Areas that the CIC requested to tour but was not able to:

- Maximum security general population housing unit

Prior to the onsite inspection, the CIC communicated with residents at the CTF and CDF about conditions. During those interviews the CIC met with residents to discuss their concerns and ongoing issues. The concerns and remarks made by residents throughout FY 2018 informed the

areas that the CIC toured during the 2018 inspection, and were also included as resident feedback in the body of the report. The CIC met with more than 40 individuals in the fiscal year.

On October 9, 2018, the CIC sent the DOC a request for documents, including:

- Roster of residents including commitment date, race, age, facility, classification, projected release date, and inmate status
- Breakdown of facility units
- List of staff vacancies as of September 20, 2018
- Summary of FY 2018 disciplinary actions and sanctions
- Summary of FY 2018 Informal Grievance Logs
- Summary of FY 2018 Formal Grievance Logs
- List of community partners for programming
- Complete list and explanation of courses offered through the department of College and Career Readiness
- Data on restrictive housing population in FY 2018
- Inmate deaths in FY 2018
- Inmate suicide attempts in FY 2018
- Summary of FY 2018 significant incidents
- Summary of FY 2018 use of force incidents
- Information on food services and commissary

The CIC provided the DOC with a draft version of this report for review of factual information and an opportunity to respond to any information contained in the report. The DOC response can be found as an attachment.

Appendix B: DOC Response
