Urgent Need for New D.C. Jail

May 28, 2025

A report by the Office of the D.C. Auditor

Photo: Darrow Montgomery

Report by
The Council for Court Excellence

Office of the District of Columbia Auditor

Kathleen Patterson, District of Columbia Auditor
www.dcauditor.org

Urgent Need for New D.C. Jail

To support the work of the D.C. Council and follow up on its D.C. Jail update from 2019, the Office of the D.C. Auditor contracted with the Council for Court Excellence on this new report. The 2019 ODCA report chronicled poor conditions, an aging and dangerous infrastructure, and a need to replace the jail as soon as possible to protect the jail's residents and staff. The most egregious finding in the new report is that the rate of deaths in custody in the Central Detention Facility and Correctional Treatment Facility during the one-year audit period was more than 3.5 times the national average, and the rate of overdose-related deaths is 10 times that reported in U.S. jails overall. These numbers and others show how—six years later—poor conditions persist, the jail building and environment are in even worse shape, and risks have grown in number. The new report—with 39 findings and 54 recommendations—paints a bleak picture of what's going on inside the D.C. Jail and calls for its immediate replacement.

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3X
rate of deaths in jail over U.S. average

44%
share of bed days used by people there >2 years

93 v. 39 days
average stay at D.C. Jail/average stay at similar-sized jails nationwide

10X
rate of overdose deaths in jail over the U.S. average

400
documented incidents of correctional staff use of force

25%
percent of use-of-force responses related to intra-resident violence

11.1%
percentage of jail residents in restrictive housing, almost twice the national average

$30M
amount spent on overtime led by staff vacancies

1,595
number of maintenance reports posing immediate risks to health/safety

76
incidents of contraband drugs recovered

148
number of times Narcan was administered

ODCA
Office of the District of Columbia Auditor

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Office of the District of Columbia Auditor

May 28, 2025

The Hon. Phil Mendelson, Chairman
Councilmembers
The Council of the District of Columbia
The John A. Wilson Building
Washington, DC 20004

Dear Chairman Mendelson and Councilmembers:

The subject of funding for a new District of Columbia correctional facility was a topic of debate in the deliberations a year ago on the Fiscal Year 2025 Budget and Financial Plan. Because it was clear that the funding level would be an ongoing point of contention and to support the work of the D.C. Council, the Office of the D.C. Auditor contracted with the Council for Court Excellence to produce a comprehensive survey of current conditions at the Central Detention Facility and the Correctional Treatment Facility.

Two critical tasks emerged from this detailed review: the need for ongoing legislative oversight on staffing, supervision, training, and all the other factors that may contribute to the high number of deaths and other incidents of violence at the facilities and, second, the importance of replacing the Central Detention Facility at a much faster pace than now envisioned by the Bowser Administration.

We appreciate the work of the Council for Court Excellence in producing this comprehensive review. We also thank Department of Corrections Director Thomas Faust and Deputy Director of Administration Michelle Wilson and their staffs for responding to our inquiries and for their comments on the report's findings, which we publish here in their entirety.

There are few responsibilities of government that are more difficult, challenging, and important than custodial care of those charged with the commission of crimes. We hope this report serves as a useful contribution to the Council's oversight and its decisions on the future of the District's correctional facilities.

Sincerely yours,

Kathleen Patterson
District of Columbia Auditor

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Findings

1. DOC facilities constantly need repairs to multiple systems in both common areas and residents' cells, including broken and malfunctioning cell doors, locks, keys, gates, plumbing, and wiring.
2. DOC fails to maintain consistent healthy temperatures in either facility.
3. DOC fails to maintain consistently clean, hygienic, and safe conditions and does not adequately control parasites, vermin, and mold.
4. DOC does not utilize digital reporting methods for staff's regular environmental and sanitation inspections that would support the analysis of repeat and systemic problems with facilities.
5. DOC has many position vacancies, impacting capacity and response time, and relied heavily on staff overtime.
6. Staff and residents at DOC have reported that harassment, misconduct, and disrespect negatively impact staff morale and resident well-being.
7. Two former DOC staff members were guilty of, and two others were charged with, bringing contraband into the jail.
8. DOC staff did not have body-worn cameras turned on and activated at all required times during the audit period.
9. DOC's staff training budget shrank significantly during the audit period, and DOC did not implement a planned training evaluation process to increase staff attendance and gauge the learning of training attendees.
10. DOC's rate of deaths in custody was higher than the national average during the audit period, with overdoses being the most common cause of resident mortality.
11. DOC provides minimal and inconsistent data to the public, oversight bodies, and family members regarding the circumstances of deaths in custody.
12. DOC does not appear to be engaging in regular agency-wide analyses of the factors contributing to deaths in custody to identify changes to staffing, training, or policies needed to reduce them and provide accountability.
13. There were at least 790 – an average of more than two per day – reported assaults on staff and residents during the audit period.
14. Poor maintenance, deteriorating conditions, and contraband contributed to instances of violence in the jail during the audit period.
15. Residents and staff filed formal complaints regarding more than 125 incidents of sexual harassment or abuse in the jail during the audit period.
16. There were 400 documented incidents of DOC staff use of force during the audit period, frequently involving the use of pepper spray on residents.
17. Approximately 70% of all DOC residents had an identified "mental health issue" at intake at the start of the audit period, and the majority of those individuals resided in general population units where not all specialized services are available.

18. Some 37% of mental health support positions in the jail were vacant at the end of the audit period.
19. Even with growing substance use treatment offerings at the jail, DOC is not addressing all substance use issues among residents who need care, with insufficient residential treatment beds, vacant peer navigator positions, and the need to administer Narcan at least 148 times during the audit period.
20. Staff and residents have reported problems with accessing specific medical care, including consistently providing prescribed medication, ensuring residents are taken to medical appointments inside and outside of the jail, and providing gender-specific healthcare.
21. Some residents lacked working tablets to communicate with loved ones, and video visitation stations were not always operable during the audit period.
22. Residents of CDF lacked contact visits, and residents of CTF lacked video visits during the audit period.
23. Charges for video visits and phone calls create financial barriers to maintaining relationships.
24. DOC over-relied on restrictive housing to address disciplinary issues and provide for the separation of vulnerable individuals during the audit period.
25. The resident grievance system during the audit period was complex, leading to procedural confusion, inconsistent response times, and dismissals for minor errors.
26. DOC staff responses to some grievances filed during the audit period reflected blanket dismissals or denials of the validity of residents' grievances without reference to the specific facts alleged.
27. Residents reported being deterred from filing grievances because they did not have consistent access to the forms or the materials needed to fill out the forms; do not receive receipts for tablet-filed grievances; or feared retaliation for submitting grievances.
28. Residents and staff have reported food contaminated with rotten or inedible materials, including bugs, rodents, and screws, improperly heated meals, and potentially contaminated water.
29. Residents also report that DOC does not provide adequate portions, variety, or sufficient fresh fruits and vegetables in its resident meals.
30. DOC's commissary has high prices and strict limits based on housing classification.
31. DOC's single kitchen and delivery method caused delays during the audit period, resulting in cold meals.
32. Residents reported that DOC did not meet the dietary and religious accommodations of all residents during the audit period, as well as instances of staff withholding food or serving substandard meals.
33. DOC offers some quality programming for some jail residents, but programs that would support reentry are not available to all residents.
34. Residents reported that their religious accommodations were not met during the audit period.
35. Attorneys report regular delays in getting into the facilities and waiting for clients to arrive.

36. Many residents at both CTF and CDF lack functional tablets for legal communication and research.
37. Residents in restrictive housing face barriers to conducting legal research and participating in virtual attorney meetings.
38. Residents are frequently unable to access the physical law libraries in CTF and CDF.
39. Residents and their advocates have reported that DOC does not consistently provide residents with copies of commonly used legal forms.

Introduction

About this Audit

In July 2024, the Office of the District of Columbia Auditor (ODCA) engaged the Council for Court Excellence to review the conditions at D.C. Department of Corrections (DOC) jail facilities to follow up on its 2019 audit, *Poor Conditions Exist at Aging DC Jail; New Facility Needed to Mitigate Risks*.[1] In light of the public reports of ongoing poor conditions and an increasing rate of deaths in the jail, coupled with the urgent need to develop and implement an actionable plan to replace the Central Detention Facility (CDF) (the oldest part of the jail), ODCA contracted with the Council for Court Excellence (CCE) to conduct this analysis.

The objectives of this audit were to:

- Develop a detailed overview of who was in DOC custody for how long and why.
- Assess the significant incidents of violence at the jail.
- Describe and analyze all deaths of people who were in DOC custody at or shortly before their death.
- Assess other significant health crises experienced by jail residents
- Understand the physical conditions of the building, conditions of confinement, and access to visitation or legal meetings.
- Report on DOC staffing metrics, policies, practices and procedures.

This audit sought to understand the decisions made to date by DOC and the D.C. Department of General Services (DGS)—the executive branch agency responsible for the government's real estate—related to a new jail building and other future capital plans, as well as the key data points and assumptions being utilized to plan for a new facility.

The primary scope of the audit ("audit period") was set as July 1, 2023, to June 30, 2024, to limit the volume of records the agencies was expected to produce, both to constrain the findings to jail conditions post-pandemic and because ODCA's goal was to produce a report with a relatively quick turnaround. In addition to agency-provided records and responses, this report also includes analysis of data obtained from other government and court sources, first-hand information from individuals with relevant knowledge, and publicly available information. Additionally, CCE analyzed relevant laws, agency policies, and best practices to explain or support the report's findings. A detailed summary of the audit methodology is included as Appendix A, and a Glossary is included as Appendix J.

This audit found that, unfortunately, the state of conditions within DOC facilities has not improved since the publication of ODCA's 2019 audit, but, in fact, has worsened. With core findings and recommendations that remain true: the "persistence and seriousness of facility [problems] clearly

1 Ed Pound et al. "Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks," Office of the District of Columbia Auditor, February 28, 2019, https://dcauditor.org/report/poor-conditions-persist-at-aging-d-c-jail-new-facility-needed-to-mitigate-risks/.

point to the need for a new jail." Furthermore, this report's findings provide a broader look at DOC operations and management, including general understaffing, inconsistent compliance, and sometimes deadly non-compliance with agency protocols and correctional best practices. All findings here point to the need for increased oversight and significant culture changes within the agency. This report details the new evidence to support those findings.

While a new jail facility for the District is desperately overdue, DOC can immediately begin to address many of the problems identified in this audit, as they do not require a new facility. And while safer, more humane buildings are a critical part of improving D.C.'s correctional system, without addressing the many systemic issues within DOC facilities, both jail residents and staff will continue to inhabit a dangerous and unhealthy environment that does not meet the duty of care the District owes to them.

About the Department of Corrections

In Washington, D.C., the Department of Corrections (DOC) is the local executive branch agency tasked with "the safekeeping, care, protection, instruction, and discipline of all persons committed to" its custody.[2] DOC's published mission is "to ensure public safety for citizens of the District of Columbia by providing an orderly, safe, secure and humane environment for the confinement of pretrial detainees and sentenced inmates, while providing meaningful opportunities for community reintegration."[3] The agency's stated vision is "to become a benchmark corrections agency . . . [by serving] with pride, professionalism and passion in caring for human lives."[4]

The two primary DOC jail facilities are the Central Detention Facility (CDF), long referred to as "the jail" at 1901 D St. SE, and the Correctional Treatment Facility (CTF), essentially a second jail adjacent to CDF. Throughout this report, these two facilities will be collectively referred to as "the jail." When a particular fact or section refers to only one facility, it will be specifically noted. CDF, which began operating in 1976, houses males and most of the general population. CTF opened in 1992; this facility holds all those in DOC custody who do not identify as male, as well as people in medical beds, people who are classified as medium or low security, and other special populations. In 2004, as mandated in Council legislation prompted by two stabbing deaths in December 2002, a capacity study was conducted which indicated the CDF's maximum optimum "operational range" was between 1,958 and 2,164 residents.[5] In 2007, District leaders agreed to cap CDF's population at the high end of this range, 2,164 residents. CTF's operating capacity is set at 1,400.

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2 D.C. Code § 24-211.02 (a) (2025), https://code.dccouncil.gov/us/dc/council/code/sections/24-211.02.

3 "About DOC: Who We Are," District of Columbia Department of Corrections, accessed November 30, 2024, https://doc.dc.gov/page/about-doc#:~:text=The%20mission%20of%20DOC%20is,meaningful%20opportunities%20for%20community%20reintegration. This is slightly different from the mission identified in the 2019 ODCA report, which didn't mention public safety for D.C. citizens and included the word "rehabilitative" prior to meaningful.

4 District of Columbia Department of Corrections, "DC DOC Vision," accessed November 30, 2024, https://doc.dc.gov/page/dc-doc-vision.

5 U.S. General Accountability Office, "District of Columbia Jail: Management Challenges Exist in Improving Facility Conditions," 2004, accessed November 30, 2024 at https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-04-742/pdf/GAOREPORTS-GAO-04-742.pdf. Rigby, Michael. "Officials Agree to Cap Population at D.C. Jail," Prison Legal News, accessed Nov. 30, 2024, https://www.prisonlegalnews.org/news/2009/feb/15/officials-agree-to-cap-population-at-dc-jail.

DOC maintains custody and control of people being detained pretrial and convicted individuals with sentences of incarceration for misdemeanors, which generally are a year or less. DOC also holds people convicted of felonies who are awaiting transfer to the federal Bureau of Prisons (BOP), those awaiting a hearing for a violation of their conditions of community supervision (generally, probation or parole), and other people committed to its custody by writ or contract with the federal government.[6] Additionally, DOC is responsible for Central Cellblock (CCB), where people who are arrested may be held while awaiting their first appearance in D.C. Superior Court. This audit does not cover conditions at CCB.

The Fiscal Year (FY) 2025 DOC operating budget is $221,435,000, a 2% increase over the FY 2024 budget. This translates into $25,278 per hour to operate D.C.'s correctional facilities. The agency is authorized for 1,227 full time employees (FTEs), the same as was approved in FY 2024. The DOC capital budget for FY 2025 includes $4 million for a new backup power generator and general renovations at CDF and CTF and $24 million for a new facility; the total approved budget for the new jail is $463 million over six years.[7]

Population of the Jail

At the start of the audit period, July 2023, the monthly average DOC population was 1,384 residents; this was comprised of 1,016 people at CDF, 367 people at CTF, and one person at a contract facility. The DOC population rose steadily over the audit period to 1,945 residents in June 2024, a 41% increase in one year. This increase continued through the end of FY 2024, with the average daily population in September 2024 of 2,023 people. (See Figure 1.) This was the highest the DOC population had been in six years.[8] D.C.'s jail is now among the top 50 most populous jails in the country.[9] In FY 2024, 93% of the average daily jail population was male, and 88% of residents were Black.

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6 "District of Columbia Department of Corrections, Program Statement Number 1010.11," accessed November 30, 2024, PS 1010.11 Organization of the Department of Corrections 09-20-2023.pdf. In this statement, as in many other official DOC materials, the word "inmate" is used. Throughout this document CCE will use alternate language whenever possible, as "inmate" may be conflated guilt or conviction (which is not accurate regarding those held pretrial), and for many is considered dehumanizing. When not part of a direct quote, this report will use more specific person-first language, such as "person being detained pre-trial."

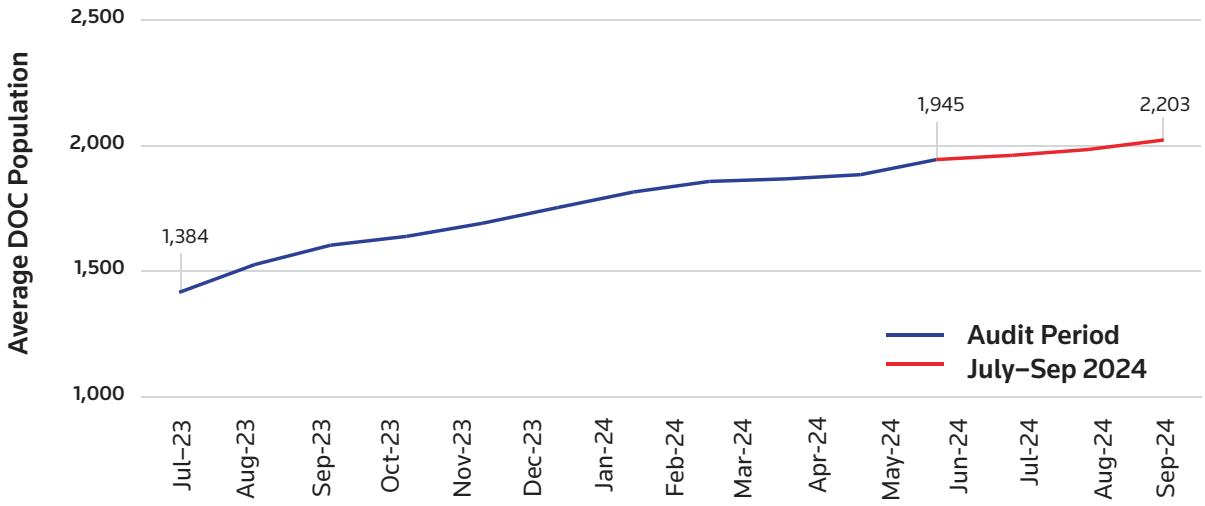
7 "FY 2025 Approved Budget for the District of Columbia Government: Department of Corrections," Office of the Chief Financial Officer, accessed 11/30/24, https://cfo.dc.gov/node/1712471.

8 District of Columbia Department of Corrections. n.d. "DOC Population Statistics: Average Daily Population for January 2017 through September 2024." Accessed November 30, 2024. https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DOC%20Population%20Statistics%20-%20Average%20Daily%20Population%20for%20January%202017%20through%20September%202024.pdf.

9 Zeng, Zhen. 2023. "Jail Inmates in 2022 – Statistical Tables." U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/document/ji22st.pdf.

Figure 1. Average DOC Population By Month

July 2023–September 2024



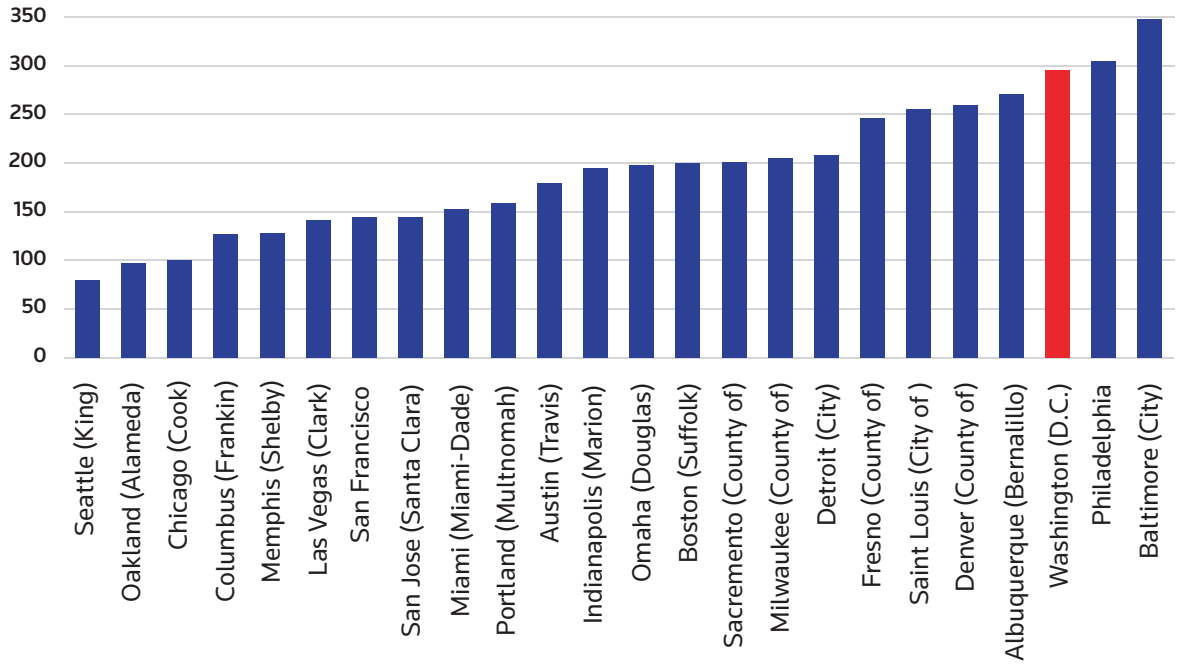
Source: https://doc.dc.gov/node/344902.

Unlike most jurisdictions, D.C. does not have a system of cash bail bonds, by which people either personally or through bail bondsmen pay a monetary amount to secure pretrial release. Instead, the District has a Pretrial Service Agency (PSA), a branch of the federal courts, to supervise people in the community. Therefore, individuals are held in the jail following arraignment not due to an inability to pay bond, but only if they have been deemed to be unsuitable for release due to risk of flight or to public safety. Given this system, it might be expected that D.C. would have a low jail incarceration rate compared to jurisdictions where people may be in jail because they cannot afford bail. However, that is not the case. The national jail incarceration rate in 2023 was 198 jail residents per 100,000 general population; In D.C., the 2024 incarceration rate was 295 jail residents per 100,000 general population, 50% higher than the U.S. average.[10]

Jail incarceration rates can vary widely depending on a variety of factors, including the size of the jail and whether it is rural or urban. While most jails are run by counties, CCE identified 22 jurisdictions with 2024 data that were sufficiently similar to D.C. to use as comparisons. Philadelphia and Boston/Suffolk County hold people with sentences of up to 2 or 2.5 years, respectively, whereas D.C. and most other jurisdictions only hold people with sentences of up to one year. This analysis shows that D.C. had the second highest rate of incarceration among jails holding people for up to a year (See Figure 2).

10 Bureau of Justice Statistics, *"Preliminary Data Release - Jails (2023),"* June 2024, bjs.ojp.gov: https://bjs.ojp.gov/preliminary-data-release-jails-2023.

Figure 2: Jail incarceration rate per 100,000 general population, 2024



Source: CCE analysis of jail incarceration rates from multiple counties. Rate is for county unless otherwise noted.

Many in the jail stay over a year, using up most of the beds

In FY 2024, there were 7,508 people admitted to DOC; Of these, 53% of the women and 42% of the men were released after staying two weeks or less.[11]

In 2022, the U.S. average length of stay for jails the size of D.C.'s (1,000 to 2,499 residents) was 38.8 days.[12] In FY 2024, the average length of stay in the D.C. jail for men and women released that year was more than double that – 96.5 days for men (who make up 94% of jail residents) and 45.5 days for women.[13]

The average length of stays of those in the jail on a given day, however, is longer. Of those in custody on June 30, 2024 (the last day of the audit period), less than 1% of men and only 6% of women had been in the jail for a month or less. Conversely, 355 people – about 18% of men and 8% of women – had been in DOC custody for a year or longer. Data provided by DOC indicated that 10 people in jail on June 30, 2024, had been booked in 2016 or 2017, with another 30 booked in 2018 or 2019. Table 1 shows the lengths of stay for men and women in DOC on the last date of the audit period.

11 District of Columbia Department of Corrections. 2024. "DC Department of Corrections Facts and Figures." https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/%20DC%20Department%20of%20Corrections%20Facts%20and%20Figures%20October_2024.pdf.

12 Zeng, "Jail Inmates in 2022".

13 District of Columbia Department of Corrections, "DC Department of Corrections Facts and Figures".

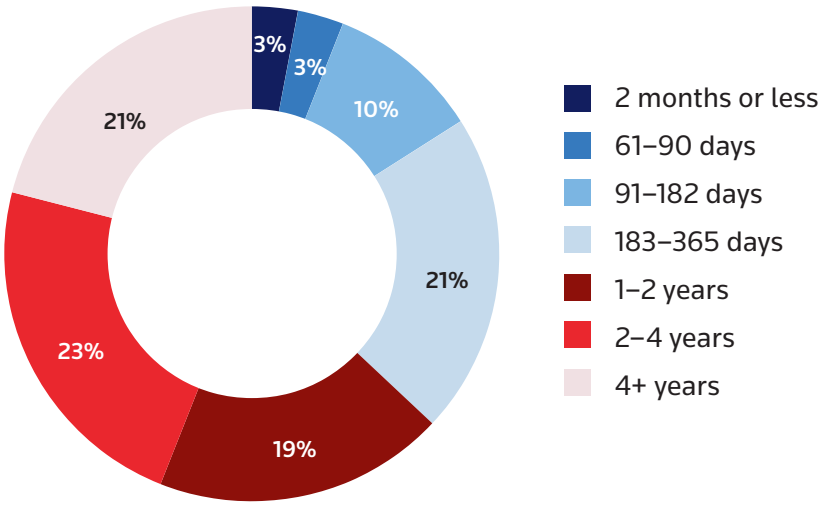
Table 1: Length of Stay of Those in Jail on 6/30/24

Length of Stay	Men	Women
up to 1 week	92	16
>1 week to 1 month	232	39
>1 month – 2 months	233	18
>2 months – 3 months	167	11
>3 months to 6 months	377	21
>6 months to 1 year	385	10
1+ to 2 years	174	8
2+ to 3 years	81	1
3+ to 4 years	34	0
4+ to 5 years	30	0
over 5 years	27	0

Source: Data by DOC.

One common measurement of jail utilization is "bed days" – that is, the number of residential spaces multiplied by the number of days they are used. CCE used population and length of stay statistics to estimate the utilization of the jail in or around June 2024. As Figure 3 shows, people staying over a year in the jail consume almost two-thirds (63%) of the jail's bed days, with 44% of bed days due to those staying over two years.

Figure 3: People in jail for over a year accounted for 63% of bed space during audit period



Source: CCE analysis of length of stay data provided by the D.C. Department of Corrections.

DOC noted in their October 2024 report that most of those in custody (59% of males and 63% of females) were being held pretrial. CCE, however, did not have data to indicate the extent to which those in jail the longest were awaiting resolution of their cases, rather than being held for other reasons. Completing and publishing such an analysis would allow lawmakers, judges, and the public to understand the most significant drivers of the jail population better. Nevertheless, this outsized utilization by longer jail stayers can significantly impact a range of operational issues like programming, treatment, and conditions. Reducing both how many people are admitted to jail and how long they stay would have a meaningful impact on the jail population.

Recent Plans for a New Jail Facility

As noted above, in February 2019, ODCA published *Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks*. The report concluded that "[t]he persistence and seriousness of facility citations clearly point to the need for a new jail."[14] The report also noted that plans to build a new jail facility that had begun in 2010 and 2015 during two prior administrations had stalled; at the time, a member of Mayor Bowser's administration said that the earliest construction could start would be 2025, with completion scheduled within four to five years.

It is now 2025, and there is no new jail facility under construction in the District. Since that last audit, however, District efforts to build a new jail facility have been restarted. Following the publication in 2021 of recommendations by the District Task Force on Jails & Justice (an independent advisory body that includes both government and community leaders that was convened and is facilitated by CCE, which conducted this audit), the District government adopted a FY 2023 capital budget that allocated $250 million through FY 2028 to building a new facility.

14 Pound, Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks.

This new jail building, per budget documents, would have 600-1,000 beds so that "the CDF will be phased out and demolished."[15]

In spring 2023, DGS hired experienced consultant CGL Companies to "develop and provide an architectural program to guide the design and construction" for the new jail building. In the initial contract, CGL expected the majority of its "design phase" work to be completed within 330 days, including various analyses, surveys, conceptual design documents, preliminary cost estimates, a preliminary project schedule, and a project management plan. In FY 2024, the DOC's six-year capital budget was increased to $276.5 million "to provide new, modernized space for up to 1,000 inmates."[16] This number was again increased in the FY 2025-2030 capital budget, to $463 million; the language used to describe the project also changed: "This new facility will provide a total of 600-1000 beds. Future phases of this project may include [parentheses added] demolition of the adjacent Central Detention Facility CDF and expansion of the existing CTF onto the footprint of that facility."[17]

For this audit, CCE reviewed multiple presentations, reports, and other documents related to the ongoing planning for a new jail facility provided by DGS. These documents show that while the District leaders originally intended to build a new facility that would allow CDF to be decommissioned, they balked when they learned the price and the scope, and plans for any new DOC facility began to change.

As Figure 4 illustrates, as of August 2023, the plan called for a 9-level facility. A contemporaneous memo, dated August 22, 2023, from CGL to DOC indicated that this new facility would have 832 beds.[18]

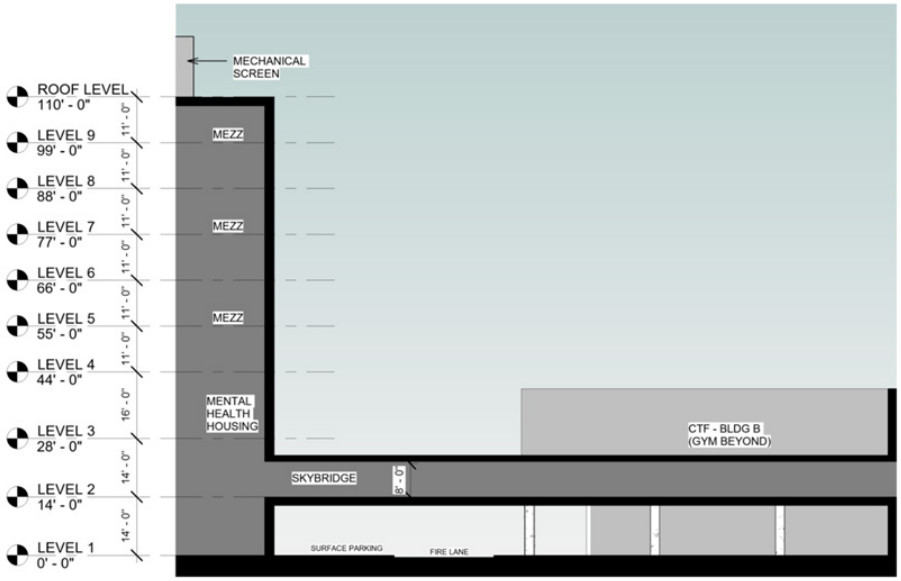
15 Government of the District of Columbia, "FY2023 Approved Budget and Financial Plan. Volume 5: FY2023 - FY 2028 Capital Improvements Plan," August 1, 2022; Government of the District of Columbia, "Mayor Bowser Highlights FY23 Investments in Hill East and RFK," DC.gov, March 28, 2022, https://mayor.dc.gov/release/mayor-bowser-highlights-fy23-investments-hill-east-and-rfk.

16 Government of the District of Columbia, "FY 2024 Approved Budget and Financial Plan, Vol. 5: FY 2024 – 2029 Capital Improvements Plan." Accessed February 4, 2025 at https://app.box.com/s/04e24j0btyjnb21l339kx4h72u8jghcc.

17 Ibid.

18 JL, Memorandum to Michelle Wilson, Deputy Director of Administration, Department of Corrections dated 8/22/23. Provided by DGS to CCE.

Figure 4.



Source: DC New Facility Housing Plan, August 28, 2023.

A month later, on September 22, 2023, CGL gave a presentation entitled "Project Cost Methodology & Assumptions." Slides from this presentation indicate, "The total potential development cost… is projected to be around $936M."[19] This included $675 million for the construction of the new jail building based on 450,000 square feet, an additional $50 million for the construction of a parking structure, design and other "soft costs," and a 10% contingency. The final slide listed as a next step: "DGS/DOC to meet with DM PS&J [the Deputy Mayor of Public Safety and Justice, Lindsay Appiah] on cost projections and funding needs."

The news of the project's cost was not received well. The first slide in a November 20, 2023, slide presentation is titled, "Recapping Conversation from October 20, 2023, Mtg." This slide reiterates that the overall new jail building development cost "was projected between $889M -> $1B," and notes "District budget challenges to fund $200M/year over 4 consecutive years." A "Phased Development" approach is then presented, "Stretching the project over 2 phases (12 Fiscal Years) with long-term budget planning for Phase 2." The revised cost assumptions were approximately $445 million for Phase 1 and an additional $667 million for Phase 2. Phase 2 funding in this plan would average about $135 million per year from FY 2030 – FY 2034.

A presentation dated December 7, 2023, which lays out what would be included under this new phased construction plan, showed that Phase 1 included no housing for general population residents. Rather, components included a Central Lobby/Entrance, Central Facility Administration, Intake, a Medical Clinic and infirmary, medical administration areas, Facility Main Control, staff facilities like officer dining and staff lockers, and a limited number of beds for residents with serious mental health needs.

19 CGL, "District of Columbia Correctional Treatment Facility Annex: Project Cost Methodology and Assumptions," September 23, 2023. Provided by DGS to CCE.

Between May 2023 and May 2024, all of these changes – both to the projected costs and the modified design plans – were only discussed internally between Executive Branch leaders and agency staff. After multiple requests for updates on the jail design planning process, DOC staff presented to the District Task Force on Jails & Justice, as well as other community groups, in May 2024. At that time, the two-phase plan first referenced in November 2023 was put forward as final without noting that the original plan for a building allowing the decommissioning of CDF had been discarded. This was the first time the public learned that most men held by DOC would remain in CDF for at least another decade.

The Task Force, which is facilitated by CCE, issued a statement opposing this new jail facility plan on June 7, 2024.[20] On June 22, the Washington Post published an editorial also condemning the decision to build a facility with no housing for general population residents, saying, "The main facility's current dilapidated state is not a safe and rehabilitative environment for any of the more than 1,300 people locked up."[21]

Seemingly in response to this public criticism, DOC announced at a community meeting on November 14, 2024, that additional jail design changes were being made. The next new plan called for 606 beds in the first phase, 384 of which would be for general population. The FAQ on DOC's website for the new facility as of March 28, 2025, does not include any information regarding the number of beds in Phase 1 or 2, but instead provides a total number – about 2,000 – for the overall project. Additionally, the DOC's website pushes the timeline back further – with projected openings of 2031 for Phase 1 and 2035 for Phase 2.[22] Given that the average daily population in CDF the week ending January 24, 2025, was 1,375 people, this revised plan would leave between 750 and 1,000 people in CDF for another decade – even if D.C. commits to the additional $667 million for Phase 2 in future capital budgets and notwithstanding the potential for the population to continue to increase with changes in pretrial detention and sentencing policies.

20 District Task Force on Jails and Justice. 2024. "District Task Force on Jails & Justice Statement Disapproving of D.C.'S Proposed Jail Plan." https://www.courtexcellence.org/news-items/district-task-force-on-jails-justice-statement-disapproving-of-dcs-proposed-jail-plan.

21 The Washington Post. "D.C.'S Jail Is Finally Getting an Update. Just Not the One It Needs," June 21, 2024. https://www.washingtonpost.com/opinions/2024/06/21/new-dc-jail-project/.

22 D.C. Correctional Treatment Facility Annex Project. n.d. "FAQs." Accessed March 28, 2025. https://newcorrectionalfacility.dc.gov/page/faqs-1a.

Conditions of Jail Facilities

Introduction

CCE's analysis found that significant problems with the jail facilities have been ongoing for years and continued during the audit period. These issues seriously affect the health and well-being of residents and DOC staff. Some issues could endanger the lives of residents and staff in the event of an emergency.

CCE utilized numerous data sources to assess the seriousness and frequency of broken and malfunctioning systems, fixtures, and equipment during the audit period. These sources are listed in the Methodology, Appendix A, which also describes certain gaps and limitations in the information provided regarding jail facilities during the audit period.

Findings:

1. DOC facilities constantly need repairs to multiple systems in both common areas and residents' cells, including broken and malfunctioning cell doors, locks, keys, gates, plumbing, and wiring.
2. DOC fails to maintain consistent healthy temperatures in either facility.
3. DOC fails to maintain consistently clean, hygienic, and safe conditions and does not adequately control parasites, vermin, and mold.
4. DOC does not utilize digital reporting methods for staff's regular environmental and sanitation inspections that would support the analysis of repeat and systemic problems with facilities.

Commentary:

Many of the issues with the jail's physical conditions that were identified in this audit have been documented in multiple published reports. In the past decade, these published reports include:

- A 2015 report by the Washington Lawyer's Committee for Civil Rights and Urban Affairs and Covington & Burling citing mold growth, water penetration through the walls, leaking plumbing fixtures, and generally deteriorating conditions at the jail.[23]
- An audit by ODCA in 2019 documenting numerous deficiencies and calling for a new jail facility.[24]
- A report by the District Task Force on Jails & Justice also in 2019, noting the significant ongoing concerns raised by residents and legal advocates about the physical conditions in the jail.

23 Washington Lawyers' Committee for Civil Rights & Urban Affairs. 2015. "D.C. Prisoners: Conditions of Confinement in the District of Columbia." https://www.washlaw.org/pdf/conditions_of_confinement_report.pdf.
24 Office of the District of Columbia Auditor, Poor Conditions Persist.

In November 2021, the U.S. Marshals Service announced its plans to remove approximately 200 of the approximately 400 detainees in its custody that were residing in the jail, sending them to a federal prison in Pennsylvania following a surprise inspection; the statement indicated that the "U.S. Marshal's inspection of Central Detention Facility revealed that conditions there do not meet the minimum standards of confinement as prescribed by the Federal Performance-Based Detention Standards."[25] Although the full inspection report was not publicly released, the U.S. Marshals' public announcement and reports to federal judges cited "systemic failures," including "grotesquely poor sanitation and the punitive withholding of food and water" from residents."[26]

Following is information on facility maintenance and repairs, jail temperatures, cleanliness, and litigation.

1. DOC facilities constantly need repairs to multiple systems in both common areas and residents' cells, including broken and malfunctioning cell doors, locks, keys, gates, plumbing, and wiring.

DOC's environmental and sanitation reports identified persistent maintenance issues in both common areas and residents' cells. Even when issues are noted, the reports show that they may not be repaired swiftly or may need to be repaired multiple times. Reports classified certain resident cells as "offline" or lacking in beds, desks, sinks, or toilets for weeks at a time.[27] Reports repeatedly indicated that residents' cells had broken food slots, leaks, covered vents, or dirty sinks/toilets.[28] Other issues commonly cited in environmental inspection reports included cells that were too hot or cold, walls dirtied with graffiti, dirty floors, broken doors, varying water pressure, and damaged light covers.[29] During many weeks, more than 20 cells would have the same issues in a certain unit, and more than 10 different issues would need repair within one unit.

DOC's inspection reports on common areas indicate that water would leak from some walls every time it would rain; three visitation monitors were often noted as non-functional; electrical sockets were often burnt; no first aid kits were available; and electrical cables were exposed near showers.[30] Additionally, exercise equipment was broken, and drains in showers were clogged.[31]

25 U.S. Marshals Service, "Statement by the U.S. Marshals Service Re: Recent Inspection of D.C. Jail Facilities," November 2, 2021. Accessed February 4, 2025 at https://www.usmarshals.gov/news/press-release/statement-us-marshals-service.

26 Spencer S. Hsu, Emily Davies, and Paul Duggan, "D.C. Jail Ordered U.S. Marshals to Leave after Surprise Inspections, Judge Says," The Washington Post, November 3, 2021, https://www.washingtonpost.com/local/legal-issues/dc-jail-conditions-inspection/2021/11/03/c75d08ea-3c27-11ec-bfad-8283439871ec_story.html; Jenny Gathright, "D.C., U.S. Marshals Service Reach An Agreement As Calls to Empty D.C. Jail Intensify," WAMU, November 12, 2021, https://wamu.org/story/21/11/12/dc-and-us-marshals-service-reach-an-agreement-as-calls-to-empty-jail-intensify/.

27 D.C. Department of Corrections, "Environmental Report and Sanitation Reports," July 2023 to June 2024. Copies of documents securely held by CCE.

28 Ibid.

29 Ibid.

30 Ibid.

31 Ibid.

Smoke detectors and fires.

Issues with the smoke detectors persisted during the audit period. For the entire month of October 2023, a smoke detector was loose and hanging.[32] A report in July indicated that a smoke detector inside of a control module, the room in a jail unit where correctional officers monitor jail cameras and control electronic door locks, etc., was off or inoperable. Twenty-two fires were reported inside the jail (21 at CDF and one at CTF) during the audit period, underscoring the importance of having functional smoke detectors.

One fire occurred on September 15, 2023, when a jail resident in the Mental Health Step Down Unit set fire to his mattress in his cell.[33] Attorneys familiar with the incident said that residents told them they did not hear the fire alarm go off at all, and the fire created an immense amount of smoke, causing other jail residents to put wet towels under their doors to block the smoke.[34] Residents reported fearing for their safety and having nightmares after the fire. The attorneys said the burn marks are still evident; the door is still black from the fire.[35]

CCE found that the issues identified in DOC environmental reports were also reflected in the reports of inspections conducted by the Department of Health (DOH) during the audit period.[36] In reviewing the September 2023 inspection of CDF, DOH noted the following outstanding items from their previous inspection:

A. Dirty/Rusted/Damaged register covers
B. Water penetration through the walls
C. Leaking, damaged, and/or inoperable plumbing fixtures
D. Damaged shower stalls
E. Damaged tabletops
F. Peeling paint on metal desks, tables, and bed frames
G. Missing seats in cells
H. Environmental maintenance
I. Smoke odor on some cell blocks

New CDF maintenance issues identified in September 2023 included the following:

A. Damaged and/or inoperable toilets/urinals
B. Leaking plumbing fixtures

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32 D.C. Department of Corrections, "Environmental Report and Sanitation Reports," October 2023. Copy of document securely held by CCE.

33 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Washington City Paper, "A Man's Cries for Help Went Ignored in the D.C. Jail. Then He Set Fire to His Mattress," 9/29/2023, accessed February 10, 2025 at https://washingtoncitypaper.com/article/630942/a-mans-cries-for-help-went-ignored-in-the-d-c-jail-then-he-set-fire-to-his-mattress/.

34 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

35 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.

36 D.C. Department of Corrections, "Response to Department of Health Environmental Audit of September 2023," August 2024. Copy of document securely held be CCE.

C. Damaged tabletops
D. Missing stools
E. Water penetration through the walls
F. Peeling paint on metal surfaces: desks, beds, tables, handrails, and tray slots
G. Blown fluorescent tubes
H. Peeling paint on the stairwell walls
I. Electrical wires from the ceiling light were exposed
J. Several cells with electrical boxes with missing covers and wires exposed
K. Air not flowing through the ventilation system
L. Shower temperatures out of approved range

While CTF is a newer building, multiple problems with that facility were also noted in the 2023 DOH report, including:

A. Apparent water leaks and damage
B. Above-the-sink lights out
C. A ceiling light missing from several cells
D. No incoming water in certain cells
E. Non-functional showers
F. Water temperatures in showers and sinks out of acceptable range
G. Mold possibly observed in certain shower areas
H. Showers not equipped with shower heads
I. Peeling paint on shower walls
J. Damaged/Missing floor tiles and peeling paint on the floor
K. Damaged/missing tiles in shower stalls

D.C. Code requires DOH inspections three times a year and DOC to provide a responsive corrective action plan.[37] We found that DOC did not respond to DOH's report on conditions during the 9/5/23 – 9/26/23 audit – which it received in January – until August 2024.[38] While the Department indicated it took a number of remedial actions to address the problems, given the large gap in time between the inspection and DOC's response, it was unclear whether or when these actions were taken.

Residents' sentiments regarding jail conditions.

A 2023 survey of residents conducted by CGL, the contractor for planning for the new jail facility,

37 D.C. Code § 7-731(a)(a-1)(1) (2025), https://code.dccouncil.gov/us/dc/council/code/sections/7-731.
38 DOC Office of Internal Control, Compliance and Audit Corrective Action Plan for Department of Health Environmental Inspection of 05 September 2023 through 26 September 2023 of CDF, CTF and Central Cell Block. Provided directly to CCE.

showed that the majority of respondents were unsatisfied with the shower facilities, sinks, and toilets.[39] CCE conducted a small-scale survey of individuals who had been jail residents during the audit period (see Appendix A for details on this survey), and those respondents corroborated the official reports of facilities problems: of the 11 respondents, nine reported leaks, eight reported issues with the toilets; and six noted water issues.[40] Those working in the jail commented on the disparity between CDF and CTF, with one staff member stating, "It looks much better over at CTF, which everybody knows, because it's a newer building."[41]

Grievances filed during the audit period corroborate residents' concerns with maintenance and conditions. These grievances go hand in hand with what CCE learned from interviews, the inspection conducted on CDF, environmental reports, and the D.C. Jail Improvement Act Reports, as discussed below.[42] CCE reviewed the DOH inspection reports required to be submitted to the D.C. Council and compiled a list of notable health and safety issues from those reports. They include instances of Priority One work orders – which, as noted above, concern immediate risks to health and safety – extracted from MicroMain, DOC's official facilities maintenance record system.

The work orders provide greater detail of the impact of poor conditions on security, health, and safety. Residents have been trapped in their cells, which is particularly dangerous in the case of an emergency.[43] Keys and doors have been broken, and in one particularly concerning instance, a resident in a restrictive housing unit could "pop out on his own."[44] Other reports noted toilet water backing up between cells and flooding other areas of the jail, toilet water comingled with feces spewing onto residents and their living areas.[45] In another instance, a cell door could not be secured despite its being a "safe cell" for people who are suicidal.[46] Appendix B provides examples of Priority One work orders that show the most serious facility maintenance issues during the audit period.

During the audit period, there were 1,595 incidents noted in the Priority One work orders – an average of more than four per day —categorized in Table 2.

Plumbing. As noted, plumbing issues comprise the largest share (84%) of the Priority One work orders during the audit period. Those staff members who work with residents have heard repeated

39 District of Columbia Department of Corrections Survey of Staff, raw data provided to CCE from Department of General Services, 2024.
40 BOP survey methodology is included in the appendix. Because of the small size of the survey and that it is only former jail residents who are now in BOP custody, it is unknown whether their responses are representative of all DOC residents during the audit period.
41 Service provider at D.C. jail #2, in discussion with CCE staff, July 2024.
42 See, e.g., Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024; D.C. Department of Corrections, "Environmental Report and Sanitation Reports," July 2023 to June 2024. Copy of documents securely held by CCE; D.C. Department of Corrections, "D.C. Jail improvement Act Reports," July 2023 to June 2024. Copy of document securely held by CCE.
43 D.C. Department of Corrections, "D.C. Jail improvement Act Reports," July 2023 to June 2024. Copy of document securely held by CCE.
44 Ibid.
45 Ibid.
46 Ibid.

reports of clogged or overflowing toilets.[47] Furthermore, a formerly incarcerated individual stated there was "always someone's room that had a broken toilet or sink."[48]

The issues have become so rampant that residents have innovated ways to fix the issues themselves. One attorney noted that they "recently met with somebody whose sink was dripping and not functioning properly, and he had to use his catheter to basically catheterize the sink and make sure that the water flowed."[49] One formerly incarcerated individual stated, "[c]ells usually leak a lot when cold or raining. Walls 'bleed' water and paint chips."[50]

Table 2: Jail Priority One Work Orders, 7/1/23–6/30/24

Priority One Work Order Issue	Number of Incidences
Toilet inoperable	902
Sink clogged	445
Light out	92
Cell door and/or lock repair	51
Control Panel	26
No water in cell	19
Key issues	16
Gate repair	14
Clogged drain	12
Shower repair	8
Electrical	6
Pipe leak – major	2
Temperature	2

Source: D.C. Jail Improvement Act reports from the audit period.

Locks and doors. Of particular concern to safety and security are the reported problems with cell doors, locks, keys, and gates, with 81 Priority One repairs needed during the audit period. Not only could these issues lead to residents being unsecured and potentially interacting with others in ways that could pose safety issues, but residents' lives or health could be jeopardized if doors cannot be opened or are difficult to open when all or part of the jail needs to be evacuated.

Repair response times. The time to address Priority One work orders varied from as little as half an hour to more than 50 hours.[51] Even when repairs were completed, the issues reoccurred, as inspection reports show the same cells with the same issues shortly after repairs were made.

47 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
48 Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024.
49 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
50 Person formerly incarcerated at DC jail #8, written letter with CCE staff, September 2024.
51 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

Many instances of urgently needed repairs were not accounted for in the Priority One work orders but were included in the environmental inspection reports. The total number of repairs needed therefore is not captured in the tables above.

2. DOC fails to maintain consistent healthy temperatures in either facility.

Residents and others with first-hand experience with DOC facilities consistently reported that maintaining appropriate temperatures was an issue throughout the audit period. Multiple grievances that were reviewed referenced facilities being too hot.[52] This is not a new problem within the jail. In 2016, a resident died due to heat-related complications brought on by the severe temperatures.[53] In a lawsuit filed in July 2023, 28 plaintiffs alleged the temperature in the jail was too high because there was "no working air conditioning that would help to circulate any air" in their unit, causing at least one jail resident both "pain and suffering" as well as "emotional and mental distress."[54] Another resident alleged issues with extremely hot or cold temperatures in a lawsuit filed during the audit period, claiming that they were housed in cells without heating that were so cold they could not keep warm or sleep.[55] Residents noted in litigation that filing informal complaints and formal grievances did not prompt DOC to address the temperature issues immediately, and in one case, a jail resident alleged they were retaliated against for filing temperature-related grievances.

The extreme temperatures continue to result in negative health impacts. One resident wrote in a grievance: "There is no AC the past weeks I have told the OIC and the white shirts. They still have not resolved the issue I can't sleep or do anything without sweating I have [bronchitis] and it is hard for me to breath and I have a celly can you please help resolev (sic.) this issue I sometimes feel so hot I could pass out right now It is a heat wave and feels like a [desert?]."[56] Another individual noted: "[At CDF] depending on the weather there's either no heat or not air conditioning . . . You'll be in the hallway and it'll be freezing and you'll go into the unit and it'll be hot."[57] A family member of someone in the jail stated, "The whole unit is very hot, and the cell is even hotter. He has tried to open up the cell door but it isn't working. He has been sent to the hole for 30 days before... He was thinking about refusing to go [back] to cell because he didn't want to be in the hot cell. Someone passed out in the cell."[58]

Residents not only face swings in temperature depending on the day but also when moving from one area of CDF to another. One individual noted: "Depending on the weather, there's either

52 D.C. Department of Corrections, "IGPs," January 14 - January 20, 2024. Copy of document securely held by CCE.
53 Peter Hermann. "Inmates, Corrections Officers Complain of Oppressive Heat inside D.C. Jail." The Washington Post, July 19, 2016. https://www.washingtonpost.com/local/public-safety/inmates-corrections-officers-complain-of-oppressive-heat-inside-dc-jail/2016/07/19/93dfa4f8-4de6-11e6-a7d8-13d06b37f256_story.html.
54 Walker v. Johnson, No. 1:19cv2769 (D.D.C. Sept. 18, 2019).
55 See, e.g., Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023).
56 Anonymous Grievant #21, DOC grievance, 2024.
57 Service provider at D.C. jail #2, in discussion with CCE staff, July 2024.
58 Family member of person incarcerated at D.C. Jail, in discussion with the CCE staff, July 2024.

no heat or not air conditioning . . . CTF seems to be better . . . You'll be in the hallway, and it'll be freezing and you'll go into the unit and it'll be hot."[59] The temperature can also be extreme: "The heat on the unit is insane. Inside the cell is even worse than being on the tier. CDF side was super hot, CTF side was super cold… they gave you all thermals for free."[60] Some CTF residents stated that the air conditioning is on year-round,[61] while others have said the men's unit was so hot correctional officers had to provide ice, even in the winter.

Another individual with first-hand experience with the jail noted that the temperature that residents experienced at times was "hotter inside than outside," likely due to heat absorption by the building itself.[62] This led DOC to implement a policy "that every shift trash cans of ice should be brought to residents to help them stay cool."[63] Staff, however, would reportedly not always follow that policy, which would "anger residents and lead them to act out, and this would lead to conflict between residents and staff by one side acting out."[64] Advisory Neighborhood Commissioner 7F08, Shameka Hayes, a resident of CTF, reported that, for a significant period recently, CTF Building E had no heat.[65] After the heat was restored, residents reported the cells to be too hot; some residents expressed suspicion that this overcorrection may have been in retaliation for reporting the issue.[66]

Extreme temperatures, both indoor and outdoor, are known to affect the health of those residing in jails adversely and can lead to both illness and death.[67] Additionally, the northeastern part of the country has experienced some of the greatest changes in summertime heat,[68] which a jail designed a half century ago may not be able to mitigate adequately. These changes in climate combined with jail conditions like highly restricted movement, poor staffing, and high rates of mental illness can further worsen residents' vulnerability to the heat.[69]

Furthermore, as DOC develops the design plans for the new jail building, it should specifically consider elements that would reduce the need for air conditioning, such as cool and green roofs and passive cooling, such as trees and shade structures.[70] Cool roofs work by reflecting the solar energy away from the building, making them 50 to 60 degrees cooler than regular roofs and also keeping them warmer in the winter.[71] Green roofs, which involve growing a layer of vegetation on a

59 Service provider at D.C. jail #2, in discussion with CCE staff, July 2024.
60 Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024.
61 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
62 Ibid.
63 Ibid.
64 Ibid.
65 Advisory Neighborhood Commissioner Shameka Hayes, Urgent Attention and Action Demanded for Inhumane Conditions at D.C. Jail, Letter to D.C. Council, December 9, 2024.
66 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
67 National Commission on Correctional Health Care, "Climate Control for Extreme Temperatures in Corrections," August 2024. https://www.ncchc.org/wp-content/uploads/Climate-Control-for-Extreme-Temperatures-in-Corrections-2024.pdf.
68 Jennifer Chu, "Study Evaluates Impacts of Summer Heat in U.S. Prison Environments," MIT News, September 26, 2024. https://climate.law.columbia.edu/sites/default/files/content/docs/Holt-2015-08-Heat-in-US-Prisons-and-Jails.pdf.
69 Ibid.
70 Ibid.
71 Ibid.

rooftop or green walls that are comprised of climbing plants, can also cool down a jail.[72] A green roof that residents could access could also provide needed additional outside space.

3. DOC fails to maintain consistently clean, hygienic, and safe conditions and does not adequately control parasites, vermin, and mold.

Like other conditions of confinement, the cleanliness of the jail is a longstanding issue. Evidence submitted in a 2020 lawsuit against DOC focused on COVID-19-related deficiencies noted that "cleanliness of common spaces was inconsistent from one housing unit to the next" and "in some … showers there was visible mold growth."[73]

Published DOC policy requires weekly supervisor environmental and sanitation inspections of all areas in CDF and CTF, with daily inspections by officers also conducted:

"The unit OIC [officer in charge] (#2 and #3 Shifts) shall upon assumption of the housing unit complete a Daily Cell Block Inspection Form (Attachment A) by visually inspecting tiers, showers, gyms/recreation areas, dayrooms, closest, office space, the control module and any other general areas and ensure immediate corrective action for any of the following issues:

1. Unkept Cells;
2. Torn mattresses;
3. Dirty Floors – (i.e., wax buildup);
4. Dirty Walls – (i.e., graffiti);
5. Filled/dirty trash cans;
6. Covered vents;
7. Obstructed exits and exit lights;
8. Vermin – (Insects and other pests or is evidence of vermin, such as rodent droppings);
9. Unauthorized clothes lines;
10. Covered windows and lights; and
11. Unsecured/damaged bunks."[74]

The same policy states that daily common area inspections are also required: "The unit OIC (#1 Shift) shall upon assumption of the housing unit complete (page 5 and 6 only) of the Daily Cell Block Inspection form (Attachment A) by visually inspection of tiers, showers, gyms/recreation areas, dayrooms, closets, office space, the control module and any other general areas and ensure immediate corrective action."[75]

72 Ibid.
73 "REPORT SUBMITTED BY AMICUS CURIAE PURSUANT TO APRIL 9, 2020 CONSENT ORDER," Banks v. Booth, No. 1:20-cv-849 (D.D.C. filed April 19, 2020). Accessed 12/27/24 at https://www.acludc.org/sites/default/files/field_documents/banksvbooth-expert_report.pdf.
74 "PP 2920.8E Environmental Safety and Sanitation Inspections," District of Columbia Department of Corrections, January 8, 2020, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%202920.8E%20Environmental%20Safety%20and%20Sanitation%20Inspections%20-%20NEW%20UPDATE%20%2001082020.pdf, p. 6.
75 Ibid.

Despite these protocols, individuals with first-hand knowledge of the jail reported that, during the audit period, the facilities were "gross" with "a lot of mold, leaks, lot of brown stuff" that may be food or feces in both common areas and residents' cells.[76] One person stated that the jail was "definitely dirty," and that some windows in the cells were so dirty residents could not see outside.[77]

Issues mentioned more frequently in the inspection reports were mold, rodents, insects, and feces. Those who have been to the jail have said that the facility has "infestations of mice and roaches."[78] Residents have reported to ANC Commissioner Shameka Hayes that they often see bugs emerging from the drains.[79] An attorney also reported a really bad smell in units and "[a] lot of rodents in the units. Mostly mice."[80]

Cleanliness. Residents also complained about a lack of cleaning. DOH's environmental reports contain the following categories related to cleanliness in cells: sink dirty, toilet dirty, walls dirty with graffiti, dirty floors, leaks, overflowing toilets, and carving on the walls. These issues were recorded repeatedly with some cells reported for the same cleanliness issues week after week. Without making daily visits, CCE is unable to say whether cells were cleaned and immediately dirtied again. The uncleanliness was not confined to the residents' cells but also appeared in the common areas where the most common categories regarding cleanliness were vermin infestation/rodent droppings, standing water, peeling paint, and cracked walls. These cleanliness issues in DOH reports were not classified as Priority One work orders by DOC.

Mold. During the audit period, DOC conducted 72 mold inspections in various locations within CDF and CTF.[81] Inspectors found mold in approximately 60% of these inspections and abated mold from showers in 22% of the inspections.[82] Most other times, inspectors identified and abated mold from walls and ceilings. While the abatement would frequently occur the same day or within a few days of the inspection, in at least two instances, abatement took over eight months.[83] The ANC Commissioner for the jail noted that the mold is exacerbated by standing or backed-up water.[84]

During the audit period, a jail resident sued alleging the presence of black mold in his cell at CDF, which he asserted "aggravated pre-existing medical conditions."[85] Research indicates that continuous exposure to mold among those who spend excessive time indoors can result in Tight

76 Interview with local attorney, Washington, D.C., Interview by CCE Staff Member, August 27, 2024.
77 Ibid.
78 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
79 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
80 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
81 D.C. Department of Corrections, "Mold Inspections and Abatement," July 1 2023 – June 30 2024. Copy of document securely held by CCE.
82 Ibid.
83 Ibid.
84 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., Interview by CCE Staff Member, December 18, 2024.
85 Woodland v. D.C. Dep't Corr. Med. Staff, No. 1:22cv2035 (D.D.C. filed February 14, 2024).

or Sick Building Syndrome.[86] These sicknesses are caused by contaminants that breed in stagnant water from things like ducts, humidifiers, drain pans, or other places where water has collected.[87] Common symptoms include eye, nose, and throat irritation, headache, fatigue, sneezing, tightness in the chest, nausea, dizziness, and dermatitis.[88] Mold can also exacerbate asthma and other respiratory diseases. For these reasons, whenever mold is present in the jail, it should be more rapidly and consistently abated, per D.C. Law requirements, using a certified mold specialist and regular precautionary steps should be taken, like identifying leaks and repairing those leaks, more frequently.[89]

Aging and outdated physical plant. Many of the issues with the physical condition of the jail may be related to the age of the jail. People interviewed noted, for example, that the jail was not well-designed for fresh air or exhaust.[90] Additionally, one member of the D.C. Corrections Informational Council stated that most of the equipment that has not been retrofitted does not run as well as it once did.[91] A formerly incarcerated person stated that while the doors had been fixed since the last time he was incarcerated, "That's about the only thing [they] could say that is improved, everything else is either the same or worse."[92] As will be discussed later in this report, broken pieces from the jail's aging components can be turned into weapons.

Because of its age and the lack of significant improvements over time, the jail is not in compliance with *Americans with Disability Act* (ADA) standards. In a written response for this audit, DOC reported that, "Areas that are not compliant with ADA include the CDF housing units which have not undergone any major renovations since its original construction in 1976. The CDF housing units, therefore, do not currently meet ADA compliance standards…while certain areas used by residents are not fully ADA-compliant, DOC ensures that inmates with disabilities covered under the ADA are not housed in those areas nor required to access services there."[93] However, people with experience in the jail reported that this assertion is not always true, particularly when individuals with higher security needs must be housed at CDF.

86 Panagioti Tsolkas, "'It Smelled Like Death' Reports of Mold Contamination in Prisons and Jails," Prison Legal News, April 2, 2019. https://www.prisonlegalnews.org/news/2019/apr/2/it-smelled-death-reports-mold-contamination-prisons-and-jails/.
87 Ibid.
88 Thirumalaikolundusubramanian, P., S. Shanmuganandan, and A. Uma, "Tight or Sick Building Syndrome," Energy and Buildings 16, no.1-2 (1991): 795–97. https://doi.org/10.1016/0378-7788(91)90052-5.
89 See, e.g., D.C. Code § 8-241.03(a)-(b) (2025), https://code.dccouncil.gov/us/dc/council/code/sections/8-241.03; D.C. Code § 8-241.04 (2025), https://code.dccouncil.gov/us/dc/council/code/sections/8-241.04.
90 See, e.g., Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #1, Washington, D.C., Interview by CCE Staff Member, August 19, 2024.
91 Ibid.
92 Person formerly incarcerated at D.C. jail #4, in conversation with CCE staff, August 2024.
93 DOC, "ADA Compliance Response," December 6, 2024. Securely held by CCE.

4. DOC does not utilize digital reporting methods for staff's regular environmental and sanitation inspections that would support the analysis of repeat and systemic problems with facilities.

CCE requested all environmental and sanitation reports during the audit period. The reports provided reveal that DOC is not regularly inspecting all cells and common areas. In addition, DOC reports are filled out with varying levels of detail, and most are hand-written. Additionally, many reports do not provide the specifics of the issues noted, whether the problem was addressed, and, if so, how long it took. Several types of reports, such as the supervisor weekly common area inspections, are filled out by hand, with responses to the existence of issues simply checked as "yes" or "no" with no further written explanatory commentary. These deficiencies in data make accurately assessing conditions inside DOC facilities difficult – not only for the agency itself but for those seeking to perform oversight as well.

No daily reports for CDF were provided except for the Special Management Unit (SMU). CCE was not able to determine whether they were completed and not provided or never completed. Although CCE received daily written inspection reports for all units in CTF, these reports were all handwritten and appear to be done by rote. For example, instead of providing an answer in each row, the staff person drew an arrow down the entire column to represent all the individual answers. Appendix C includes samples of these reports.

Electronic reporting – for example, having forms on tablets that staff take on environmental and sanitation inspections, which would automatically be entered into a DOC information system and sent to those responsible for addressing problems – would expedite remediation and permit the department to analyze physical plant and cleanliness problems more accurately and develop better plans to address them. Although the jail has been accredited by the American Correctional Association as meeting its standards,[94] as required in the D.C. Code, increased oversight engagement and an independent expert review of policies and protocols related to physical conditions of the jail could identify ways to fine-tune these protocols to an aging jail and in advance of the construction of a new facility.[95]

Conclusion

As serious as the issues are with the physical plant, this report does not cover all issues. For example, interviewees noted that the jail lacks outdoor space, and functional recreation spaces are inadequate.[96] The American Correctional Association standards for adult correctional institutions

94 D.C. Department of Corrections Successfully Passes American Correctional Associations Reaccreditation Audit, Department of Corrections, October 11, 2022. https://doc.dc.gov/release/dc-doc-successfully-passes-american-correctional-association-reaccreditation-audit.

95 "DOC Responses to D.C. Council Questions FY2023 and FY 2024 to Date," D.C. Council, February 2, 2024, https://dccouncil.gov/wp-content/uploads/2024/08/DOC-Responses-to-DC-Council-Questions_02.02.24-1.pdf, p. 971.

96 See e.g., Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., Interview by CCE Staff Member, September 26, 2024.

recommend an hour of outdoor and covered/enclosed exercise areas for general population residents, noting the "use of outdoor areas is preferred."[97] Additionally, CCE was unable to analyze the extent to which understaffing or insufficient funding plays a role in the maintenance of jail conditions.

A new facility to replace CDF would allow DOC to abandon the obsolete and failing technology, plumbing, HVAC and air flow system, and other deficiencies with the physical plant that plague the current facility. This would go far to remediate the health, safety, and security issues created by the current conditions; improve safety and security for both residents and staff; and reduce the costs to the District both of litigation and for the constant repairs to keep CDF open.

Recommendations:

1. The Mayor and D.C. Council should make sufficient investments in a new jail facility so that the District can replace the CDF completely as soon as possible.
2. DOC should ensure that the design of any new facility conforms to best practices in correctional design and complies with correctional standards and all relevant laws and regulations.
3. DOC should develop, publish, and implement a corrective action plan to address failures in systematic maintenance, pest control, and cleaning of the jail.
4. DOC must better ensure that residents have sufficient ancillary heating and cooling options when the standard HVAC system is not providing safe and healthy temperatures.
5. DOC and DGS should ensure the design plans for the new jail include architectural elements to reduce the need for air conditioning.
6. DOC should ensure that staff reports on physical conditions are electronic, utilizing data fields such that individual problems can be identified and addressed immediately.
7. DOC should modify its policy so that resident reports of physical condition issues are sent immediately to facilities maintenance without having to go through the standard grievance process.

97 American Correctional Association, Performance-based standards and expected practices for adult correctional institutions, Fifth Edition, (Alexandria, VA: American Correctional Association, 2021), p. 64. Accessed March 31, 2024 at https://hcsoc.hawaii.gov/wp-content/uploads/2024/02/Perf-Based-Stds_Adult-Corr.-Inst.-5th-ed_March-2021_SECURE.pdf.

Staffing and Supervision

Introduction

More than 1,000 people were working for the Department of Corrections at the end of the audit period (June 30, 2024), about 700 of whom are uniformed staff (i.e., correctional officers). DOC staff make up about 2.5% of the D.C. government workforce. The DOC budget for personnel in FY 2024 was approximately $128 million. These figures exclude those working at the jail through contracts, such as Unity Healthcare providers and Aramark food service workers.[98]

This audit identified various issues related to jail staffing levels, training, and performance that impact the well-being, safety, and success of DOC staff and residents alike. Records, staff and resident surveys, legal filings, and interviews identified these common issues: chronic short staffing, significant use of overtime, inadequate staff training, low staff morale, frequent use of force, and excessive contraband entering the jail.

Findings:

5. DOC has many position vacancies, impacting capacity and response time, and relies heavily on staff overtime.
6. Staff and residents at DOC have reported that harassment, misconduct, and disrespect negatively impact staff morale and resident well-being.
7. Two former DOC staff members were guilty of, and two others were charged with bringing contraband into the jail.
8. DOC staff did not have body-worn cameras turned on and activated at all required times during the audit period.
9. DOC's staff training budget shrank significantly during the audit period, and DOC did not implement a planned training evaluation process to increase staff attendance and gauge the learning of training attendees.

Commentary

The jail's personnel issues are complex. While this section provides an overview of key staffing issues, the problems of too few staff and insufficient training and accountability percolate throughout this report.

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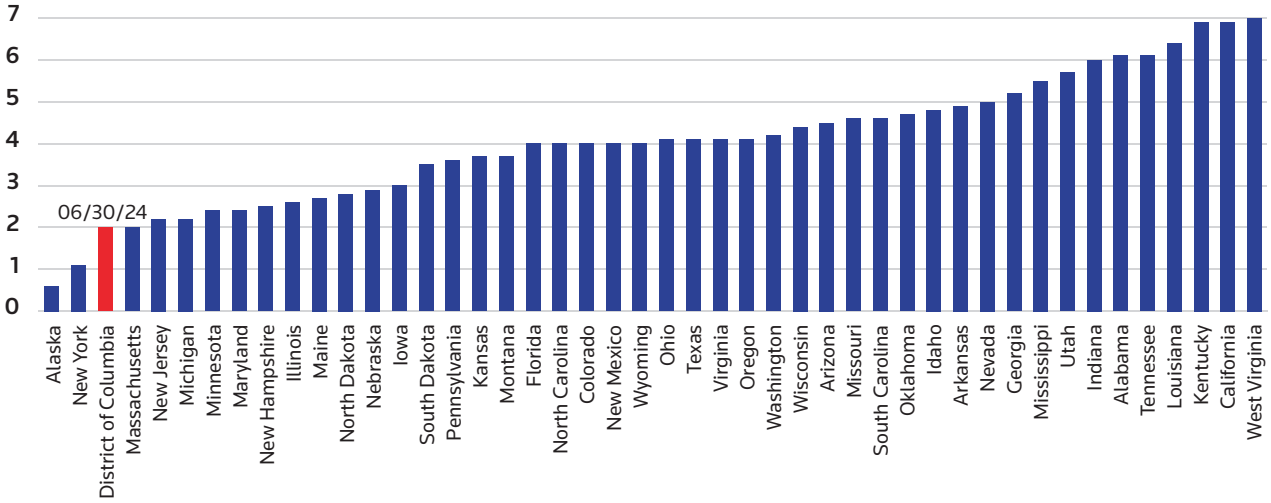
5. DOC has many position vacancies, impacting capacity and response time, and relies heavily on staff overtime.

98 Government of the District of Columbia, "FY 2025 Approved Budget and Financial Plan," July 2024. Accessed January 25, 2025 at https://app.box.com/s/bcchts3pf7xlat9358rysoo4rgugnl1c.

During the audit period, DOC had one of the lowest ratios in the nation of residents to correctional officers in jails based on the most recently available data. CCE's analysis of the most recent (2019) Census of Jails shows the national average of the 2,672 jails reporting was 4.5 residents for each correctional staff person; in D.C., it was less than half that (see Figure 5).[99]

Figure 5: Jail resident-to-correctional-officer ratio, 2019



Source: U.S. Bureau of Justice Statistics, "Census of Jails, 2019," CCE analysis of 6/30/24 staffing and population statistics provided by DOC.

At the end of the audit period (6/30/24), DOC reported that about 15% (125 funded positions) were vacant.[100] The ratio of 705 filled uniform staff positions to 1,956 residents was 2.77. While there is no national data on staffing ratios for 2024, D.C. jail likely still has one of the lowest resident-to-correctional staff rates in the country (see dot plotted on Figure 5).

The outdated linear design of CDF requires more staff than is needed in more modern jails. As the National Institute of Corrections notes, "Many design and operational factors will affect staffing, including: whether the facility is designed for direct supervision, indirect supervision, or intermittent supervision; the types and size of housing units; facility sightlines… [and] whether programs and services are centralized or decentralized."[101]

Residents and others report that staffing at the jail is insufficient to prevent violent incidents

99 United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. Census of Jails, 2019. Inter-university Consortium for Political and Social Research [distributor], 2022-03-30. https://doi.org/10.3886/ICPSR38323.v1. Data analysis conducted by CCE staff using STATA.

100 "DOC Responses," D.C. Council, p. 524.

101 National Institute of Corrections, "Staffing Analysis Workbook for Jails, Second Edition," 2003. Accessed January 25, 2025 at https://s3.amazonaws.com/static.nicic.gov/Library/016827.pdf.

from occurring, which in turn increases uses of force and segregation.[102] Ongoing vacancies have resulted in understaffing in the jail and significant use of overtime, both of which are seriously impacting residents and staff, most critically by decreasing resident and staff safety. The need for staff to work overtime hours, including double shifts, also contributes to DOC's inability to control contraband such as weapons and drugs. Finally, an insufficient number of case managers and security staff reduces residents' access to programs, treatment and services, and ability to have problems addressed.

Jail residents and those who work with clients inside of the jail report that correctional officers were not always available when needed during the audit period due to vacancies and short staffing. In the survey of D.C. jail residents conducted by CGL, DOC's jail planning contractor, in late 2023, 45% of survey respondents reported correctional officers are not always available on the unit.[103] Short staffing impacts all aspects of operations in the D.C. jail, including the ability of staff to safely move residents about the facility or respond to health issues in a timely manner.[104] One lawsuit filed during the audit period alleged that DOC staff failed to respond to a jail resident who was lying in a pool of blood from injuries after being stabbed due to chronic understaffing at the D.C. jail.[105] An attorney also reported that residents in the mental health unit have been left to lie in their own feces or urine for extended periods.[106]

CCE did not confirm the extent to which DOC augments its correctional staff with contracted security guards. At least one DOC standard operating procedure (SOP 5009 4-23) explicitly mentioned "contractual security guards," but no other materials provided by DOC indicated how or how many of these contractual guards are being utilized or if the contracted guards receive the same training and are subject to the same policies as DOC staff. In their FY 2025 budget testimony, DOC's Director indicated that "DOC understands the need to be very intentional in stabilizing our vacancy rate, which is why we intend to find and fund within our current budget opportunities for targeted civilianization."[107]

CCE's review of deaths in custody (discussed in more detail later in this audit) points to short staffing as a factor in jail violence. In one instance, a staff person working by himself on a unit was asked to move individuals but did not feel safe conducting pat-downs alone. One of the individuals

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102 See Complaint at 4, Jenkins v. D.C., No. 2022-CAB-005806 (D.C. Super. Ct. 2024) (alleging DOC failed "to provide sufficient staff at the unit where Plaintiff was housed[,]" resulting in a jail resident being stabbed); Howard v. D.C., No. 2023-CAB-004665 (D.C. Super. Ct. filed July 28, 2023) (claiming jail resident's injuries were not responded to by DOC due to chronic understaffing).

103 D.C. Department of Corrections, "Correctional Treatment Facility Annex Staff Resident Survey Full Report," 2024. Copy of document securely held by CCE.

104 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., interview by CCE Staff Member, September 26, 2024; Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

105 Howard v. D.C., No. 2023-CAB-004665 (D.C. Super. Ct. filed July 28, 2023).

106 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.

107 D.C. Department of Corrections, "Fiscal Year 2025 Budget Oversight Hearing Testimony of Thomas Faust, Director, Before the Committee on the Judiciary and Public Safety, Council of the District of Columbia," April 10, 2025. Accessed January 8, 2024 at https://lims.dccouncil.gov/Hearings/hearings/373.

being moved had a hidden weapon which they used to kill someone.[108] In addition, two attorneys reported that due to short staffing and lack of training, doors are not opened or closed properly at times, which has resulted in jail residents not being where they are supposed to be and multiple stabbings.[109]

Short staffing is also impacting correctional officers' ability to respond quickly to reports of violence.[110] People who work with clients in the jail told CCE that there are often not enough staff to stop an assault before it escalates. One person summarized this idea by saying, "If something is going to happen, it's just going to happen."[111] Filling vacant security positions could allow staff to move residents in the jail more securely, which not only protects residents and staff but also provides greater access to programs that can help reduce violence. Correctional officer vacancies also may be contributing to uses of force by DOC staff against jail residents. A person who is in the jail frequently said that they did not believe staff levels were sufficient to prevent assaults from occurring, either through de-escalation or preventing contact between residents. By the time officers arrive at the scene of an assault, they often resort to using pepper spray and sending the residents involved to restrictive housing.[112] (The use of force and restrictive housing are covered elsewhere in this report.)

While filling uniformed officer vacancies is particularly critical to the safety and security of the jail, a deficit of non-uniformed staff also has negative impacts on both staff and residents. DOC reported 87 non-uniformed vacancies at the end of the audit period, which amounted to about 22% of non-uniformed positions and 41% of the staff vacancies overall. Positions with vacancies included case managers, correctional treatment specialists, mail clerks, program analysts, program support and peer specialists, teachers, training specialists, and trauma clinicians.[113] The wide variety of administrative vacancies has resulted in an increased workload for the current staff, which has slowed the day-to-day operations in the jail.

The lack of availability of case managers has also caused many issues for residents, as communication with case managers is the first step for residents to access resources in the jail. Residents told CCE they are frustrated by the inaccessibility of case managers, as they "need case managers for everything[.]" Case manager duties include referring residents to drug treatment,[114] managing requests for access to the law library,[115] and helping manage the 'Inmate Grievance

108 DOC reports related to deaths in custody, securely held by CCE.
109 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
110 See, e.g., Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
111 See, e.g., Interview with local attorney, Washington, D.C., interview by CCE Staff member, August 27, 2024.
112 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
113 DOC Responses to CCE Questions Concerning Vacancies in FY 2024. Copies of documents securely held by CCE.
114 "PP 6959.3D Residential Substance Abuse Treatment," District of Columbia Department of Corrections, February 27, 2019, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%206050.3D%20Residential%20Substance%20Abuse%20Treatment%20Program%20%28RSAT%2902-27-2019.pdf, p. 19.
115 "PP 4160.4G Library Services," District of Columbia Department of Corrections, July 21, 2017, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204160.4G%20Library%20Services%2007-21-17.pdf, pp. 24-25.

Procedure' whereby residents may file complaints about the quality of care in the jail.[116] Units with as few as six residents report filing requests for case manager assistance throughout the day.[117] At the end of the audit period, one in seven (4 of 28) case manager positions were vacant, decreasing the availability of the services that jail residents count on.[118] Residents of CTF have reported that, despite a posted schedule for case managers to visit various units to check in with residents every three days, case managers are not always present in units per the schedule.[119]

Some residents have reported that even when case managers are accessible to residents, they experience delays in accessing requested resources; five of eleven individuals CCE surveyed who had been jail residents during the audit period reported having to wait several days when they asked to see a case manager.[120] An analysis of a sample of three weeks of grievances filed by jail residents during the audit period revealed that formal grievances related to case management took an average of 12.14 days to resolve.[121] In addition to the delays in access, residents have reported that case managers have responded to requests by saying they "don't know what to do" or "don't have the right forms[,]" further delaying residents' access to resources and care.[122] Filling current case manager vacancies would improve residents' access to medical treatment, legal resources, grievance procedures, and other services.

Vacancies and short staffing are also driving the need for DOC staff to work overtime, including double shifts.[123] This is costing the District tens of millions of dollars above the baseline staffing costs. Although DOC made up 1.6% of the total D.C. FY 2024 budget, it comprised 16.5% of all the District's local overtime spending through the first 10 months. The total FY 2024 DOC overtime budget (local and other funds) was $17,763,723; however, the total spending was $30,938,007, about 174% of the budget.[124] Despite this overspending, DOC's FY 2025 local budget again is $13,064,000; as of 2/3/25, 71% of this was spent.[125]

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116 "PP 4030.1N Inmate Grievance Procedure," District of Columbia Department of Corrections, April 25, 2024, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204030.1N%20Inmate%20Grievance%20Procedure%20%28IGP%29%2004-25-2024.pdf, p. 10.

117 See, e.g., Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

118 DOC Responses to CCE Questions Concerning Vacancies in FY 2024. Copies of documents securely held by CCE.

119 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

120 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.

121 Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

122 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

123 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., interview by CCE Staff Member, September 26, 2024; Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.

124 "DOC Responses to Council Question_2.24.25_Submit Version," D.C. Council Hearing, February 27, 2025, accessed 3/4/25 at https://lims.dccouncil.gov/Hearings/hearings/653.

125 Office of the D.C. Financial Officer, "FY 2025 Approved Budget and Financial Plan: Department of Corrections," accessed December 30, 2024 at https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/fl0_doc_chapter_2025j.pdf.

Normal DOC staff shifts are 8 hours, but employees can be mandated – referred to as being "drafted" – to work overtime, which can mean back-to-back 8-hour shifts.[126] Staff have reported being drafted to work overtime double shifts as often as 5 times out of 7 days.[127] In FY 2024, about 20% of overtime for DOC staff was drafted.[128] Refusing to work overtime can result in punishment. Per DOC operating procedure that became effective in August 2023, "Refusal to work overtime when ordered shall constitute grounds for disciplinary action."[129] Staff have also complained that they are disproportionately disciplined for being late or missing work. Three officers filed official grievances alleging they were suspended unjustifiably for lateness or missing work during the audit period.[130]

DOC staff have financial motivations to accept overtime. The per-staff overtime limit is $29,999 per year,[131] which is approximately half the average salary of an entry-level correctional officer (listed as $57,051 - $62,904).[132] Working overtime allows DOC staff to increase their pay to about $87,000, slightly below the estimated D.C. living wage for a household with one adult and child.[133] Despite the financial incentive to work overtime shifts, many staff are frustrated they must work overtime shifts regularly.[134] Additionally, long shifts and insufficient time off can lead to staff fatigue, which can affect the health, safety, security, and morale of both staff and residents.[135]

Corrections Informational Council (CIC) staff noted that DOC "[s]taff are frustrated because they have to work double shifts; residents are frustrated for lack of recreational time and food, etc. This combo leads to conflict among staff and residents."[136] People who worked with clients in the jail during the audit period noted that correctional officers "don't care" when residents report issues with jail conditions and are often "sleeping with their eyes open, or closed" while on duty.[137] In addition, interviewees reported that staff are frequently so tired they fall asleep on the job, and "if you are found asleep, the progressive discipline is termination."[138]

126 "Standard Operating Procedure No. 2211D-23," District of Columbia Department of Corrections, August 18, 2023, https://dccouncil.gov/wp-content/uploads/2024/08/DOC-Responses-to-DC-Council-Questions_02.02.24-1.pdf, p. 530.
127 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
128 "DOC Responses," D.C. Council, p. 526.
129 "Standard Operating Procedure 2211.1D23 Overtime Management," District of Columbia Department of Corrections, August 18, 2023, securely held by CCE.
130 DOC Responses to Questions about Staff Grievances Filed between July 1, 2023 and June 30, 2024. Copies of documents securely held by CCE.
131 "DOC Responses," D.C. Council, p. 531.
132 Ibid, p. 169.
133 "Living Wage Calculation for the District of Columbia, District of Columbia," Massachusetts Institute of Technology, accessed November 23, 2024, https://livingwage.mit.edu/counties/11001.
134 Interview with local attorney, Washington, D.C., Interview by CCE Staff Member, August 27, 2024.
135 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., Interview by CCE Staff Member, September 26, 2024.
136 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
137 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
138 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024; DOC Responses to Questions about Staff Grievances Filed between July 1, 2023 and June 30, 2024. Copies of documents securely held by CCE.

Finally, the overreliance on overtime shifts can lead to adverse health outcomes for staff.[139] A metadata analysis of the effects of working long hours and overtime on health reported that "[e] pidemiological studies have shown the negative effects of long working hours on the risks of cardiovascular diseases; chronic fatigue, stress; depressive state, anxiety, sleep quality, all-cause mortality, alcohol use and smoking; and self-perceived health, mental health status, hypertension, and health behaviors."[140] Chronic fatigue and tiredness can also lead to more workplace injuries.[141]

While vacancies play a role in understaffing, so does the rising jail population and the current jail's design. The jail population rose 41% during the audit period and continued to rise even as crime has been falling. In terms of the role a new jail can play, CGL suggested that the new building could potentially maintain safety with reduced staffing levels.[142] However, as discussed below, improved staffing levels cannot solve all the issues with living and working conditions in the D.C. jail.

6. Staff and residents at DOC have reported that harassment, misconduct, and disrespect negatively impact staff morale and resident well-being.

Discrimination. CCE found formal and informal allegations of discrimination by DOC staff during the audit period. Staff filed 15 complaints to the Equal Employment Opportunity Commission alleging discrimination on the basis of age, disability, national origin, race, sex, and retaliation during the audit period.[143] Staff have also brought lawsuits over discrimination. In one case, a female employee claimed DOC discriminated against her on the basis of disability, sex, and religion.[144] In another case, a correctional officer claimed that she was let go after she filed a complaint regarding the offensive language and threats by an incarcerated individual.[145] Over 300 incarcerated residents signed a letter calling for the termination of a correctional officer who allegedly discriminated against Islamic residents a few months prior to the start of the audit period.[146]

Alongside individual complaints of discrimination, staff have also reported areas of widespread and chronic harassment and discrimination within the jail. As an example, friction reportedly exists between DOC staff members who are African immigrants and those who are not. Staff have reported a pattern of disrespect and criticism by African immigrant staff toward their African

139 Wong, K., Chan, A. H. S., & Ngan, S. C., "The Effect of Working Overtime on Occupational Health: A Meta-Analysis of Evidence from 1998 to 2018," International Journal of Environmental Research and Public Health 16, no. 12 (2019):2102-2124, https://pmc.ncbi.nlm.nih.gov/articles/PMC6617405/pdf/ijerph-16-02102.pdf.
140 Ibid.
141 Ibid.
142 CGL Companies, "DC New Facility Administration," presentation August 9, 2023. Provided by D.C. Department of General Services and securely held by CCE.
143 "DOC Responses," D.C. Council, pp. 546-548.
144 Short v. D.C., No. 23-261 (RC), 2024 WL 1213769 (D.D.C. Mar. 20, 2024).
145 Baker v. Faust, 2023-CAB-002267 (D.D.C. July 21, 2023).
146 Mitchell v. Davage, No. 2023-CAB-002165 (D.C. Super. Ct. filed Apr. 18, 2023).

American peers because of perceived differences in work style and ethic.[147]

Jail residents, particularly Black residents, have also reported experiences of poor treatment and hostility from DOC officers who are African immigrants.[148] Residents of both CTF and CDF have claimed that African correctional staff verbally harass them, especially those housed in the protective custody unit.[149] Staff have also reported that residents perceive African-born staff speaking in their native language in front of them as an intentional sign of disrespect.[150] Additionally, interviewees reported discrimination occurring in the opposite direction. Residents have been reported as referring to staff who are African immigrants with discriminatory nicknames, furthering the divide between residents and some staff.[151] CCE reviewed 190 grievances filed over two weeks during the audit period (during which 6,981 informal and 404 formal grievances were filed) and found several which mention of racial animus between staff and residents. One reads:

"[The sergeant] called me a stupid dumb Nigga all because I ask him about some ice, can he get us ice, he said leave him alone. I ask for a white shirt [supervisor] he told me 'get out of my face you stupid Nigga' as I continue to ask the officer can he get us ice because it's extremely hot, he said he not getting any ice or getting me a lieutenant."[152]

The response to this grievance indicated the officer would not be reprimanded, only referred to a training on "workplace professionalism." Another resident expressed that they felt they were ignored when they asked for help due to being Hispanic.

Staff behavior toward residents and others in the jail. Incidents of poor treatment of residents by staff have been documented, including resident grievances, reports of Significant Incidents and Extraordinary Occurrences, and lawsuits.[153] These incidents include lapses in security leading to residents' safety being jeopardized, disrespectful communication, ignoring requests to address problems, and over-utilization of force. Residents have also said that staff withhold food and medicine and fail to deliver mail.

Multiple sources reported that some DOC staff have engaged in a variety of negative behaviors towards residents and others in the jail. For example, in a lawsuit, a resident alleged that he was spat upon by a DOC staff member as he woke up in the hospital from a procedure that required

147 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
148 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
149 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
150 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
151 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
152 DOC Inmate Informal Resolution Complaint from during audit period, securely held by CCE.
153 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE; Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE; DOC reports of Significant Incidents and Extraordinary Occurrences during the audit period. Copies of documents securely held by CCE; Estate of Sauls v. D.C., No. 2019-CA-007131-B (D.C. Super. Ct. May 8, 2024); Grimes v. D.C., No. 2022-CA-1863-B (D.C. Super. Ct. Feb. 27, 2024) (settling for $85,000); Hill v. D.C., No. 1:23-cv-0940 (D.D.C. filed April 4, 2024).

anesthesia.[154] A former jail resident reported that some DOC staff were unprofessional and disrespectful to their families during visits,[155] and a local attorney who works with clients in the jail said DOC staff are sometimes disrespectful and verbally hostile toward them.[156] One individual who works with clients in the jail reported that intimidation and threats by correctional staff are so persistent that they are "more worried about the Correctional Officers" impacting their safety than the jail residents.[157]

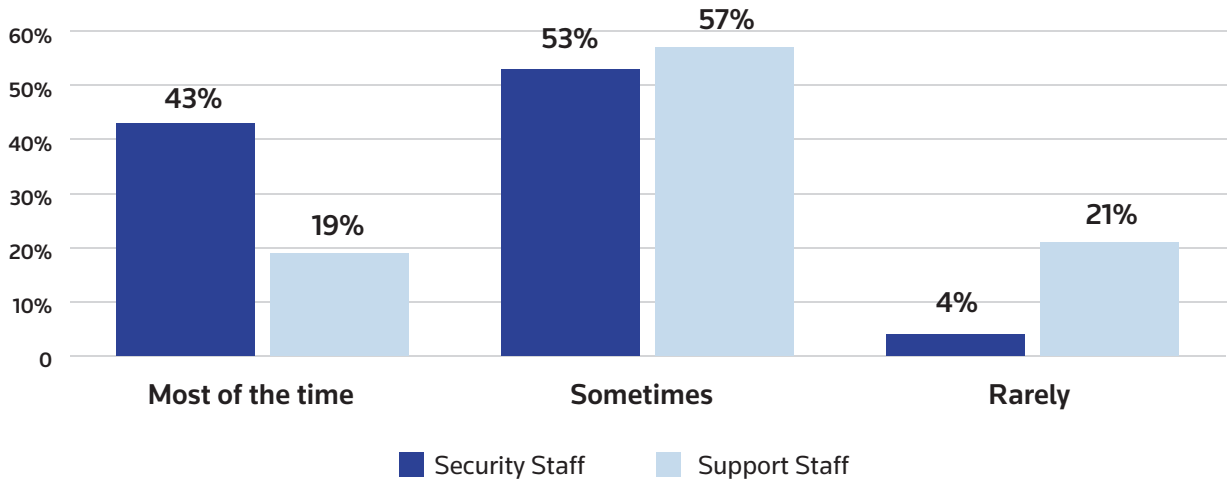
Jail residents have said that DOC staff members withhold food as retaliation or punishment. In one case from 2023, a lawyer representing a client in the jail alleged in court that his client was being denied meals by an unidentified guard who "has something against" his client.[158] In another case, a resident alleged a guard withheld his food after the resident refused to drop a complaint in which he alleged DOC staff had sexually harassed him.[159] In addition to withholding food, jail residents have also alleged that staff have planted bugs in their food as a form of retaliation.[160]

As part of the planning process for a new jail facility, DOC's consultant on the new jail facility design, CGL, sent out a questionnaire to DOC staff.[161] While the resident survey garnered almost a thousand responses, a much smaller share of staff – and particularly security staff, which appears to be a different name for correctional officers used by CGL – completed the staff survey.[162] While DOC had 723 filled security operations positions in January 2024, only 198 security staff (27%) partially or fully completed CGL survey.[163] In contrast, the completion rate for non-security staff, based on January 2024 filled positions, was 97% (283 out of 291).[164]

An analysis of the survey responses reveals differences between security and non-security staff related to perceptions of residents. As shown in Figure 6, 43% of security staff said residents are violent and dangerous "most of the time," compared to 19% of support staff. Conversely, 21% of support staff responded that residents are violent and dangerous "rarely," compared to only 4% of security staff.[165]

154 Wilson v. D.C., No. 2022-SC3-00889 (D.C. Super. Ct. Nov. 8, 2023).
155 See, e.g., Person formerly incarcerated at D.C. jail #5, in discussion with CCE staff, August 2024.
156 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
157 See, e.g., Ibid.
158 Marroquin, Adriana. "Homicide Defendant Claims Guard at D.C. Jail Denies Him Food, Judge Concerned," D.C. Witness, October 27, 2023, https://dcwitness.org/homicide-defendant-claims-guard-at-dc-jail-denies-him-food-judge-concerned/.
159 Mitchell v. Davage, No. 2023-CAB-002165 (D.C. Super. Ct. filed Apr. 18, 2023).
160 Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023).
161 D.C. Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024. Copy of document securely held by CCE.
162 District of Columbia Department of Corrections Survey of Staff, raw data provided to CCE from Department of General Services, 2024.
163 Ibid.
164 Ibid.
165 Ibid.

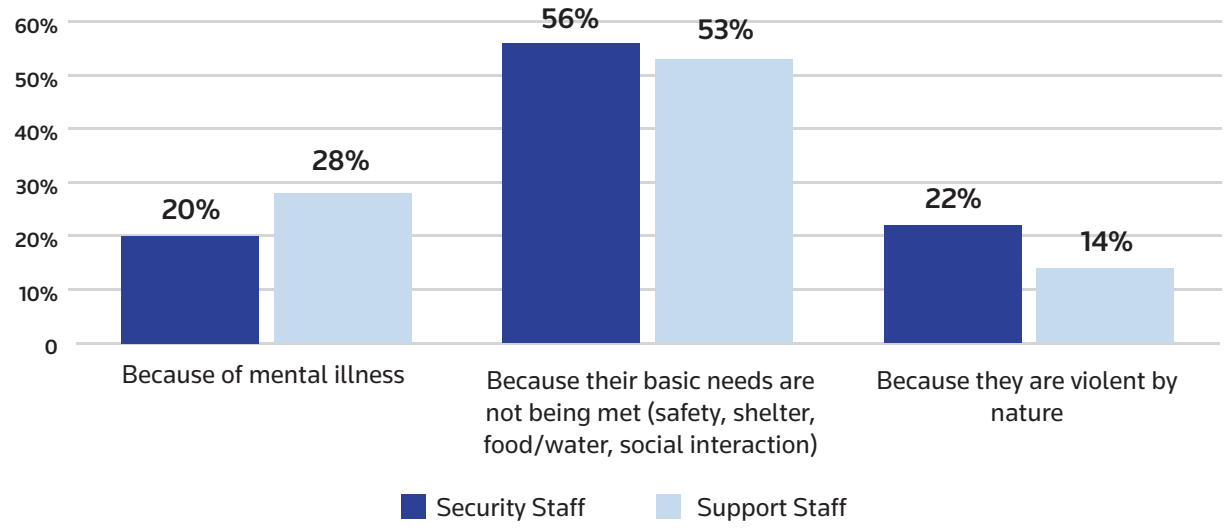
Figure 6. Staff responses to question of how often residents are violent and dangerous



Source: CGL survey of staff, October 2023. Data provided by D.C. Department of General Services (DGS).

As displayed in Figure 7, in terms of reasons for residents acting out or displaying violence, while over half of both security and support staff said it was due to basic needs not being met, more security staff (22% versus 14%) said residents were "violent by nature."[166]

Figure 7. Staff responses to why residents act out or display violence

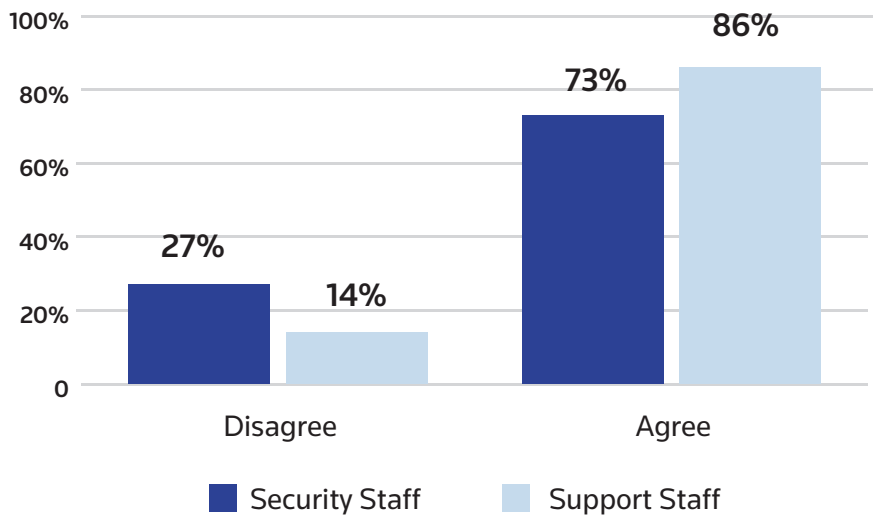


Source: 2023 Survey of staff conducted by CGL, provided by D.C. Department of General Services (DGS).

166 Ibid.

Additionally, most of both security and non-security staff drew a connection to the jail's inability to adequately meet the needs of residents and the impact of this failure on safety and security. As Figure 8 shows, staff largely agreed that "in most situations, if residents feel safe and their basic needs are being met, they will act accordingly and follow rules and regulations." That staff recognize that the jail is failing its residents shows how widespread this belief is and is a possible opening for improving trust and interactions between jail residents and staff.

Figure 8. Staff responses to statement: "In most situations, if residents feel safe and their basic needs are being met, they will act accordingly and follow rules and regulations."



Multiple sources noted issues with DOC staff morale and culture, impacting the quality of life for jail residents and staff alike.[167] Correctional staff experience a range of stressors in their daily duties, including "exposure to crisis situations and secondary trauma as well as work overload, overtime demands, and role conflict."[168] According to the American Correctional Association (ACA), the very "nature of the job in correctional facilities puts employees in this field at risk of physical injury and extraordinary stressors that can seriously affect the well-being of staff."[169] Excessive overtime, understaffing, and exposure to the stressors of the D.C. jail are likely contributing to an environment of distrust between DOC staff and jail residents. One attorney with clients in the

167 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024. Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.

168 Russo, Joe. 2019. "Workforce Issues in Corrections." National Institute of Justice. https://nij.ojp.gov/topics/articles/workforce-issues-corrections.

169 "Staff Recruitment and Retention in Corrections," Office of Correctional Health, American Correctional Association, February 2023, https://www.aca.org/common/Uploaded%20files/Publications_Carla/Docs/Corrections%20Today/2023%20Articles/Corrections_Today_Jan-Feb_2023_Staff%20Recruitment%20and%20Retention%20in%20Corrections.pdf.

jail reported, "No one trusts each other. COs [correctional officers] aren't doing what they are supposed to do a lot of the times [and] things aren't taken care of because higher-ups don't know about it."[170]

DOC staff members, both in interviews and in allegations made in lawsuits, reported that fear among staff prevents them from voicing their concerns to leadership.[171] This fear is displayed in several cases brought against DOC in recent years in which employees have alleged facing retaliation over speaking out about conditions in the jail:

- In at least two cases filed during the audit period, DOC staff alleged they were retaliated against, including retaliation through demotion or firing, for speaking out about bad conditions in the jail during the COVID-19 pandemic.[172]
- In a case settled in May 2024 for $235,000, a DOC employee had alleged that they were let go after filing a protected disclosure regarding an inappropriate relationship between a resident and staff member. The court did not rule on the facts in advance of the settlement being reached.[173]
- In a case settled for $375,000 in summer 2023, a former DOC employee claimed that they were forced to retire in retaliation for speaking out on behalf of female DOC employees who had alleged being sexually harassed by other DOC staff members.[174]
- In another case that was pending as of the end of the audit period, a DOC employee alleged he was wrongfully terminated after he refused to falsify a report he made about another DOC employee assaulting a jail resident.[175]

Ensuring that jail staff can report problems and issues that affect them and others at the jail is critical if DOC is to retain competent employees and maintain a facility that is safe for staff and residents alike.

The physical condition and configuration of CDF may also be contributing to the current staffing issues. The constant stress of maintaining order and security in the current aging facility contributes to low morale. A facility that is clean, modern, professional, and allows for natural light will also benefit staff and may improve job satisfaction and retention.

7. Two former DOC staff members were guilty of, and two others were charged with bringing contraband into the jail.

170 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
171 See, e.g., Nesbitt v. D.C. Dep't. Corr., No. 2023-CAB-6298 (D.C. Super. Ct. filed Oct. 10, 2023) (alleging a culture of fear about speaking to DOC leadership about issues facing case managers).
172 See Nesbitt v. D.C. Dep't. Corr., No. 2023-CAB-6298 (D.C. Super. Ct. filed Oct. 10, 2023); Short v. D.C., No. 23-261 (RC), 2024 WL 1213769 (D.D.C. Mar. 20, 2024).
173 Mayhew v. D.C., No. 2020-CA-000097-B (D.C. Super. Ct. Aug. 15, 2024).
174 Jenkins v. D.C., No. 17-2730 (TSC), 2023 WL 4183795 (D.D.C. June 26, 2023).
175 Stewart v. D.C., No. 2016-CA-002821-B (D.D.C. filed April 15, 2023).

Correctional facilities across the country face the challenge of resident, visitor, and staff involvement in the introduction of contraband. DOC has an extensive policy designed to prevent employees and others who enter the jail from bringing contraband items into the facility.[176] According to reports of significant incidents, interviews, and court records, however, contraband—particularly drugs, weapons, and cell phones – is still entering the jail, resulting in overdoses, assaults, and resident deaths.[177] Recent court filings and comments from residents and others with first-hand knowledge of the jail suggest that staff are contributing to these serious health and safety problems.

Experts note that intentional staff involvement in contraband is generally motivated by money or personal relationships with residents. As a correctional inspector noted in a recent article:

> *Staff can be the most damaging to the safety and security… The easy access in and out of the prison, not to mention the possession of keys to all its areas, in some cases make the corrupt prison staff member a significant threat… Here are some important points I have learned about corrupt prison staff:*
>
> - *They have the access and ability to bring in larger amounts of contraband.*
> - *They have less fear of being caught, aka the "no one will ever suspect me" syndrome.*
> - *They have the ability to pick the best times to bring in the contraband.*
> - *They have the ability to know the locations of other officers.*
> - *They can hide the contraband anywhere within the prison so the inmate can pick it up.*
> - *They can bring in tools, weapons and phones, which are hard for visitors to bring in.*
> - *They have the ability to warn inmates about security inspections and shakedowns and help cover-up their dirty deeds.*[178]

Several criminal cases were decided or brought against DOC staff for their involvement in smuggling during the audit period. In one case in August 2023, a former DOC correctional officer was sentenced for smuggling packages containing drugs and cigarettes into the jail by concealing the packages on her body.[179] In November 2024, two DOC correctional officers were indicted for conspiring with three others to provide contraband items to D.C. jail residents for at least six months in 2024, including during the audit period.[180] The correctional officers allegedly

176 "PP 5010.3G Contraband Control," District of Columbia Department of Corrections, October 21, 2022, https://doc.D.C..gov/sites/default/files/D.C./sites/doc/publication/attachments/PP%205010.3G%20Contraband%20Control%20-%20DIR%20Copy%20wsig%20-%20Complete%2011-7-22.pdf, pp. 1-6.

177 See, e.g., Bah v. D.C., No. 2022-CAB-1571 (D.C. Super. Ct. filed Mar. 14, 2023); Jenkins v. D.C., No. 2022-CAB-005806 (D.C. Super. Ct. 2024); Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

178 York, Gary. "Do visitors or corrupt staff bring in more prison contraband?" Corrections1, February 8, 2022, https://www.corrections1.com/contraband/articles/do-visitors-or-corrupt-staff-bring-in-more-prison-contraband-COXxYRoE5U44qxWf/.

179 "D.C. Jail Corrections Officer and Inmate Sentenced to Prison Terms for Bribery," U.S. Attorney's Office of the District of Columbia, August 23, 2023, https://www.justice.gov/usao-D.C./pr/D.C.-jail-corrections-officer-and-inmate-sentenced-prison-terms-bribery.

180 "Corrections Officer Charged Along with Inmates and Others in Conspiracy to Smuggle Contraband into the D.C. Jail," U.S. Attorney's Office of the District of Columbia, November 30, 2024, https://oig.justice.gov/sites/default/files/2024-11/11-19-2024_1.pdf.

smuggled plastic-wrapped contraband items, including drugs, a switchblade, and cell phones, into the jail by placing the items in the middle of prepared food and then distributing that food to specific residents. In that indictment, the government alleged that no one was operating the scanner at the staff entrance.[181] In April 2025, an individual pleaded guilty to smuggling controlled substances into the jail during the audit period while a DOC case manager; for this, he received $6,245 between October 20, 2023, and June 21, 2024.[182]

As discussed in other areas of this report, there is ongoing drug use in the jail, indicating contraband drugs frequently enter the facilities. Contraband objects also allow residents to craft weapons that can be used to harm other residents, increasing the rate and severity of violence.[183] One jail resident claimed in litigation during the audit period that he was stabbed due to DOC's inability to control "access [to] items which can be easily converted to weapon[.]"[184] Another ongoing lawsuit lists a series of incidents in which residents were alleged to have used contraband objects to harm other residents.[185]

Under relevant federal statutes, the penalties for smuggling contraband into a correctional facility are harsh: the sentence for smuggling narcotic drugs, methamphetamine, or LSD is up to 20 years of incarceration; a firearm is up to 10 years; and marijuana or a weapon other than a firearm is 5 years.[186] Research has shown that the certainty of discovery and prosecution of a crime is a more effective deterrent than the seriousness of the penalty, so increasing the punishment is unlikely to reduce contraband.[187] Educating people about the legal consequences of illegal behavior, however, could have a deterrent effect. Given that correctional staff spend many hours in the facility every week, having notices on the sentences for smuggling (along with the harms contraband inflicts on jail residents) and additional training could deter staff from bringing contraband into the facility.

Finally, multiple sources identify low pay and morale as reducing staff resistance to participating in contraband smuggling.[188] A recent study of contraband in U.S. prisons found that jail facilities with adequate staffing had less contraband overall and suggested that staff smuggling could be reduced "by allocating funds toward staffing and hiring rather than toward general, nontargeted

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181 U.S. Attorney's Office, the District of Columbia, "Corrections Officer Charged Along with Inmates and Others," November 19, 2024. https://www.justice.gov/usao-dc/pr/corrections-officer-charged-along-inmates-and-others-conspiracy-smuggle-contraband-dc.

182 U.S. Attorney's Office, District of Columbia, "Former DOC Case Manager Pleads Guilty to Bribery in Smuggling Narcotics and Cigarettes for an Inmate," April 21, 2025. Accessed April 22, 2025 at https://www.justice.gov/usao-dc/pr/former-doc-case-manager-pleads-guilty-bribery-smuggling-narcotics-and-cigarettes-inmate

183 Bah v. D.C., No. 2022-CAB-1571 (D.C. Super. Ct. filed Mar. 14, 2023).

184 Jenkins v. D.C., No. 2022-CAB-005806 (D.C. Super. Ct. 2024).

185 Howard v. D.C., No. 2023-CAB-004665 (D.C. Super. Ct. filed July 28, 2023).

186 Providing or Possessing Contraband in Prison, 18 U.S.C. §1791 (2010) https://www.law.cornell.edu/uscode/text/18/1791.

187 National Institute of Justice. "Five Things About Deterrence," June 2016. Accessed 12/30/24 at https://nij.ojp.gov/topics/articles/five-things-about-deterrence.

188 Center for the Advancement of Public Integrity at Columbia Law School, "Prison Corruption: the Problem and Some Potential Solutions," 2016. Accessed 2/8/25 at https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=1064&context=-public_integrity; The United Nations Convention Against Corruption, "Handbook on Anti-Corruption Measures in Prisons," 2017, accessed February 8, 2025 at https://www.unodc.org/documents/justice-and-prison-reform/17-06140_HB_anti-corr_prisons_eBook.pdf; Ned Oliver, "Drugs continued to flow into Virginia prisons amid pandemic, raising concerns about corrupt staff," Virginia Mercury, May 24, 2021. Accessed 12/30/24 at https://virginiamercury.com/2021/05/24/drugs-continued-to-flow-into-virginia-prisons-amid-pandemic-raising-concerns-about-corrupt-staff/.

technologies."[189]

8. DOC staff did not have body-worn cameras turned on and activated at all required times during the audit period.

DOC documents from the audit period show several instances when a BWC was not turned on during incidents requiring recordings, including when staff deployed oleo capsicum (commonly known as "pepper spray"), used force against residents, or responded to sexual assaults.[190]

In 2020, DOC received a federal grant of $870,000 for Body-Worn Camera (BWC) implementation.[191] This was a positive step on the part of DOC, as BWCs are an evidence-based way to document and reduce the incidence of occurrences and interactions like those mentioned above. For example, research conducted in a county jail in Virginia that randomly assigned some officers to wear BWCs found that injuries resulting from uses of force during "response to resistance" incidents dropped substantially – from 28.4% to 8.8% – when officers wore activated BWCs.[192]

To be effective, however, BWCs must be functional and turned on. While DOC has a policy regarding the usage of BWCs, DOC records and interviews with people with first-hand experience in the jail demonstrate that correctional staff do not always have their BWCs on and activated. Investigations into deaths in custody during the audit period indicate that, in at least three cases, BWCs were not worn, not turned on, or turned off inappropriately by correctional staff in the relevant unit or those responsible for responding to the emergency.

While significant incidents during the audit period were not systematically reviewed for BWC information, at least one involving an injury to a resident mentioned that the involved officer's BWC was off, being only in "ready mode."[193] Notes from a Sexual Assault Incident Review Team (SAIRT) meeting, which included a discussion of both unsubstantiated and substantiated cases of sexual assault and harassment involving staff, include the following:

> *"Discussed BWC consistency…live zones include any time an officer encounters an inmate (entering the housing units, speaking with an inmate, etc.). Policy has to be reiterated and procedures have to align with this policy. Every officer is assigned a BWC and can obtain a*

189 Aukamp, Sarah. "Correlates of Contraband in US Prisons: A summary of recent findings," October 2024. Accessed 12/30/24 at https://www.urban.org/sites/default/files/2024-10/Correlates_of_Contraband_in_US_Prisons.pdf.

190 DOC reports of Significant Incidents and Extraordinary Occurrences during the audit period. Copies of documents securely held by CCE; DOC Responses to Questions about PREA Complaints between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

191 Bureau of Justice Assistance, "D.C. Department of Corrections Body Worn Camera Expansion Program: Award Information," 2020. Accessed March 6, 2025 at https://web.archive.org/web/20250117065839/https://bja.ojp.gov/funding/awards/2020-bc-bx-0028.

192 Lawrence, Daniel S., Bryce E. Peterson, Michael D. White, Brittany C. Cunningham, and James R. Coldren. 2023. "Can Body-Worn Cameras Reduce Injuries during Response-To-Resistance Events in a Jail Setting? Results from a Randomized Controlled Trial." Journal of Criminal Justice 88. https://doi.org/10.1016/j.jcrimjus.2023.102111.

193 Significant Occurrence Report Incident #00924-2024-CDF, provided by DOC and held securely by CCE.

loaner BWC if they experience issues with their issued BWC. Issue: Current BWC batteries do not withstand an 8-hour shift. One officer's camera was activated but red light didn't work."

In Program Statement 5011.5, DOC lays out its policies regarding the mandated uses of BWCs.[194] The policy states, "Staff shall use the BWC to record footage of all incidents involving, but not limited to, oleo capsicum deployments, planned and unplanned, use of force events, routine security checks, resident escorts, cell searches, resident transports, search and recovery operations and as authorized by the DOC Office of the Director[.]"

In delineating under what circumstances the BWC should be activated, the policy states that "BWCs will be activated during incidents/activities, which shall include, but not limited to, the following: a) Each time the officer enters a designated Live Zone, or restricted housing unit b) When making security rounds…e) During any movement/escorts of residents restrained or unrestrained anywhere in or out of DOC facilities…h) responding to emergency situations" and more.[195] The above list is non-exhaustive; nothing in this policy precludes an officer from activating the BWC system if the officer determines in the course of their duties that the circumstances are such that it is reasonably prudent to activate the device at his or her discretion.[196]

DOC staff receive an initial eight hours of training on how to use BWCs, as well as a yearly one-hour refresher training.[197] Considering the numerous instances of correctional staff failing to turn on body cameras appropriately, DOC should evaluate the effectiveness of the annual BWC refresher training and make the training long enough to educate staff about issues with adherence to the BWC policy and any disciplinary consequences that may arise from failure to follow the BWC policy.[198] In addition, DOC should create disciplinary consequences for staff for failure to attend BWC-related training to motivate staff to receive annual refresher training on schedule.

Alongside improvements to BWC training, DOC should strengthen its policy to better ensure that BWCs are always on when required and functional. This will help protect residents and staff from many of the issues discussed above and support quicker and more accurate resolution of cases related to sexual misconduct, use of force, discrimination, and other misconduct. For example, in instances where individuals claim they are facing harassment or retaliation for making allegations of sexual assault, BWC footage can substantiate a claim of sexual misconduct more easily than verbal or written testimony alone. Additionally, more frequent use of BWCs, which flash with a red light when activated, can serve as a deterrent to misconduct.

Passing legislation that would mandate regular reporting on the use – or lack thereof – of BWCs

194 "PP 5011.5 Body Worn Camera," District of Columbia Department of Corrections, June 11, 2021, copy of policy securely held by CCE.
195 Ibid.
196 Ibid.
197 Ibid.
198 "PP 5011.5 Body Worn Camera," District of Columbia Department of Corrections, June 11, 2021, copy of policy securely held by CCE; DOC reports of Significant Incidents and Extraordinary Occurrences during the audit period. Copies of documents securely held by CCE; DOC Responses to Questions about PREA Complaints between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

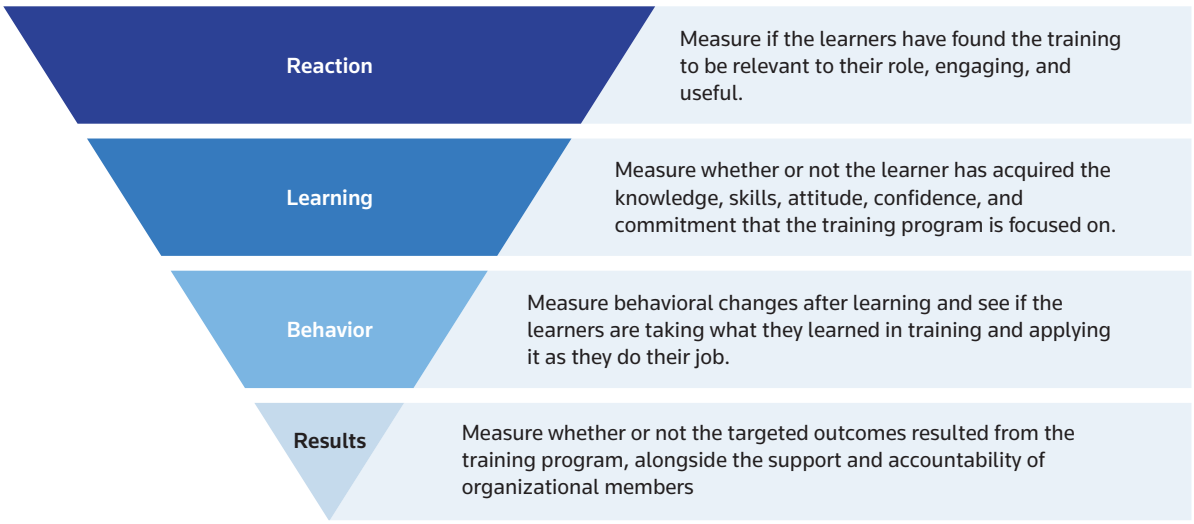
and other data points and increase public access to BWC footage would be an important step to increasing accountability. D.C. Code currently includes similar requirements to make Metropolitan Police Department BWC footage more available.[199]

9. DOC's staff training budget shrank significantly during the audit period, and DOC did not implement a planned training evaluation process to increase staff attendance and gauge the learning of training attendees.

Records and logs of DOC staff training reveal deficiencies in ensuring staff attend required trainings and in providing the type of programming that could have a meaningful impact on the jail's safety, security, and general environment. The resources for staff training at DOC decreased markedly during the audit period. Specifically, DOC's budget for training in FY 2024 and FY 2025 is $85,000, down from $209,000 in FY2022.[200] While it is not clear what specific cuts were made during that period, such a significant decrease in resources for training likely impacted the volume and frequency of trainings offered or shrunk the number of dedicated personnel to manage and monitor the training of DOC staff.

Effectiveness of trainings. In the DOC training plans for FY 2023, DOC indicated its intention to begin using the "Kirkpatrick Model" (Figure 9) to evaluate trainings. Implementing this model would have been an evidence-based step toward ensuring that correctional officers are learning the material and changing behavior.

Figure 9: Kirkpatrick Evaluation Model



Source: https://www.valamis.com/hub/kirkpatrick-mode.

199 D.C. Code § 5-116.33 (2025), https://code.dccouncil.gov/us/dc/council/code/sections/5-116.33.
200 Government of the District of Columbia, "FY 2025 Budget."

Table 3 below lists DOC goals related to implementing this model for FY 2023.

Table 3. Evaluation Goals from FY 2023 DOC Training Plans

Develop at least one (1) method of gathering participant feedback for Kirkpatrick Level 1	**Reaction** (i.e., learner-centered takeaways that measure whether learners find the training engaging, favorable, and relevant to their jobs).
Develop at least two (2) methods of gathering participant feedback for Kirkpatrick Level 2	**Learning** (i.e., gauging the learning of each participant of a specified course/class based on whether learners acquire the intended knowledge, skills, attitude, confidence, and commitment to the trainings.)
Develop at least two (2) methods of gathering participant feedback for Kirkpatrick Level 3	**Behavior** (i.e., measuring whether participants were truly impacted by the training of specified training course/class and if they are applying what they learned).
Develop at least two (2) Key Performance Indicators for at least one (1) training course/class using organizational data for Kirkpatrick Level 4	**Results** (i.e., measuring the learning against organizational outcomes).

Source: DOC Training Plans, FY 2023 and FY 2024.

DOC provided no evidence that these goals for implementing training evaluations were met. In fact, these were no longer goals for FY 2024; instead, that plan had as a goal: "Attendance! Primary issues include getting staff here, and then getting staff to stay."[201]

Absent implementation of the Kirkpatrick model, it also does not appear that staff who attend trainings are assessed on whether they gained skills or learned or retained the information presented, or if the trainings have had any impact on the broader operations of the jail.

Inconsistencies in training participation. Based on an analysis of DOC staff training records during the audit period and comments in their training plan, it is clear that significant numbers of DOC staff consistently do not attend required trainings. As displayed in Table 4, three in four trainings during one sample month – October 2023 – had a no-show rate of 25% or greater.[202] While DOC identifies as an issue staff walking out of trainings partway through, it does not appear that there is data on how often this occurs.[203] Approximately one in four (26%) expected attendees scheduled for *Prison Rape Elimination Act* (PREA) training in October 2023 were absent.[204]

201 DOC, "FY 2024 Training Plan, Updated." Document securely held by CCE.
202 D.C. Department of Corrections Various Trainings Records, July 1, 2023-June 30, 2024. Copies of documents securely held by CCE.
203 Ibid.
204 Ibid.

Table 4: Number of DOC Trainee No-Shows in October 2023.

DOC Trainings, October 2023 (order is by date of training)	Number in Attendance	No Shows	% of No Shows
Security Procedures (Staff Entrance PPT & Practical)	73	28	28%
Language Access Training	73	28	28%
Using Good Judgment in the Workplace	73	28	28%
Micro-aggressions in the Workplace	69	25	27%
Handling Bio-Hazards in the Workplace	69	25	27%
Defensive Tactics Refreshers & Practical Learning	69	25	27%
Suicide Prevention	60	20	25%
Mental Health in Corrections	60	20	25%
Con Games/Inmate Manipulation	64	23	26%
P.R.E.A. (Sexual Misconduct)	64	23	26%
Emergency Plans/Fire Safety/ Tool Control	64	23	26%
Overview of Code of Ethics (Handbook Review)	64	23	26%
American Red Cross CPR/FA/AED& Practical	41	18	31%
NARCAN Training & Distribution	41	18	31%
TACT2 Refresher	41	18	31%
True Colors	41	18	31%
Report Writing & Practical	34	16	32%
How to Preserve a Crime Scene (Crime Scene Preservation)	34	16	32%
Working with Inmates	34	16	32%
Escort & Transportation of Inmates & Restraint Practical	34	16	32%
Emotional Intelligence: A Vital Sign for Public Safety	34	16	32%
Respectful Workplace	34	16	32%
Inmate Classification: A Team Approach	5	4	44%
Anti-Racism: Can it Exist in the Culture of the Incarcerated?	5	4	44%
PTSD & Correctional Employees	5	4	44%
Sexual Harassment	5	4	44%
HIPAA	5	4	44%
Inmate Grievance/ Introduction to Policies & Procedures	5	4	44%
Use of Force Refresher	58	41	41%
Weapons Classroom Presentation Refresher	58	41	41%
Use of OC Refresher	58	41	41%
Weapons Qualifications Practical	58	41	41%
Welcome/DOC Mission & Purpose	7	0	0%

DOC Trainings, October 2023 (order is by date of training)	Number in Attendance	No Shows	% of No Shows
Respectful Workplace	7	0	0%
Using Good Judgement	7	0	0%
Professional Communication	7	0	0%
Micro-aggressions in the Workplace	7	0	0%
Sexual Harassment	7	0	0%
Code of Ethics & Conduct	7	0	0%
Suicide Prevention	8	3	27%
Mental Health in Corrections	8	3	27%
DOC Mission/ Org. Structure/ Criminal Justice System	8	3	27%
Professional Communication	8	3	27%
Emergency Response Plan/Fire Safety/ Kay Control	8	3	27%
Situational Awareness/ Defensive Tactics	8	3	27%
American Red Cross CPR/FA/AED	9	2	18%
NARCAN Training & Distribution	9	2	18%
Security Procedures Overview	9	2	18%
Working with Inmates	9	2	18%
Introduction to Policies and Procedures	9	2	18%
Overview of Required LMS Bridge Course Instruction	9	2	18%

Source: DOC Training rosters provided by DOC.

It is unclear from the records available why those DOC employees did not show up for these October 2023 trainings. If, for example, staffing shortages are a contributing factor to individuals missing key trainings because they were needed on duty somewhere else in the jail, DOC should report that information as part of their annual oversight reporting to the D.C. Council. DOC, however, may not be able to analyze why staff is not attending the required training due to the apparent limitations in DOC's current tracking methods. During the audit period, DOC primarily recorded the list of attendees for each training in writing rather than in a digital chart or database.[205]

Trainings on how to safely and effectively interact with people with mental illnesses should be a top priority. About a fourth of those signed up for the "Mental Health in Corrections" did not attend. People with mental illnesses are overrepresented in jail populations, and major mental illness itself is a risk factor for incarceration.[206] DOC reported to CCE that, at the beginning of the

205 Ibid.
206 Donna Hall, et al., "Major Mental Illness as a Risk Factor for Incarceration," Psychiatric Services 70, no. 12 (2019):1088-1093. https://doi.org/10.1176/appi.ps.201800425.

audit period, "there were 1,365 incarcerated individuals at the DC jail, 954 of them were deemed to have a mental health issue."[207] As many issues in the jail that lead to violence between residents and use of force by staff are due to symptoms of mental illness, ensuring all staff receive high-quality, robust training in mental health could significantly reduce jail violence.[208]

While some listed trainings may include de-escalation, there was no training that appeared to be dedicated to de-escalation, defined as the "[r]eduction of the intensity of a conflict or potentially violent situation[,]" to avoid violence in the jail.[209] CCE analyzed a sample of certain incidents over five weeks during the audit period. During this sample, 'Fighting between Residents' occurred 49 times, and 'Staff Use of Force' was documented 43 times, an average of more than one documented occurrence of each type of incident per day.[210] De-escalation trainings can be particularly helpful in the context of assisting jail residents in a mental health crisis, as such trainings teach correctional officers how to "[d]ifferentiate between escalating and de-escalating verbal exchanges[,]" and encourages strategies to reduce violence that "are oriented toward recovery and resilience."[211]

Additionally, beyond an annual two-hour training entitled "Anti-Racism: Can it Exist in the Culture of the Incarcerated?", DOC staff are not currently required to participate in mandatory trainings that discuss how race, ethnicity, national origin, and other identities can impact day-to-day interactions between individuals.[212] According to the National Institute of Corrections, DEIA trainings are important because they have the power to foster respect between staff by teaching staff to value diversity, which in turn helps "individuals in work teams" to "feel comfortable to (1) to speak up (psychological safety), (2) work together (collaboration), and (3) give everyone a voice even when they don't agree (being respectful)."[213]

The ACA's Performance-Based Standards Committee requirements state that facilities should have "written policy, procedures and practices encouraging and supporting employees to participate and engage in health and wellness activities inside and outside of their institutions/agencies."[214] DOC produced no evidence of conducting regular trainings regarding wellness.

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207 DOC, "MH Responses to Questions from the DC Auditor," November 14, 2024. Securely held by CCE.
208 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024; Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
209 Washington State Department of Social and Health Services Office of Forensic Mental Health Services. 2019. "Crisis De-Escalation Training in a Jail Setting." https://www.dshs.wa.gov/sites/default/files/BHSIA/OFMHS-JTA-Crisis-and-De-escalation-Training-12NOV2019.pdf; "DOC Program Statements," District of Columbia Department of Corrections, accessed November 24, 2024, https://doc.D.C.gov/page/doc-program-statements.
210 DOC Significant Incidents and Extraordinary Occurrences Occurring between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.
211 Washington State Department. "Crisis De-Escalation."
212 D.C. Department of Corrections Annual Training Plan for FY2023. (2023). Copies of document securely held by CCE.
213 National Institute of Corrections. n.d. "Diversity, Equity, Inclusion, and Accessibility." Accessed December 20, 2024. https://web.archive.org/web/20250114072934/https://nicic.gov/resources/resources-topics-and-roles/topics/diversity-equity-inclusion-accessibility.
214 Office of Correctional Health. "Staff Recruitment and Retention in Corrections."

Recommendations:

8. In collaboration with community stakeholders, DOC should model future jail population and staffing needs for the next ten years on current laws and policies and potential changes to the law or community investments.
9. DOC should develop and implement, and D.C. should adequately resource, a plan to decrease the reliance on overtime and fill all vacant staff positions that directly interact with residents.
10. DOC should eliminate penalties for staff who refuse to work requested overtime and update wellness offerings to support the psychological needs and well-being of staff.
11. DOC should investigate all contraband identified in the jail during FY 2025, utilizing all available sources of evidence and information, publish findings, and develop an action plan to decrease contraband entering the jail.
12. D.C. Council should enact legislation that expands the ability of the individuals and others to view DOC staff's Body-Worn Camera footage and creates reporting requirements on camera data consistent with existing Metropolitan Police Department requirements.
13. DOC should create and utilize a digital system to track individual staff attendance at required trainings, allow analysis of overall training engagement and attendance, and establish protocols to evaluate staff comprehension, retention, and utilization of material covered in all mandatory trainings.
14. DOC should ensure that mandatory staff trainings better cover or reinforce: a) contraband prevention, identification, and consequences; b) preventing and reporting discrimination or harassment; c) requirements for Body-Worn Cameras, d) cultural competency; and e) wellness, secondary trauma, and stress management.

Deaths in Custody

Introduction

Ten deaths of residents in DOC custody were reported between July 1, 2023, and June 30, 2024. One of those individuals was housed at the Central Cell Block at the time of their death; although this is a DOC facility, it was not examined in this audit, and so information about this death is not included below. Additionally, one person in DOC custody died at a Veterans Administration hospital. DOC did not provide information about this death. Three additional deaths in DOC custody were reported in calendar year 2024 beyond the audit period – one each in August, September, and November.[215]

CCE primarily utilized reports provided by DOC to understand the details surrounding the deaths of individuals in DOC custody during the audit period, supplemented by information from individuals whose loved ones died in the jail. When there is mention of policy or protocol not being followed, this information is drawn from DOC reports.

Findings:

10. DOC's rate of deaths in custody was higher than the national average during the audit period, with overdoses being the most common cause of resident mortality.
11. DOC provides minimal and inconsistent data to the public, oversight bodies, and family members regarding the circumstances of deaths in custody.
12. DOC does not appear to be engaging in regular agency-wide analyses of the factors contributing to deaths in custody to identify changes to staffing, training, or policies needed to reduce them and hold people accountable.

Commentary

DOC provided access to detailed reports for seven of the eight deaths of individuals who were housed at CDF or CTF at the time of the incidents that led to their deaths.[216] One death was a homicide resulting from an attack with a handmade weapon by another resident; one was a suicide; and five were related to overdoses. Three overdoses were confirmed by autopsy reports, and two are presumed from data gleaned from the reports provided. Two of the people who died during the audit period had been taken into custody only two days earlier. Three individuals were 24 years old or younger. On resident died from a brain hemorrhage deemed likely to be a stroke; no information is provided on actions taken or not taken by correctional or medical staff that might have influenced or prevented the death. Also, one lawsuit involving a death in DOC custody was settled during the audit period for $1.5 million.[217]

215 All data on deaths in DOC custody from Death Reports obtained from DOC, securely held by CCE.
216 Ibid.
217 Mannina v. Bowser, No. 1:15-cv-00931-FYP-RMM, (D.D.C. filed August 13, 2015 and settled August 8, 2024). Copy of Settlement provided by the U.S. Office of the Attorney General upon CCE request.

10. DOC's rate of deaths in custody was higher than the national average during the audit period, with overdoses being the most common cause of resident mortality.

Based on an analysis of the most recently available data on deaths in jails across the U.S., DOC's rate of deaths in custody in CDF and CTF during the audit period is over 3½ times the average mortality rate in U.S. jails. The rate of overdose-related deaths in the D.C. jail is ten times that reported in U.S. jails overall.[218] Table 5 shows these rates when standardized as deaths per 100,000 jail residents.

Table 5. Deaths per 100,000 Jail Residents

Cause of death	U.S., 2019	CDF & CTF, 7/23 to 6/24
Total, all causes	167	472
Illness	77	59
Suicide	49	59
Drug overdose or alcohol intoxication	26	295
Accident	3	0
Homicide	3	59

Source: CCE analysis of "Mortality in Local Jails, 2000 – 2019," U.S. Bureau of Justice Statistics and DOC data on deaths in custody.

Although the circumstances of each of the deaths in custody during the audit period were distinct, commonalities exist that justify concern and closer attention by DOC and District leaders. Based on reports by DOC and the Office of the Chief Medical Examiner, actions taken or not taken by DOC staff and contractors may have contributed to the resident's death in four of the eight incidents. These included:

- failure to search residents appropriately when moving between facilities;
- failure to act on information that persistent, illegal drug use on a unit was occurring; and
- failure to perform safety and security checks in the 30-minute intervals mandated in DOC policies and procedures.

In at least one case, DOC's healthcare provider opened an investigation into whether medical care

218 CCE analysis of DOC data and "Mortality in Local Jails, 2000-2019," Bureau of Justice Statistics, December 2021. Accessed on January 4, 2024 at https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf. It is worth noting that concerns have been raised that some jail deaths may not be reported; see https://www.vera.org/news/the-hidden-deaths-in-american-jails.

was appropriately provided in advance of a resident death. In another death, the records do not include whether security checks had been conducted according to policy and protocol and, if they were not, whether the patient's life might have been saved if the medical emergency had been discovered sooner.

In several instances, actions by staff may have impeded the potential to hold individuals accountable. These actions included not having body-worn cameras in "record" mode, as is required by agency policy, and the rewriting of security check logs. In one death, it appeared that it had been so long since a correctly implemented safety check had been done that, by the time someone noticed the person had died, rigor mortis had set in. The Office of the Chief Medical Examiner commented that the person "appeared to have been deceased for more than 12 hours."

The reports on deaths in custody suggest several systemic issues with DOC management. Several reports summarized below mention understaffing. In one case, the correctional officer noted they had sole responsibility for a unit that should have had two people assigned. In another, one officer was escorting and monitoring ten residents as they moved between buildings. One officer said they did not pat down residents coming out of their cells because they did not have backup. Additionally, camera footage reviewed after several overdose deaths showed materials being passed through food tray slots shortly before the medical emergency that was either not observed or not responded to in real-time. DOC also does not appear to provide adequate staff training related to required protocols surrounding security checks and the movement of residents within and around DOC facilities.

Below are synopses about each death in custody during the audit period with dates and identifying information excluded; "they" is used to anonymize the identity of the individual and does not reflect a chosen pronoun. Because some readers may find these more detailed descriptions disturbing, the below synopses are differently formatted for those who want to skip this section.

Deaths in Custody – Incident Synopses

Resident died of an overdose. There was a lapse of 56 minutes between security checks of this resident's cell. A civilian (non-uniformed) staff member conducting security checks indicated they were not issued a BWC and were never trained on what to do if a resident was not visible due to a curtain or other covering blocking the view. Security camera footage showed a different resident appearing to take something out of their shirt pocket and pass it through the tray slot to the person who later died. It was over 90 minutes before an officer shone a light and looked into the cell with a flashlight and 14 additional minutes before someone opened the cell door and a medical emergency was declared. DOC reports on the death notes indicate safety and security checks had not been conducted within agency expectations (irregular 30-minute intervals) and in accordance with DOC policies and procedures. Also, inconsistencies were found in the Housing Unit logbook that made it difficult to ascertain if staff actions were in accordance with DOC policies and procedures.

Resident died by homicide. The assailant was released from their cell at 8:22 a.m. to go to an appointment by an officer standing behind the control module door; he was the only officer in the

housing unit at the time and did not search the assailant when they exited the cell. The officer responsible said he did not pat down the assailant and allowed them to enter the sally port because he was the only officer inside the Housing Unit and did not feel safe conducting pat-downs alone. The assailant was not searched at any point between their cell in CDF and arriving at CTF. The officer escorting the ten residents going to physical therapy had all the residents in front of him when they entered the medical area.

The officer asserted that DOC did not have a written policy governing escorting residents to a medical appointment, required officer-to-inmate ratio during escorts, or strip-searching inmates prior to leaving CDF for CTF. When the staff person with direct responsibility for ensuring that the medical escort was staffed appropriately was asked if she believed that one officer was capable of monitoring ten residents during escorts, she replied, "Yes and no, but if you are familiar with the inmates you would know by looking at the list." Shortly after the residents and escort detail arrived at the appointment, the decedent was assaulted with a homemade weapon (shank) and suffered a head injury from which they died two days later. The assailant locked themself in the nearby bathroom; the weapon was later recovered from the toilet in the bathroom the assailant hid in following the assault. According to the OIS report, "OIS concludes that multiple COs [correctional officers] were not in compliance with agency Policy and Procedure, the District Personnel Manual, and Post Orders of the DOC. Investigators learned the COs failed to pat/wand/strip search inmates when escorted from the CDF to the CTF . . . OIS also discovered that there was a significant breakdown in the policy and procedure as it pertained to *Escorted Trips*, departing or returning to CDF."

Resident died of an overdose. Per security camera footage, shortly after midnight, a resident in the cell next to the person who overdosed slid an unknown object under their door to a resident outside the cell. This person then slid this object under the cell door of the decedent. The officer who had been on duty had his BWC off. The officer said he was assigned to the midnight shift, and the residents only sleep, so his camera stays on ready mode only and not in the record mode. The officer said he observed the deceased lying on the floor (not in the bed) but did not check the resident for signs of life. He also did not go into the cell with the food tray in the morning because, according to the officer, the resident appeared to be sleeping. The officer left his shift without doing the required count of residents in the unit with the incoming officer; rather, he called in the count before completing the actual count. When the incoming officer checked on the resident, they were unresponsive, with a white foam coming from their mouth. Narcan was administered, but the resident was pronounced dead. The Medical Examiner indicated that the deceased exhibited signs of full rigor mortis and appeared to have been dead for many hours. An OIS investigation concluded that the correctional officer on duty was out of compliance with DOC policies and/or procedures and the response that a reasonable and prudent officer would make under comparable circumstances.

Resident died by suicide. Upon review of the camera footage, DOC discovered that before the resident's death, staff did not perform the required 30-minute security checks. At 1:37 p.m., an officer doing a security check did not look through the cell's window to ensure the resident did not need assistance or was in distress. The officer turned their BWC off at 1:38 p.m. prior to completing

the security check. At 2:16 p.m., a case manager stood outside the cell, but there was no indication they looked into the resident's cell. The camera was not in recording mode at the time of discovery of the emergency, as policy prescribes. Also, an officer mistakenly called the "all available" code on their radio (which is often for a fight) instead of "medical emergency." This led to the officer having to go to the control module to open the door, adding additional time before assistance could be rendered for the resident. The actions of the correctional officers were found to be out of compliance with DOC policies and procedures.

Resident died of an overdose. DOC's medical emergency response team was called at 1:40 a.m. after a resident was found unresponsive in their cell, with early signs of rigor mortis. Following lifesaving attempts, including administration of Narcan, the resident was pronounced dead at DOC. Security camera footage showed that, during the medical emergency, the deceased's cellmate appeared to be concealing unknown items within their clothing, walking on both sides of the unit, stopping at various cells, and passing an unknown item to residents of a different cell. A uniformed staff told the cellmate to return to their cell (which was against protocol, as the cell should have been closed off for investigative reasons). During the initial examination of the decedent by the MPD, examiners discovered that DOC uniformed staff had taken the decedent's fingerprints before the assessment and recovery process, thus contaminating the recovery of any potential evidence from the decedent's hands. Information gathered from staff interviews by OIS revealed persistent illicit drug use by residents in the unit, which prompted their requests to supervisors for a mass shakedown of the housing unit. The officers indicated that their request was unheeded. Security cameras reviewed following the death showed suspicious activity in the hours before the death, including substances being passed by a resident to someone in the deceased's cell.

Resident likely died of a drug overdose or withdrawal. On the evening the decedent was brought to the jail, medical staff reported they were unable to stay conscious to complete the intake. The following afternoon, the notes indicate that, "Patient is currently complaining of generalized abdominal pain, nausea, vomiting (last episode 1 hour ago), bone pain. [They are] also complaining of visual hallucinations, report seeing 'little bugs.' [They are] actively falling asleep during current encounter." The following morning, the resident was still vomiting at 11:15 a.m., and the notes indicate they reported being cold; at 12:45 p.m., they were found dead.

Resident died following a brain hemorrhage. Per the Multi-Level Morbidity and Mortality Review Form, the resident was found "down on the tier," and Narcan was administered. The resident began moving and yelling out, then became unresponsive again; 911 was called, and the resident was brought to a hospital where they died. No information from prior to the medical emergency was provided in the death reports for this case. It is unclear whether security checks had been conducted according to policy and protocol.

Resident died of an overdose. Several jail residents noticed a resident was unresponsive in their cell and called for help. A medical emergency was called. Staff arrived and administered four doses of Narcan, and staff attempted to revive the individual with a defibrillator. However, the person never regained a pulse and was declared dead. The individual previously had been taken

to the hospital due to overdoses. While DOC reports indicate that security checks were done according to policy, there is no indication that an investigation into how the person who died came to have illegal drugs the day of their death, such as interviews with staff who had been in physical contact with the individual in the hour before they were found unresponsive or with residents in the neighboring cells.

11. DOC provides minimal data to the public, oversight bodies, and family members regarding the circumstances of deaths in custody.

In 2022, the D.C. Council approved the *Corrections Oversight Improvement Omnibus Amendment Act of 2022* to require DOC to provide written notification of a resident's death to key government leaders within 24 hours, as well as notifying next of kin and posting public notification no later than three days after the death. The notifications must include details about the individual who died and a description of the circumstances surrounding the death.[219] The law also requires the Corrections Information Council to issue a more detailed report publicly about each death of a detainee or resident in a DOC facility within 30 days after the death. The bill was passed subject to appropriations and elected officials have not provided funding so the requirements are not in effect. Even without supporting appropriations, as DOC pointed out in their written comments included with this report, the agency has posted the name of those who have died in custody including the cause of death on the DOC website. The extent of information made available to family members and to those charged with oversight of correctional facilities remains an issue.

CCE interviewed a person who spent years seeking information about the death in custody of her children's father. The resident had died by suicide; she said she doubted he would have told anyone he was suicidal because he would be "further punished in a Suicide Precaution cell. That is torture." The Department explained that she did not receive information because she was not considered a family member. She said:

> *"The report that we eventually got [was] missing hundreds of pages. And it omits the fact that no one found his body for 8 hours. The only reason his body was found at all was because of the shift change. My initial FOIA request was completely ignored. I ultimately found an attorney who offered to help and she submitted the request. They denied it again claiming they didn't know who I was. (I never married [resident] but had 3 kids with him). So I had to get my son to provide his birth certificate to prove lineage and they eventually responded with the report. But every time they ignored me or they denied the request the clock starts again....We were forced to open an estate [in order to move forward with a lawsuit]... My understanding is the...report is redacted to protect their employees."*[220]

Providing more information could help family members better understand the circumstances

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220

surrounding the event but also help ensure accountability for any actions taken or not taken by public officials that may have contributed to the death.

12. DOC does not appear to be engaging in regular agency-wide analyses of the factors contributing to deaths in custody to identify changes to staffing, training, or policies needed to reduce them and hold people accountable.

As far as CCE could determine, DOC has never produced a report summarizing or analyzing the deaths in custody to identify changes that would assist DOC or its contractors in preventing resident deaths. Additionally, the DOC reports on deaths in custody show little attempt to trace the source of the drugs taken in an overdose or weapons used. For example, the death report for one overdose death focused almost entirely on the actions of staff to resuscitate an individual who was unresponsive due to a drug overdose. The report did not indicate whether staff who had direct contact with the deceased in the hours before his death were questioned; whether residents in nearby cells were asked about illegal drug distribution in their part of the jail; or whether stationary or body-worn camera footage of the hours before the death were reviewed. Similarly, in the case of the individual stabbed to death in the CTF medical area, the report did not discuss any attempt to learn how the individual came to possess a deadly weapon.

Death reports indicate that MPD regularly was contacted and came to the jail, often concurrently with the Office of the Chief Medical Examiner. However, documents provided to CCE as part of the death-related file did not reference MPD investigating potential crimes contributing to the residents' deaths, such as bringing in or distributing contraband involved in overdoses, for example.

Recommendations:

15. DOC should publish and post online an annual report identifying and analyzing the causes and contributing factors for all deaths in the prior four years and recommending any policies or procedures that should be revised. The first such report should also address ways that a new jail facility design could improve jail safety and support easier identification of individuals in crisis and should be shared with DGS and its design and architectural contractors.

16. DOC should work with the Metropolitan Police Department any time a death in the jail occurs via homicide or an overdose to ensure their investigation considers whether any individuals – either staff or resident –should be charged with a crime.

17. D.C. Council should ensure funding for the transparency requirements of the *Corrections Oversight Improvement Omnibus Amendment Act of 2022*'s related to resident deaths.

Violence and Use of Force

Introduction

Staff, residents and their family members, and professionals working in the jail reported incidents including intra-resident assaults, contraband weapons, sexual violence, staff uses of force, and assaults on staff during the audit period. These first-hand accounts are corroborated by documents provided by DOC for this audit and to the D.C. Council. Reducing violence in the facility, including intra-resident, excessive use of force, and resident-on-staff violence, is a complex and important issue that calls for a multi-faceted approach.

Findings:

13. There were at least 790 – an average of more than two per day – reported assaults on staff and residents during the audit period.

14. Poor maintenance, deteriorating conditions, and contraband contributed to instances of violence in the jail during the audit period.

15. Residents and staff filed formal complaints regarding more than 125 incidents of sexual harassment or abuse in the jail during the audit period.

16. There were 400 documented incidents of DOC staff use of force during the audit period, frequently involving the use of pepper spray on residents.

Commentary

13. There were at least 790 – an average of more than two per day – reported assaults on staff and residents during the audit period.

While no data is available on the share of DOC residents experiencing violence, the numbers of reported significant incidents and extraordinary occurrences involving assaults indicate violence is a pervasive problem in the jail.[221] (The explanation of what situations DOC classifies as "extraordinary occurrences" and "significant incidences," as well as a complete list of these situations occurring during the audit period, is available in Appendix E.) These reports show that, during the audit year, 580 assaults involving residents occurred — 413 classified as "resident-on-resident assaults" and 167 incidents classified as an "assault on resident."[222] An "assault on resident" occurs when a resident is the primary aggressor, whereas "resident on resident assault" is an incident such as a fight were both residents were active participants.

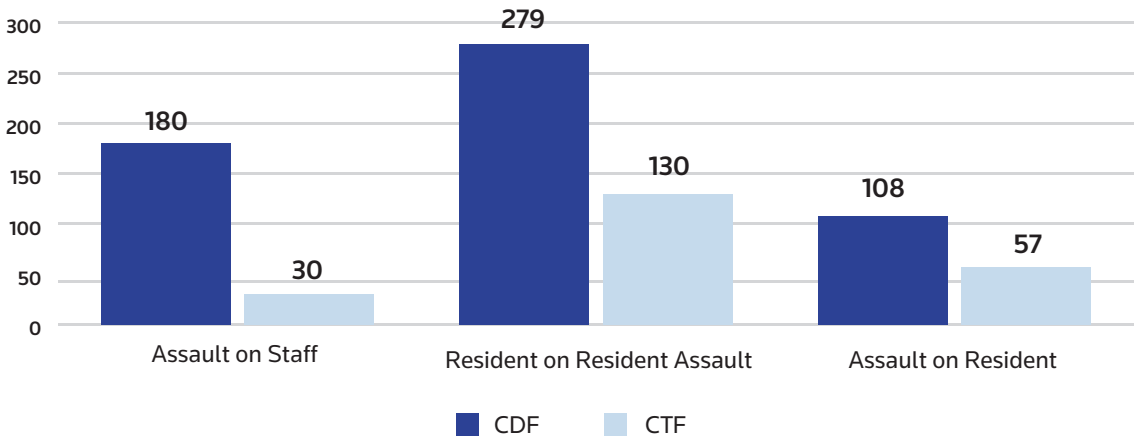
221 D.C. Department of Corrections, "Count of SI and EO," September 11, 2024. Copy of document securely held by CCE; D.C. Department of Corrections, "Significant Incidents and Extraordinary Occurrences Summaries," 2024. Copy of document securely held by CCE.

222 Ibid.

Additionally, 211 incidents of assaults involving staff occurred, 78 of which were classified as "assault on staff with liquid."[223] Altogether, on average, more than two assaults per day (790) occurred in the jail during the 12 months of the audit period.[224] Almost one in four (94) resident assaults also included a use of force by staff.[225]

Two-thirds (67%) of intra-resident assaults and 85% of staff assaults occurred in CDF (see Figure 10).[226]

Figure 10. Assaults in the Jail, 7/1/23–6/30/24



Source: CCE analysis of all Significant Incidents and Extraordinary Occurrences, provided by DOC.

While there were discrepancies between documents reviewed, 65–79 assaults on or between residents were identified as "serious." "Serious" assaults appear to include either a serious injury, a weapon, or a large group of residents.[227]

DOC's report of incidents of intra-resident violence included 50 in which at least one person involved in the incident was injured; staff were injured in four of these incidents.[228] While the incident report does not include details that would allow a fuller understanding of the seriousness of these assaults, a media report revealed a stabbing incident occurred in December 2023 that resulted in three residents with stab wounds being transported to the hospital.[229] While CCE did

223 Ibid.
224 Ibid.
225 Ibid.
226 Ibid.
227 D.C. Department of Corrections. "Updated D.C. Council Response." September, 2 2024. Copy of document securely held by CCE staff; D.C. Department of Corrections, "Count of SI and EO," September 11, 2024. Copy of document securely held by CCE; D.C. Department of Corrections, "Significant Incidents and Extraordinary Occurrences Summaries," 2024. Copy of document securely held by CCE.
228 CCE counted as an injury incidents those tagged with "Bodily Contact or Injury;" "Special Conveyance," likely to a hospital; "Medical Emergency;" "Medical 911;" "Weapon;" "Stabbing;" and/or "Escorted to Hospital."
229 Meckler, L. "Three inmates wounded in staffing incident at D.C. jail, police say," Washington Post, December 10, 2023, accessed March 29, 2024 at https://www.washingtonpost.com/dc-md-va/2023/12/10/dc-jail-stabbing/.

not conduct a comparative analysis of assault or injury rates before and during the audit period, a report by D.C. Witness using DOC data showed a rise in resident stabbings between 2022 and 2023 from 13 to 18.[230]

Grievances reviewed by CCE (190 out of 6,911 informal grievances during the audit period) also detailed individuals facing both verbal threats from other residents and physical assaults resulting in injury.[231] In one incident, a man screamed for help as his cellmate punched him with a closed fist in the cell. Once the cell was opened, his cellmate chased him into the hall. The incident resulted in a laceration on the lip and chin of the attacked resident. This resident reported that he had previously asked to be moved from his cell because his cellmate had attacked him, but he was told to wait until the morning. In another incident, a resident alerted a correctional officer that his cellmate had assaulted him while he was sleeping. Bruises were visible on his neck, and blood was visible on his fingers. The resident claimed that his cellmate prevented him from eating for days, threatened to kill him, and attempted to strangle him because he refused to give the cellmate his breakfast.

Sample incident: An assault occurred when a resident was able to gain access to a different tier and stab another resident multiple times in the face and leg with a 5.5-inch metal object. A correctional officer also received a laceration on the stomach in the attack. The aggressor later revealed that he stabbed the other resident because that resident had testified against him in court, resulting in his getting a 22-year sentence.

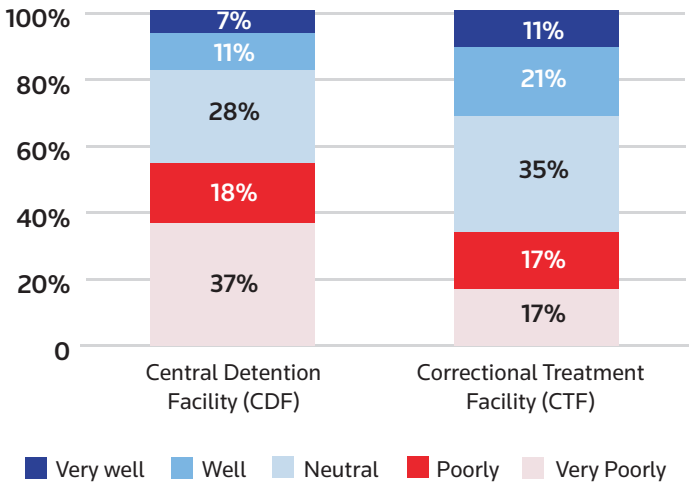
Of those staff assaults that did not result in serious injury, 78 incidents were categorized as an "Assault on Staff with Liquid" – which included not only water or other drinks but also urine and feces.[232] The remaining 129 incidents were classified as being another type of assault.[233] Sixty-four of "staff results not resulting in serious injury" incidents (including nine liquid assaults) included a use of force on a resident; the data provided does not indicate whether the use of force preceded or followed the assault on staff.[234] According to reports, 78 of the assaults on staff occurred in cells, and the remainder occurred in common areas or elsewhere.[235] In addition to the potential trauma or injuries resulting from these incidents, fights and assaults usually result in residents being sent to restrictive housing and/or receiving disciplinary action. During one week in June 2024, all 12 significant or extraordinary incidents reported at CDF or CTF related to resident assaults or fighting resulted in one or more residents being put in a restrictive housing unit. An infraction was also issued in 10 of the 12 incidents. Infractions can result in the loss of privileges,

230 Levine, Jeff. "D.C. Witness Exclusive: Increase in Stabbings Only Part of Inmate Safety Problem at DC Jail." D.C. Witness, July 25, 2024. https://dcwitness.org/d-c-witness-exclusive-increase-in-stabbings-only-part-of-inmate-safety-problem-at-dc-jail/.
231 Anonymous Grievant #11, DOC grievance, 2024; Anonymous Grievant #22, DOC grievance, 2024.
232 DOC, "Significant Incidents and Extraordinary Occurrences Summaries."
233 Ibid.
234 Ibid.
235 Ibid.

including visitation with loved ones.

As part of planning for the new jail facility, DOC's jail planning contractor, CGL, surveyed residents in October 2023. As Figure 11 shows, in response to the question "How well does your current facility/housing unit support your sense of safety and security?" over half of responding residents in CDF and a third of those in CTF said "poorly" or "very poorly." Only 7% of respondents in CDF and 11% of those in CDF said their safety and security was supported "very well." A smaller percentage of residents in special housing units in both facilities said that the jail "very poorly" supported their safety and security.

Figure 11. Resident responses to survey question "How well does your current facility/housing unit support your sense of safety and security?"



Source: October 2023 CGL survey of residents

CCE also surveyed a small sample of people who had resided in the jail during the audit period and found consistent responses. When asked "how safe did you feel in the jail," with a "1" being "not safe at all" and "5" being "very safe," eight of 11 respondents gave a score of "1" or "2," with no respondents giving a score of "4" or "5." One individual stated that "on CDF side I'd say (I felt) a 1.5 . . . On CTF side (in a program unit) . . . 4.5".[236] One previous resident shared, "This place is corrupt as all outdoors. I was in constant fear for my life."[237] When asked how often they saw intra-resident fights or assaults while in the jail, four of 11 said they saw them multiple times a week, with another three respondents reporting seeing physical assaults several times a month.[238]

236 D.C. Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024; CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024; Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024.
237 Person formerly incarcerated at D.C. jail #12, written letter with CCE staff, September 2024.
238 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.

Several individuals CCE interviewed reported that conflicts between individuals in the community can spill over when they enter the jail, and the individuals are now in very close contact. Respondents indicated that younger people tend to be more vulnerable. CIC staff and others told CCE that DOC attempts to determine the affiliations and neighborhoods of those being admitted at intake, so as to keep certain individuals separate; however, in practice this is not always possible.[239] DOC's inability to keep separate the residents who have separation orders becomes more complicated as the population of the jail grows alongside ongoing staffing shortages. Several lawsuits active during the audit period alleged incidents in which residents say they were victims of violence resulting from failures to implement separation orders successfully:

- A jail resident claimed he informed DOC employees he had separation orders against multiple individuals in the cell block to which he was being transported, but he was still sent to housing in that cell block.[240] That jail resident claims that he was then stabbed in the cell block multiple times by the residents identified in the separation orders.
- A jail resident was stabbed by another resident, resulting in a separation order between the two residents. The stabbed resident claims that despite this separation order and correctional staff's knowledge of a prior fight between the residents, DOC allowed the residents to be in the same vicinity as each other on two subsequent occasions. He alleged that he was then stabbed again by the same attacker inside the jail.[241]
- In another case, DOC staff was accused of granting the request of one incarcerated individual who was related to an alleged victim to be housed in cells close to the victim's attacker, leading to a stabbing.[242]

Additionally, ANC Commissioner Hayes detailed an incident in which two women with a separation order in place were brought to the medical unit at the same time, resulting in a fight.[243] And a former correctional officer shared an incident where an individual tried to gain entrance to the protective custody unit where a resident who was charged with killing one of his family members was housed. The officer was able to prevent this entrance because he knew this resident's history; when the resident was intercepted, he had a 5-inch shank on his person.[244]

> *"I was stab [sic] multiple times due to officer mishap . . . At this current time, I feel unsafe and discriminated against."*
>
> *- Alleged in a resident grievance during the audit period.*[245]

These cases indicate that the presence of video cameras and targeted technology did not

239 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024; Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
240 Jenkins v. D.C., No. 2022-CAB-005806 (D.C. Super. Ct. 2024).
241 Hardy v. D.C., No. 2022-CA-003376-B (D.C. Super. Ct. 2022).
242 Brown v. D.C., No. 2022-CA-004282-B (D.C. Super. Ct. filed April 4, 2023).
243 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
244 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
245 Anonymous Grievant #11, DOC grievance, 2024.

successfully curtail violence in the jail during the audit period. A CIC member said that most incidents are caught on camera, and "cell-sense" technology is also being used to identify weapons on a resident's person. However, he felt that these strategies were not effective, as residents were not concerned with the incident being seen or acted upon by staff.

Additionally, short staffing and lack of training for staff have reportedly contributed to the improper opening and closing of doors, leading to stabbings by individuals having inappropriate access to shared areas.[246] A former DOC staff member stated that due to vacancies, staff are being promoted before they have sufficient experience to be effective.[247]

CCE also found no evidence that DOC is utilizing "dynamic security" principles. Dynamic security "requires an alert staff who interact with [residents] in a positive manner and engage them in constructive activities, allowing staff to anticipate and prevent problems before they arise . . . offers the possibility of providing warning information before some untoward incident has taken place. This allows [correctional] staff to take preventive action to hinder the threatening incident from occurring."[248]

As noted in the section on staffing, many staff believe that if residents feel safe and their basic needs are met, they will follow rules and regulations.[249] Many of the recommendations in other sections of this report, specifically those dealing with improving food, programming, mental health and substance use treatment, and maintaining appropriate facility temperatures, are evidence-based approaches that have been shown to decrease violence.[250]

14. Poor maintenance, deteriorating conditions, and contraband contributed to instances of violence in the jail during the audit period.

DOC reported that 363 incidents during the audit period involved homemade weapons. Appendix D includes descriptions of confiscated contraband during the first quarter of the audit period (7/1/23 – 9/30/23), as provided by DOC to the D.C. Council in performance reports. This list includes more than a hundred instances of weapons made from sharpened pieces of metal likely

246 See, e.g., Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

247 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.

248 United Nations Office on Drugs and Crime, "Handbook on Dynamic Security and Prison Intelligence," New York: 2015. https://www.unodc.org/documents/justice-and-prison-reform/UNODC_Handbook_on_Dynamic_Security_and_Prison_Intelligence.pdf.

249 D.C. Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024.

250 Semenza, D.C., and Grosholz, J.M. "Mental and physical health in prison: how co-occurring conditions influence inmate misconduct." Health Justice 7, no. 1 (2019):1-12. https://doi.org/10.1186/s40352-018-0082-5; Duwe, G., "The Use and Impact of Correctional Programming for Inmates on Pre- and Post-Release Outcomes," National Institute of Justice, June 2017, https://www.ojp.gov/pdffiles1/nij/250476.pdf; Wilson, K. "How Small Changes to Prison Food Drastically Cut Prison Violence," BBC Science Focus, https://www.sciencefocus.com/the-human-body/prison-food-nutrition-violence-mental-health; Mukherjee, A. and Sanders, N., "The Causal Effect of Heat on Violence: Social Implications of Unmitigated Heat Among the Incarcerated," NBER Working Paper No. 28987, July 2021, https://www.nber.org/system/files/working_papers/w28987/w28987.pdf.

created from the disintegrating physical conditions and old equipment in CDF particularly. CCE's review of incident reports for one week in January 2024 found that the seven contraband weapons that were recovered were all shanks crafted from random pieces of metal.[251] The one homicide during the audit period also was committed using a similar homemade weapon.[252]

The architecture of DOC facilities – and particularly CDF – may also be contributing to intra-resident violence. The design of housing units within correctional facilities significantly impacts safety and security. The current dated layout makes it more difficult to separate people in conflict. Moving people through multiple facilities for healthcare and other services also provides opportunities for violence to occur. Like in the incident noted above in which a resident was murdered during the audit period, a lack of medical facilities in CDF made it necessary to move a group of residents to CTF, increasing the opportunities for incidents – particularly when the jail is understaffed – to occur.

One person interviewed said conditions inside the facilities – for example, extreme heat, often with the lack of ice to cool down – are a contributing factor to violence.[253] The confiscations of handmade rather than manufactured weapons also suggests that deteriorating parts of the jail have been weaponized and contribute to violence – including fatal assaults – at the jail.

Podular jail designs, which are anticipated for the new DOC facility, emphasize constant or remote supervision, which can help staff identify and address intra-resident issues before they become more serious.[254] Linear jail designs (like CDF), with their segmented corridors and limited visibility, often impede supervision and heighten risks such as contraband transfer and vandalism.[255] In contrast, the adoption of podular layouts not only addresses these challenges but also fosters a more secure and efficient correctional environment. Podular jails also typically use solid construction materials, such as security glass and concrete walls, to control sound and enhance sight separation, which can also reduce conflicts.[256] These features allow for improved staff observation, proactive behavior management, and streamlined security zones.[257]

Best practices in facility design include the inclusion of spaces that encourage positive interactions among residents, staff, and visitors.[258] Positive interactions have been shown to improve safety, lower rates of violence, and foster stronger relationships between residents and officers.[259] Research also has consistently shown that access to natural light and green spaces plays a pivotal

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251 D.C. Department of Corrections, "Incident Reports" January 14 -January 20, 2024. Copy of document securely held by CCE.
252 DOC Office of Investigatory Services, "Investigative Report." January 2024. Copy of document securely held by CCE.
253 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
254 National Institute of Corrections. 2011. "Jail Design Guide, Third Edition." U.S. Department of Justice, p. 35.
255
256 Ibid.
257 Ibid, pp. 42, 75.
258 St. John, Victor J. "Placial Justice: Restoring Rehabilitation and Correctional Legitimacy through Architectural Design." SAGE Open 10, no. 2 (2020). https://doi.org/10.1177/2158244020919503.
259 Ibid.

role in mental health, rehabilitation, and facility safety.[260]

Evidence from other jurisdictions has shown that programming has been shown to decrease violence. For example, a mentoring program unit to support younger residents in a South Carolina prison reduced violent infractions and the use of restrictive housing for participants.[261] This program is similar to the Young Men Emerging program at the jail, which, while a widely supported aspect of DOC operations and innovation, only served 34 residents in FY 2023 and was not evaluated for performance.[262]

Additionally, the proportion of residents in disciplinary housing was a significant predictor of resident-on-staff assaults, while the proportion of residents in protective custody was also a significant predictor of both increased resident-on-resident and resident-on-staff assaults.[263] Antisocial environments, characterized by heavy reliance on segregation, can exacerbate violence and psychological harm.[264]

15. Residents and staff filed formal complaints regarding more than 125 incidents of sexual harassment or abuse in the jail during the audit period.

Like all correctional facilities in the United States, DOC must comply with the *Prison Rape Elimination Act of 2003*, which provides "for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape."[265] Despite DOC's efforts to minimize sexual misconduct in the jail, documented instances of sexual abuse and harassment involving staff during the audit period. DOC's policy to comply with the requirements of the *Prison Rape Elimination Act* (PREA) is entitled "Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct" and is described as establishing "uniform procedures for preventing, detecting, and responding to incidents of sexual abuse, sexual assault, and sexual misconduct[.]"[266]

During the audit period, 129 complaints were filed pursuant to DOC's Policy & Procedure

260 Blume, Christine, Corrado Garbazza, and Manuel Spitschan. "Effects of Light on Human Circadian Rhythms, Sleep and Mood." Somnology: Sleep Research and Sleep Medicine 23, no. 3 (2019):147-156. https://doi.org/10.1007/s11818-019-00215-x; Hughes, Quille A., "The Implementation of Trauma Informed Design in the United States Prison Campus: A Standardized Design Methodology," (2023), Thesis, Rochester Institute of Technology; Engstrom, K. V., & Ginneken, E. F. J. C. van. "What is ethical prison architecture?: An exploration of prison design and wellbeing," Prison Service Journal 267, (2023):29-37. https://hdl.handle.net/1887/3634036.

261 Djokovic, Selma, and Ryan Shanahan. "Changing Prison Culture Reduces Violence." Vera Institute of Justice, 2023. https://www.vera.org/publications/changing-prison-culture-reduces-violence.

262 "DOC Responses," D.C. Council p. 405.

263 Randol, Blake M., and Christopher M. Campbell. "Macro-Correlates of Inmate Violence: The Importance of Programming in Prison Order." The Prison Journal 97, no. 4 (2017): 451–74. https://doi.org/10.1177/0032885517711975.

264 St. John, Victor J. 2020. "Placial Justice."

265 Prison Rape Elimination Act, 34 U.S.C. § 303 (2003) https://www.law.cornell.edu/uscode/text/34/30302.

266 "PP 3350.2I Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct," District of Columbia Department of Corrections, January 2, 2019, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/3350.2I%20%20Elimination%20of%20Sexual%20Abuse%2C%20Sexual%20Assault%20and%20Sexual%20Misconduct%2001022019.pdf, p. 2; Prison Rape Elimination Act, 34 U.S.C. § 303 (2003) https://www.law.cornell.edu/uscode/text/34/30302.

3350.2I, "Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct." Eighty-one of these complaints were forwarded to the Department's OIS for investigation. One complaint filed pursuant to the same policy documented a claim of "staff on inmate" sexual assault.[267]

Of those not forwarded, the most common reason (18 of 48) was that the complaint was withdrawn, see Table 6. As was noted elsewhere in this report, individuals told CCE that both staff and residents have reported being pressured to drop their complaints. For cases that did not pass the threshold for a PREA complaint, it is unclear whether the inappropriate staff behavior that should be addressed occurred.

Table 6. Selected PREA Complaints Not Forwarded to the Office of Investigative Services

	Total		Staff involved
Withdrawn	18	Staff on resident sexual misconduct, harassment, and/or abuse	6
Does not meet PREA	17	Total, all staff involved	10
		Staff on resident sexual abuse	2
		Staff on resident sexual harassment	6
		Staff sexual misconduct	2
Within policy	1	Staff sexual misconduct	1

Source: document provided by DOC.

DOC's Sexual Assault Incident Review Team (SAIRT) conducts reviews of incidents of sexual abuse. CCE was provided with redacted copies of minutes from three of the SAIRT meetings held during the audit period. SAIRT is made up of upper DOC officials and tasked with conducting "a sexual abuse incident review at the conclusion of every sexual abuse investigation" within 30 days of the investigation.[268] Included in the small number of cases reviewed in the July 2023 meeting (incidents that took place prior to the audit period) was one substantiated case of staff-on-resident sexual harassment, one substantiated case of staff-on-resident sexual abuse, and one substantiated case of "agreed sexual contact" involving a resident. In the September 2023 meeting, SAIRT reviewed just one case, a staff-on-resident sexual abuse case that it determined to be unsubstantiated. Finally, in the February 2024 meeting, SAIRT reviewed one case, a resident-on-resident sexual abuse case they also determined to be unsubstantiated.[269] These cases do not include staff-on-staff sexual harassment. In February 2024, DOC reported to the Council one

267 D.C. Department of Corrections, "Response to PREA Questions". November 2024. Copy of document securely held by CCE.
268 DOC Policy and Procedure 3350.2I.
269 DOC Policy and Procedure 3350.2I; D.C. Department of Corrections, "SAIRT Meeting Minutes Redacted," July 2023. Copy of document securely held by CCE; "SAIRT Meeting Minutes Redacted," September 2023. Copy of document securely held by CCE; "SAIRT Meeting Minutes Redacted," February 2024. Copy of document securely held by CCE.

pending complaint from December 2023 of staff-against-staff sexual harassment.[270]

In addition to formal PREA complaints, jail residents have also claimed in litigation that they were victims of other forms of sexual harassment during the audit period, such as excessive pat-downs by DOC staff.[271] In one case settled for $375,000 during the audit period, a DOC employee said they were retaliated against and ultimately terminated for reporting sexual harassment of female employees.[272] Jail residents have also claimed that they were not separated from their aggressors after making complaints.[273] Additionally, according to a complaint filed in another lawsuit, a claim of sexual assault was not properly investigated by DOC staff members. The incarcerated individual said they were offered oral sex and sexually harassed, and had personal items stolen by DOC staff to pressure them to drop the complaint.[274]

Of eleven former residents who responded to a CCE survey, four respondents reported witnessing a sexual assault between incarcerated people while in DOC custody, and two reported witnessing a sexual assault by staff while in custody.[275] In one of the grievances from the final week of the audit period, a resident reported being strip-searched in a public area that others could view. A lawsuit filed against DOC in 2023 alleged that a resident was subjected to excessive strip searches.[276] Repeated references to incidents of this kind, even if they do not rise to substantiated sexual assault complaints, suggests unwanted sexual contact experienced by residents is not considered a serious issue by DOC; given that studies have shown that many people in jail – both males and females – experienced childhood sexual abuse, retraumatization such as described above has serious psychological consequences for the victims.[277]

Some residents filed lawsuits seeking redress against alleged sexual misconduct that were pending during the audit period. These include:

- A resident claimed DOC staff took away his walking aid and physically and sexually assaulted him. His account reads: "The officers handcuffed me and then took away my walking cane. While handcuffed, they rammed my head into a wail [sic], choked me, and dragged me on the floor by my ankles. [The Sargeant] then pepper sprayed me 2 or 3 times. Additionally, one of the other officers used a gloved finger to penetrate my anus."[278]
- A resident accused a DOC staff member of sexually assaulting him by touching his clothed

270 "DOC Responses," D.C. Council, p. 544.
271 Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023).
272 Jenkins v. D.C., No. 17-2730 (TSC), 2023 WL 4183795 (D.D.C. June 26, 2023).
273 Ibid.
274 Mitchell v. Davage, No. 2023-CAB-002165 (D.C. Super Ct. filed Apr. 18, 2023).
275 The question text was, "Did you witness a sexual assault by staff while in custody, including punitive use of strip searches?" CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
276 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE; Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023).
277 Johnson, R.J. et al., "Prevalence of childhood sexual abuse among incarcerated males in county jail," Child Abuse and Neglect, (2006). https://https://pubmed.ncbi.nlm.nih.gov/16412506/; McDaniels-Wilson, C., and Belknap, J. "The extensive sexual violation and sexual abuse histories of incarcerated women." Violence Against Women, (2008). https://pubmed.ncbi.nlm.nih.gov/18757348/.
278 Bruce v. Vick, No. 2022-SCB-1836 (D.D.C. Apr. 27, 2023).

genitalia; the resident also indicated that he was pressured by multiple employees to drop his lawsuit by offering him oral sex and through various threats, and he alleged that he continued to face sexual harassment.[279]

There were also multiple reports of female staff, attorneys, and other professional providers and volunteers being sexually harassed while working in the jail. Several women working in the jail reported a pattern of "constant masturbation" in the jail and a culture such that "the residents think if you decide to be in the jail … you deserve this [sexual harassment]."[280] The summary report on significant incidents during the audit period identifies 59 instances of resident indecent exposure, which includes exposure of genitalia, masturbation, and engaging in a sexual act in the presence of others; of those incident reports reviewed by CCE staff, several reported residents masturbating in the presence of female staff.[281] Incidents occurred both in cells and in common areas like the day room, sally ports, and the TV room. One female interviewee who has direct experience with the jail said that she frequently witnessed acts of indecent exposure from male residents when visiting the facility, some of which she believed were directed toward her.[282]

Since at least 2013, several women have raised issues concerning sexual harassment by colleagues while working in the jail.[283] One person reported that staff often do not report indecent exposure or harassment because they don't want to deal with the paperwork.[284] A SAIRT report during the audit period recommended that to prevent sexual harassment of female staff, the PREA coordinator and the Office of Investigative Services (OIS) Chief should "assist staff with documentation of such actions."[285]

CCE recognizes that more information is needed to understand the scope of the issue of sexual violence in the jail, including actual incidence, barriers to reporting, and outcomes in terms of consequences for both staff and residents engaging in sexual misconduct and violence.

16. There were 400 documented incidents of DOC staff use of force during the audit period, frequently involving the use of pepper spray on residents.

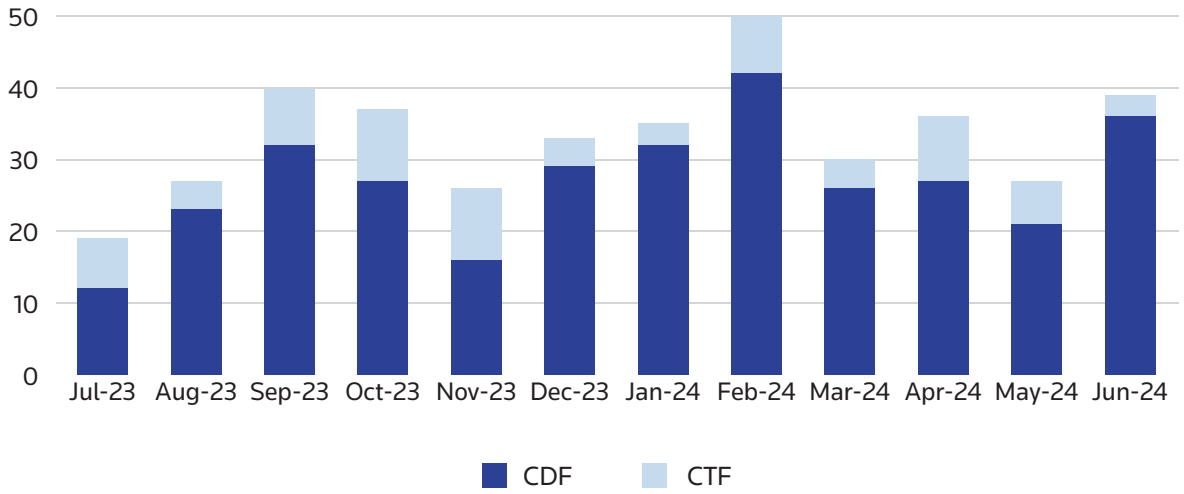
No national data on the incidence of use of force in jails exists. Research using the 2012 National Inmate Survey data indicates that about 5% of jail residents surveyed reported having been "in a fight, assault, or incident in which a correctional officer or other facility staff person tried to harm you," which likely includes both legitimate uses of force and unauthorized violence.[286] As this

279 Mitchell v. Davage, No. 2023-CAB-002165 (D.C. Super. Ct. filed Apr. 18, 2023).
280 See, e.g., Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
281 DOC summary of incidents from 7/1/2023 – 6/30/2024, securely held by CCE.
282 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
283 Jenkins v. D.C., No. 17-2730 (TSC), 2023 WL 4183795 (D.D.C. June 26, 2023).
284 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
285 "SAIRT Meeting Minutes Redacted," September 2023. Copy of document securely held by CCE
286 D. Semenza et al., "Mental Illness and Racial Disparities in Correctional Staff-Involved Violence: An Analysis of Jails in the United States." Journal of Interpersonal Violence, (2023). Accessed February 8, 2025 at https://journals.sagepub.com/doi/abs/10.1177/08862605221113023.

survey is a "point in time" survey of people who may have been in jail for very different lengths of time, it is difficult to translate this finding into an annualized rate.

In DOC's summary of extraordinary occurrences and significant incidents during the one-year audit period, 400 cases involving documented uses of force occurred; put another way, on average, over one use of force against a resident occurred per day.[287] The daily summary of all incidents showed that one in four (97 out of 400) uses of force occurred during an incident of intra-resident violence.[288]

Figure 12. Reported Uses of Force, 7/1/23–6/30/24



Source: Data provided by DOC.

Use of pepper spray. DOC staff uses of force frequently rely on chemical or inflammatory agents commonly known as pepper spray or mace.[289] The regular use of pepper spray was consistently noted in interviews with service providers and previous residents, with lingering pepper spray in a unit impacting volunteers' ability to provide services.

CCE reviewed significant incidents and extraordinary occurrences over five randomly-selected weeks during the audit period; in these weeks, all 46 cases of use of force included the use of pepper spray. Many (39%) of these instances involved claims of noncompliance with institutional rules; these were of various levels of seriousness and included having an arm out of the food slot, refusing to be searched, refusing to go back into a cell, refusing to give up hand restraints, and wearing shoes that staff said did not meet the dress code. CCE identified that four of the 46 cases

287 DOC Significant Incidents and Extraordinary Occurrences Occurring between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.
288 DOC, "Significant Incidents and Extraordinary Occurrences Summaries," 2024; DOC, "Count of SI and EO."
289 DOC Significant Incidents and Extraordinary Occurrences Occurring between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

were related to a mental health issue. For example, in one incident, a resident first refused to leave the infirmary and then refused to return to his cell, stating he felt unsafe. This resistance resulted in staff pepper-spraying the resident.[290]

Excessive or unnecessary use of force. Some interviewees indicated they were concerned that the use of force in DOC is excessive. One former resident noted, "Physical force and chemicals were used by staff for any and every reason," and residents experienced "retaliation from officers whenever a complaint is made, threats of disciplinary action for voicing complaints."[291] Another resident stated that officers use pepper spray for "any little thing" instead of trying to de-escalate the issue before resorting to violence. ANC Hayes noted officers said to residents, "Ima bust your ass" with mace, on multiple occasions.[292] In a lawsuit filed in 2024, a DOC resident alleged that he was pepper sprayed "for no reason" during transport by two correctional officers as soon as the doors to the elevator shut.[293] Other interviewees felt that DOC staff relied on use of force to control the behavior of jail residents due to chronic understaffing.

An attorney who regularly interacts with clients in the jail observed, "Staff vacancies play out in how quickly [correctional staff] use their mace, how quickly they lock [residents] down."[294] Other individuals with direct experience with the jail during the audit period expressed that staff frustration over working double shifts, combined with resident frustrations with excessive heat, lack of out-of-cell time and programming, and poor quality and insufficient food, created fertile ground for staff-resident conflict.[295]

Review and evaluation. Based on the records and policies available, it is not clear that DOC has an active apparatus or practice to review and evaluate use-of-force incidents to determine whether each use of force was allowed or prohibited within the bounds of DOC's policy on use of force, or if it violated the U.S. Supreme Court's constitutional standard as unnecessary or excessive, specifically "whether force was applied in a good faith effort to maintain or restore discipline or maliciously and sadistically for the purpose of causing harm."[296] Case law has found that the unnecessary use of chemical agents like pepper spray as a way to punish or harm residents

290 D.C. Department of Corrections, "Significant Incidents and Extraordinary Incidents Summaries" 2024. Copy of document securely held by CCE; D.C. Department of Corrections, "Incident Reports," July 23-July 29, 2023. Copy of document securely held by CCE; D.C. Department of Corrections, "Incident Reports," Sept. 10-Sept.16, 2023. Copy of document securely held by CCE; DC Department of Corrections, "Incident Reports," Dec. 10-Dec. 16, 2023. Copy of document securely held by CCE; D.C. Department of Corrections, "Incident Reports" Jan. 14-Jan. 20, 2024; Copy of document securely held by CCE; D.C. Department of Corrections, "Incident Reports," June 24-June 30, 2024. Copy of document securely held by CCE.

291 Service provider at DC jail #1, in discussion with CCE staff, July 2024; Person formerly incarcerated at D.C. jail #11, written letter with CCE staff, September 2024.

292 Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.

293 Wilson v. D.C., No. 2022-SC3-00886 (D.C. Super. Ct. Apr. 8, 2024).

294 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.

295 See, e.g., Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

296 Whitley v. Albers, 475 U.S. 312 (1986).

constitutes a violation of the Eighth Amendment.[297]

In July 2020, DOC established a "Violence Reduction Committee" to review use-of-force incidents "for root causes, action steps, training, accountability, and behavior/mental health contributors."[298] The Violence Reduction Committee reviewed 20 use-of-force incidents between July 2020 and January 2023 but did not produce a report of any findings from that review. DOC indicated the committee did not meet in FY 2023 because "staff vacancies and transitions in key roles impeded the Committee from being established in a stable and meaningful way during this period."[299] It is unclear whether DOC intends to resume the operations of this Committee going forward, and, if so, whether it is expected to produce any reports or recommendations to DOC leadership and/or the D.C. Council.

DOC is facing several lawsuits that make use-of-force claims. These cases allege a range from being spit in the face, improper use of pepper spray, and being assaulted by staff. In one case, a resident claimed they were attacked by staff after being mistaken for another resident who had previously assaulted staff; the resident claimed they continued to be attacked while handcuffed. Cases also allege a range of ongoing medical issues caused by these uses of force, coupled with the denial of medical care, denial of medical equipment, denial of medication, and sexual assault by staff.[300] Also during the audit period, a former DOC correctional officer was sentenced to 42 months in prison for assaulting a handcuffed resident. The event, which occurred in 2019, involved smashing the resident's head into a metal doorframe; it was the only recent case CCE found in which a former correctional staff was convicted for criminal use of force.[301]

Potential underreporting. Documents reviewed by CCE during the audit suggest DOC may be underreporting use of force. While reviewing informal and formal grievances for one sample week, CCE identified two additional cases of allegations of the use of force by staff that were not in the significant incident reports. In one instance, the resident reported being punched in the head by a correctional officer while handcuffed. In the other instance, the resident reported being slammed to the ground by a correctional officer while in handcuffs and ankle chains. Both instances involved the alleged use of physical force, potentially outside of DOC's policy to use only the "minimal amount of force necessary" in limited circumstances, rather than the more routine pepper spray reports.

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297 Soto v. Dickey, 744 F.2d 1260, 1270 (7th Cir. 1984); Southern Center for Human Rights, "Know Your Rights: Use of Force by Correctional Officers," 2010. Accessed online January 6, 2025 at https://www.schr.org/wp-content/uploads/2020/02/Know-Your-Rights-Use-of-Force-by-Correctional-Officials.pdf.

298 "DOC Responses," D.C. Council, p. 446.

299 Ibid.

300 Wilson v. D.C., No. 2022-SC3-00889 (D.C. Super. Ct. Nov. 8, 2023); Wilson v. D.C., No. 2022-SC3-00886 (D.C. Super. Ct. Apr. 8, 2024); Vaughn v. Lieutenant Carter et al, No. 2022-CA-003835-B (D.C. Super. Ct. filed Aug. 21, 2024); Olubasusi v. D.C. Dep't Corr., No. 2023-CAB-003261 (D.C. Super. Ct. filed June 5, 2023); Graham v. D.C. Jail, No. 2023-CAB-001032 (D.D.C. Apr. 18, 2023); Braxton v. D.C., No. 2023-CAB-001048 (D.C. Super. Ct. filed Nov. 19, 2023); Hutchings v. U.S., No. 2020-CA-004748-B (D.C. Super. Ct. 2022); Vaughn v. Lieutenant Carter et al, No. 2022-CA-003835-B (D.C. Super. Ct. filed Aug. 21, 2024); Hill v. D.C., No. 1:23-cv-0940 (D.D.C. filed April 4, 2024); Bruce v. Vick, No. 2022-SCB-1836 (D.D.C. Apr. 27, 2023).

301 Gathright, Jenny. "Former D.C. Jail Worker Sentenced to Prison in Assault on Handcuffed Man." The Washington Post, June 28, 2024. https://www.washingtonpost.com/dc-md-va/2024/06/28/dc-corrections-officer-sentenced/; Hanneman, Joseph M. "DC Jail Defies US House Demand for Videos of Apparent Pepper-Spray Attack against J6 Defendant." Blaze Media, July 18, 2024. https://www.theblaze.com/news/dc-jail-defies-us-house-demand-for-videos-of-apparent-pepper-spray-attack-against-j6-defendant.

A failure to report use of force is alleged in several recently filed lawsuits. In one suit, a jail resident alleged that DOC employees pepper sprayed and assaulted him but failed to report the use of force.[302] In another use of force case brought by a jail resident, DOC reached an $85,000 settlement during the audit period. In that case, the resident alleged he was denied the return of his eyeglasses and subsequently was assaulted, pepper sprayed in the face, kicked and stomped on by two correctional staff. Video footage of the incident was alleged to show the resident being punched in the stomach by a correctional officer, sending him across the room. The plaintiff resident alleged that the assault resulted in hospitalization for facial lacerations and multiple bruises and that none of the three officers who witnessed the attack reported it to OIS.[303] In a third suit, a previous DOC employee filed a civil case alleging he was fired after refusing to falsify a report that indicated that another DOC employee broke protocol and hit a resident with a clipboard.[304]

Finally, at its 2024 performance oversight hearing before the D.C. Council, DOC reported no alleged staff-on-resident assaults for all of 2023.[305] However, in data covering the entire audit period, DOC reported six alleged staff-on-resident assaults, five of which occurred in 2023.[306]

Reducing the use of force in the jail will require significant changes. As noted elsewhere in this report, 43% of security staff responding to a survey conducted by CGL, the DOC jail planning contractor, expressed their opinion that residents were violent and dangerous most of the time; addressing real and perceived dangerousness is key to reducing DOC staff's tendency to reach for pepper spray or other uses of force to solve problems. A survey of correctional officers at three prisons showed that officers felt overcrowding contributed to a fear of being assaulted or having to break up fights and an overall concern for prison operations and safety.[307] While the D.C. jail is not overcrowded, it does have an increasing ratio of residents to staff that can have a similar effect. Thus, reducing the jail population could also reduce the incidences involving the use of force.

Recommendations:

18. DOC should provide additional resident programming and employ other evidence-based violence reduction measures. DOC should utilize formal evaluation tools to measure and report consistently on the impact of any violence reduction or prevention programs, activities, and strategies being utilized.

19. DOC should ensure 100% compliance with Separation Orders to promote resident and staff safety without overreliance on administrative restrictive housing.

20. DOC should strengthen the implementation and enforcement of Prison Rape Elimination Act standards by implementing the Sexual Assault Incident Review Team

302 Vaughn v. Lieutenant Carter et al, No. 2022-CA-003835-B (D.C. Super. Ct. filed Aug. 21, 2024).
303 Grimes v. D.C., No. 2022-CA-1863-B (D.C. Super. Ct. Feb. 27, 2024).
304 Stewart v. D.C., No. 2016-CA-002821-B (D.D.C. filed April 15, 2023).
305 "DOC Responses," D.C. Council, p. 446.
306 D.C. Department of Corrections. "Updated DC Council Response." September, 2, 2024. Copy of document securely held by CCE staff; D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE.
307 Martin, Joseph L., Bronwen Lichtenstein, Robert B. Jenkot, and David R. Forde. "'They Can Take Us Over Any Time They Want.'" The Prison Journal 92, no. 1 (2012):88–105. https://doi.org/10.1177/0032885511429256.

recommendations, improving staff training, ensuring confidential and multiple reporting, and enhancing oversight of investigations to prevent retaliation and underreporting.

21. DOC and DGS should ensure that new jail facility plans utilize best practices in correctional design and include features like podular design, as well as increased natural light, calming spaces, sufficient healthcare spaces, and access to outdoor space and recreation.
22. DOC should strengthen mandatory correctional officer training focused on building de-escalation knowledge and skills and then assess its impact on reducing the use of force one year afterwards.
23. DOC should immediately reconvene its Violence Reduction Committee focused on reviewing use-of-force incidents and publish its findings and recommendations to improve policies, practices, and training opportunities.

Healthcare

Introduction

CCE's review of DOC documents, as well as interviews with and surveys of people who have lived or worked in the jail, indicate that some residents have received inadequate or delayed health care and that access to behavioral health care is a particular issue. At the same time, there is rampant drug use at the jail, resulting in many overdoses, some of which have been fatal. A high percentage of those in the jail have a mental health issue per screenings and assessments, but few of these people can reside in specialized mental health units. Additionally, as noted above, many parts of the jail are not ADA-compliant, which impacts individuals with physical disabilities.

Throughout the audit period, a D.C.-based non-profit provider, Unity Health Care, provided the jail's healthcare. The 2019 contract with Unity expired in April 2024 and was extended until December 2024. In 2024, DOC solicited proposals for healthcare through a sealed, competitive bid process, but Unity Health Care was the only contractor that submitted a proposal. Unity proposed a five-year contract (one year plus four additional one-year options) of $300,225,319, which was negotiated down to $260,065,169. The first year of the new contract, signed in December 2024, is for $49,955,512, which is a 32% increase over the last year of the former contract.[308] The cost is contingent on the number of residents at DOC remaining below 2,200; the estimated cost would drop by over $2 million per year – not including reductions to pharmaceutical costs - if the DOC population were to drop below 1,700 residents.

In addition to providing all comprehensive medical, behavioral health, pharmacy, and dental services in the jail, DOC has indicated that Unity has two Urgent Care facilities open 24 hours a day, 7 days a week, for residents in both CTF and CDF. DOC indicated that, in February 2024, Unity had twenty vacant positions in the jail.[309]

Findings:

17. Approximately 70% of all DOC residents had an identified "mental health issue" at intake at the start of the audit period, and the majority of those individuals resided in general population units where not all specialized services are available.

18. Some 37% of mental health staff positions in the jail were vacant at the end of the audit period.

19. Even with growing substance use treatment offerings at the jail, DOC is not addressing all substance use issues among residents who need care, with insufficient residential treatment beds, vacant peer navigator positions, and the need to administer Narcan at least 148 times during the audit period.

308 "Contracts and Procurement Transparency Portal," Office of Contracting and Procurement, Accessed March 10, 2025. https://contracts.ocp.dc.gov/contracts/details?id=Q1cxMTUyODDCpkJhc2UgUGVyaW9k&hash=zkbdp6j6ylgjjx2l.

309 "DOC Responses," D.C. Council, p. 428.

20. Staff and residents have reported problems with accessing specific medical care, including consistently providing prescribed medication, ensuring residents are taken to medical appointments inside and outside of the jail, and providing gender-specific healthcare.

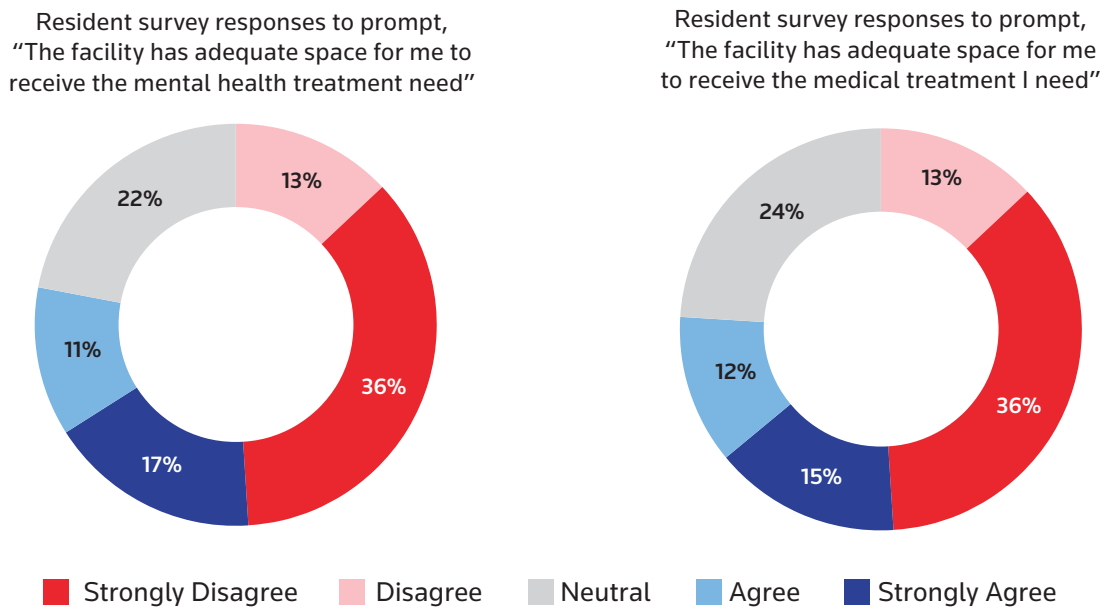
Commentary

Nationally, residents in jails are more likely to have health issues and disabilities than the general population, including higher rates of substance use disorders and mental illnesses. Research using data from the U.S. Bureau of Justice Statistics' *National Inmate Survey 2011-12* (BJS) showed that, compared to people not in correctional institutions, jail residents were more likely to have chronic health conditions (45% vs. 27%).[310] This survey also showed that 44% of people in jail had a history of mental health issues, and those with mental health issues were twice as likely to be involved with intra-resident violence and a use-of-force incident.[311] In a separate publication, BJS reported that the incidence of substance use disorders (SUDs) among sentenced jail residents was 63%, compared to 6% of adults in the general population.[312] Finally, nationally, about 43% of jail residents reported having a disability compared to 9% in the general adult population. The most prevalent kind of disability among jail residents is cognitive.[313]

During the audit period, residents filed 772 grievances associated with healthcare, of which 499 concerned access, 181were related to quality, and 92 were for improper staff actions. In the survey of residents conducted by CGL in late 2023, most respondents disagreed with the statement that the jail facilities have "adequate space for them to receive necessary physical and mental health treatment," with 36% of residents saying that they "strongly disagree"; see Figure 12.[314] Furthermore, 46.7% of security staff stated that a lack of proximate access to medical or mental health staff impedes the intake/orientation process.[315]

310 U.S. Bureau of Justice Statistics, "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12," 2017. Accessed online January 8, 2025 at https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf; D. Semenza et al., "Mental Illness and Racial Disparities."
311 Ibid.
312 U.S. Bureau of Justice Statistics, "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007 -2009," 2020 revision. Accessed Jan. 1, 2025 at https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf.
313 U.S. Bureau of Justice Statistics, "Disabilities among Prison and Jail Inmates, 2011-12," 2017. Accessed January 8, 2025 at https://bjs.ojp.gov/content/pub/pdf/dpji1112.pdf.
314 District of Columbia Department of Corrections, "Correctional Treatment Facility Annex Resident Survey Full Report," 2024, p. 42. Copy of document securely held by CCE.
315 Ibid, p. 71.

Figure 13. Responses to CGL survey of residents, fall 2023.



Source: D.C. Department of General Services

17. Approximately 70% of all DOC residents had an identified "mental health issue" at intake at the start of the audit period, and the majority of those individuals resided in general population units where not all specialized services are available.

This audit did not review all DOC health data generated during the audit period but focused only on areas that were reported as being of concern. One concern was behavioral health care. DOC told the D.C. Council in early 2024 that "over 50% [of residents are] mentally ill, about 40% diagnosed with SUDs – primarily opioid use disorders, almost all with extensive histories of trauma."[316] In addition, DOC reported to CCE that residents were hospitalized 390 times during the audit period. Of these instances, 120 hospitalizations were due to physical injuries, and "17 hospitalizations were due in whole or in part to overdoses or pill ingestions."[317]

The National Commission on Correctional Health Care standards on mental health indicate that mental health treatment includes both "psychosocial and pharmacological therapies, either individual or group." Further, patients should have specific treatment goals, not just prescribed medications, to treat their mental illness. The commission notes, "Treatment plans should include the frequency of follow-up for medical evaluation; adjustment of treatment modality as clinically

316 "DOC Responses," D.C. Council, p. 446.
317 Department of Corrections, "Updated DC Council Response Q28 Hospitalizations_09.20.24," provided to CCE in response to request for information on hospitalizations, securely held by CCE.

indicated; the type and frequency of diagnostic testing and therapeutic regimens; instructions for diet, exercise, adaptation to the correctional environment and medication; and clinical justifications for any deviation from the protocol."[318]

DOC reported that, at the beginning of the audit period, 954 of the 1,365 incarcerated individuals (70%) had a "mental health issue," as determined through a mental health screening conducted during intake. The Department also reported that in 2023, "the psychiatry team saw an average of 2,871 patients each month for either evaluation or treatment while the mental health clinicians saw an average of 1,605 unique patients per month for evaluation and or treatment (1,605 roughly equates to the average daily jail population during 2023). These numbers were not disaggregated to indicate how many of these cases were for the intake screening and how many were for separate mental health treatment."[319]

Regarding mental health treatment, DOC wrote in their response to Council oversight questions that jail-based providers "have the training and resources to appropriately manage psychiatric emergencies on site" and that no residents were transported from the jail for mental health services in FY 2023 or FY 2024 as of February 2024. DOC described ways a resident may be seen by a mental health provider, including by putting in a sick call, through referrals from correctional or medical staff, or if indicated by assessment findings.[320]

Most residents with mental health issues are housed in the general population (see Table 7). Of the 954 residents with an identified mental health issue at the start of the audit period, 180 were in restrictive housing, 56 in the Acute Mental Health Units (including both SO 3 in CDF and E3A in CTF), and 19 in the Mental Health Step Down Unit. This leaves more than two-thirds of those with a mental health issue in general population housing – that is, in a basic cell in a unit of CDF with no special programming. In a small sample of people who resided in the jail during the audit period, seven in 11 survey respondents reported witnessing or experiencing mental health struggles every day or a few times a week at the jail.[321]

Table 7. Residents with a Mental Illness by Housing Unit, June 30, 2023

Housing Unit	Number of Residents
Acute Mental Health Unit	56
Mental Health Step Down Unit	19
Restrictive Housing Units	180
General Population	699

Source: D.C. Department of Corrections. "MH Responses to Questions from the D.C. Auditor." November 14, 2024.

In their responses for the 2024 Council oversight hearing, DOC described a "wide range of complementary behavioral health tools" available to residents, but it appears that many, if not all of these offerings, are only available to people in certain specialized units. These offerings include Yoga and Mindfulness, Emotional Freedom Technique, Acupressure, Cognitive Behavioral Therapy, Art Therapy, Anger Management, Narcotics Anonymous and Alcoholics Anonymous Groups,

318 National Commission on Correctional Health Care, "Basic Mental Health Services – National Commission on Correctional Health Care," November 15, 2024, https://www.ncchc.org/spotlight-on-the-standards/basic-mental-health-services/.
319 DOC Responses, D.C. Council, p. 418; D.C. Department of Corrections "MH Responses to Questions from the D.C. Auditor," November 14 2024. Copy of document securely held by CCE staff.
320 Ibid, p. 419.
321 CCE Survey of IMF residents on D.C. Jail conditions, conducted between Aug.- Sept. 2024.

and TAMAR (Trauma, Addictions, Mental Health and Recovery) psychoeducational groups. DOC indicated these programs were specifically available in the Men's and Women's Wellness Units.

During the six months of the audit covered in responses to the D.C. Council, DOC reported that, on average, 267 people accessed programming in the Men's Wellness Unit. Women did not have access to the programs as of the end of 2023 because the Women's Wellness Unit had been disbanded, but DOC indicated that women with SUD "have continued to receive Medication Assistance Therapy, pre-discharge release work with Peer Navigators along with robust medical reentry services."[322]

18. Some 37% of mental health staff positions in the jail were vacant at the end of the audit period.

The DOC Health Services Administration oversees the Acute Mental Health Unit and Mental Health Step Down Unit. In their February 2, 2024, *Responses to D.C. Council Questions*, DOC indicated that all four positions in the Behavioral Health Unit – two Mental Health Specialists and two Trauma Clinicians – were vacant.

As Table 8 shows, 37% of funded mental health staff positions were vacant at the end of the audit period. These are contract positions through Unity Health Care. Given the large share of residents with a mental health issue, any vacancies are concerning, especially for a team with a total authorization of 19 positions.

Table 8: Funded Mental Health Staff Positions for the Jail

Funded Staff Positions (19)	Active/Filled Staff Positions (12)	Vacant Staff Positions (7)
1 coordinator for mental health services and substance abuse liaison (both CDF & CTF)	1	
7 mental health clinicians (CDF)	4	3
2 mental health clinicians (CTF)	2	
1 lead psychiatric provider (both CTF & CDF)	1	
3 psychiatric providers (CDF)	3	
1 weekend psychiatric provider (both CTF & CDF)	1	
2 behavioral health specialists (both CDF & CTF)		2
1 behavioral health director (both CDF & CTF)		1

322 "DOC Responses," D.C. Council, p. 417.

Funded Staff Positions (19)	Active/Filled Staff Positions (12)	Vacant Staff Positions (7)
1 psychiatrist position (CDF)		1

Source: Information provided by DOC.

Of the respondents to CCE's survey of people residing in the jail during the audit period, five of 11 reported they were unable to speak with a social worker or therapist while in custody. One former resident shared, "During my first six months, I asked to speak to a social worker, psychologist, and therapist but did not speak to anyone." This experience, however, was not uniform: a former resident who was housed in a female program unit at CTF said she had access to a social worker or therapist once a week.[323] Individual grievances also addressed issues accessing mental health medications, with one individual saying he waited for three days for his mental health meds and had to "beg for (them)" every day:

> *"I feel that there is a terable [sic] discrimination going on. First they made me wait 3 days for my meds then they told me it's a holiday then when I get it they play with me and make me beg for my meds. I's scitso, adult ADHD, depression and inzity (anxiety [sic]) disorder on top of insomnia. I take 4 meds a day they make me wait until 10:30 at night every day. On top of that I request bobo they told me 3 days it been a week. They laughed at me and called me a pussy bitch ass junkie because I begged for meds and last night he got mad when I asked why it take so long and told me to drink the toilet water to take my meds all because I asked why do he come at 10:30 every night and we locked down at 6:00."*[324]

Attorneys and staff members at CIC reported that unmet mental health needs was one of "the big issues" right now. The September 2023 fire allegedly was set by a resident in an acute mental health crisis in the Mental Health Step-Down unit, whose requests for help were not addressed by correctional officers. Setting his mattress ablaze was reported to cause or exacerbate distress for others living in that mental health unit. Individuals familiar with that case also reported that the 15-minute rounds required on the Mental Health Step-Down unit were not made on the day of the fire.[325] CIC staff reported having identified women with serious mental health concerns cycling in and out of the jail. A CIC staff member recalled interacting with women whose mental health symptoms were so severe that they could not answer a CIC survey written or verbally, leading to the belief that Saint Elizabeths, the District's public psychiatric facility, would have been a better placement for women in that condition.[326]

The media has reported that those incarcerated at the jail sometimes move between the jail and

323 Person formerly incarcerated at D.C. jail #7, written letter with CCE staff, September 2024; Person formerly incarcerated at D.C. jail #3, in discussion with CCE staff, August 2024.
324 Anonymous Grievant #1, DOC grievance, 2024.
325 Interview with two local attorneys, Washington, D.C., Interview by CCE Staff Member, July 31, 2024.
326 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., Interview by CCE Staff Member, September 26, 2024.

Saint Elizabeths to determine whether they are mentally competent to stand trial. Individuals are held and provided treatment with the goal of restoring someone to competency. In April 2024, for example, a defendant at Saint Elizabeths for mental observation was moved back to the jail on a judge's orders after rejecting a plea deal and a DBH recommendation that he was competent to stand trial.[327] As the demand for court-ordered competency evaluations has increased in the District over the past decade, Saint Elizabeths has also had to create a waitlist for jail residents in need of evaluation, leading to both delays for residents in accessing health care and delays in resolving trials as jail residents wait in DOC custody for open space at Saint Elizabeths.[328] Frequent transfers between facilities can lead people to decompensate, worsening their symptoms.[329]

A former D.C. correctional officer called CDF's Acute Care Mental Health Unit (South 3) "the most horrible unit," citing residents being treated in inhumane ways. Officers and former officers reported that to interact with people who are mentally ill, officers need training and tolerance. They said that officers will state that residents on the mental health units do not have anything wrong with them and treat them punitively instead of therapeutically; as a result, residents do not get the proper services they need.[330]

Suicide. During the audit period, one jail resident is known to have died by suicide. Other individuals who overdosed on drugs might have had suicidal intent, but whether their overdose was intended as a suicide was either not known or not reflected in their DOC records. Additionally, DOC reported that 571 residents were placed on suicide watch or suicide precaution during the audit period, an average of about 48 individuals a month.[331] In the count of extraordinary occurrences and significant incidents during the audit period, in addition to the one known suicide, DOC reported two recorded suicide attempts and 39 cases involving suicidal gestures not requiring hospitalization.

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327 Chodorow, Samuel. "Judge Orders Homicide Defendant Transferred from St. Elizabeths to D.C. Jail after Rejecting Plea." D.C. Witness, April 18, 2024. https://dcwitness.org/judge-orders-homicide-defendant-transferred-from-st-elizabeths-to-dc-jail-after-rejecting-plea/; Izabella Apodaca, "Judge Orders Homicide Defendant's Transfer to St. Elizabeths Hospital," D.C. Witness, November 20, 2023. https://dcwitness.org/judge-orders-homicide-defendants-transfer-to-st-elizabeths-hospital/.

328 Benjamin Moser et al., "Improving Mental Health Services and Outcomes for All: The D.C. Department of Behavioral Health and the Justice System," Office of the D.C. Auditor, a report by the Council for Court Excellence, (February 2018): https://cdn.prod.website-files.com/659c0df344c9c8325dd821ca/6625cd16d22d28967a423881_ODCA_Report_Audit_of_DBH_2.pdf, pp. 58-59.

329 Callahan, Lisa, and Debra A. Pinals, Challenges to Reforming the Competence to Stand Trial and Competence Restoration System, Psychiatric Services 71, no. 7 (2020): 691–97. doi:10.1176/appi.ps.201900483.

330 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.

331 Andrew P. Wilper et al., "The Health and Health Care of US Prisoners: Results of a Nationwide Survey," American Journal of Public Health 99, no. 4 (2009): 666–72, https://doi.org/10.2105/ajph.2008.144279; D.C. Department of Corrections, "MH Responses to Questions from the D.C. Auditor," November, 14 2024. Copy of document securely held by CCE staff.

In the incident reports for September 2023, one resident had four suicidal incidents in one week. Two of these incidents were on the same day, while he was already in a safe cell. In each instance, he was able to access physical materials and attempt to hang himself, including a rope made of white cloth attached to the vent, a string with tape attached to the ceiling, and a ripped towel around his neck attached to the vent.[332] These incidents were categorized as suicidal gestures, which have "been used to describe behaviors that clinicians often assume can be taken less seriously or with less urgency than 'genuine' suicide attempts."[333]

A suit brought by the estate of a former resident who died by suicide while at the jail in 2022 alleged that staff knew that the resident had experienced multiple previous self-harm and suicidal events during previous incarcerations at the jail. Despite this history, he was placed in general population, at first with a cellmate and then alone, rather than in a safe cell with more frequent cell checks and no access to items that could be used for self-harm. In general population units, staff conduct cell checks every 30 minutes, and the resident had access to bedsheets. The suit alleged that staff did not perform their rounds per this policy, and the resident was able to hang himself with bedsheets.[334]

332 D.C. Department of Corrections, "Incident Reports" Sept. 10- Sept. 16, 2023. Copy of document securely held by CCE.
333 Nicole Heilbron, et al., "The Problematic Label of Suicide Gesture: Alternatives for Clinical Research and Practice," Professional Psychology Research and Practice 41, no. 3 (2010): 221–27. https://doi.org/10.1037/a0018712.
334 Watson v. D.C., No. 1:23cv1670 (D.D.C. filed June 8, 2023).

Safe cells. Preventing suicidal individuals from accessing items that they can use for self-harm is paramount. Safe cells are intended to protect residents who, based on the results of a mental health assessment, are deemed to be suicidal. For years, staff, attorneys, incarcerated individuals, and service providers have raised concerns about the use of safe cells in the jail.[335] Safe cells and DOC's higher-than-average utilization of all types of restrictive housing have also caught the attention of D.C. policymakers. Members of the D.C. Council, spurred by community-based coalitions, introduced legislation to limit the use of restrictive housing, including "safe cells," in 2015, 2017, 2022, and 2023.[336]

Placement in a safe cell includes the use of special clothing (see below illustration for examples), and the process of transferring someone to a safe cell can be traumatizing for the resident. DOC's policy indicates that residents "placed on suicide precautions or watch are strip-searched by correctional staff prior to being placed in a safety smock or safety clothing and placed in the designed safe cell."[337] According to an incident report from the audit period, a resident who was put on suicide watch refused to surrender his clothing to be put into a safety smock, and as a result, was first pepper sprayed, then held

335 Mitch Ryals, "Attorneys Continue to Hear Reports of the Horrific Conditions in DC Jail's 'Safe Cells,'" Washington City Paper, May 13, 2021. https://washingtoncitypaper.com/article/516737/attorneys-continue-to-hear-reports-of-the-horrific-conditions-in-dc-jails-safe-cells.

336 The most recent legislation in D.C. was the Eliminating Restrictive and Segregated Enclosures ("ERASE") Solitary Confinement Act of 2023, B25-0543. (2023). https://lims.dccouncil.gov/Legislation/B25-0543; see also Unlock the Box D.C. Coalition, https://erasesolitary.com/.

337 DOC Policy and Procedure 6080.2H.

DOC Suicide-Related Definitions (excerpted from DOC Policy & Procedure 6080.2H)

Safe Cell. A housing cell on the Acute Care Mental Health Unit (SOUTH 3), on the CDF, on the 3rd floor Medical Unit, on the Special Management Unit (South One), or in the CTF Infirmary, or on the Acute Female Mental Health Unit (E4A) 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).

Suicide Attempt. A non-fatal self-inflicted destructive act with explicit or deferred intent to die. n) Suicide Precaution. A measure utilized for the inmate who, though suicidal, is not thought to require continuous observation. Inmates on close observation may be housed in an observation bed/cell and are observed at staggered intervals that do not exceed fifteen (15) minutes.

Suicide Watch. A measure utilized for the inmate who is actively suicidal. Inmates on constant observation are housed in an observation bed/cell that allows continuous observation without interruption with documentation every (15) minutes.

Suicide Watch Paraphernalia. Items which may be issued to inmates on suicide watch that are especially designed so as to be relatively indestructible and less likely to be used to harm oneself. Such items include, paper jumpsuits, safety blankets, and safety mattresses that have been approved by the Mental Health Director. Documentation of these items/privileges will be indicated outside cell door and placed in inmate's EMR.

Suicidal Ideation. "Thoughts of harming or killing oneself". The severity of a suicidal ideation can be determined by assessing the frequency, intensity, and duration of these thoughts.

down by five officers while his clothing was cut off.[338]

Examples of reuseable safety smock and disposable safety smocks.[339]

DOC policy states that safe cell residents should have 30 minutes of out-of-cell time per day.[340] Residents in safe cells "may" have access to some personal property items, including books, paper, pens, pencils, magazines, and tablets, but this access is discretionary. DOC policy also states that, while in a safe cell, "lights will be dimmed no less than 40% for at least eight hours per night absent an individualized determination documented by medical personnel that they cannot be dimmed for the safety" of the resident.[341] This light can interrupt a resident's need for sleep, and residents in safe cells can be exposed to these conditions for long periods. A former resident shared that he spent six months in a safe cell.[342]

Some local service providers reported that safe cells should not be used as they are not a therapeutic environment.[343] Another person interviewed said that often individuals are sad or depressed and just want someone to talk to, but something they say triggers being sent to a safe cell. "You know, you can't have anything while you're in here. As so now you just have to sit here basically naked with nothing to do."[344]

Staff, advocates, and residents have also reported that residents living in safe cells are treated poorly by DOC staff, which exacerbates their mental health needs. Additional incidents reported during the audit period include the following:

- While advocating for a client to be evaluated to determine her competence to stand trial,

338 D.C. Department of Corrections, "Incident Reports," June 24 –June 30, 2024. Copy of document securely held by CCE.
339 ICS Jail Supplies, Inc. "HUMANE SAFETY SMOCK," n.d. https://www.icswaco.com/SAFETY-SMOCK; ICS Jail Supplies, Inc. "DISPOSABLE SAFETY SMOCKS,", n.d., https://www.icswaco.com/DISPOSABLE-SAFETY-SMOCKS.
340 DOC Policy and Procedure 6080.2H.
341 Ibid.
342 Person formerly incarcerated at D.C. jail #7, written letter with CCE staff, September 2024.
343 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
344 Interview of family member of individual formerly incarcerated at the jail, conducted by CCE Staff Member, December 2024. Notes securely held by CCE

a lawyer said on the record to a judge that his client was denied a shower for a week, unnecessarily placed in a safe cell, prevented from speaking with family members, and reportedly assaulted by DOC staff.[345]

- One attorney interviewed shared that the jail has a shortage of safety blankets, and the safety smocks residents are made to wear are not long enough to maintain basic privacy.[346] Blankets that residents are given to keep warm in safe cells are used to block the door to keep mice out.[347]
- In a grievance from January 2024, a resident claimed that they spent a month in a safe cell and reported they did not have access to their property, which was never returned.[348]
- Correctional staff interviewed reported that they observed colleagues shut the food slots in safe cell doors so they do not have to hear or deal with residents and that cells were not cleaned regularly enough, even when covered with feces.[349]

An individual whose loved one died by suicide stated that they could not imagine anyone admitting that they are suicidal because "they would be further punished in a Suicide Precaution cell. That is torture."[350] Residents in safe cells are particularly vulnerable, have limited contact with other incarcerated people and family, and are more likely to have a mental illness.

19. Even with growing substance use treatment offerings at the jail, DOC is not addressing all substance use issues among residents who need care, with insufficient residential treatment beds, vacant peer navigator positions, and the need to administer Narcan at least 148 times during the audit period.

The issues of high rates of substance use disorders (SUDs) and the lack of sufficient treatment resources in the jail have been ongoing. In data shared with the D.C. Council in February 2024, DOC reported that about 40% of the population is diagnosed with SUDs (primarily opioid use disorders). Unity Health Care has indicated that "more than 2,000 individuals who had spent time in the D.C. Jail in FY 2023 had a substance use disorder," and that "one in five people in the jail in FY 2023 were diagnosed with an opioid-related medical problem, with 265 people a month being treated for opioid use disorder (OUD) in the jail per DOC."[351] There are different units and programs for individuals with SUDs: Men's Substance Use Treatment Unit, Women's Wellness Unit, and the Residential Substance Use Treatment Program.

In its February 2024 testimony, DOC reported having only 50 residential treatment beds available

345 Moore, Jack. "Woman Charged in D.C. Hospital Carjacking Denied Showers in Jail, Lawyer Says." WTOP News, June 13, 2024. https://wtop.com/dc/2024/06/woman-charged-in-dc-hospital-carjacking-denied-showers-in-jail-lawyer-says/.
346 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
347 Ibid.
348 D.C. Department of Corrections, "IGPs" Jan. 14 - Jan. 20, 2024. Copy of document securely held by CCE.
349 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
350 Interview of family member of individual formerly incarcerated at the jail, conducted by CCE Staff Member, December 2024. Notes securely held by CCE.
351 Office of the District of Columbia Auditor, "77% of Auditor Recommendations In Place or In Progress," February 2024. Accessed January 8, 2025 at https://dcauditor.org/report/77-of-auditor-recommendations-in-place-or-in-progress/.

in the various units. Not only are all of the residents who have SUDs not receiving treatment and/or release planning, but drug use in the jail continues to be active and has led to overdoses and deaths. As noted in the section on deaths in custody, DOC's rate of overdose-related deaths in the jail is ten times that of U.S. jails overall, based on the most recent U.S. Bureau of Justice Statistics data.[352]

Drug use and overdoses. Current, accurate data on the rate of drug use in the jail are not available. Because possession and use of drugs are considered a Class I Major Offense in the jail, residents hide drug use. Even so, DOC reported 76 incidents of contraband drugs recovered during the audit period.

In the CCE survey of former residents, seven of 11 respondents reported witnessing people using drugs at the jail every day.[353] Previous residents described pervasive drug use. Said one, "The conditions are not good at all!! . . . it's like D.C. Jail worster [sic] then tha [sic] streets because people high all day every day."[354] Former residents and a former staff member described daily drug use occurring in intake and in CDF. A former correctional officer described it as a "legal, medical drug haven" and that he experienced negative symptoms from exposure to ongoing smoke from drug use on the units, including coughing and burning eyes, but his concerns were never addressed.[355]

To curb illegal drug use, DOC reports that it conducts random drug testing at least five days a week for at least 16 residents out of approximately 2,000, and targeted drug testing for residents "when there is reason to believe you have used, are in possession of, or under the influence of illegal drugs."[356] DOC indicates that detection dogs are also used in and outside of the facility, including the targeted cell searches, and noted in their February 24, 2025, responses to D.C. Council oversight questions that three additional dogs were purchased for the canine unit.[357]

Overdoses trigger a response, such as administration of Narcan and/or hospitalization. Documents provided by DOC show that Narcan was administered in response to an overdose at least 148 times during the audit period but noted this may not be complete due to recordkeeping issues. These instances include 49 doses of Narcan administered during incidents, according to incident reports, and 89 doses of Narcan administered by Unity in response to a medical emergency. During the audit period, 17 of the 390 hospitalizations (4.4%) were due to overdoses or pill ingestions; this rate is somewhat surprising, given the number of overdoses that required Narcan to be administered. As noted in the section on deaths in custody, four confirmed overdose deaths occurred during the audit period. Another resident who died at CTF reported withdrawal

352 CCE analysis. "Mortality in Local Jails, 2000-2019," Bureau of Justice Statistics, December 2021.
353 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
354 Person formerly incarcerated at D.C. jail #10, written letter with CCE staff, September 2024.
355 Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024; Person formerly incarcerated at D.C. jail #2, in discussion with CCE staff, August 2024; Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
356 D.C. Department of Corrections. "Inmate Handbook 2022-2023," 2022. https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204020.1G%20Inmate%20Orientation%2007-06-2022.pdf.
357 "DOC Responses," D.C. Council, p. 190

symptoms for alcohol, heroin, and cocaine prior to their death. That death took place in the medical unit and was reported to be under investigation by Unity.

Treatment and programming for SUDs. DOC has been recognized nationally for its provision of Medication Assisted Treatment for residents with opioid disorders. These programs include the previously mentioned TAMAR psychoeducation groups, which have addiction components, Narcotics Anonymous, and a men's SUD unit at CDF. The SUD unit is described as "based around a SUD curriculum" specific for the incarcerated population and is staffed by "a board-certified addictions medicine MD and a team of addictions nursing and mental health experts." Although CCE did not evaluate the effectiveness of this unit, we note that the average monthly participation ranged from zero to only 31 residents in the first half of the audit period.

DOC makes medication-assisted treatment (MAT) available for residents with opioid use disorder and reports that the average monthly number of residents on MAT is 250. CCE did not confirm whether DOC currently has a waiting list for MAT. The agency has indicated that, at the time of release, residents are connected to community methadone clinics and provided with Suboxone. DOC states it also makes follow-up appointments for additional Suboxone with primary care providers. Additionally, DOC indicates it uses Peer Navigators to support reentry, including helping former residents set up treatment appointments. DOC acknowledged that the three peer positions within the Residential Treatment unit were listed as vacant in the agency's oversight responses in February 2024 and as of the end of the audit period.[358] A more detailed evaluation could determine how much the staffing shortages in the jail are impacting access to treatment services.

Peer Recovery Support Services (PRSS) can help address some of the treatment and support needs of residents with SUDs. A peer, in this context, would have had a shared lived experience of addiction and be currently or formerly incarcerated. High quality PRSS is associated with improvement in a variety of outcomes for incarcerated people, including decreased recidivism and drug use and improved emotional well-being, and reduced drug use; additionally, they can alleviate some need for staff.[359] In addition to filling the Peer Navigator vacancies to help residents transition to the community, the agency should consider expanding this program to help residents while still in the jail.

Paradoxically, a resident who has a positive drug test "may be offered the opportunity to participate in a substance abuse counseling, education or treatment program," and one who is already in the substance abuse program "may be terminated from the program immediately."

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358 Ibid, p. 183.

359 Chyrell Bellamy, Timothy Schmutte, and Larry Davidson, "An Update on the Growing Evidence Base for Peer Support," Mental Health and Social Inclusion 21, no. 3 (2017): 161–67, https://doi.org/10.1108/mhsi-03-2017-0014; Anne-Marie Bagnall et al., "A Systematic Review of the Effectiveness and Cost-effectiveness of Peer Education and Peer Support in Prisons," BMC Public Health 15, no. 1 (2015), https://doi.org/10.1186/s12889-015-1584-x; Julie Repper and Tim Carter, "A Review of the Literature on Peer Support in Mental Health Services," Journal of Mental Health 20, no. 4 (2011): 392–411, https://doi.org/10.3109/09638237.2011.583947; Jane South et al., "A Qualitative Synthesis of the Positive and Negative Impacts Related to Delivery of Peer-based Health Interventions in Prison Settings," BMC Health Services Research 16, no. 1 (2016), https://doi.org/10.1186/s12913-016-1753-3.

Residents also can receive a variety of sanctions for positive drug tests, including up to 30 days in disciplinary restrictive housing. The likelihood of relapse among those with SUD, which various studies have shown to be 65% or higher, and the resulting potential removal from addiction programming and isolation in restrictive housing would be disruptive to the treatment process. Abstinence-based treatment programs serve as a barrier to adults seeking treatment, as many residents do not or cannot stop using even if they recognize a need for treatment.[360] Further isolating people who are actively using drugs in restrictive housing can exacerbate health concerns by creating social isolation, limiting activity, and bringing a greater loss of autonomy.[361]

Another avenue to reduce the number of people in the jail with SUD is to stop them from entering in the first place. CCE's February 2024 report to ODCA on compliance with recommendations regarding reducing the number of people in the jail with behavioral health disorders found the need for a more strategic approach to pre-arrest diversion.[362] Although the creation of a Pre-Arrest Diversion Taskforce was authorized in the *Secure D.C. Amendment Act of 2024* (SECURE D.C.) legislation, it had not been implemented as of the end of fieldwork for this report.[363]

20. Staff and residents have reported problems with accessing specific medical care, including consistently providing prescribed medication, ensuring residents are taken to medical appointments inside and outside of the jail, and providing gender-specific healthcare.

While CCE did not review data on the total number of medical appointments, data on serious medical issues requiring transportation to a hospital were reviewed. DOC reported in their count of extraordinary occurrences and significant incidents that during the audit period, 193 medical emergencies requiring 911 services and 290 medical emergency significant events requiring "special conveyance," i.e., non-emergency transport to a hospital, occurred. However, the raw data of all 911 and special conveyance incidents for the year indicated that 398 occurred, so the accuracy of their count is unclear. As noted earlier, DOC also reported 390 hospitalizations during the audit period.[364] The average cost of 911 transport (Basic Life Support) from the jail to a medical

360 DOC Policy and Procedure 6050.2G; DOC Policy and Procedure 5300.1I; Catherine E. Paquette, Stacey B. Daughters, and Katie Witkiewitz, "Expanding the Continuum of Substance Use Disorder Treatment: Nonabstinence Approaches," Clinical Psychology Review 91, (2021), https://doi.org/10.1016/j.cpr.2021.102110.

361 World Health Organization. 2014. "Prisons and Health." Edited by Stefan Enggist, Lars Møller, Gauden Galea, and Caroline Udesen. https://iris.who.int/bitstream/handle/10665/128603/9789289050593-eng.pdf?sequence=3&isAllowed=y.

362 "77% of Auditor Recommendations In Place or In Progress," Office of the District of Columbia Auditor, Appendix B, February 8, 2024, https://dcauditor.wpenginepowered.com/wp-content/uploads/2024/02/2024.Recommendation.Compliance.Report.2.8.24-1.pdf

363 D.C. Code § 22–4237 (2024), https://code.dccouncil.gov/us/dc/council/code/sections/22-4237; Criminal Justice Coordinating Council Performance Oversight Responses, February 27, 2025. Accessed March 9, 2025 at https://dccouncil.gov/wp-content/uploads/2025/02/CJCC-Responses-to-FY24-25-Oversight-Pre-Hearing-Questions-with-Attachments.pdf.

364 DOC, "Count of SI and EO,"; DOC, "Significant Incidents and Extraordinary Occurrences Summaries."; Department of Corrections, "Updated DC Council Response Q28 Hospitalizations_09.20.24," provided to CCE in response to request for information on hospitalizations, securely held by CCE.

facility is $1,500.[365]

In CCE's survey of people who resided in the jail during the audit period, eight of 11 respondents reported being unsatisfied with the medical care they received (a 1 or 2 on a 5-point scale); nine of eleven respondents reported waiting a few days between putting in a sick call and being seen; and five of 11 of respondents reported not being given their medication on time or at all daily or a few times per week.[366] Some raised concerns about health care in the narrative section of the survey. They described a lack of medical treatment after sustaining physical injuries from another resident, the jail canceling outside medical appointments but indicating that the resident canceled the appointments, late or undelivered medication while in restrictive housing, and continual delays of an outside appointment for serious health issue. One former resident said, "My biggest issue I had was D.C. Jail interfering with Unity Medical contractors. Making it difficult with staff shortages. I would arrive to appointments late and sometimes miss medications."[367] A CIC staff member opined that the once high level of care that Unity was once able to provide has declined over time.[368]

DOC's "Inmate Handbook" describes what residents should expect in the delivery of medical services. "Sick Call Requests for non-emergency medical care [are] made through the sick call system (sick call boxes located on units). Sick call is seven (7) days per week on all units (including weekends and holidays). Sick call slips are available on all units. Sick call slips are collected twice daily, and residents are to be seen by a provider within 24 hours of sick call slip submission." If residents have a grievance related to accessing health care or the quality of their care, they may submit a grievance, and they are meant to have a response within 15 business days.[369]

Grievance documents and interviews with individuals with direct experience with the jail noted a variety of issues related to residents receiving timely, appropriate care. These issues include missing appointments due to DOC staffing shortages (no staff available to escort), jail medical staff not providing treatment that outside doctors indicated was necessary, requests to speak with a psychologist going unmet, and correctional staff not taking seriously residents' requests to go for medical care.

In analyzing the summary of grievances for the yearlong audit period, health care-related grievances, including access to health care, quality of health care, and/or improper staff action-medical were the largest category of informal grievances and second largest category of formal grievances, making up 25.4% and 18% of all grievances respectively. On average, informal health care-related grievances took 7.73 days to resolve and formal grievances 7.15 days to resolve.

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365 "DOC Responses," D.C. Council, p. 428.
366 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
367 Person formerly incarcerated at D.C. jail #2, in discussion with CCE staff, August 2024; Person formerly incarcerated at D.C. jail #5, in discussion with CCE staff, August 2024; Person formerly incarcerated at D.C. jail #8, written letter with CCE staff, September 2024; Person formerly incarcerated at D.C. jail #9, written letter with CCE staff, September 2024; Person formerly incarcerated at D.C. jail #10, written letter with CCE staff, September 2024.
368 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., interview by Tracy Velázquez, September 26, 2024.
369 D.C. Department of Corrections, Inmate Handbook 2022-2023.

(Excluded from the calculation were grievances that were deemed "un-grievable" because they did not indicate a category of grievance.)[370]

CCE reviewed all grievances from the weeks of January 14 and June 24, 2024, many of which were specifically related to health care. These included residents claiming that they were not being given medication that was prescribed by an outside provider, not being given access to medication a resident took while in the community, medical supplies prescribed by an outside doctor not being received by the resident in the jail, and delayed or missed outside appointments.[371] One diabetic resident filed a grievance saying, "Medical gives me broccoli for breakfast, lunch and dinner. Not enough food for the amount of insulin I get."[372]

The National Commission on Correctional Health Care (NCCHC) standards on medication services stress the importance of the continuity of care, both from the community into jail and during incarceration. NCCHC specifically states that delays in receiving medication, changes in medication orders, and an inability to take medication as prescribed can impact both morbidity and mortality.[373] Furthermore, incarcerated individuals should generally be able to take the same medications while in jail that they did while in the community. In working to address the lack of consistency in supplying residents with their medications, an assessment should be done of what additional medications can be classified as "keep on person" to allow incarcerated individuals to self-administer the medication at the appropriate time.

External medical appointments. Unity does not provide all the services people in the jail might need, particularly when it involves specialists or surgery. Currently, a class action lawsuit against DOC has been filed that is related to the agency's alleged failure to provide constitutionally required health care, including systemic failures to schedule specialist appointments for residents; regular cancelation of these appointments by DOC; failure to transport residents to these appointments and failure to give residents their prescribed medications.[374] Filings in the case allege, "Defendant ([DOC] controls every movement of each detained individual. As a result, it is impossible for individuals to get to pill call, sick call, chronic care, or specialty care appointments without being escorted by jail staff." One individual in the class suit claimed that they had 13 or more outside medical appointments canceled by jail staff, with understaffing being given most often as the reason for the jail's inability to transport the resident.[375] Multiple people interviewed for this audit indicated that understaffing was often a factor when DOC or its contractor canceled outside medical appointments for residents.

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370 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE; Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023-June 30, 2024. Copies of documents securely held by CCE.

371 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE; D.C. Department of Corrections, "IGPs" January 14 - January 20, 2024. Copy of document securely held by CCE.

372 Anonymous Grievant #24, DOC grievance, 2024.

373 National Commission on Correctional Health Care. "Medication Services - National Commission on Correctional Health Care," November 15, 2024. https://www.ncchc.org/spotlight-on-the-standards/medication-services/.

374 V.C. v. D.C., No. 1:23CV1139 (D.D.C. filed April 24, 2023).

375 Ibid.

Two medical providers at MedStar Washington Hospital Center's Surgery Center confirmed that jail resident appointments were often missed. They stated that, either due to missed appointments or failure to schedule appointments for residents, people from the jail often came in weeks or months after it was medically necessary. They believe that those delays have resulted in broken bones healing wrong and therapists having to correct how patients have healed from unaddressed injuries.[376]

Rather than rely on transport by DOC staff, the District could look at other care models. Philadelphia recently developed a staffed, secure ward for incarcerated people at a local hospital. As plans for the new jail progress, DOC should keep in mind that having a ward staffed by correctional medical staff means security staff will not need to wait in the hospital throughout the medical appointment or treatment and will be available for other facility duties.[377]

DOC has faced lawsuits related to provision of health care during the audit period. During the audit period, a wrongful death suit brought by the estate of a former resident was settled for $100,000. In the suit, the plaintiff alleged that, while at the jail, they experienced chest pains and shortness of breath. They were not provided medical care and collapsed in the cell, their legs shaking and eyes rolling to the back of their head. Aid was still not provided for an hour, at which time they were unresponsive.[378] There were ten different lawsuits filed, pending, or closed during the audit period in which jail residents alleged that DOC had failed to provide adequate or access to health care or medication to jail residents.[379] Issues alleged in the suits include not obtaining medication daily (including denial of seizure medication leading to a grand mal seizure), exposure to mold worsening a medical condition, denial of follow-up appointments and surgeries, and the punitive withholding of glasses and medication.[380]

A pending class action complaint brought by the Washington Lawyers Committee for Civil Rights and Urban Affairs alleges several different health-related claims for different anonymous

376 Interview with physician and occupational therapist at Medstar Washington Hospital Center, 2024.

377 Aubrey Whelan, "Jefferson Frankford Hospital to Open a Secure Ward for Incarcerated Patients," The Philadelphia Inquirer, July 11, 2024, https://www.inquirer.com/health/jefferson-frankford-hospital-incarcerated-ward-20240711.html; Agnew v. N.Y.C. Dep't of Corr., 217 A.D.3d 490 (2023); Jake Offenhartz, "More Rikers Detainees Missing Medical Appointments, Despite Reform Efforts," Gothamist, June 6, 2022, https://gothamist.com/news/more-rikers-detainees-missing-medical-appointments-despite-reform-efforts.

378 Estate of Sauls v. D.C., No. 2019-CA-007131-B (D.C. Super. Ct. 2024).

379 Berton v. D.C. Dep't. Corr., No. 2023-CAB-1697 (D.C. Super. Ct. filed Mar. 21, 2023); Braxton v. D.C., No. 2023-CAB-001048 (D.C. Super. Ct. filed Nov. 19, 2023); Estate of Sauls v. D.C., No. 2019-CA-007131-B (D.C. Super. Ct. May 8, 2024); Hill v. D.C., No. 1:23-cv-0940 (D.D.C. filed April 4, 2024); Steven v. CTF, No. 2022-cv-03865 (D.D.C. Dec. 21, 2023); United States v. Hoppe, No. 23-102 (RC), 2024 WL 1990452 (D.D.C. May 6, 2024); Washington Laws. Comm. for Civ. Rts. & Urb. Affs. v. D.C., No. 1:23-cv-01139 (D.D.C. filed Apr. 23, 2023); Watson v. D.C., No. 1:23cv1670 (D.D.C. filed June 8, 2023); Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023); Woodland v. D.C. Dep't Corr. Med. Staff, No. 1:22cv2035 (D.D.C. filed February 14, 2024).

380 Berton v. D.C. Dep't. Corr., No. 2023-CAB-1697 (D.C. Super. Ct. filed Mar. 21, 2023); Braxton v. D.C., No. 2023-CAB-001048 (D.C. Super. Ct. filed Nov. 19, 2023); Estate of Sauls v. D.C., No. 2019-CA-007131-B (D.C. Super. Ct. May 8, 2024); Hill v. D.C., No. 1:23-cv-0940 (D.D.C. filed April 4, 2024); Steven v. CTF, No. 2022-cv-03865 (D.D.C. Dec. 21, 2023); United States v. Hoppe, No. 23-102 (RC), 2024 WL 1990452 (D.D.C. May 6, 2024); Washington Laws. Comm. for Civ. Rts. & Urb. Affs. v. D.C., No. 1:23-cv-01139 (D.D.C. filed Apr. 23, 2023); Watson v. D.C., No. 1:23cv1670 (D.D.C. filed June 8, 2023); Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023); Woodland v. D.C. Dep't Corr. Med. Staff, No. 1:22cv2035 (D.D.C. filed February 14, 2024).

plaintiffs:

- V.C., who suffers from congestive heart failure, claims they were denied medication on at least 19 occasions, resulting in severe chest pains and risk of heart failure;
- B.L. claims they were not given the proper medical equipment to self-catheterize, causing pain and bleeding, plus taking more than a year to have a follow-up appointment scheduled, even with the need for specialty care being indicated nine times in their medical records;
- L.S., claims their prescription for medical eye drops lapsed, ophthalmologist appointment was cancelled, and they were left without eyeglasses for two years;
- M.K., who is HIV positive, claims they missed more doses of their medication in 16 months in jail than in the previous 10 years combined, had a correctional officer step on their medication and had appointments canceled 13 times; and
- R. B., claims they had 12 physical therapy appointments canceled "due to time constraints, correctional staff errors, lack of an exam room, or other unspecified reasons."[381]

Gender-specific healthcare issues. Women incarcerated in the jail are held in CTF, and advocates have reported multiple issues related to menstrual care. Advocates claim that they reported in September 2023 that DOC staff – not a healthcare provider – was overseeing menstrual care and providing an insufficient supply of feminine protection items to menstruating residents – only six pads per week.[382] At that time, additional pads and tampons were only made available to menstruating jail residents if they filled out an "Inmate Request form" to request additional menstrual products each menstrual cycle.[383] Pads were recently made available in the commissary, but, at a cost of $12, at least one resident reported that they are too expensive for most residents.[384]

Residents have also reported that the menstrual products that are available from DOC for free are often the 'wrong products'—tampons and pads that are too light for many residents and cause them to bleed through their uniforms, especially on weekends, when residents are not allowed to leave their cells.[385] Residents in the women's unit report running out of menstrual products, clean clothes, and soap—causing physical and mental discomfort, especially during menstruation.[386]

Issues related to pregnant and new mothers' care in the D.C. jail were also mentioned in audit interviews. In one case, attorneys reported that their client, a jail resident, needed to have her breast milk collected to feed her baby. DOC staff communication issues resulted in her needing to wait more than an hour before milk could be collected.[387] For pregnant women, DOC offers temporary improvement in nutrition by providing fresh fruits and vegetables. Postpartum, these options are removed, leaving these residents to rely on the same nutritionally deficient meals as

381 V.C. v. D.C., No. 1:23CV1139 (D.D.C. filed April 24, 2023).
382 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 26, 2024.
383 Ibid.
384 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
385 Ibid.
386 Ibid.
387 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

other residents while they recover and nurse.[388] This is especially concerning as the commissary does not provide fresh produce, eliminating alternative ways to meet critical nutritional needs.

Conclusion

The combination of grievances, interviews, surveys, DOC data, and lawsuits point to the jail not consistently or adequately meeting residents' basic healthcare needs. Clear patterns emerge of regular denials of medical care to residents, with often long-term health consequences. While new medical facilities must certainly be a part of any solution in the longer term, a more immediate need is to address the quality and quantity of care being provided by medical professionals working at or for DOC today. United Nations standards for incarcerated people indicate facilities should have sufficient specialists to meet incarcerated peoples' needs, including psychiatrists, psychologists, and social workers, and that these should be on a permanent rather than part-time basis.[389] Finally, the jail must ensure that gender-specific healthcare needs are being met.

Recommendations:

24. DOC and its healthcare provider should develop a plan to fill all vacant behavioral health positions within the jail within 12 months.

25. DOC should increase resident access to behavioral health programs equitably so that those services are accessible to all people regardless of sex, classification, or housing unit.

26. DOC should sustain its national leadership in the provision of Medication Assisted Treatment, increase overall access to substance use disorder treatment, and expand Peer Recovery Support Services, across both CTF and CDF.

27. DOC should stop the practice of removing residents from substance use disorder programming if they are found to have used or possessed drugs in the jail.

28. DOC and its health care provider should develop, publish, and implement a corrective action plan to address inconsistent provision of medication and medical supplies to residents, resident transportation, missed external medical appointments, and pregnancy and post-partum care.

388 Ibid.

389 The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 2016. https://doi.org/10.18356/9789213589427.

Visitation and Other Resident Communication Opportunities

Introduction

DOC's formal policies encourage residents to maintain family and community ties by allowing social video visitation, incentive-based face-to-face social visitation, and contact social visitation.[390] While many residents and their loved ones avail themselves of these opportunities, lack of contact visits in CDF, problems with video visitation, lack of functioning tablets, issues related to short staffing, and a desire for better visitation areas were identified as areas for improvement.

Findings:

21. Some residents lacked working tablets to communicate with loved ones, and video visitation stations were not always operable during the audit period.
22. Charges for video visits and phone calls create financial barriers to maintaining relationships.
23. Charges for video visits and phone calls create financial barriers to maintaining relationships.

Commentary

21. Some residents lacked working tablets to communicate with loved ones, and video visitation stations were not always operable during the audit period.

Computer tablets provided by DOC are now a key part of how residents communicate with loved ones outside of the jail and access legal resources. Tablet issues are a top subject of complaints. These issues include tablets not functioning, going missing or being stolen, and being taken away by staff for reasons unclear to the resident. Additionally, some residents did not have a tablet at all during the audit period due to the wait for receiving one.[391] A family member of a person incarcerated at the jail stated, "Sometimes the phone will just cut off. Tablets are really messing up and don't work in certain parts of the jail."[392]

Other technology issues include messages not being sent by tablets and tablets taking excessive time to perform basic tasks. "Recently at CTF there have been complaints that they are sending texts but the texts aren't going out. Sometimes they complain that the screens don't work. They

390 "PP 4081.1 Inmate Visitation," District of Columbia Department of Corrections, November 15, 2026, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204081.1%20Visitation-wsig%201-23-17-complete.pdf, p. 2.
391 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE; D.C. Department of Corrections, "IGPs" January 14 - January 20, 2024. Copy of document securely held by CCE.
392 Family member of person incarcerated at D.C. Jail, in discussion with the CCE staff, July 2024.

also have movies you can watch for 3-5 cents a minute, and the movies are old so people complain about that, and also they have to pay for the movie while it's buffering for 15 minutes before it starts playing."[393]

As shown in Table 9, residents have filed numerous complaints and grievance reports regarding technology issues, withholding of and missing mail, and access to tablets and phones.[394]

Table 9. Informal Complaints and Formal Grievances During Audit Period related to Communication and Visitation

Grievance Category	Informal Resolution Complaints	% of Complaints	Formal Grievances	% of Grievances
Mail: general, improper staff action, missing	173	4.0%	12	4.1%
Mail: Not received	48	1.1%	3	1.0%
Tablet	68	1.6%	16	5.5%
Telephone	82	1.9%	1	0.3%
Visitation	25	0.6%		
Totals	**396**	**9.2%**	**32**	**11%**

Source: Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023–June 30, 2024.

22. Residents of CDF lacked contact visits, and residents of CTF lacked video visits during the audit period.

Residents have different opportunities available for visitation depending on which facility the resident is in. According to DOC's response to D.C. Council questions in 2024:

> *"All visits at CTF are in-person [contact visits] and all inmates are eligible for one visit per week, unless they have lost their visiting privilege through the disciplinary process. The inmate's family and/or friends must call and schedule an appointment the day before the visit. Each visit can last up to one hour. On the first consecutive Monday and Tuesday of each month, inmates within the CDF who have been housed for a period of 60 days or more and have been free of sustained disciplinary infractions for at least 30 days are eligible for one thirty-minute face to*

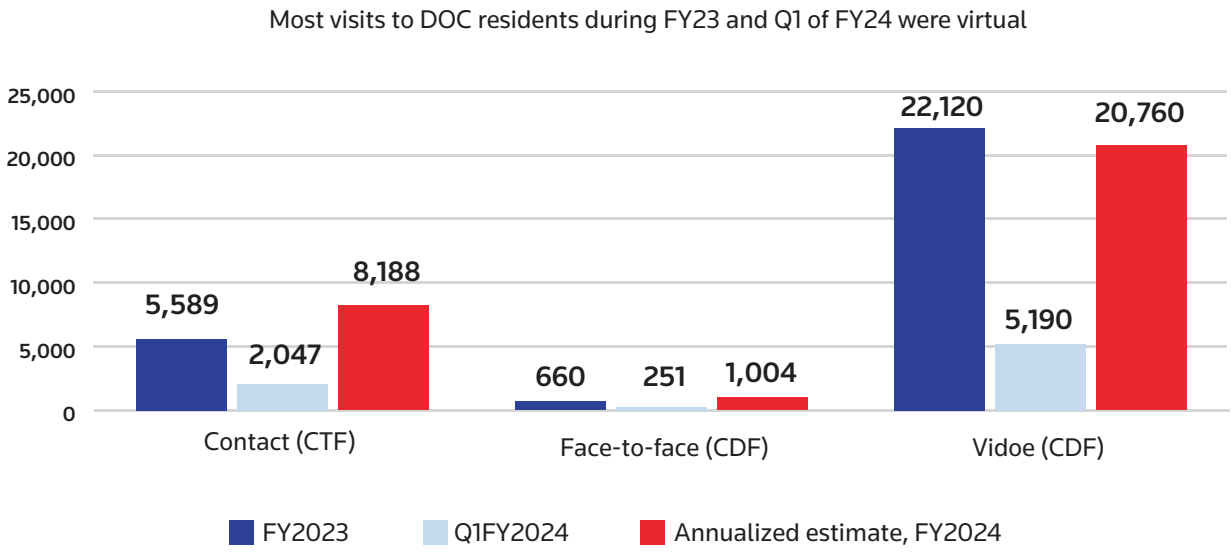
393 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.

394 Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

face (behind Plexiglas) visit… Video visitation is available to all inmates assigned to the CDF. Inmates are allowed two 45-minute visits per week. Visiting hours are from 11AM until 10PM Wednesday through Sunday. Visitors can schedule visits online, 24 hours a day…or by calling the visitation center. Visitors may schedule visits for the Visitation Center, at 1901 E Street SE, or for several satellite locations within the District . . . Visits hosted at any of these facilities are free of charge."[395]

DOC's responses to D.C. Council Performance Hearing questions in 2024 showed that most visits are virtual.[396] As shown in Figure 13, even without residents at CTF having the opportunity for virtual visits, virtual visitation was by far the most popular form of visitation.

Figure 14: Types of Visitation Available to D.C. Jail Residents in FY 2023 and Q1 FY 2024

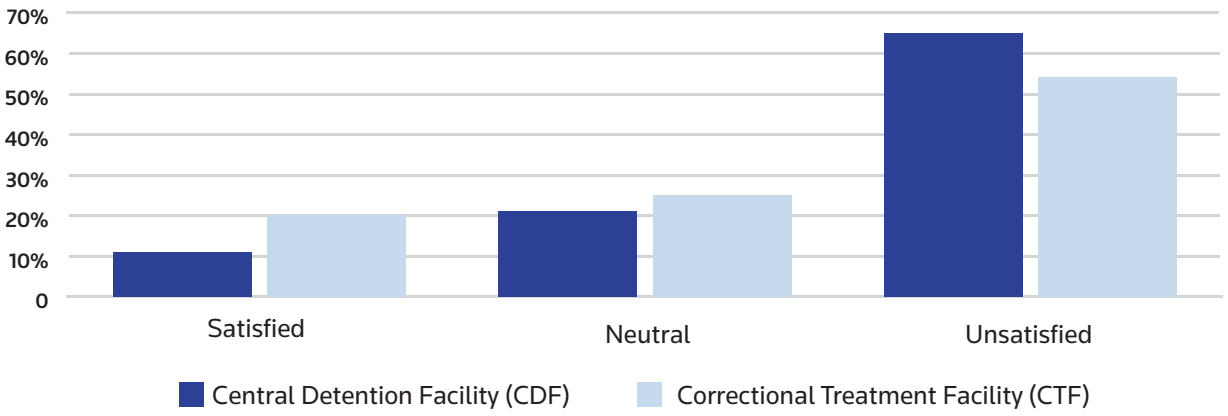


Source: D.C. Department of Corrections. "DOC Responses to D.C. Council Questions FY 2023 and FY 2024 to Date," February 2, 2024.

The CGL survey of residents conducted in late 2023 on behalf of DOC as part of their new jail facility planning process showed most respondents in both facilities were unsatisfied with the family visitation area (see Figure 14).[397] Almost all (97%) residents wanted on-site contact visitation, either alone or in combination with virtual visits.[398] Additionally, about half (49%) of all residents and 62% of those in CTF reported that family visitation space was their most important concern in terms of priorities for the new facility.[399]

395 "DOC Responses," D.C. Council, p. 596.
396 Ibid.
397 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," p. 35.
398 Ibid, p. 41.
399 Ibid, p. 58.

Figure 15. CGL survey of residents, responses to "How satisfied are you with family visitation?'



Source: CGL survey of jail residents, 2023.

Several DOC maintenance reports mentioned non-functional visitation monitors. With visits so dependent on technology, problems with hardware, software, and connectivity have been identified as challenges. Residents have experienced technical issues and failures when trying to conduct these virtual visits. A member of the CIC noted that, "On the D.C. Jail side, we've received some complaints from visitors who say they came to the facility to see loved ones and the loved one never showed up on the screen [or the] screen may have been acting up … also DOC did not have a policy to notify visitors of complications that would prevent visits."[400]

23. Charges for video visits and phone calls create financial barriers to maintaining relationships.

Residents can make phone calls during their out-of-cell time but must pay eight cents per minute for the call.[401] They can also make calls via the VIAPATH tablets.[402] DOC policy also notes that, although video visits from the Visitation Center or one of the jail's satellite facilities are free, "If a visitor elects to conduct a visit from home, a $10.00 convenience fee is charged by the vendor."[403] It is unclear why visitors must pay to connect from home, as it would seem that this should cost less than DOC maintaining satellite facilities.

Recognizing the marginalization and disparities of communities that are often incarcerated, the high cost of visits creates additional financial burdens for families and loved ones of jail residents.

400 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
401 "DOC Responses," D.C. Council, p. 598.
402 Ibid.
403 Ibid, p. 596.

Conclusion

Increased visitation not only improves the quality of life for those incarcerated, but it also has important social benefits. Research by the Urban Institute found a 26% decrease in recidivism among people who can attend physical visits with their families.[404] A 1972 study that followed 843 people on parole from California prisons found that those who had no family visitation during their incarceration were six times more likely to re-offend and be reincarcerated than residents who averaged three or more visitors.[405] Similarly, receiving one visit per month correlated to a 0.9 decrease in the risk of being re-incarcerated.[406] Notably, among those who received at least one visitation per month, felony convictions decreased by 13%, and parole violations were down 25%.[407] Additionally, misconduct was reduced in people who received visits to Iowa state prisons.[408] Moreover, maintaining bonds between children and their incarcerated parents is beneficial for social and emotional development.[409]

To prevent the consistent issue of families not being informed timely of visits being canceled due to internal factors in the jail, automated text notification systems could quickly inform families of canceled visits. Research has shown that making visitation rooms welcoming – especially for children – can improve the experience; bright and colorful rooms with books and toys can make a child feel comfortable.[410] Finally, making phone calls and virtual visits free would reduce the financial barrier many families face to keep in contact with their loved ones in the jail.[411]

Recommendations:

29. D.C. Council should ensure that DOC has sufficient annual funding to a) repair or replace all video visitation monitors and b) purchase enough tablets so that every resident has a working tablet available to him or her.

30. DOC should renegotiate its vendor contract for home video visits as soon as possible and, when able, solicit bids that may be able to reduce the cost to families.

31. DOC should develop and implement a protocol that would automatically notify loved ones via text message or email when issues with in-person or virtual visitation are occurring and will prevent a resident from participating in a visit scheduled within the next 48 hours.

32. DOC and DGS should ensure that new jail facility plans include sufficient space for both video and contact visits for all residents, with visitation rooms that are welcoming and appropriate for children and other visitors.

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404 McCoy, Evelyn F., and Bree Boppre. "Making Jail and Prison Visits Easier Makes Communities Safer." Urban Institute, March 13, 2024.

405 Wang, Leah. "Research Roundup: The Positive Impacts of Family Contact for Incarcerated People and Their Families." Prison Policy Initiative, December 21, 2021.

406 Ibid.

407 Ibid.

408 Ibid.

409 Martin, Eric, and Doris Wells. "Dissecting the Issue of Child Prison Visitation," National Institute of Justice Update, 2015. https://www.ojp.gov/pdffiles1/nij/249457.pdf.

410 McCoy, Evelyn F., and Bree Boppre. "Making Jail and Prison Visits Easier Makes Communities Safer." Urban Institute, March 13, 2024. https://www.urban.org/urban-wire/making-jail-and-prison-visits-easier-makes-communities-safer.

411 Ibid.

Restrictive Housing

Introduction

Solitary confinement is generally defined as being held for 22 hours or more a day without meaningful human contact. The *United Nations Standard Minimum Rules for the Treatment of Prisoners* states that "[s]olitary confinement shall be used only in exceptional cases as a last resort, for as short a time as possible," and that prolonged solitary confinement – 15 or more days – should be prohibited.[412] Extensive research has documented the harm that can result from being placed in solitary confinement. A meta-analysis of studies on solitary confinement concluded that "secluded [residents] . . . become progressively more anxious, depressed, irritable, confused, aggressive and suicidal over time." These findings note that psychological harm was not dependent on the person placed in isolation having a pre-existing mental illness.[413] Another review of the literature indicated that as many as 90% of individuals in solitary confinement had negative symptoms.[414] Solitary confinement has been shown to increase the likelihood of self-harm by 6.9 times, with especially high rates for those who are younger or who have a serious mental illness.[415]

While DOC uses the term "restrictive housing," conditions therein meet the generally accepted definition of solitary confinement, with individuals having only two hours out of their cells five days per week.[416] DOC's use currently is governed by Policy and Procedure 5500.2. This policy states that DOC residents "may be placed in a Restrictive Housing Unit when it is determined that their continued presence in the general population poses a threat to property, self, staff, other inmates, visitors, the general public, or the safe, secure or orderly operation of the facility." It also indicates that a resident found to have violated a DOC rule can be sanctioned to up to 30 days per violation; these can be stacked – that is, so that they run consecutively rather than concurrently – and while policy states a resident should be placed in a less restrictive area for 48 hours between sanctions, DOC can continue to hold the person in restrictive housing during that time if they are "determined [to pose] a threat to the safety, security of staff or other [residents]."[417]

412 United Nations. "The United Nations Standard Minimum Rules for the Treatment of Prisoners." Accessed March 9, 2025 at https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf.

413 Luigi, M., et al. "Shedding Light on 'the Hole': A Systematic Review and Meta-Analysis on Adverse Psychological Effects and Mortality Following Solitary Confinement in Correctional Settings." Front Psychiatry, (2020). https://pmc.ncbi.nlm.nih.gov/articles/PMC7468496/.

414 Haney, Craig. "Restricting the Use of Solitary Confinement." Annual Review of Criminology 1, no. 1 (2017): 285–310. https://doi.org/10.1146/annurev-criminol-032317-092326; Smith, Peter Scharff. "The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature." Crime and Justice 34, no. 1 (2006): 441–528. https://doi.org/10.1086/500626.

415 Fatos Kaba et al., "Solitary Confinement and Risk of Self-Harm Among Jail Inmates." American Journal of Public Health 104, no. 3 (2014): 442–47. https://doi.org/10.2105/ajph.2013.301742.

416 "PP 5500.2C Restrictive Housing of Inmates," District of Columbia Department of Corrections, May 20, 2022, copy of document securely held by CCE.

417 Ibid.

Findings:

24. DOC over-relied on restrictive housing to address disciplinary issues and provide for the separation of vulnerable individuals during the audit period.

Commentary

24. DOC over-relied on restrictive housing to address disciplinary issues and provide for the separation of vulnerable individuals during the audit period.

DOC recognizes three types of restrictive housing: Administrative Restrictive Housing, Prehearing Restrictive Housing, and Disciplinary Restrictive Housing, described in Table 10 below. DOC does not consider safe cells a type of restrictive housing.

Table 10: Types of Restrictive Housing (excerpted from DOC Policy & Procedure 5500.2C)

Administrative Restrictive Housing	A form of separation from the general population when the inmate's continued presence in the general population poses a threat to property, self, staff, other inmates, visitors, the general public, or to the safe, secure, or orderly operation of the facility. The three types of Administrative Restrictive Housing are: 1) Protective Custody: A designation assigned to a resident requesting or requiring protection from other residents for reasons of health or safety. 2) Special Handling/Restricted Release: A designation assigned to a resident who requires heightened security measures due to a documented history of high-profile cases, escapes, attempted escapes, documented assaultive and/or disruptive behavior, or by court order. 3) Total Separation: A designation that requires total separation from all other residents for out-of-cell activities. Residents shall only be designated as Total Separation after receipt of a court order.
Pre-Hearing Restrictive Housing (PHH)	Residents who are charged with a rule violation will be placed in Prehearing Detention only when it is necessary to ensure the resident's safety or security of the facility as specified in this directive.
Disciplinary Restrictive Housing	A form of restrictive housing when the Disciplinary Board or Hearing Officer has, after an impartial hearing, recommended a resident's confinement to a cell for a specified period because the resident has committed a rule violation.

Source: DOC Policy and Procedure 5500.2C.

DOC does not include safe cells, described above in the health section of this report, in their definition of restrictive housing, although residents in safe cells are only allowed 30 minutes of out-of-cell time per day.[418]

According to DOC, at the end of the audit period, 216 people were being held in some form of restrictive housing, including 111 people in protective custody. DOC noted that "because of separations, restrictive housing units may include a combination of individuals on administrative and disciplinary restrictive housing. The prehearing housing (PHH) unit for men is considered a general population unit and tabulated as such, so those on PHH were not in the restrictive housing count."[419]

Excluding people in PHH and given the jail population at that time of 1,945 residents, 11.1% of the jail population was in restrictive housing at the end of the audit period, roughly twice the national jail average of 5.64% that the Vera Institute calculated using the *2019 Census of Jails*.[420] As with all jail populations, the number of people in restrictive housing is a function of how many people enter and how long they stay. Reducing the restrictive housing population will depend on DOC addressing both factors.

In FY 2023, between 186 and 310 distinct residents entered restrictive housing each month.[421] The count of residents in restrictive housing in the second half of 2023 ranged from 227 to 310 per month. The average length of stay for individuals in solitary was 30 consecutive days (see Table 11).

Table 11. Residents in Restrictive Housing During First Half of Audit Period

Month (2023)	Average Daily Count	Distinct Count
July	95	227
August	81	261
September	81	233
October	115	310
November	82	255
December	127	284

Source: D.C. Department of Corrections. "DOC Responses to D.C. Council Questions FY 2023 and FY 2024 to Date," February 2, 2024.

418 DOC Policy and Procedure 6080.2H.
419 D.C. Department of Corrections, "Census Data" June 30, 2024. Copy of document securely held by CCE.
420 C. Montagnet, J. Peirce, and D. Pitts, "Mapping U.S. Jails' Use of Restrictive Housing." Vera Institute of Justice, 2021. Accessed January 31, 2024 at https://vera-institute.files.svdcdn.com/production/downloads/publications/mapping-us-jails-use-of-restrictive-housing.pdf.
421 "DOC Responses," D.C. Council, pp. 422-423.

However, some inconsistencies exist in the data shared by DOC regarding those in restrictive housing. DOC reported that, at the beginning of the audit period (June 30, 2023), 180 residents were in restrictive housing units (excluding people in safe cells). That number is almost double the daily count of residents in restrictive housing shared with the D.C. Council for July 2023.[422]

A former clinical case manager at the jail described her view of DOC's use of solitary confinement, stating: "I can't believe there is a place that makes Rikers Island look good." She detailed the variety of reasons people were sent to restrictive housing: to address serious infractions, for those experiencing a mental health crisis, or for those fearing for their safety in the general population.[423]

During one week of incident reports from both CTF and CDF, CCE found 22 Significant Occurrences or Extraordinary Incidents resulting in an infraction. These infractions included fights between residents, possession of major contraband such as a weapon or drugs, and setting a fire. Additionally, one resident indicated they were suicidal. All 22 incidents resulted in individuals being put in restrictive housing. One individual was in a safe cell, and residents from the other 21 incidents were placed in PHH, awaiting the results of a hearing, after which they could be given more time in restrictive housing. Importantly, eight of those incidents involved fighting between residents, so all involved residents were sent to PHH, not just one. Additionally, individuals who fought with each other had separation orders put in place to limit contact between them, which could further limit where they could be housed in the future.[424]

Advisory Neighborhood Commissioner Hayes noted that officers do not respond to people in solitary having mental health crises if the officers feel unsafe due to understaffing and that people screaming for medical help may not get a response for 10 to 15 minutes. She has observed restrictive housing as having an overall negative impact on many residents' mental health and believes, for some, it impacted their personality.[425]

A lawsuit regarding restrictive housing was filed during the audit period by a former resident. He alleged that he was moved into restrictive housing after a family member of an alleged victim entered the jail. While there, he claims that he was denied medical care for pneumonia and kept in an unheated cell. He claimed his pleas to be moved were ignored, that corrections officers withheld recreation time and showers and deprived him of his eyeglasses, pictures, and mail.[426]

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422 D.C. Department of Corrections. "MH Responses to Questions from the DC Auditor." November, 14 2024. Copy of document securely held by CCE staff; "DOC Responses," D.C. Council, p. 422.

423 Vazquez, Brittany. "Inside Voices: Frequent Use of Solitary Confinement at D.C. Jail May Be Worse Than Rikers Island." Washington City Paper, May 3, 2024. https://washingtoncitypaper.com/article/693708/inside-voices-frequent-use-of-solitary-confinement-at-D.C.-jail-may-be-worse-than-rikers-island/.

424 D.C. Department of Corrections, "Incident Reports," January 14 - January 20, 2024. Copy of document securely held by CCE.

425 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Member, December 18, 2024.

426 Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023).

Conclusion

As mentioned above, holding people in restrictive housing, particularly for prolonged periods, is harmful, and prolonged isolation is considered unacceptably cruel. For these reasons alone, its use should be narrowly limited. Doing so could also create a safer place for all residents and staff. The use of solitary confinement has been associated with increased violent incidents in facilities.[427] States that have decreased the use of solitary confinement have seen decreases in resident-on-staff assaults, resident-on-resident assaults, and other serious incidents.[428] Reducing the District's use of restrictive housing will benefit residents and staff and help make the jail and the District safer and healthier.

Recommendations:

33. DOC reports on restrictive housing should include the usage of safe cells, pre-hearing housing, and any other forms of housing where residents can be held in-cell for 22 hours or more per day.

34. DOC should post monthly data on restrictive housing on its website which includes the number of individuals who have been held in each category of restrictive housing in the last month and those individuals' lengths of stay in restrictive housing.

35. DOC should systematically review the use of restrictive housing, including reasons for its use and length of stay, determine whether alternatives can be used for certain disciplinary consequences and incidents, and change its practices accordingly.

36. DOC should reduce the maximum days placement in disciplinary restrictive housing can last per the international standards, from its current level of 30 days to no more than 15 days.

37. DOC should monitor staff compliance with requirements that they call for medical assistance immediately if they observe a resident in restrictive housing in distress.

38. DOC should vet the design and number of restrictive housing units planned for the new jail facility, including safe cells, with the D.C. Council and key stakeholders in advance of any architectural plans being finalized.

427 Briggs, Chad S., Jody L. Sundt, and Thomas C. Castellano. 2006. "The Effect of Supermaximum Security Prison on Aggregate Levels of Institutional Violence." Criminology 41 (4): 1341–76. https://doi.org/10.1111/j.1745-9125.2003.tb01022.x.

428 Terry A. Kupers et al., "Beyond Supermax Administrative Segregation." Criminal Justice and Behavior 36, no. 10 (2009):1037–50. https://doi.org/10.1177/0093854809341938; Judith Resnik et al., "Aiming to Reduce Time-In-Cell: Reports from Correctional Systems on the Numbers of Prisoners in Restricted Housing and on the Potential of Policy Changes to Bring about Reforms," SSRN Electronic Journal, (2016). https://doi.org/10.2139/ssrn.2874492.

The Grievance Process

Introduction

Residents can file grievances on the conditions of safety, care, and supervision; resident programs, activities, and services; resident property; individual staff treatment and resident actions; sentence computations, good time and jail credits, detainers, and late release; resident treatment and legal rights established by federal and local law and regulations; the application of most DOC Rules; and *Prison Rape Elimination Act* (PREA) complaints. Residents can also grieve denial of access to, and reprisals for utilizing, the grievance process itself.[429]

According to DOC, 4,291 informal complaints were filed during the one-year audit period – an average of almost 12 per day. Of these, 759 or nearly 18% were denied. The most common categories of grievances were improper staff actions/operations, comprising 40% of the complaints, and access to and quality of health care (16%). See Appendix F for a list of all grievances by category and denied grievances during the audit period.

Across the audit period, 291 formal grievances were filed. Health care accounted for 25%, followed by improper staff actions (20%) and food service (16%). Of these grievances, 36 (12%) were denied. DOC did not consider any grievances during the audit period to be emergencies.

Findings:

25. The resident grievance system during the audit period was complex, leading to procedural confusion, inconsistent response times, and dismissals for minor errors.

26. DOC staff responses to some grievances filed during the audit period reflected blanket dismissals or denials of the validity of residents' grievances without references to the specific facts alleged.

27. Residents reported being deterred from filing grievances because they did not have consistent access to the forms or the materials needed to fill out the forms; do not receive receipts for tablet-filed grievances; or feared retaliation for submitting grievances.

Commentary:

Except in emergency cases (see below), DOC has several opportunities to remedy a resident-identified problem before a formal grievance can be filed.[430] A resident must first attempt to advise a staff member of the issue.[431] If the issue is unresolved after five days, then a resident can make an informal complaint by completing and filing an inmate informal resolution/grievance

429 Policy and Procedure: Inmate Orientation, District of Columbia Department of Corrections, July 6, 2022. https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204020.1G%20Inmate%20Orientation%2007-06-2022.pdf.

430 An emergency is defined as a situation in which a resident would be put in a substantial risk of personal injury or serious and irreparable harm if the normal grievance timeline was followed.

431 Policy and Procedure: Inmate Orientation, DOC.

form.[432] From there, the Inmate Grievance Procedures (IGP) coordinator will have the appropriate department research the concern, and then the resident will receive a response within 15 days.

If the issue is not responded to in 15 days or if, after DOC reports that it has resolved the issue but the resident feels the issue has not been satisfactorily resolved, the resident can file a formal grievance.[433] Within five days of receiving a response to the formal grievance, residents can seek the final level of potential administrative resolution called a Warden's Request for Administrative Remedy.[434] The Warden and/or deputy director issue[s] a response to that request within 20 business days.[435]

Emergency grievances are matters involving a substantial risk of personal injury or serious and irreparable harm if the normal grievance timeline was followed and also includes PREA complaints.[436] These grievances must have "Emergency Grievance" written on the top of the formal grievance form and be in a sealed envelope.[437] Emergency grievances should be responded to within 72 hours, and appeals must be made within 48 hours.[438] If a grievance is not accepted as an emergency grievance, then the resident will be informed that it will be treated as a regular grievance. OIS will issue a final decision within 90 days unless DOC files an extension of up to 70 days.[439]

25. The resident grievance system during the audit period was complex, leading to procedural confusion, inconsistent response times, and dismissals for minor errors.

Most grievances were categorized as non-grievable showing that many residents were unable to receive a remedy to their issues through the grievance process. The official list of issues that are non-grievable includes:

1. Institutional or court-ordered work release decisions
2. Classification Committee decisions
3. FOIA or HIPAA request
4. Class action grievances or petition
5. Final grievance decisions
6. Accident claims or torts claims
7. Complaints on behalf of other residents
8. Federal and local court decisions, laws, and regulations
9. Policies, procedures, decisions, or matters issues by other agencies or jurisdictions

432 Ibid.
433 Ibid.
434 Ibid.
435 Ibid.
436 Ibid.
437 Ibid.
438 Ibid.
439 Ibid.

10. Disciplinary Board and Housing Hearing ruling.[440]

In its review of informal complaints from the last week in June 2024 (see Table 12), CCE found that 39% of complaints were considered non-grievable because the resident used the wrong form.[441] Another 19% of complaints were from residents who, having not had an issue addressed, filed an additional form in an attempt to have the issue resolved. Many of the complaints that residents filed were determined to be non-grievable for reasons not listed above.

Both jail residents and individuals who work within the jail describe the current grievance process as inefficient and ineffective.[442] Former jail residents reported filing multiple grievances about a single issue; in some cases, grievances marked as "resolved" by DOC were never addressed, as indicated by the fact that residents had to file grievances repeatedly on the same issues that were purportedly resolved.[443]

Table 12: Denied – Non-Grievable Informal Complaints from the week of 6/24 – 6/30/2024

Category of Grievance	Reason for Denial										
	Issue was in another grievance	Contains multiple issues	Did not follow grievance protocol	Must use Different Form	Filed on behalf of another resident	Not dated	Not enough information	Not submitted in 5 days	Unsubstantiated	Total	Percentage of Denials by Subject Area
Commissary						1				1	2%
Facilities Management		1		1						2	4%
Food									1	1	2%
Health Care	2	3		1			1	1		8	15%
Housing	1			5						6	11%

440 Ibid.
441 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE.
442 Person formerly incarcerated at D.C. jail #6, written letter with CCE staff, September 2024; Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 26, 2024.
443 See Berton v. D.C. Dep't. Corr., No. 2023-CAB-1697 (D.C. Super. Ct. filed Mar. 21, 2023) (reporting filing multiple grievances about not having access to physical therapy after hand surgery); Person formerly incarcerated at D.C. jail #10, written letter with CCE staff, September 2024 (reporting filing multiple grievances that never helped at all); Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023). (reporting having to file multiple grievances to be moved to a cell with heating).

Category of Grievance	Reason for Denial										
	Issue was in another grievance	Contains multiple issues	Did not follow grievance protocol	Must use Different Form	Filed on behalf of another resident	Not dated	Not enough information	Not submitted in 5 days	Unsubstantiated	Total	Percentage of Denials by Subject Area
Mail, Other Communication	1	1								2	4%
Multiple issues		1								1	2%
Personal Hygiene	1			1						2	4%
Programs & Activities	1			2						3	6%
Property		2	1	1	1		1			6	11%
Religious Services	2				1					3	6%
Safety & Security		1		2						3	6%
Solitary Specific				1						1	2%
Staff Issues	1		1	1	1		1			5	9%
Tablet	1			6					3	10	19%
Total	10	9	2	21	3	1	3	1	4	54	100%
Percentage of Denials by Reason	19%	17%	4%	39%	6%	2%	6%	2%	7%		

Source: Analysis by CCE of grievance forms provided by DOC.

Details of the complaints and responses considered to be non-grievable shed light on issues residents face, and their challenges in having them addressed.[444] Below is a sample of some of the denied grievances from the week of June 24, 2024; a table of all grievance denials from that week is in Appendix F.

A Muslim resident requested Kosher meals, which are also Halal, instead of the standard Halal meal that Muslim residents are given.[445]

444 D.C. Department of Corrections, "IGPs" June 24 - June 30, 2024. Copy of document securely held by CCE.
445 Ibid.

An individual sought an ADA accommodation and had their complaint denied because it was considered to "contain multiple issues."[446]

A resident requested to be moved to housing designated for those age 50 and over or the medical unit and had not heard back from medical in two weeks; the claim was denied as they should have used a different form since the issue regards classification.[447]

A resident, as part of a group of Sunni Muslims, requested access to Jum'uah prayer as they have not been to prayer for over a month despite asking officers to call the chaplain "so we can pray in a peaceful environment." The request was denied because "you cannot file a grievance on behalf of another inmate(s)." The resident was told everyone had to write an individual grievance for it to be processed.[448]

A resident indicated that, after three weeks in jail, they had requested but had not received case management services, medical care, or legal calls. The resident had not received some food trays and had been pepper sprayed for continuing to ask; this grievance was denied because "grievance contains multiple issues."

The U.S. Department of Justice (DOJ) has stated that jails must ensure that the grievance system is readily accessible to residents and that staff should follow up on grievances in a manner that is both responsive and prompt.[449] In action against the Fulton County Jail, DOJ called the grievances system "inadequate" for similar reasons to those CCE found in DOC.[450] Best practices in jail management have noted that requiring multiple different forms – as DOC does - creates an obstacle for residents seeking problem rectification.[451] Furthermore, limiting DOC's ability to reject claims without all "required" information provided would reduce the number of non-grievable complaints and protect residents who make good-faith procedural errors.[452] Additionally, requiring residents to file separate grievances discourages those residents who may be facing the most problems from seeking redress. Finally, residents filing on another person's behalf suggest that some residents may be unable to complete the forms on their own.

26. DOC staff responses to some grievances filed during the audit period reflected blanket dismissals or denials of the validity of residents' grievances without references to the specific facts alleged.

CCE requested two weeks' worth of grievances to review the details of the cases. Although residents are allowed to file grievances via their tablets, CCE only received hand-written forms; it is

446 Ibid.
447 Ibid.
448 Ibid.
449 "Investigation of the Fulton County Jail," U.S. Department of Justice Civil Rights Division, Nov. 14, 2024. https://www.justice.gov/crt/media/1377011/dl.
450 Ibid.
451 Priyah Kaul et al., "Prison and Jail Grievance Policies: Lessons from a Fifty-State Survey," Michigan Law Prison Information Project, SSRN Electronic Journal, (2015). https://doi.org/10.2139/ssrn.2795035.
452 Ibid.

unclear what proportion of grievances this may represent or whether the missing tablet forms are substantially different in substance than the handwritten ones.

- **June 2024 Grievances:** Of 123 grievances provided, 96 originated from CDF, 24 from CTF, and three from unidentified locations. One-third (46) of grievances were denied or ruled "non-grievable." Reasons for denials included that the resident should have used a different form like a request, appeal, or sick slip form (19) or denied for a technicality, such as a prior grievance was submitted or the form contained multiple grievances instead of one (27).[453]
- **January 2023 Grievances:** Only 63 grievances were provided (57 informal, 6 formal); this is about half the number provided for June. Because this inconsistency may be indicative of missing data, CCE did not do further analysis.

While reviewing the individual forms from January 2024, CCE found that some DOC responses dismissed the validity of grievances in ways that were difficult for residents to rebut. One resident complained that their rice and tortilla wraps were moldy,[454] while another complained that they found a dead mouse in the middle of their food.[455] DOC staff's reply in both cases was that the allegations could not have happened because each food tray is checked before it is served. Given that residents do not have access to smartphones with cameras, they have no way to include evidence along with their complaints. Another grievance alleged a DOC staff member assaulted a resident and then was working on the resident's block afterward.[456] In the reply to this grievance, DOC staff wrote "I'm sure [the staff member] acted nothing less than professional while doing his duties."[457]

It is unclear what DOC analysis, if any, is conducted on grievances. Grievance forms, a few samples of which rare located in Appendix G, are usually handwritten, making it very difficult to look for patterns in inappropriate staff responses or problems residents are having with filling out the forms.

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27. Residents reported being deterred from filing grievances because they did not have consistent access to the forms or the materials needed to fill out the forms; do not receive receipts for tablet-filed grievances; or feared retaliation for submitting grievances.

Barriers to filing grievances result in jail residents being unable to exhaust administrative

453 D.C. Department of Corrections, "IGPs" January 14 - January 20, 2024. Copy of document securely held by CCE.
454 Anonymous DOC Staff #28, DOC grievance response, 2024.
455 Anonymous DOC Staff #29, DOC grievance response, 2024.
456 Anonymous DOC Staff #13, DOC grievance response, 2024.
457 Ibid.

remedies – a prerequisite to initiating litigation.[458] In several different lawsuits that were either decided during the audit period or are currently ongoing, jail residents alleged that DOC fails to follow administrative procedures in responding to grievances or that they have faced retaliation for filing grievances.[459] Jail residents have also reported not having access to grievance forms or pencils with which to fill them out.[460] In CCE's small sample of people residing in the jail during the audit period, ten of 11 respondents reported trying to file a grievance, with eight responding they had difficulty filing it.[461] Key barriers identified include:

- **Systemic failures:** The grievance process is widely described as broken, flawed, inefficient, and ineffective. Residents often receive repeated, unhelpful responses without resolution.[462]
- **Delayed responses:** Grievances are frequently ignored or take too long to resolve, leaving issues unaddressed during residents' incarceration. [463] Because of these delays, some people are released before their grievance is resolved.
- Attorney feedback: Attorneys working with residents report that grievances rarely lead to meaningful resolutions. One attorney said they "haven't spoken to anyone in the D.C. jail who has found resolution through the grievance process."[464]
- **New system doubts:** Although DOC is implementing a three-step grievance system, concerns remain about response times and whether it will improve residents' experiences.[465]

Frustrations with the grievance process have led to individuals submitting multiple grievances, which are then denied.[466] Residents are told to continue with the grievance process without receiving any remedy.[467] Some of these issues are particularly serious:

- A resident sought legal action against DOC because he filed multiple grievances due to not receiving his necessary physical therapy appointments after surgery.[468]
- A resident went without shoes for a month after they were stolen, and neither the resident nor their family had money to continue to purchase new shoes.[469] His grievance was further delayed as the form was placed in the wrong complaint box.[470]
- Residents frequently report property losses without resolution. For example, one resident's

458 See Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024 (stating the grievance process is essentially worthless beyond it being a prerequisite to court); See also Person formerly incarcerated at D.C. jail #9, written letter with CCE staff, September 2024 (stating they were unable to get copies of grievances to prove they had exhausted administrative remedies).
459 See Jackson v. D.C., No. 2023-CAP-003056 (D.C. Super. Ct. Sept. 22, 2023) (claiming DOC failed to follow grievance procedures); Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023) (alleging multiple jail residents faced retaliation for filing grievances).
460 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024 (reporting many jail residents lack access to copies of the grievance forms or pencils to fill them out).
461 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
462 Person formerly incarcerated at D.C. jail #10, written letter with CCE staff, September 2024.
463 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
464 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024
465 Person formerly incarcerated at D.C. jail #6, written letter with CCE staff, September 2024.
466 Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023).
467 Anonymous Grievant #12, DOC grievance, 2024.
468 Berton v. D.C. Dep't. Corr., No. 2023-CAB-1697 (D.C. Super. Ct. filed Mar. 21, 2023).
469 Anonymous Grievant #12, DOC grievance, 2024.
470 Ibid.

items disappeared entirely, and another missed commissary deliveries for weeks without remedy. [471]

CCE heard from multiple sources that barriers to filing a grievance also existed. These include:

- Access issues: Residents often lack grievance forms and pencils. Service providers will make copies and bring them to the jail for residents. Case managers responsible for distributing pencils are often unavailable, especially for mental health unit residents. [472]
- **Tablet limitations:** While grievances can be submitted via tablets, the system does not provide receipts, prompting residents to file physical grievances instead, which require pencils. [473] As noted earlier, CCE received no tablet-created grievances.
- **Litigation hurdles:** Grievance receipts are critical for residents pursuing legal action, but procedural delays and administrative errors can obstruct this process. For example, a formerly incarcerated person was told by the District that they had not exhausted all of the available administrative remedies, which include the four different grievance steps.[474]
- **Fear of retaliation.** Denial of access to and reprisals for utilizing the grievance process are themselves grievable. However, some residents hesitate to submit a grievance due to the fear of retaliation from DOC staff.[475] A former resident said that officers would use threats of disciplinary action to stop residents from voicing complaints.[476] Grievances are allowed to be filed directly with the director if the issue is sensitive and the resident thinks that he or she would be adversely affected if it became known that the resident submitted the grievance.[477] Still, not all grievances may be considered to be sensitive, so residents may still fear retaliation for simply complaining.

Conclusion

Fairness in the treatment of residents is important for effective jail operations; an accessible and functional grievance process is one important way to achieve this goal.[478] The issues addressed here require changes in protocols, procedures, training, and staffing.

Recommendations:

39. DOC should simplify the resident grievance process by allowing a) someone to file a grievance on another person's behalf, b) a single grievance raising multiple issues, and c) an otherwise sufficiently detailed grievance being filed on the wrong form.

40. DOC should increase the availability of individuals like case managers or peer navigators

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471 Anonymous Grievant #16, DOC grievance, 2024.
472 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
473 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.
474 Person formerly incarcerated at D.C. jail #9, written letter with CCE staff, September 2024.
475 Winston v. D.C., No. 2023-CAB-006897 (D.C. Super. Ct. filed Nov. 8, 2023).
476 Person formerly incarcerated at D.C. jail #11, written letter with CCE staff, September 2024.
477 Policy and Procedure: Inmate Orientation, DOC.
478 Martin, Mark, and Paul Katsampes. 2007. "Sheriff's Guide to Effective Jail Operations." U.S. Department of Justice, National Institute of Corrections. https://nationaljailacademy.org/_documents/resources/jail-leaders/sheriff-guide.pdf.

who are specifically trained to assist residents in completing and filing required grievance forms.

41. DOC should establish a Grievance Improvement Committee that includes residents, advocates, and staff and is tasked with biannual (or more frequent) reviews of a set of randomly selected grievances and publishing a report with any findings and recommendations to improve policies, practices, and training opportunities.
42. DOC should immediately provide residents with copies of and date- and time-stamped receipts for any physically or digitally submitted grievances in all circumstances.
43. DOC should ensure physical grievance forms and pencils are available in common areas and the library and to service providers who meet with residents; case managers with supplies for filing grievances should make daily rounds in restrictive housing units.

Food

Introduction

Food and water services in the D.C. jail are critical areas of concern, reflecting systemic failures in quality control, safety, and accessibility. Residents have reported contaminated meals, inadequate portions, and incidents involving mold and even a dead mouse in meal trays.[479] In a case filed in September 2023, it was alleged that correctional officers planted dead bugs in a resident's food as an act of retaliation.[480] Additionally, jail residents filed 48 formal grievances and 221 complaints during the audit period, illustrating widespread dissatisfaction concerning food quality, safety, and distribution.[481] One resident filed a grievance during the audit period about water quality, stating fountain water was rusty and dirty.[482] Concerns around lack of access to clean water are compounded by the relatively high cost of bottled water sold in commissary, which is too expensive for many residents.[483] Together, these challenges highlight a pressing need for comprehensive reforms to ensure the health, dignity, and basic human rights of D.C. jail residents.

Findings:

28. Residents and staff have reported food contaminated with rotten or inedible materials, including bugs, rodents, and screws, improperly heated meals, and potentially contaminated water.

29. Residents also report that DOC does not provide adequate portions, variety, or sufficient fresh fruits and vegetables in its resident meals. DOC has high prices and strict commissary limits based on housing classification.

30. DOC has high prices and strict commissary limits based on housing classification.

31. DOC's single kitchen and delivery method caused delays during the audit period, resulting in cold meals.

32. Residents reported that DOC did not meet the dietary and religious accommodations of all residents during the audit period, as well as instances of staff withholding food or serving substandard meals.

Commentary

A survey conducted in late 2023 by CGL, DOC's jail planning contractor, found that 62% of residents entering the jail ranked food quality as their top concern, and 58% of CTF residents

479 Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024; Person formerly incarcerated at D.C. jail #2, in discussion with CCE staff, August 2024; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Survey Respondent #6, CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024; Graham v. D.C. Jail, No. 2023-CAB-001032 (D.D.C. Apr. 18, 2023).

480 Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023).

481 Grievances Filed by Jail Residents with D.C. Department of Corrections between July 1, 2023 - June 30, 2024. Copies of documents securely held by CCE.

482 Anonymous Grievant #8, DOC grievance, 2024.

483 Ibid.

identified food as the greatest issue in their facility.[484] Responses from former residents surveyed by CCE expressed similar concerns, with nine of 11 said there were food quality issues every day or a few times a week.[485]

28. Residents and staff have reported food contaminated with rotten or inedible materials, including bugs, rodents, and screws, improperly heated meals, and potentially contaminated water.

Contaminants in food, including bugs, mice, screws, and other non-food materials, were alleged and documented during the audit period.[486] In one pending lawsuit, a resident alleged that they swallowed a screw found in their meal.[487] In another instance, a resident alleged that DOC employees planted bugs in the resident's food as an act of retaliation.[488]

These issues are compounded by the prevalence of moldy or rotten food. A 2023 resident survey conducted by DC Greens found that 70% of residents reported being served spoiled meals.[489] One resident filed a grievance during the audit period (CCE only examined a small subset of all of the grievances filed) after discovering mold in their rice and tortilla wraps after noticing an unusual texture.[490] During the audit period, residents also filed grievances related to water. One resident claimed they discovered a black substance in their bagged water twice, and one resident filed a grievance, claiming that the fountain water tasted of rust and dirt.[491]

Food in the jail is of such poor quality that a correctional officer candidly remarked that they "wouldn't feed that food to a dog."[492] Such incidents highlight severe lapses in food preparation and oversight that jeopardize resident health. A recent analysis from the U.S. Centers for Disease Control found that incarcerated and detained people were six times more likely to have an illness associated with a foodborne outbreak compared to the general public.[493]

One significant gap in food monitoring may be the limited hours worked by the kitchen staff responsible for food quality checks, who reportedly only work from 6:30 a.m. to 2:30 p.m.[494] Because, according to the food vendor contract, breakfast is to be prepared and served between

484 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," pp. 26, 91-92.
485 CCE Survey of BOP residents in jail during the audit period on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
486 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Survey Respondent #6, CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024; Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023); Graham v. D.C. Jail, No. 2023-CAB-001032 (D.D.C. Apr. 18, 2023).
487 Graham v. D.C. Jail, No. 2023-CAB-001032 (D.D.C. Apr. 18, 2023).
488 Jackson v. D.C. Dep't. Corr., No. 2023-CAB-005486 (D.C. Super. Ct. filed Sept. 1, 2023).
489 D.C. Greens. 2023. "Hungry We're in Here." https://dcgreens.org/wp-content/uploads/2024/07/DCG-Doc-Food-Survey_FINAL-Nov-7-23.pdf.
490 Anonymous Grievant #28, DOC grievance, 2024.
491 Anonymous Grievant #25, DOC grievance, 2024.
492 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.
493 Centers for Disease Control and Prevention. 2024. "Correctional Food Safety." Correctional Health. October 22, 2024. https://www.cdc.gov/correctional-health/publications/food-safety.html.
494 Interview with former and current correctional staff at D.C. jail, in discussion with CCE staff, November 2024.

1:30 a.m. and 5 a.m., and dinner is prepared and served between 5:00 p.m. and 8:00 p.m., breakfast and dinner are never reviewed by the individual responsible for food quality checks.[495]

In addition to the presence of contaminants, food temperature is a pressing concern among jail residents. Delays in delivery were widely reported in interviews and public testimony related to the jail food result in cold or improperly warmed meals, making them unappetizing and, in some cases, causing digestive discomfort.[496]

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29. Residents also report that DOC does not provide adequate portions, variety, or sufficient fresh fruits and vegetables in its resident meals.

Concerns about insufficient food portions and lack of nutritional value in meals were also reported. The 2024 survey of former residents conducted by CCE was consistent with interviews and public testimony around jail food: all 11 respondents said jail meal service did not provide them enough food to eat.[497] This issue is further exacerbated by limited access to fresh fruits and vegetables, essential components of a healthy diet. The report by DC Greens found that almost 90% of residents stated they "rarely" or "never" had access to fresh fruits, and 75% of residents reported the same regarding fresh vegetables.[498]

Section 32 of SECURE D.C., which was adopted into law but is still unfunded, proposes addressing these concerns by mandating improved dietary standards. The legislation would require:

a. (2) servings of dark green vegetables per day, at least one of which is served raw;
b. (2) servings of additional colored vegetables per day, at least one of which is served raw;
c. (2) servings of raw fruit per day; and
d. (5) ounces of protein-rich foods, including meat, poultry, eggs, fish, nuts, seeds, or tofu, per day.[499]

If funded, these changes would significantly enhance the nutritional quality of meals, reduce hunger, and address the chronic inadequacy of fresh produce and protein in residents' diets.

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495 Office of Contracting and Procurement, "Aramark Contract CW90941", Washington, D.C., September 15, 2021. https://contracts.ocp.dc.gov/contracts/attachments/Q1c5MDk0McKmQmFzZSBQZXJpb2TCpnswMjdGNDFEOS00NDg-0LTQ5REUtQkUwNy00NDYzQUZCQzkyMzh9: p. 35.

496 Person formerly incarcerated at D.C. jail #2, in discussion with CCE staff, August 2024; Survey Respondent #6, CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.

497 Committee on the Judiciary and Public Safety, Public Hearing on 325-112 Food Regulation Ensures Safety and Hospitality Specialty Training Aids Reentry Transition and Success (FRESH STARTS) Act of 2023, July 13, 2023; CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.

498 D.C. Greens, "Hungry We're in Here."

499 Healthy food at correctional facilities. [Not Funded], D.C. Code § 24–211.09 (2025), https://code.dccouncil.gov/us/dc/council/code/sections/24-211.09.

According to a 2024 CIC report, residents currently receive apples as their sole fruit option, served every other lunch meal, with daily provisions for those on specialty diets.[500] Although dinner includes a single vegetable, the lack of variety and insufficient quantity of fresh produce falls short of meeting basic dietary requirements.[501]

The average cost per diem for food services during the audit period was $6.56, reflecting the financial constraints that likely contribute to the lack of variety and fresh options.[502] As a result, residents are left with repetitive, nutritionally inadequate meals, underscoring the urgent need for increased resources and improved food service standards to meet basic dietary needs.[503]

Appendix I, detailing the food vendor contract, reveals a striking disparity in the quality, variety, and nutritional care provided to D.C. jail residents versus correctional officers under the same contractual agreement. The menu requirements for residents, outlined in Section C.14, focus on basic compliance with dietary standards, offering minimal variation and limited flexibility in meal options. These menus prioritize portion control and adherence to basic nutritional guidelines, including accommodations for therapeutic and religious diets.

In contrast, Section C.27 specifies far superior dining options for correctional officers, including salad bars with diverse toppings, grilled menu items, and a variety of desserts and beverages. Officers also have access to additional amenities, such as a pizza oven for freshly baked goods and detailed caloric breakdowns of meals, highlighting the prioritization of quality and customization. This stark contrast underscores systemic inequities in resource allocation, reflecting broader disparities in how food services cater to jail staff versus residents.

The lack of variety in meals further exacerbates dissatisfaction in the jail. Residents and individuals who inspect the jail report repetitive menus featuring items like bologna sandwiches, peanut butter, or beans and rice.[504] For those with special diets, the monotony may be even worse; one resident on a medical diet reported being served broccoli for every meal, with portions insufficient to meet their insulin needs.[505] Many residents have expressed frustration with the repetitive and poor-quality meals during the audit period, with some choosing to avoid eating altogether.[506]

Addressing nutritional wellness is especially critical for vulnerable populations, such as pregnant

500 Corrections Information Council. "DC Department of Corrections Food Service Report." August 2, 2024. https://cic.dc.gov/sites/default/files/dc/sites/cic/page_content/attachments/DOC%20FY24Q2%20Report_Food%20Services%20%208.2.24.pdf.
501 Ibid.
502 Office of Contracting and Procurement, Aramark Contract CW90941.
503 U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition, (2020). https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf.
504 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024; Person formerly incarcerated at D.C. jail #7, written letter with CCE staff, September 2024.
505 Anonymous Grievant #24, DOC grievance, 2024.
506 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024; Person formerly incarcerated at D.C. jail #7, written letter with CCE staff, September 2024; D.C. Greens, "Hungry We're in Here".

women, as their dietary needs directly affect maternal and fetal health. The inability of correctional facilities to provide adequate nutrition may have both immediate and generational health implications, underscoring the urgent need for systemic reform in correctional food services.[507]

Finally, offering fruit and vegetable options in commissary and implementing policies that enforce nutritional standards, such as offering food containing less than 200 mg of sodium, could help reduce rates of chronic disease and obesity among those who rely on commissary purchases.[508] Moreover, addressing food insecurity as part of reentry planning ensures that residents leave the facility with the knowledge and tools needed to maintain nutritional health.[509]

30. DOC has high prices and strict commissary limits based on housing classification.

Nutritional inequities among residents are further fueled by unequal access to the commissary and the low quality of food available for purchase in the jail. Commissary spending limits are determined by residents' housing classification, with general population residents allowed up to $75 per week at CDF and $125 at CTF.[510] In contrast, those in restrictive housing face a $25 weekly cap for hygiene products and writing materials, limiting their access to commissary options and isolating them from basic resources.[511] During the audit period, nine formal grievances and 150 informal complaints were filed related to commissary, underscoring resident concerns about access and inequities in the commissary system.[512]

Two formerly incarcerated D.C. jail residents also reported that meal portions are too small and of poor quality, forcing many to rely on commissary purchases to supplement their nutrition or water.[513] This reliance disproportionately impacts those with restricted commissary access or limited budgets, exposing a systemic failure to meet dietary needs. Furthermore, commissary options lack nutritional value; for example, the only "vegetable" listed as an option is oatmeal, while protein options consist mainly of processed items like sausages, meat sticks, and bagged seafood options.[514] These gaps leave residents dependent on unhealthy, processed foods to compensate for the inadequacies of the jail's meal program.

507 Rebecca J. Shlafer et al., "Best Practices for Nutrition Care of Pregnant Women in Prison." Journal of Correctional Health Care 23, no. 3 (2017): 297–304. https://doi.org/10.1177/1078345817716567.
508 Thomas, Audrey. 2022. "Developing an Evidence-Based Nutrition Curriculum for Correctional Settings." Journal of Correctional Health Care 28, no. 2 (2022). https://doi.org/10.1089/jchc.20.04.0028.
509 Ibid.
510 D.C. Department of Corrections, Inmate Handbook 2022-2023.
511 Ibid.
512 Anonymous Grievant #5, DOC grievance, 2024; Anonymous Grievant #26, DOC grievance, 2024.
513 Person formerly incarcerated at D.C. jail #1, in discussion with CCE staff, July 2024; Person formerly incarcerated at D.C. jail #2, in discussion with CCE staff, August 2024.
514 See Access Securepak. 2024. https://www.accesssecurepak.com/category/1951; https://www.accesssecurepak.com/category/145; https://www.accesssecurepak.com/category/193 (showing menu options for DC jail residents after selecting appropriate drop-downs).

In addition, administrative issues further hinder access to the commissary for some residents. For example, one grievance alleged that a resident's commissary funds were not correctly transferred following a unit relocation, leaving them unable to purchase items in their new unit.[515] In another case, a resident placed in restrictive housing claims they were denied access to commissary altogether for several weeks, despite not having disciplinary write-ups that would have authorized such a denial.[516]

31. DOC's single kitchen and delivery method caused delays during the audit period, resulting in cold meals.

Relying on a single kitchen to serve both the CDF and CTF caused reported delays in meal delivery, often exceeding the 45-minute limit of hot boxes.[517] Additionally, no temperature checks are logged at housing units.[518] Meal preparation begins three hours in advance, with distribution taking up to two hours.[519] Despite these challenges, the vision for the new jail building includes plans for a central kitchen to serve both the existing and new facilities; however, without improvements in logistics, equipment, and staffing, DOC risks replicating current inefficiencies.[520]

Compounding these logistical challenges is the method of food delivery and distribution. In a 2023 survey by CGL, DOC's jail planning contractor, staff evaluated different approaches to resident meal services and identified the current practice as the least effective.[521] More than half of DOC staff surveyed – approximately 51% – considered the current system, in which food is delivered to shared spaces between multiple housing units requiring all residents to eat together at the same time, to be the worst approach.[522] General population residents typically eat in the dayroom, while residents in restrictive housing must eat in their cells.[523] This method creates inefficiencies and contributes to dissatisfaction among residents and staff alike.

These locations are particularly vulnerable to temperature-related risks, which can compromise food safety and quality.[524] Recording food temperatures upon arrival at housing units, as recommended by CIC, would improve safety and quality, but DOC has not implemented this.[525]

515 Anonymous Grievant #26, DOC grievance, 2024.
516 Anonymous Grievant #5, DOC grievance, 2024.
517 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024; Corrections Information Council. "DC Department of Corrections Food Service Report." August 2, 2024. https://cic.dc.gov/sites/default/files/dc/sites/cic/page_content/attachments/DOC%20FY24Q2%20Report_Food%20Services%20%208.2.24.pdf.
518 Corrections Information Council, Food Service Report.
519 Ibid.
520 District of Columbia Correctional Treatment Facility Annex: Project Design Approvals Process & Public Engagement Presentation, May 7, 2024.
521 The District of Columbia Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024, p. 44.
522 Ibid.
523 D.C. Department of Corrections, Inmate Handbook 2022-2023.
524 Centers for Disease Control and Prevention, Model Food Safety Practices.
525 Corrections Information Council. 2024. "DC Department of Corrections Food Service Report."; Faust, Thomas. Letter to Reverend Donald L. Isaac. "DOC Response to CIC Food Service Inspection March 2024," August 2, 2024.

Transportation meals should include shelf-stable items when temperature control cannot be ensured, and food transported outside service areas should not be reused to prevent contamination.[526]

32. Residents reported that DOC did not meet the dietary and religious accommodations of all residents during the audit period, as well as instances of staff withholding food or serving substandard meals.

Individuals with specific medical or religious dietary requirements frequently do not receive appropriate meal trays, which compromises their nutritional and health needs.[527] A jail resident practicing Orthodox Therian Shamanism, a Native American religion, alleged that they were denied food that adhered to their religious practices for 41 out of 48 meals, leading to extreme hunger and both physical and mental discomfort.[528] Additionally, in a lawsuit, Jewish residents reported that they were required to provide proof of being Jewish, such as documentation from a synagogue, rabbi, or letter of conversion, to access Kosher meals—an obligation not imposed on Christian or Muslim residents seeking religious meals.[529] This policy changed during the audit period when, in response to a lawsuit settled for $95,000, DOC revised its religious diet policies such that incarcerated Jewish individuals no longer have to "prove" they are Jewish to receive kosher meals.[530] For residents with severe allergies, the risks are significant; one resident with a peanut allergy was served eight meals containing peanuts in a single month.[531]

Additionally, residents have claimed during the audit period that food was at times used or denied as a form of punishment. These incidents were raised in interviews and in one case pending as of the end of the audit period, in which a resident claimed his religious meals were denied after he refused to drop a grievance related to allegations of sexual assault by correctional staff.[532]

Correctional food operations are vital to the health and safety of jail residents, many of whom do not have the funds for the commissary and rely entirely on these services for nourishment. Responsible food operations demand strict adherence to DOC's policies, particularly for vulnerable populations such as older adults, pregnant individuals, and those with compromised immune systems due to medical conditions like diabetes, HIV, or certain cancer treatments.[533] To meet these needs effectively, food operations must maintain reference materials within the food production areas, including standard menus, specialized menus (e.g., allergen-free, religious,

526 Centers for Disease Control and Prevention, Model Food Safety Practices.
527 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024; Person formerly incarcerated at D.C. jail #6, written letter with CCE staff, September 2024.
528 Simpson v. Colbert, No. 1:21-cv-00479, 2024 WL 3887393 (D.D.C. Aug. 21, 2024).
529 Benjamin v. Colbert, No. 2023-CV-2315 (D.D.C. filed August 10, 2023).
530 Ibid.
531 Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
532 Mitchell v. Davage, No. 2023-CAB-002165 (D.C. Super. Ct. filed Apr. 18, 2023).
533 Centers for Disease Control and Prevention, Model Food Safety Practices, p. 1; DOC Policy and Procedure 2120.3F.

or therapeutic options), and corresponding recipes.[534] These materials ensure that meals meet diverse dietary requirements.

Conclusion

In conclusion, addressing food and water quality issues in the D.C. jail is crucial to safeguarding residents' health and dignity. Issues like contaminated meals, inadequate nutrition, and unsafe drinking water highlight systemic failures requiring immediate action. Implementing standardized dietary policies, regular water system maintenance, and better commissary options would improve conditions. Additionally, reducing food delivery delays and enforcing strict temperature controls are vital for food safety. These reforms are essential not only for regulatory compliance but also for protecting residents' basic human rights and well-being.

Recommendations

44. D.C. Council should fund, and DOC should implement Section 32 of the Secure D.C. Omnibus Amendment Act of 2024 and the existing DOC Food Service Program policy.

45. DOC should improve food quality and nutritional value by actively participating in the statutorily established Healthy Food Task Force and implementing food policies that meet up-to-date national nutritional standards and include adequate portions.

46. DOC should direct kitchen staff and security and operations teams to reduce the holding time to ensure meals are served as quickly as possible. Food temperature should be recorded upon arrival at each housing unit, and food should only be served if it is within the standard acceptable range.

47. DOC should standardize commissary spending limits across jail housing classifications to reduce disparities in food access.

48. DOC should offer more healthy food options, including fresh fruit, lean proteins, and vegetables, and reduce the cost of bottled water available for purchase at the commissary.

534 Centers for Disease Control and Prevention, Model Food Safety Practices, p. 22.

Programming

Introduction

In recent months, a few instances of quality programming for a handful of select individuals at the jail have been publicized. Research during the audit period indicated, however, that most residents benefit very little from current programming. In a recent resident survey conducted by CGL, DOC's jail planning contractor, only 15% of DOC residents reported being part of a specific programming unit, and over half of residents were dissatisfied with the library, educational/programming classrooms, and outdoor recreational areas.[535] Only 17% of respondents agreed that "[c]urrent program space allows me to learn without interruptions and distractions."[536] While it would be unrealistic to design or offer programming for the short-stay jail residents who are only there for a few days or weeks, the reality is that during the audit period, the average length of stay was 96.5 days for men and 45.5 days for women, as noted above. And of those in custody on June 30, 2024, less than 1% of men and only 6% of women had been in the jail for a month or less. Conversely, 355 people – about 18% of men and 8% of women – had been in DOC custody for a year or longer.

Findings:

33. DOC offers some quality programming for some jail residents, but programs that would support reentry are not available to all residents.

34. Residents reported that their religious accommodations were not met during the audit period.

Commentary:

33. DOC offers some quality programming for some jail residents, but programs that would support reentry are not available to all residents.

Currently available programs include educational offerings like GED courses, remedial and vocational certificate programs provided by the University of the District of Columbia, library services, religious services, and various other services offered by volunteers.[537] Some programming specially tailored for men or women is also available, like the Women's Better and Beyond Program and the cosmetology training program or the Men's Transition Assistance program and the Contractual Barbering Training Program.[538] DOC has occasionally added new programming; for example, it added five new programs in secondary education and post-secondary education during FY 2023 and FY 2024.[539] DOC was also recognized for participating in the "Out of Our Cells" initiative, in which residents had their songs and poetry professionally recorded by

535 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," p. 24.
536 Ibid, p. 40.
537 "DOC Responses," D.C. Council, p. 7.
538 Ibid.
539 Ibid, p. 114.

musicians,[540] and for the creation of the nation's first coed debate squad comprised of incarcerated residents.[541]

Educational programs are sought out by incarcerated individuals. Just over half (51%) of CTF residents ranked education as their most important form of programming.[542] Such opportunities are critical for residents because they contribute to job readiness and potential success upon release. According to a meta-analysis of educational programming in prisons, "Participation in any form of educational program leads to a 14.8% decrease in the likelihood of recidivism," meaning that, for every 1,000 incarcerated people completing educational programs and then later released, between 70 and 150 fewer will return to prison.[543] In a recent CGL survey, about nine in ten responding staff agreed that if residents had access to structured activities such as education, recreation, adequate communication with family, and entertainment in a clean and secure environment, they would be less likely to act out.[544]

A smaller share of security staff, as illustrated in Figure 16, said that having structured activities in a clean and secure environment, feeling safe, and having basic needs met would have a positive impact most of the time.[545]

540 Wu, Daniel. "They Wrote Songs in Jail. D.C. Artists Recorded Them for All to Hear." The Washington Post, July 9, 2024. https://www.washingtonpost.com/dc-md-va/2024/07/09/dc-jail-composers-out-of-our-cells-dunia-aram/.

541 Goncalves, Delia. "First Ever Debate Team inside D.C. Jail Takes on Georgetown University." WUSA9, April 25, 2024. https://www.wusa9.com/article/news/local/dc/first-ever-debate-team-inside-dc-jail-takes-on-georgetown-university/65-68d44dbf-2fc0-4b0f-b407-d9b18f13f809.

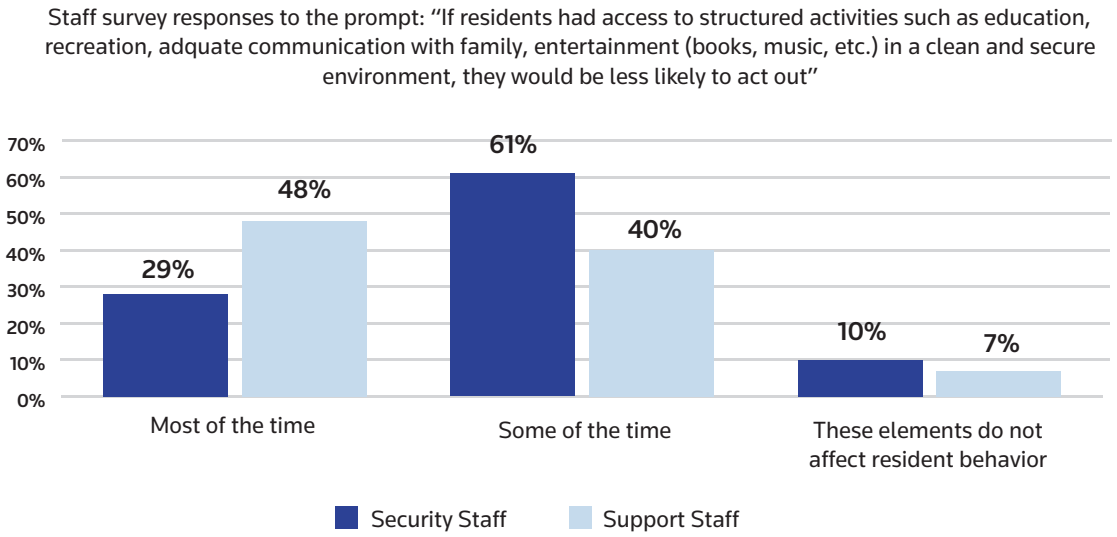
542 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," p. 102.

543 Schuster, Steven Sprick, and Ben Stickle. "Are Education Programs in Prisons Worth It?" Mackinac Center, January 24, 2023. https://www.mackinac.org/S2023-01#impact-on-recidivism.

544 The District of Columbia Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024, p. 33.

545 District of Columbia Department of Corrections Survey of Staff, raw data provided to CCE from Department of General Services, 2024.

Figure 16. Perceptions of Staff on the Effect of Resident Access to Structured Activities on Behavior.



Source: Responses to staff survey conducted by CGL, Sept–Oct. 2023. Data provided by D.C. Department of General Services (DGS).

Residents struggle with job readiness and release preparation. More than half of survey respondents indicated that they do not have employment set up once released, and only 36.5% residents feel that the facility does a good job of preparing them for release.[546] These deficiencies appear to be impacting the re-entry success of jail residents. Only one in five (or fewer) residents responding to the CGL survey agreed with the statements, "This jail does a good job preparing people for release;" "There are enough staff to help me get ready for release;" and "The programs in this facility give me the skills I need to be successful on the outside."[547]

Additionally, over half of residents (59%) said they were dissatisfied with educational classrooms at the jail, and over half (61%) disagreed with the statement, "The current program space allows me to learn without interruptions and distractions from other residents not directly involved in the program or learning session being conducted."[548]

Education programs within detention and treatment facilities can determine not only employment rates but also wages earned. One research study found that participation in educational programs while incarcerated increases employment rates on release by 7.6%.[549] Those who receive education while incarcerated are not only more likely to find work but are also more likely to have higher wages.[550]

Interviewees who regularly work with resident clients also said that it was their perception

546 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," pp. 50, 78, 110.
547 Ibid, p.78.
548 Ibid, pp. 35, 73.
549 Schuster and Stickle, "Are Education Programs in Prisons Worth It?".
550 Ibid.

that the jail had more programming before the pandemic than it does today.[551] Given staffing issues, it is unclear whether DOC has considered outsourcing programming and significantly expanding community partnerships. DOC officials say they cannot fill those positions and that stabbings occur because people have nothing to do,[552] which is consistent with the above staff survey results.[553] Fifty-five percent of DOC residents report not being satisfied with the quality of programs and activities.[554] A formerly incarcerated person stated that there is a "lack of activities for inmates. Nothing to do. No games, no special activities, and not everyone can afford a tablet."[555] A person interviewed familiar with the jail suggested that CTF has vacant office space that might be utilized for programming.[556] If this space could be converted it could be particularly beneficial, as only 18% of female residents are a part of a program unit.[557] As such, it appears that the lack of programming is due to a lack of support staff to run the programs, as well as a lack of appropriate space.

Interviewees consistently considered outside recreational spaces to be "terrible."[558] One interviewee noted that recreation equipment remains broken for weeks at a time.[559] Over half of the respondents to DOC's resident survey said that they were dissatisfied with the outdoor recreational space.

During a CCE interview, an attorney familiar with the jail stated, "programming has contracted and is contracting further and there's a lot of emphasis on security versus programming."[560] One person affiliated with CIC said the jail "is not designed to be a programmatic place…Programming is not accessible to the entire population. Programming available at CDF isn't really available for those in maximum security. For those that have a violent crime, nine times out of ten, you won't be allowed to access the programming at CDF."[561]

There are also several program units only available at CDF. As shown in Table 13, the only special housing unit available at CTF besides behavioral or physical health is the "Reentry Program/Youth Act." Because women must be housed at CTF, they are therefore not given the opportunity to participate in these special programs, which contain the added benefit of housing units that, per resident surveys, were seen as safer and better maintained.

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551 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 27, 2024.
552 Ibid.
553 The District of Columbia Department of Corrections, "Correctional Treatment Facility Annex Staff Survey Full Report," 2024, p. 33.
554 CCE Survey of BOP residents on D.C. Jail Conditions, conducted between Aug.-Sept. 2024.
555 Person formerly incarcerated at DC jail #8, written letter with CCE staff, September 2024.
556 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., interview by CCE Staff Member, September 26, 2024.
557 DOC, "Correctional Treatment Facility Annex Resident Survey Full Report," p. 122.
558 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #2, Washington, D.C., interview by CCE Staff Member, September 26, 2024.
559 D.C. Department of Corrections, "Environmental Report and Sanitation Reports," July 2023 to June 2024. Copy of documents securely held by CCE.
560 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 26, 2024.
561 Interview with Anonymous D.C. Corrections Informational Council (CIC) Member #3, Washington, D.C., interview by CCE Staff Member, October 1, 2024.

Table 13: DOC Census: Special Non-Medical Housing Units

	CDF	CTF
High School Diploma	32	0
Institutional Work Detail	48	0
Reentry Program/Youth Act	23	20
LEAD Up!	34	0
LEAD Up!/LEAD Out!	27	0
Young Men Emerging	21	0

Source: DOC data provided to CCE.

34. Residents reported that their religious accommodations were not met during the audit period.

Many residents face discrepancies and do not receive religious accommodation and programming. The Department claims to provide a variety of religious programs and services, accommodating several different faith backgrounds, including Muslim, Christian/Protestant, Jewish, and Catholic. However, one resident who practiced Orthodox Therian Shamanism said the dietary and uniform accommodations he requested were denied.[562] Interviewees indicated that participating in religious practices can be challenging at the jail. According to the schedule, the chapel hosts a variety of religious services, but during a CIC inspection, the Chaplain was not present at the times posted on the schedule.[563] The CIC inspectors reviewed the sign-in sheets and did not see any names.[564] One resident grievance form CCE reviewed stated, "[w]e as a collective group of Muslims have not been to the Jumu'ah prayer for over a month. We, myself and a lot of different Muslims in the Sunni community, ask every Friday for the officers to call the chaplain so we can pray in a peaceful environment. Can you please make it happen for us?"[565] DOC staff determined this grievance was non-grievable as it was a collective complaint. Each resident was told to submit an independent grievance.

Lack of religious accommodations was also reported, including a resident submitting a grievance claiming he was not allowed under the hairdryer for long enough, which resulted in his dreadlocks becoming moldy. The grievance requested he be provided with the material needed to remove the

562 Simpson v. Colbert, No. 1:21-cv-00479, 2024 WL 3887393 (D.D.C. Aug. 21, 2024).
563 Corrections Information Council, "District of Columbia Department of Corrections Annual Report 2023," October 20, 2023, https://cic.dc.gov/sites/default/files/dc/sites/cic/page_content/attachments/DOC%20Annual%20Report%202023%20.pdf.
564 Ibid.
565 Anonymous Grievant #3, DOC grievance, 2024.

mold, as his religion precluded cutting his hair.[566]

Conclusion

Providing quality programming is a strategy for improving the reentry outcomes of those in the jail, which can help reduce the likelihood of recidivism. Additionally, programming gives residents positive activities to focus on, improving the overall jail morale. As noted earlier, many residents will be in the jail for six months, a year, or even longer; these individuals would benefit greatly from expanded educational and vocational opportunities. Given the limited program space currently available, transitioning to a new facility with improved classrooms and other program spaces as soon as possible is a critical step towards improving programming for jail residents.

Recommendations:

49. The Mayor and D.C. Council should ensure that DOC has adequate funding to expand the availability of educational programming for both CDF and CTF residents.
50. DOC should provide additional programming for women residents.
51. DOC should ensure both CTF and CDF residents can regularly practice their religion.

566 Anonymous Grievant #19, DOC grievance, 2024.

Legal Access

Introduction

Incarcerated people have the right to seek justice via access to the courts. According to the Supreme Court, the right to access the courts is especially important for those who are incarcerated:

> *"The right to file for legal redress in the courts is as valuable to a prisoner as to any other citizen. Indeed, for the prisoner it is more valuable…as his most 'fundamental political right, because preservative of all rights.'"*[567]

Jail residents and those who work with clients in the jail raised significant concerns about barriers to access to counsel and legal resources during the audit period, including legal visitations and access to legal resources at the law library and via residents' tablets.[568]

Findings

35. Attorneys report regular delays in getting into the facilities and waiting for clients to arrive.
36. Many residents at both CTF and CDF lack functional tablets for legal communication and research.
37. Residents in restrictive housing face barriers to conducting legal research and participating in virtual attorney meetings.
38. Residents are frequently unable to access the physical law libraries in CTF and CDF.
39. Residents and their advocates have reported that DOC does not consistently provide residents with copies of commonly used legal forms.

Commentary

The right to access the courts encompasses more than access to counsel alone. It "encompasses all the means a defendant or petitioner might require to get a fair hearing from the judiciary on all charges brought against him or grievances alleged by him."[569] Denying or unduly restricting meaningful access to the courts to redress these claims violates due process under the Fourteenth Amendment.[570] DOC administrators are primarily responsible for safeguarding this right, which includes both access to legal counsel and to legal resources, such as access "to an adequate law library, or to legal assistance from persons trained in the law so that meaningful legal papers can be filed."[571] Although prisons are generally expected to provide a higher level of access to the

567 Hudson v. McMillian, 503 U.S. 1, 15 (1992), citing Yick Wo v. Hopkins, 118 U.S. 356, 370 (1886).
568 Anonymous Grievants #9, #14, & #20, DOC grievances, 2024. Copies of documents securely held by CCE; "DOC Responses," D.C. Council, p. 593.
569 Smith v. Bounds, 657 F. Supp. 1327, 1330 (1986).
570 Blum, George L., "Sufficiency of Access to Legal Research Facilities Afforded to Defendant Confined in State Prison or Local Jail," 98 A.L.R.5th 445, (2024).
571 Balestrieri, Blythe Alison, Zicari, Dominic, & Amanda Runyon. "Access to Justice for Inmates in Virginia." Law Library Journal 115, (2023):179-204, p. 179. https://www.aallnet.org/wp-content/uploads/2023/04/LLJ_115n1_full-issue_FINAL-WEB.pdf.

courts than jails, the Supreme Court has consistently determined that the "constitutional right to court access extends to the initiation of direct appeals of criminal convictions, habeas corpus proceedings, and civil rights actions challenging conditions of confinement."[572]

DOC practices and policies related to facilitating in-person visits with legal counsel have limited the ability of legal counsel to speak with their clients numerous times, particularly at CDF.[573]

35. Attorneys report regular delays in getting into the jail and waiting for clients to arrive.

DOC's Access to Legal Counsel Policy aims to safeguard the rights of jail residents with its explicit objective to ensure residents "shall have access to courts, counsel and/or their authorized representatives via telephone communications, uncensored correspondence and visits."[574] To provide access to counsel, the D.C. jail currently allows legal counsel to visit with clients both virtually and in person. The DOC Access to Counsel policy states, "Attorneys and their agents (i.e., investigators, law clerks, law students, and interpreters) shall have twenty-four (24) hour access to their clients, seven (7) days a week."[575] Despite this policy, in a survey of residents incarcerated at the jail during the audit period, six of 11 respondents reported being prevented from meeting with their attorney.[576] In addition, DOC documented eight instances in which complaints about access to legal counsel were escalated to the DOC Office of General Counsel during the audit period.[577]

Along with issues reported by residents related to in-person legal visitation, attorneys with clients in the jail raised several issues impacting the quality and length of their interactions with their clients during the audit period.

These include:

- In 2024, attorneys reported that CDF adopted a new procedure requiring attorneys who enter the facility to have every piece of paper they bring in manually inspected by DOC, often resulting in delays.[578]
- When attorneys visit their clients at CDF, they must report to one of three visiting halls on three different floors, each of which has only four or five rooms to meet with clients, leading to wait times.[579]

572 See Ibid, p. 183 citing Bounds v. Smith, 430 U.S. 817, 827 (1977), Aff'd Lewis v. Casey, 518 U.S. 343, 368 (1996).
573 Council of the District of Columbia. Committee on the Judiciary and Public Safety. Performance Oversight Hearing on Fire and Emergency Medical Services, Corrections Information Council, and Department of Corrections. February 7, 2024.
574 "PP 4160.3K Access to Legal Counsel (Attorney Visits)," District of Columbia Department of Corrections, October 26, 2022, https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%204160.3K%20%20Access%20to%20Legal%20Counsel%20%28Attorney%20Visits%29%2010-26-2022.pdf, p. 2.
575 DOC Policy and Procedure 4160.3K, p. 6.
576 CCE Survey of BOP residents on DC Jail Conditions, conducted between Aug.-Sept. 2024.
577 DOC Responses to Questions about Access to Counsel between July 1, 2023 -June 30, 2024. Copies of documents securely held by CCE.
578 Committee on the Judiciary and Public Safety, Performance Oversight Hearing, February 7, 2024.
579 Ibid; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.

- Clients are often removed during a meeting with their attorney for internal counts, which results in delays of about an hour and a half.[580]
- Attorneys have reported delays of 30 to 90 minutes for their clients to be transported to an available legal visitation room, a wait that must be repeated if the attorney needs to visit another client housed on a different floor.[581] There are often additional delays on weekends, when DOC frequently closes two of the three floors available for attorneys to meet with clients at CDF.[582]

These delays have resulted in longer wait times for attorneys and clients either having shorter visits or not being seen at all.[583] DOC should take steps to ensure that in-person visitation can be completed without significant delay, including ensuring facilities are appropriately staffed to allow for residents to move within the facility to visit counsel; staffing visitation rooms, particularly on the weekends; and removing the policy requiring papers brought in by attorneys to be inspected, or, if deemed necessary for security, improve the efficiency of that process.

Virtual legal communications. Access to counsel is also accomplished through virtual communications between attorneys and their clients residing in the D.C. jail. Since 2020, attorneys with clients in the jail have been able to schedule a video legal visit from "Monday – Friday from 9AM-4PM at CDF and 9AM-6PM at CTF."[584] However, issues with the availability of tablets have prevented residents at both CTF and CDF from using tablets to communicate with their attorneys.[585]

36. Many residents at both CTF and CDF lack functional tablets for legal communication and research.

In addition to video visitation, residents with access to their educational tablet can also send and receive private confidential messages with their attorneys free of charge.[586] Access to counsel via tablet communication is not guaranteed, however, as tablets are not always available to residents. As shown in Table 14, in just the two weeks' worth of grievances reviewed by CCE, residents filed multiple grievances alleging that access to both tablets and the law library were simultaneously unavailable, thus compounding residents' issues with tools that allow them to access the courts.

580 Ibid.
581 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 26, 2024; Interview with two local attorneys, Washington, D.C., interview by CCE Staff Member, July 31, 2024.
582 Committee on the Judiciary and Public Safety, Performance Oversight Hearing, February 7, 2024.
583 Interview with local attorney, Washington, D.C., interview by CCE Staff Member, August 26, 2024.
584 "DOC Responses," D.C. Council, p. 593.
585 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
586 "DOC Responses," D.C. Council, p. 593.

Table 14. Sample of June 2024 Grievances Concerning Access to Legal Resources.

Excerpt from Grievance	Date of Grievance	DOC Staff Response	Date of Response
"I want to study my case. I have been requesting a tablet for 3 weeks now. I want to read over my case with the Law Library. Please help me get a tablet if any are available."[587]	06/10/24	"At the moment we do not have any tablets. All so you just got here 5/24/24 we have people that have been waiting since 4/10/24 Thank you."[588]	07/05/24
"I have been housed here since 5/24/24. To this date (6/25/24) I haven't received a tablet. The issue with this is that my due process is being violated because I don't have access to the law library."[589]	6/25/2024	"At the moment, we do not have any more tablets to issue anyone we hope to get more soon."[590]	07/04/24
"I'm in need of a tablet for the law library Im tierd [sic] of asking to see people tablets when I have urgent needs for the tablet and I will like to go to CTF so I can be productive."[591]	06/21/24	Grievance denied: "This grievance concerns a Classification or Disciplinary Hearing action/process. These types of actions are to be appealed through their own appeal process and not through the grievance process. "Other: 'This is considered a request and is not grievable. Please submit a request."[592]	06/24/2024

37. Residents in restrictive housing face barriers to conducting legal research and participating in virtual attorney meetings.

When a resident goes into restricted housing, they cannot meet with counsel in person or via video, and therefore must rely on scheduled telephone visits.[593] Along with communicating with their attorneys, residents in restrictive housing "that need additional legal research time or who

587 Anonymous Grievant #9, DOC grievance, 2024. Copies of documents securely held by CCE.
588 Anonymous DOC Staff Response #9 DOC grievance response, 2024. Copies of documents securely held by CCE.
589 Anonymous Grievant #14, DOC grievance, 2024. Copies of documents securely held by CCE.
590 Anonymous DOC Staff Response #14, DOC grievance response, 2024. Copies of documents securely held by CCE.
591 Anonymous Grievant #20, DOC grievance, 2024. Copies of documents securely held by CCE.
592 Anonymous DOC Staff Response #20 DOC grievance response, 2024. Copies of documents securely held by CCE.
593 "DOC Responses," D.C. Council, p. 593.

have electronic surveillance or voluminous discovery to review may be allowed to access a laptop or education tablet with legal research software capabilities upon written request to the Office of General Counsel, by counsel, or the Judge[.]"[594] Unlike jail residents outside of restrictive housing who are automatically provided with tablets to conduct legal research, residents in restrictive housing must make a written request to receive a tablet with legal research software, with access being "provided on an as-needed basis to meet legal deadlines and obligations" rather than as a matter of course.[595] When tablets are unavailable, residents in restrictive housing must make another written request for "legal research and reference material by submitting a paper-based Legal Research Request form."[596]

Law library access. In addition to access to counsel, jail residents' right to meaningful access to the courts can be satisfied by providing residents with access to a law library and other forms of legal assistance.[597] Currently, two law libraries exist in the D.C. jail, one in CDF and one in CTF. In FY 2023, these were staffed by a DOC law library technician and two D.C. Public Library staff members who are not affiliated with DOC.[598] A law library allows residents to conduct legal research about their cases, access DOC policies, and learn how to pursue relevant civil rights claims. For example, jail residents can access *Freedom of Information Act* resources, which enable them to review their legal records in the law library.[599] Jail residents also use the library to access over thirty DOC policies related to the conditions of their confinement.[600]

38. Residents are frequently unable to access the physical law libraries in CTF and CDF.

Residents of both CDF and CTF have had access to a law library to safeguard their right to meaningful access to the courts. The DOC Library Services policy explicitly states, "It is DOC policy to provide inmates with access to courts and other legal assistance."[601] According to the "Inmate Orientation" handbook, general population residents may visit the law library weekly, while those in restrictive housing must submit a request slip to access legal materials.[602] The DOC Library Services policy further specifies that residents in "all status units" must submit an "Inmate Request Slip" weekly to obtain law library services.[603]

Providing residents with tools to assist with legal research is aligned with American Correctional Association standards, which require that residents "have access to a law library if there

594 DOC Policy and Procedure 5500.2, copy of document securely held by CCE.
595 Ibid.
596 Ibid.
597 Lewis v. Casey, 518 U.S. 343, 346 (1996).
598 "DOC Responses," D.C. Council, p. 411.
599 D.C. Department of Corrections, Inmate Handbook 2022-2023, p. 19.
600 Ibid, pp. 29-30.
601 DOC Policy and Procedure 4160.4G, p. 2.
602 D.C. Department of Corrections, Inmate Handbook 2022-2023, p. 12.
603 DOC Policy and Procedure 4160.4G, p. 25 (Attachments E and F).

is not adequate free legal assistance to assist them with criminal, civil, and administrative legal matters[,]" and that "they have access to legal materials to facilitate the preparation of documents."[604]

In practice, however, residents of both CDF and CTF have reported problems accessing these resources. CDF residents report needing a pass to visit the law library,[605] while CTF residents state they cannot access the library in person, relying solely on submitting requests to librarians.[606] This lack of in-person access is problematic, as many residents are not sufficiently familiar with legal complexities to know what resources to request. Additionally, the seven-day wait for a response to requests can further delay research, which could be particularly problematic for residents preparing for upcoming court hearings or with filing deadlines.[607]

Frequent law library closures further hamper access for residents. DOH environmental inspections in September 2023 found that the law libraries in both CDF and CTF were closed.[608] Residents are not always aware of closures, or even of the law library's existence. One individual who was incarcerated at CTF for over half of the audit period could not access the physical law library at all during their incarceration and believed it was under renovation.[609] Another resident formerly incarcerated in the jail stated he did not think there was a physical law library in the jail and that he never used it.[610]

Other means to access legal resources. DOC currently provides residents with tablets that have one of two legal research programs installed, FastCase Legal Research or LexisNexis.[611] However, residents have reported these tools are ineffective for legal research because they are extremely difficult to use without legal training. For example, one former resident stated that legal research is tricky if you are not experienced with the program,[612] and a current resident noted that despite being experienced with using technology regularly, he or she was unable to use their tablet for legal research because the program was too complicated.[613] Residents further explained that they often do not know what terms to search for when doing legal research on their tablets, stating that they must input search terms in the exact way required by the legal research software to get any results.[614] These frustrations with the legal research tools available on tablets have caused

604 Gerard J. Horgan, "Does my Correctional Facility Need a Law Library?" Legal Insights, LexisNexis, April 11, 2024. https://www.lexisnexis.com/community/insights/legal/law-books/b/law-books/posts/does-my-correctional-facility-need-a-law-library.
605 Person formerly incarcerated at DC jail #4, in conversation with CCE staff, August 2024.
606 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
607 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
608 "DOC Responses," D.C. Council, pp. 1376, 1456.
609 Person formerly incarcerated at DC jail #3, in discussion with CCE staff, August 2024.
610 Person formerly incarcerated at DC jail #3, in discussion with CCE staff, August 2024.
611 See "DOC Responses," D.C. Council, p. 411 (noting "DOC residents have access to legal research via the APDS Education tablet through FastCase Legal Research and they have access to LexisNexis through the Viapath/GTL tablets.").
612 Person formerly incarcerated at DC jail #3, in discussion with CCE staff, August 2024.
613 Interview with Advisory Neighborhood Commissioner Shameka Hayes, Washington, D.C., interview by CCE Staff Members, December 18, 2024.
614 Ibid.

some residents to abandon efforts to conduct legal research through tablets altogether.[615] Compounding this problem, as seen in Table 15 above, according to grievances filed, residents, particularly those at CDF, often lacked access to tablets to conduct legal research for weeks at a time.[616] Residents and their advocates have reported that DOC does not consistently provide residents with copies of commonly used legal forms.

Given the challenges residents face in both meeting with their attorneys and accessing the law library, DOC could also improve access to the courts by supplying residents with access to documents required to file common legal claims for free, either as paper copies or fill-in-able forms on tablets. This practice is already common in Virginia, where more than half of jails surveyed in 2020 reported regularly providing residents with free copies of commonly requested legal forms including both a "Section 1983 Packet," comprised of a set of forms for residents seeking to "file a complaint under the Civil Rights Act, 42 U.S.C.1983" and a bundle of forms supporting residents' requests to file a habeas corpus petition under 28 U.S.C. § 2241.[617]

Conclusion

To remedy issues concerning access to counsel, DOC should: 1) prevent delays with in-person legal visitation, including staffing legal visitation rooms consistently and minimizing the time it takes to review paperwork entering the jail; 2) ensure that tablets are consistently available to all residents for purposes of legal research and communicating with counsel; and 3) allow residents in restrictive housing to participate in pre-scheduled, virtual attorney visits. To improve access to other legal resources, DOC should regularly staff the law libraries; allow residents to meet in person with law librarians for legal research; mandate that requests for legal information are responded to faster; provide alternative legal research programs on tablets that are easier for residents to use; train residents how to use legal research tools integrated in tablets; and provide residents with commonly requested legal forms free, either electronically or in print. Improving access to counsel and access to legal resources will protect residents' right to access the courts meaningfully and will also help protect DOC from unwanted litigation related to residents' constitutional rights to access the courts.[618]

Recommendations:

52. DOC should ensure legal visitation rooms are always staffed and accessible during designated hours and that residents are brought to their visits timely.

53. DOC should evaluate its current policy and practices regarding attorney entry to the jail to

615 Ibid.

616 Anonymous Grievant #9, DOC grievance, 2024; Anonymous Grievant #14, DOC grievance, 2024; Anonymous Grievant #20, DOC grievance, 2024.

617 Balestrieri, Zicari, and Runyon, "Access to Justice for Inmates," pp. 196–197.

618 See Lewis v. Casey, 518 U.S. 343, 355 (1996) citing Bounds v. Smith, 430 U.S. 817, 830 (1977) (discussing that the Bounds v. Smith decision requires incarcerated individuals to be provided with the tools "need[ed] in order to attack their sentences, directly or collaterally, and in order to challenge the conditions of their confinement" to meaningfully protect their access to the courts).

reduce delays in meeting with clients and maintain security.

54. DOC should assess the effectiveness of current tablet-based legal resources for residents.

55. DOC should provide all residents a tablet, including those in restrictive housing, and allow residents in restrictive housing to schedule and attend virtual visits with their attorneys via their tablets.

56. DOC should adequately staff law libraries, allow residents to make appointments to conduct legal research, and provide residents with commonly requested legal forms and the ability to complete and submit them electronically or in print for free.

Conclusion

Based on this audit of the D.C. jail, it is clear that progress has not been made on many of the issues identified by ODCA five years ago in *Poor Conditions Persist at Aging D.C. Jail; New Facility Needed to Mitigate Risks*. These issues include water penetration, mold growth on walls, damaged shower stalls, temperatures outside of allowable standards, and problems with food provision. Additionally, CCE identified other physical plant issues that jeopardize the safety and well-being of residents and staff, including malfunctioning sinks and toilets, broken pieces of equipment and buildings that may be weaponized, and malfunctioning locks and doors. Aside from the disrepair and filth of the building, the architectural design of CDF, combined with staffing shortages, is contributing to violence and deaths in custody.

In trying to understand the jail's conditions holistically, CCE also probed into additional concerns that the media and other sources have raised. These lines of inquiry showed that the jail's rates of violence, use of force, and deaths in custody are higher than national averages for jails. These high rates appear to be the result of a vicious cycle.

- Because of many vacancies, staff are working overtime and often operating on too little rest.
- Vacancies also contribute to resident dissatisfaction, as unaddressed issues lead to grievances and increasing frustration.
- Staff are then responding to residents acting out with uses of force due to their perceived lack of sufficient security and lack of training in how to de-escalate situations.
- Feelings of hopelessness, insufficient positive programming, and a lack of treatment services, combined with easy access to contraband drugs, is leading to widespread drug use and too many overdoses.
- All of these factors and the general conditions of the jail are making it hard to recruit and retain correctional officers, which leads to further understaffing.

In conducting this audit, CCE was struck by the lack of systematic, digital data collection by DOC. Many reports by DOC staff are written by hand. This lack of using technology makes it extremely difficult for DOC to analyze problems, identify trends, and develop solutions.

In sum, this report provides up-to-date and additional overwhelming evidence of the urgent need for a new jail facility. It also points to the need to take a broader and immediate look at the operations and management of DOC; this work can start tomorrow and does not need to wait for a groundbreaking. While safer and more humane buildings must be a part of transforming D.C.'s correctional system, without addressing the many other systemic issues, both jail residents and staff will continue to live and work in a dangerous and unhealthy environment.

Finally, District leaders should work with all relevant partners to develop a plan to lower the jail population by safely reducing the number of people being admitted and reducing lengths of stay. Aside from the costs of building facilities and jailing people, incarcerating such a large share of the District's population exacts a human cost on the individuals, families, and communities that are most heavily impacted.

Appendices

Appendix A

Methodology

In the course of this audit, CCE reviewed and analyzed qualitative data from a wide range of sources. First, the Department of Corrections and the General Services Administration were responsive to CCE's requests for information, which included thousands of pages of reports and other documents. Initial information and records requests were sent to each agency on July 11, 2024; responsive data and records continued coming in through December 2024.

In addition to agency-provided records, CCE and ODCA determined it was vital that this audit also included information from people who worked in, regularly or occasionally visited, and resided in the jail during the audit period. Finally, CCE analyzed and incorporated other external sources to validate the reported conditions and practices within the jail, including information obtained from other government or court sources, relevant law or agency policy, individuals with relevant knowledge, or publicly available information to set the audit period data in context and to be as up to date as possible. How CCE collected and used these different data sources is detailed below.

Agency Data and Records

The audit team issued several rounds of requests for information to DOC and DGS, requesting a wide range of records, policies, and data. The following categories of documents provided by DOC and DGS – some of which are publicly available and others that were only provided pursuant to ODCA's authority – were utilized in this audit. Unless otherwise noted, the records or data requested and provided cover the entire audit period.

- Incident-related reports
  - "Incident Reports" July 23 - July 29, 2023, September 10 - September 16, 2023, December 10 - December 16, 2023, January 14 - January 20, 2024, and June 24 - June 30, 2024.
  - A summary of the counts of different types of all the Significant Incidents and Extraordinary Occurrences that occurred.
  - All Significant Incidents and Extraordinary Occurrences happened within the same sample of five weeks during the audit period: 7/23/23 to 7/29/23; 09/10/23 to 09/16/23; 12/10/23 to 12/16/23; 1/14/24 to 1/20/24; and 6/24/24 to 6/30/24.
- Health-related information
  - Count of the number of instances of the administration of Narcan.
  - Summary of hospitalization data.
  - Summary of data related to people put on suicide watch.
  - Protocols related to mental health screening and assessment.
- Grievance and assault-related information
  - A summary of all grievances filed.
  - A summary of Inmate Grievance Procedure, Informal Resolution Complaint Forms,

Emergency Grievances and Formal Inmate Grievances filed.
    - Grievances filed by union and non-union DOC staff.
    - Written grievances filed by residents between 1/14/2024 - 1/20/24, and 6/24/24 - 6/30/24.
    - Monthly assault and alleged assault data.
    - Documents related to sexual assault and misconduct, including Sexual Assault Incident Review Team (SAIRT) reports from three meetings held during the audit period, and a table of 48 cases alleging sexual assault, abuse or misconduct not referred for Prison Rape Elimination Act (PREA) investigation.
- Death-related reports
    - Office of Investigative Services, incident reports, autopsies, and attachments to these reports, which included additional information such as photographs, stills from camera footage, logbook entries, staff misconduct inquiry reports, multi-level morbidity and mortality reviews, and other health information.
- Environmental conditions data
    - D.C. Jail Improvement Act Reports.
    - Department of Health Environmental Reports and Sanitation Reports (covering maintenance issues in both the common areas and residents' cells)
    - Priority One work orders (extracted from MicroMain, DOC's official facilities maintenance record system).
    - Mold inspection and abatement reports, identifying dates and whether the inspection was routine, by request, or both.
- Information about jail annex planning
    - "Correctional Treatment Facility Annex Staff Survey Full Report" conducted by CGL Companies in 2024.
    - "Correctional Treatment Facility Annex Resident Survey Full Report" conducted by CGL companies 2024.
    - Presentations related to planning for the new jail made to various groups by DOC, DGS, and consultant CGL.
    - *NOTE: DGS never provided requested communication between various offices of the Executive branch related to new jail annex planning or the work underway by CGL*
- Additional records
    - Resident census information, including lengths of stay.
    - Quarterly DOC reports to D.C. Council.
    - Selected DOC Program Statements and Standard Operating Procedures (some published and some not available to the public).
    - A list of lawsuits ongoing or settled.
    - Training that occurred during the audit period and attendance by DOC staff.

For many of these categories, ODCA originally requested all relevant documents from the audit period. However, once DOC reported the total number of records that would be responsive to certain requests – particularly grievances and incident reports – ODCA and CCE agreed to accept a subset of records in those categories. When selecting the subset of records to be provided, the

different date ranges were chosen to provide a randomly selected sample of conditions at different points/seasons during the audit year.

CCE primarily utilized Excel to track and analyze many of the individual records provided, as well as dated reports to the D.C. Council in February 2024, to create new analyses and summations (including raw numbers and percentages) that have otherwise not been presented publicly by DOC or DGS.

Interviews and Surveys

CCE conducted more than 20 structured interviews and many other informal information-gathering interviews between July and October 2024. As is consistent with ethical research standards, interviewees were promised their names would not be used in the report and that identifying information would be removed unless explicit permission was otherwise given. Impacted people were provided a $25 gift card after participating.

Interviews were conducted with individuals with the following identities and/or sources of knowledge about the jail: service providers who provided services in D.C. Jail during audit period; family members of a persons who were incarcerated at D.C. Jail; formerly incarcerated individuals who were at D.C. Jail during audit period; staff of the Corrections Information Council (CIC); and current and former DOC correctional staff members lawyers who regularly work with multiple clients in the jail; and one Advisory Neighborhood Commissioner who resides in the jail.

Additionally, three sets of surveys were utilized or conducted to inform the work of this audit. First, CCE analyzed data from two DOC-administered surveys. The staff survey was conducted September 11 – October 2, 2023, and garnered 512 responses, and the resident survey, which was available via tablets from October 6 – 16, 2023, and received 756 unique responses.

Second, CCE conducted a small scope survey of individuals who were incarcerated at the jail during the audit period. In light of the short time frame of this audit, CCE worked with an organization that communicates directly with some of its clients who are currently in BOP custody who had been incarcerated at the jail during the audit period to help CCE identify a relevant population for participation in a voluntary survey. The organization identified 26 individuals that fit these criteria (and whose stays in the jail could be confirmed and validated) who received a written survey tool by mail. Twelve surveys (46% response rate) were completed and returned in August and September 2025. Questions were multiple choice with one short answer/narrative section.

Survey respondents were promised anonymity in any reporting regarding their responses. Each respondent was provided $25 on their commissary account after participating; this amount was set because it is widely considered within the range of appropriate voluntary survey compensation. We do not, at any point, attempt to suggest that the CCE survey response data is representative of the population of individuals who resided in the jail during the audit period. Instead, we used information from the responses received (from ten males and one female) to supplement and corroborate other sources of reported conditions, including from DOC records.

Pending or Settled Lawsuits

CCE reviewed and summarized the pleadings, decisions, and, where relevant or available, settlement information for every case where DOC was a named defendant in a lawsuit that was filed or still active during the audit period. CCE recognizes that some lawsuits that were pending during the audit period may have since been resolved; it was beyond the scope of this audit to continue to follow these cases past the end of the audit period.

Literature Review and Comparative Data

CCE reviewed a substantial body of academic literature and studies on the current and emerging best practices in correctional facility management and jail design. We also researched and analyzed District of Columbia statutes and regulations and DOC rules and policies that govern staff requirements, staff conduct, relevant security and health protocols, and other significant requirements within the jail.

CCE also looked at data from other jail systems, including state-specific and national data sources. We used Stata to analyze public data related to staffing ratios; this included the 2019 Census of Jails, which is available through the Inter-University Consortium for Political and Social Research.

Appendix B

Notable Priority One work orders for deficiencies seriously affecting health, safety, and security during the audit period (July 1, 2023–June 30, 2024)

Locations were removed to avoid disclosure of potentially unresolved risks to security, and capitalization was standardized; otherwise, below are verbatim from reports.

Date	Notable Health/Safety Issue
7/6/23	Key broke off in lock
7/10/23	Toilet not working at all – water is on to cell
7/13/23	Kitchen sink clogged
7/14/23	Key extraction
7/14/23	Sally port gates or other security gates needed repair
7/17/23	Medical cell lock needed repair
7/17/23	Water overflows when the cells in a units flush their toilets
7/17/23	No water – check to see if water had been turned off or water pressure is low
7/17/23	Cell door does not close all the way – officer has to pull the door closed but it does not secure – this is a safe cell that needs to be placed back online
7/17/23	Door is showing breached on the master controls panels
7/18/23	Key extraction – open door after extraction
7/20/23	Gate attached to the sick call room on the right as you walk through the one gate is loose and missing a bolt.
7/20/23	Key to biohazard room bent
7/24/23	Key will not open the cells due to it being bent.
7/26/23	Toilet keeps overflowing. This issue is causing a major hazard on the tier because when the toilet overflows feces comes out of the toilet and this has been addressed multiple times with the same reoccurring results.
7/27/23	Sally port gate stuck won't open
8/4/23	Control panel down or not responding.
8/7/23	Toilet is overflowing causing major flooding all over the tier and the bottom tier
8/8/23	Gate on the main side will not open – gate is humming but it won't open
8/10/23	Major back toilet is overflowing non-stop

Date	Notable Health/Safety Issue
8/11/23	Toilet major back up overflowing on its own onto the tier
8/11/23	Key extraction – environmental closet
8/14/23	Officer's bathroom key broken inside the slot.
8/18/23	Hinge coming off emergency door and lock repair
8/21/23	Women's staff bathroom toilet clogged or not functioning properly.
8/23/23	Lights do not work inside the cell or by the control panel – officer stated that a spark was seen coming from one of the outlets and then the lights went.
8/25/23	Tier lights out in cell unit.
8/25/23	Tunnel gate stuck in closed position
8/28/23	Handle came off of the door
8/28/23	Sink clogged – officer stated the inmate tried to unclog the sink himself and ended up pushing the inmate pen too far down the drain.
9/6/23	Cell door will not open – residents are stuck in the cell and they need to come out for recreation
9/6/23	Control panel frozen
9/6/23	No water in cell at all – resident inside cell.
9/7/23	Key needs to be extracted from the lock
9/7/23	Radiology lost power
9/8/23	Doorbell and gate not working
9/18/23	Control panel down or not responding
10/3/23	Inmate stuck behind the door- door will not open
10/4/23	Block control panel down or not responding
10/10/23	Cell key extraction
10/16/23	SMU door is not securing the inmate can pop out on his own
10/17/23	No power to electrical socket for c-pap machine
10/18/23	IRC pipe busted and is flooding the IRC and the culinary – 16 hours
10/23/23	Ur when flushed backs up into cell
10/23/23	Door handle fell off- officer has handle secured in desk
10/23/23	Toilet water overflowing on the tier

Date	Notable Health/Safety Issue
10/25/23	Infirmary dental room inside door handle fell off- if door is closed with dental assistant inside they will be locked in
10/25/23	Entrance door will not lock- door remains unsecure when closed
10/27/23	Sally port gate door won't open or close
10/31/23	Tier gate stuck in the open position- officers cannot secure the tier
11/8/23	Resident stuck behind the door
11/9/23	Cell door will not close to cell- per lieutenant there are no empty cells she can go to
11/9 /23	Sally port holding cage has exposed electrical equipment- wires and damaged metal- at this time the cage cannot be used until repairs are completed
11/11/23	Major leak coming from the ceiling in the control bubble. Bags are hanging from the ceiling to collect the dripping water
11/14/23	Sally port gate does not close on its own. You have to pull and kick several times to get it to close.
11/17/23	Cell lock was cut off the door to release resident
11/27/23	Cell key extraction
12/6/23	Door cylinder spins when using the key to unlock cannot open the door
12/11/23	Cell door is broken and unable to open/close
12/12/23	Cell door will not open with the key- resident stuck inside the cell
12/18/23	Cell door will not lock
12/18/23	Deputy wardens area has no electricity on one side of the room
12/19/23	Cell door handle fell off door- see unit officer for handle
1/2/24	When toilet flushed it backs up in another cell
1/2/24	Toilet is not working – cell is occupied
1/3/24	Staff restroom key extraction
1/4/24	Infirmary storage room door knop is broken
1/4/24	Female restroom remove stationary lock
1/9/24	Lock on door not working – resident can unlock and lock their door from inside the cell
1/11/24	Door will not lock

Date	Notable Health/Safety Issue
1/12/24	Toilets are not flushing – water may be off in chase closet
1/15/24	Sink does not stop running and then sink has slow drain so the sink overflows if the water is not shut off in the chase closet
1/15/24	Sink/toilet has no water
1/17/24	Emergency door and lock need repair
1/18/24	Cell won't close
1/19/24	Sink drains very slow and has a foul smell
1/22/24	Cell food slot jammed
1/29/24	Cell door is able to be opened by resident using their feet
2/7/24	Priority repair to sallyport gates or other security gates
2/8/24	Staff bathroom stuck – emergency door and lock repair
3/4/24	Inmate stuck
3/12/24	Light bulb/fixture out in cell unit.
3/14/24	Cell door could not be opened
3/28/24	The attorney door slider is broken. It cannot open or close
4/1/24	Outside door couldn't close
4/1/24	Cell door cannot open
4/5/24	Control Panel Down or Not Responding
4/5/24	Door isn't secured
4/11/24	Shower is out of order
4/15/24	Cell block over 84 degrees
4/15/24	Resident stuck in cell
4/18/24	Feces keeps coming up the toilet when flushing
4/24/24	Cell door inmate stuck
4/25/24	Lights are completely out
5/3/24	Cell block over 84 degrees
5/7/24	Toilet is clogged and is backing up into other cell
5/7/24	Door is hard to shut
5/17/24	Cell door won't open or close

Date	Notable Health/Safety Issue
5/23/24	The toilet water is leaking and is going on the floor. It is causing a safety hazard once it's been flushed.
5/24/24	Both toilet and sink are stopped up
6/3/24	The three-gate door cannot open
6/3/24	Toilet is shooting fecal matter back on to the inmate while the toilet is in use and not in use.
6/12/24	Check and repair security chair
6/12/24	No power in warden suite
6/18/24	Control panel down or not responding. Light bulb/fixture out in cell unit
6/18/24	Door handle keeps coming off the door

Appendix C

Sample Environmental and Sanitation Reports

DC DEPARTMENT OF CORRECTIONS
SUPERVISOR WEEKLY COMMON AREA INSPECTION SHEET

PP 2920.8
Attachment
Page 1 of

Date: 3/2/24 Shift: 10T. Location: 3E3

Common Areas

AREAS INSPECTED	YES	NO	COMMENTS
1. CEILING:			
Water leakage, peeling paint		✓	
(paint over peeling paint)		✓	
Hole/crumbling-loose plaster		✓	
Graffiti		✓	
Cracked		✓	
Dirty/mildew		✓	
2. WALLS:			
Water leakage		✓	
Graffiti/dirty/mildew/feces/blood		✓	
Dry spit on walls		✓	
Peeling paint/not pretreated before painting		✓	
Hole/crumbling-loose plaster		✓	
Crack in walls/around windows		✓	
3. FLOOR:			
Standing water		✓	
Loose/broken/missing tiles		✓	
Cracked/damaged		✓	
Dirty		✓	
Hole in floor surface		✓	
4. WINDOWS:			
Frame rusted/damaged		✓	
Covered/painted		✓	
Broken/cracked glass		✓	
5. VENTILATION:			
Broken/missing grill		✓	
Vent obstructed		✓	
No ventilation	—		Has Ventilation
Dirty exhaust vent		✓	
6. SHOWER:			
Mildew/dirty/rust		✓	
Torn curtains		✓	
Dirty curtains		✓	
Leaking head		✓	
Low water pressure		✓	
Broken/missing knob		✓	
Needs caulking/grout		✓	
Clogged drain		✓	
Drain cover missing		✓	
No water	—		Has Water
Toilet partition loose		✓	
Ceiling leaking/holes/cracks		✓	

PP 2920.8
Attachment B

SUPERVISOR WEEKLY CELLBLOCK INSPECTION SHEET

Date: 8/3/23 Shift: #2 Cell Block: NE1 Priority One = P-1

Supervisor conducting inspection [redacted] Priority one reported to (Name of individual) Weekly _____

Cell	Toilet			Sink				Electrical			Ventilation			Door	Cleanliness			Security Inspection				
	Clog P1	Can't Flush P1	Leak	Clog P-1	No Water P-1	Leak	No Hot/ Cold Water	No Light P-1	Wires Exposed\ Broken Switch P-1	Light Cover Damaged/ Missing	Is Vents Covered	Too Cold	Too Hot	Broken /Food Slot P-1	Sink Toilet Dirty	Walls Dirty Graffiti	Floors Dirty	Carvings on the Wall (sign of sharpening)	Bunks Missing Pieces of metal	Window Seals are not intact.	Mold in Cell	Cell Floods when it rains.
1							X								X	X						
2															X							
3							X															
4							X								X	X						
5							X											X				
6											X											
7											X					X						
8							X											X				
9							X															
10							X									X						
11																X						
12															X	X						
13							X			X					X	X						
14							X															
15							X								X							
16															X	X						
17						X									X	X						
18							X								X	X						
19															X	X						
20					X										X			X				
21	NO	SINK	NO	DESK	NO	BUNK																
22															X							
23															X							
24															X	X	X					
25							X								X	X						
26															X	X	X					
27								X			X				X	X						
28							X								X	X						
29						X									X	X						
30							X								X							
31															X	X						
32							X								X	X						
33															X							
34															X	X						

DAILY CELL BLOCK INSPECTION SHEET

PP 2920
ATTACHMENT

Cell Door: Open, close and lock properly
Toilet and Sink: Flush properly, have hot and cold water, good water pressure, and Fixtures are not loose or broken
Bunks and Furniture: The bunk is secured to the wall and
Walls and Windows: No graffiti, no holes or and/or windows and the window is sealed
Lights: Operational, no burned out or blown bulb, no broken, cracked or missing lens

Date 6-6-2024 Housing Unit CHB Inspector [redacted] Signed [redacted]

Cell	Cell Door (PI)		Light (PI if no lights or wires are exposed)		Toilet & Sink (PI if no hot water or if water is clog			Bunks & Furniture		BARS/Window & Walls		Vent (PI if there is poor air flow)		Overall Sanitation		Corrective Actions Required/Other
	Compliance		Compliance		Compliance			Compliance		Compliance		Compliance		Compliance		
	Yes	No	Yes	No	Yes	No	Proper	Yes	No	Yes	No	Yes	No	Yes	No	
21	✓		✓		✓			✓		✓		✓		✓		
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32	✓		✓		✓			✓		✓		✓		✓		
33																
34																
35																
36																
37																
38																
39																
40																

NONE

N/A

Appendix D

Confiscated weapons during the first quarter of the audit period
(July 1, 2023 – September 30, 2023)

7/2/23	5.5″ piece of metal sharpened to a point on one end
7/3/23	8.5″ piece of metal sharpened to a point on one end wrapped in white cloth on the other
7/4/23	7.5″ piece of metal sharpened to a point on one end
7/4/23	(1) 5″ piece of metal; (1) 3.5″ piece of metal
7/4/23	4.5″ piece of metal sharpened to a point on one end
7/5/23	(1) 5″ piece of flat metal; (1) 3″ piece of flat metal
7/5/23	5.5″ piece of metal sharpened to a point on one end
7/12/23	(1) 5.5″ piece of metal sharpened to a point on one end; (1) 3.5″ piece of metal
7/13/23	6″ piece of red plastic sharpened to a point on one end
7/13/23	9.5″ piece of metal sharpened to a point on one end wrapped in black shoelace on the other
7/14/23	(1) 6.5″ flat piece of metal
7/17/23	(1) 10.5″ piece of metal with plastic handle on one end
7/17/23	(1) 7.5″ piece of metal sharpened to a point on one end with a hook
7/17/23	(1) 8″ piece of metal sharpened to a point on one end wrapped in cloth on the other
7/17/23	(1) 4.5″ piece of metal sharpened to a point on one end
7/18/23	(1) 4.5″ piece of metal sharpened to a point on one end
7/18/23	(1) 16″ piece of metal
7/18/23	6″ piece of metal sharpened to a point on one end with blue latex glove on the other
7/19/23	(1) 6″ piece of metal sharpened to a point on one end wrapped with a latex glove on the other
7/20/23	6″ piece of metal sharpened to a point on one end
7/20/23	(1) 6″ piece of metal sharpened to a point on one end wrapped with a bandage on the other
7/20/23	(1) 4″ piece of metal sharpened to point on one end with rubber glove and string on the other

7/20/23	(1) 6.5″ piece of metal sharpened to a point on one end; (1) 5.5″ piece of metal sharpened to a point on one end
7/20/23	(1) 3.5″ piece of metal sharpened to a point on one end
7/20/23	(1) 5.5″ piece of metal sharpened to a point on one end; (1) 5″ piece of metal
7/22/23	5″piece of metal sharpened to a point on one end
7/24/23	6.5″ piece of metal sharpened to a point on one end wrapped in white cloth on the other
7/24/23	(1) 9″ piece of metal sharpened to a point on one end
7/25/23	(1) 7″ piece of metal sharpened to a point on one end; (1) 5.5″ piece of metal sharpened to a point on one end
7/27/23	(1) 5.5″ piece of metal sharpened to a point on one end
7/27/23	7″ metal screw
7/27/23	12″ piece of flat metal and (1) black electrical cord
7/28/23	(1) 6″ piece of metal sharpened to a point on one end
7/29/23	(1) 5.5″ piece of metal sharpened to a point on one end
7/29/23	(1) 4″ piece of metal with sharp edges
7/31/23	(1) 5.5″ piece of metal sharpened to a point on one end; (1) 8″ piece of metal; (1) 6″ piece of brown plastic sharpened to a point on one end; (1) 4″ silver star wrench tool
7/31/23	(1) 4″ piece of metal sharpened to a point on one end
7/31/23	(1) 5.5″ piece of metal sharpened to a point on one end
8/1/23	6″ piece of metal sharpened to a point on one end
8/1/23	7″ piece of metal sharpened to a point on one end
8/1/23	(1) 7″ piece of metal sharpened to a point; (1) 6″ piece of metal sharpened to a point on one end; (1) 5.5″ piece of metal sharpened to a point on one end; (2) 5″ pieces of metal sharpened to a point on one end
8/2/23	5.9″ piece of plastic sharpened to a point on one end
8/3/23	9″ piece of metal sharpened to a point on one end
8/3/23	6.5″ piece of metal sharpened to a point on one end
8/7/23	6.5″ piece of metal sharpened to a point on one end
8/7/23	6.5″ metal rod with sharpened on both ends
8/7/23	5.5″ flat piece of metal with a sharp edge
8/8/23	7″ piece of thin metal sharpened to a point on one end

8/8/23	7″ Piece of metal sharpened to a point on one end
8/9/23	5″ piece of metal sharpened to a point on one end wrapped in blue plastic glove
8/9/23	(1) silver and gray commercial Master lock inside white sock
8/10/23	8″ piece of metal sharpened to a point on one end
8/10/23	7″ piece of metal sharpened to a point on one end
8/10/23	4″ piece of metal sharpened to a point on one end
8/10/23	5″ piece of metal sharpened to a point on one end
8/11/23	(3) 6″ pieces of thin metal with one being sharpened to a point on one end and wrapped in white cloth with rubber bands as a handle
8/11/23	(1) broken plastic pink clipboard
8/11/23	3.5″ Silver H″A″FELE disk; (1) broken pink plastic clipboard
8/11/23	(1) 7″ piece of metal sharpened to a point on one end; (1) 3″ piece of flat metal; (1) 2″ piece of flat metal
8/11/23	(1) 4″ piece of metal sharpened to a point on one end; (1) 3″ flat piece of metal wrapped in white string on one end
8/13/23	(2) 7.5″ pieces of metal, (2) 6″ pieces of metal, and (2) 5″ pieces of metal all sharpened to a point on one end
8/14/23	5 11/16″ piece of metal sharpened to a point on one end
8/14/23	(1) 7″ piece of metal sharpened to a point on one end wrapped in cloth on the other
8/14/23	5″ piece of metal sharpened to a point on one end wrapped in blue plastic glove
8/15/23	5.5″ piece of metal sharpened to a point on one end wrapped in white cloth
8/15/23	6″ piece of metal sharpened to a point on one end
8/15/23	7.5″ piece of metal sharpened to a point on one end
8/15/23	4.5″ piece of metal sharpened to a point on one end
8/16/23	5.5″ piece of metal sharpened to a point on one end wrapped in white cloth on other
8/16/23	(3) pieces of metal;5.5″ piece of metal sharpened to a point on one end
8/16/23	7″ piece of metal sharpened to a point on one end
8/17/23	8″ piece of thin black metal wrapped in white cloth on one end
8/17/23	6.5″ piece of metal sharpened to a point on one end
8/19/23	6.5″ piece of metal sharpened to a point on one end
8/21/23	(3) pieces of metal;5.5″ piece of metal sharpened to a point on one end

8/21/23	6.5″ piece of metal sharpened to a point on one end
8/22/23	5″ piece of metal sharpened to a point on one end; (1) Samsung battery
8/22/23	(1) hard piece of plastic sharpened to a point on one end attached to a piece of a tablet sharpened to a point on one end
8/22/23	(2) small pieces of metal
8/23/23	5.5″ piece of metal sharpened to a point on one end
8/23/23	6″ piece of metal sharpened to a point on one end
8/25/23	4.5″ piece of metal sharpened to a point on one end
8/26/23	5″ piece of metal sharpened to a point on one end
8/28/23	5.5″ piece of metal sharpened to a point on one end
8/28/23	3.5″ piece of metal sharpened to a point on one end with white cloth on the other
8/29/23	3.5″ piece of metal sharpened to a point on one end with white cloth on the other
8/30/23	4.5″ piece of metal sharpened to a point on one
8/31/23	4″ piece of metal sharpened to a point on one end
9/1/23	7″ piece of metal sharpened to a point on one end
9/1/23	4″ metal tool; possible hex wrench
9/1/23	4″ piece of metal sharpened to a point on one end
9/4/23	5.5″ piece of metal sharpened to a point on one end
9/5/23	3″ flat piece of metal; 6″ piece of metal sharpened to a point on one end
9/5/23	5.5″ piece of metal sharpened to a point on one end
9/6/23	6″ piece of metal sharpened to a point on one end
9/7/23	5″ piece of metal sharpened to a point on one end wrapped in white cloth on the other
9/8/23	11.5″ piece of metal
9/9/23	4.5″ piece of metal sharpened to a point on one end
9/9/23	(3) D size batteries; (3) 4.5″ pieces of metal sharpened to a point on one end; (1) 5″ piece of metal sharpened to a point on one end; (1) 4X4″ piece of metal; and (1) 3X4″ piece of metal
9/12/23	5.5″ piece of metal sharpened to a point on one end
9/13/23	6″ piece of metal sharpened to a point on one end
9/15/23	(1) 9″ and (1) 5.5″ pieces of metal sharpened to a point on one end

9/15/23	(1) 3″ and (1) 3.5″ piece of metal sharpened to a point on one end
9/17/23	5.5″ piece of metal sharpened to a point on one end wrapped in blue latex glove on other end
9/18/23	(1) 8″ and (1) 7.5″ piece of metal sharpened to a point on one end wrapped in blue latex on the other
9/18/23	6.5″ piece of metal sharpened to a point on one end wrapped in black and blue latex on other end
9/18/23	(1) 5″ piece of metal sharpened to a point on one end; (1) 1″ piece of metal wrapped in plastic on one end
9/19/23	(2) 5.5″ pieces of metal sharpened to a point on one end. One of them has white string wrapped around the other end
9/19/23	7.5″ piece of metal
9/20/23	3.5″ piece of metal sharpened to a point on one end and wrapped in blue latex on the other
9/20/23	7″ piece of metal sharpened to a point on one end
9/28/23	piece of metal
9/29/23	5″ piece of metal sharpened to a point on one end

Source: DOC response to D.C. Council performance oversight questions, 2/2/24.

Appendix E

Significant Incidents and Extraordinary Occurrences

Significant Incidents are defined as "[a]ny unplanned event or activity that disrupts the normal, orderly operation of an institution, facility or work unit but does not pose an immediate threat to life and/or property. Significant incidents include but are not limited to:

1. Miscounts;
2. Misplaced, lost, stolen, or damaged property;
3. Equipment malfunctions;
4. Threatening verbal confrontations;
5. Suicide gestures not requiring hospitalization;
6. Vehicle accidents that do not result in personal injury or serious property damage;
7. Medical emergency requiring a Special Conveyance;
8. Discovery of known contraband, associated or unassociated;
9. Discovery of weapons (homemade or manufactured street knives); and
10. Any other matter which the Warden, Administrator or Office Chief determines to be of a significant nature."[619]

Extraordinary Occurrences are "Any event, planned or unplanned, which results in loss of life, serious bodily injury or poses an immediate threat to the health, safety and/or welfare of staff, inmates or the general public. Extraordinary occurrences include but are not limited to:

1. Escape/Attempted Escape/Abscond;
2. Erroneous/Late Release;
3. On Duty Death of Staff Member;
4. Death of an Inmate;
5. Assault;
6. Disturbance;
7. Hostage Situation;
8. Fire;
9. Inmate Work Stoppage;
10. Staff Work Stoppage;
11. Suicide/Attempted Suicide;
12. Use of Force;
13. Major Utility/Equipment failure or incidents regarding a major utility, utility system or essential equipment;
14. Vehicular accidents resulting in personal injury or serious property damage;

619 "PP 1280.2J Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences," District of Columbia Department of Corrections, March 28, 2019, p. 5. https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/PP%201280.2J%20Reporting%20and%20Notification%20Procedures%20for%20Significant%20Incidents%20and%20Extraordinary%20Occurrences%2003-28-2022.pdf

15. Arrest of an employee;
16. Medical Emergency requiring 911 response;
17. Criminal Activity requiring notification to OIS or MPD;
18. Discharge of a Firearm (other than training);
19. Failure to Clear a Recount;
20. Discovery of firearms (homemade or manufactured), drugs and controlled substances;
21. Any unusual incident involving a high-profile inmate; and
22. Any other matter which the Warden, Office Chief/Manager, or Supervisor determines to be of an extraordinary nature."[620]

620 Ibid, p. 5–6.

Below are all Significant Incidents and Extraordinary Occurrences reported during the audit period (by DOC categories).

Significant Incidents and Extraordinary Occurrences (7/1/23 - 6/30/24)	CDF	CTF	Other	Total
Assault on Staff	180	30	1	211
Assault on Staff with Liquid	73	5	0	78
Assault: Resident on Resident	279	130	4	413
Assault on Resident	108	57	2	167
Assault on Resident; Contraband	7	5	0	12
Contraband	336	106	2	444
Contraband (Weapon)	4	1	0	5
Major Contraband	45	10	0	55
Death of a Resident	6	2	2	10
Escape; Attempted Escape; Abscond	1	2	0	3
Fires	21	1	0	22
Indecent Exposure	58	2	0	60
Medical Emergency; Special Conveyance; 911	209	189	16	414
Sexual Misconduct	4	3	0	7
Suicide Gestures	21	18	0	39
Suicide Gestures; Use of Force	3	1	0	4
Suicide; Attempted Suicide	2	1	0	3
Use of Force	312	75	0	387
Use of Force; Contraband	18	6	0	24

Source: CCE analysis of DOC-provided dataset for all significant incidents and extraordinary occurrences.

Appendix F

Grievances Tables

All informal grievances filed from July 1, 2023 – June 30, 2024	
Grievance Category	**# of Grievances**
Improper Staff Action/Operations	1720
Improper Staff Action	155
Staff Treatment	12
Improper Staff Action/Education	9
Improper Staff Action/Administration	20
Improper Staff Action/Case Management	16
Improper Staff Action/Medical	92
Access to Healthcare	499
Quality of Health Care	181
Mail	168
Mail - Improper Staff Action/Ops	4
Mail - Not Received	48
Mail - Item Missing	1
Food Service	221
Canteen	150
Facilities Management	146
Safety and Sanitation	21
Case Management	127
Religious Services	109
Telephone	82
Inmate Finance	73
Tablet GTL	65
Tablet CCR	3
Programs	60

All informal grievances filed from July 1, 2023 – June 30, 2024	
Grievance Category	**# of Grievances**
Records	54
Other	42
Programs CCR/Library	40
Nips (Detail)	39
Property	37
Visitation	25
Programs PCM	16
Risk Management	16
Inmate to Inmate Improper Action	15
Records - Computation Request	8
Protection from Harm	5
Personal Hygiene	4
Records - Good Time Credits	3
Multiple	2
Facility Transfer	1
Housing	1
Non-DOC Matter	1

Resident Grievances Denied/Declared "Non-Grievable," June 24–30, 2024

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Was moved between units and the commissary and package his mom sent him did not arrive to his new unit.	Denied- technicality	Denied due to "not dated"
Resident did not see a rep from the Housing Board due to a holiday (Juneteenth), but the head of the housing Board claimed he saw the resident	Denied- different form (request/appeal/sick slip)	"This grievance concerns a Classification or Disciplinary Hearing actions/process. These types of actions are to be appealed through their own appeal process..."
Resident has been requesting IGPs since he was denied a request for Kosher meals. Resident is Muslim, but finds Kosher meals are prepackaged and have meat like beef, unlike Halal meals. (Kosher meals are also halal).	Denied- unsubstantiated complaint	Denied because Halal meal is provided to Muslim community
Resident has a health issue, said it was urgent	Denied- different form (request/appeal/sick slip)	Resident told this was not grievable - needed to file a different form (sick call slip)
Issues related to medications and treatment by staff	Denied- technicality	"Unable to determine the grievable issue"
Provider rescheduled an appt. for an eye issue on 6/10/24 but the resident was "no-showed" because no one took him to appt.; same thing happened on 6/17; CO's said he wasn't on the list.	Denied- technicality	Denied "b/c "out of date range;" rescheduled for ophthalmology appt.
Is not receiving HIV meds	Denied- technicality	Addressed in another grievance

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Looking for ADA accommodations, had already asked case manager	Denied- technicality	Contains multiple issues
Fountain water is unclean and tastes of rust. Clean bottled water is available through commissary but is $10 per gallon.	Denied- technicality	Please provide affordable, clean water option. Water in both jails is poor quality. "That's why you provide correction officers and staff different water!"
Resident has been in jail for 20 days and has not received medical/legal/case management/programming and reports being jumped/ pepper sprayed and denied showers in retaliation.	Denied- technicality	Denied (technical) due to multiple issues on 1 form
Resident's dreadlocks have mildew/mold in them because the staff wouldn't let him sit under the blow dryer for longer. He can't cut his hair for religious reasons, so he needs immediate assistance in caring for it.	Denied- technicality	Denied-- Please allow at least 15 days for a response. The issue in this grievance is addressed in [another] Grievance
Resident was removed from CTF due to a class 304 series disciplinary violation. He believes this only should have resulted in a loss of privileges, not being moved. Requesting to be sent back to CTF to 50 over unit	Denied- different form (request/appeal/sick slip)	Grievance concerns a classification or disciplinary hearing/ action. Different form
Requesting to be sent back to CTF, D building D4B or 50 and over unit	Denied- different form (request/appeal/sick slip)	Grievance concerns a classification or disciplinary hearing/ action. Different form

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Resident has been housed on Loss of Privileges unit for 9 days and wants to be moved. Is locked in cell the entire weekend and 21 hours a day M-F. Reports being called slurs by other residents	Denied- different form (request/appeal/sick slip)	Denied as it concerns a classification or disciplinary hearing process
Resident is requesting to be moved to 50 and over or medical unit as they have drop foot and nerve damage and use a cane. Hasn't heard back from medical in 2 weeks	Denied- different form (request/appeal/sick slip)	Denied as it concerns a classification or disciplinary hearing process
Resident is 52, has nerve damage and drop foot and requests to be on 50 plus unit or medical unit. Multiple slips to case management were ignored	Denied- different form (request/appeal/sick slip)	Grievance concerns a classification or disciplinary hearing/ action. Different form
In a small cell with another person, putting them at risk. Grievance was denied for not having a signature so the resident is appealing	Denied- technicality	Addressed in another grievance
Please remove the free 5 min phone call we get on Sundays. It interferes with precious call time.	Denied- technicality	Addressed in another grievance
Tablet account suspended, so no access to phone calls or the law library. DOC said he broke 2 tablets previously, which he denies	Denied- technicality	Denied (technical) due to multiple issues on 1 form
Resident missed a hair appointment due to a conflicting court appearance.	Denied- different form (request/appeal/sick slip)	"Request must be sent"

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Resident is requesting clothes provided in a size larger than the current size.	Denied- technicality	This issue was addressed in grievance #20240530-582
At intake, resident asked if they could pursue GED while they did their time, and no one got back to them.	Denied- different form (request/appeal/sick slip)	Submit a request slip to your case manager. This is considered a request.
Has not received any information on re-entry programs	Denied- different form (request/appeal/sick slip)	"This grievance concerns a Classification or Disciplinary Hearing actions/process. These types of actions are to be appealed through their own appeal process..." Also says this was addressed in [another]grievance
Is not being seen by case manager, and believes it to be because she doesn't like him	Denied- technicality	Addressed in another grievance
Officer unlocked a resident's cell and allowed another resident in, who stole property from their roommate	Denied- technicality	Can't file on behalf of another resident
Resident was held in solitary confinement. While there, he did not receive items from commissary but was charged for them. Upon release from solitary, his tablet was missing and presumed stolen.	Denied- technicality	"This grievance contains multiple issues. Grievances are to address only one issue..."
Resident needs property released to his daughter	Denied- technicality	Please provide more info

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Resident has not heard back about his request for his personal property	Denied- technicality	Please submit a Step 1 along with the Step 2 and provide more information
Needs $63 moved to their inmate account.	Denied- technicality	Denied because grievance concerns a classification or disciplinary hearing/ action AND Grievance contains multiple issues.
Requesting access to Jum'uah prayer on behalf of a group of Sunni Muslims, have not been to prayer for over a month despite asking officers to call the chaplain	Denied- technicality	You cannot file a grievance on behalf of another inmate(s).
Follow up from IR's filed 6-7 and 6-14, requesting the ability to observe Ju'muah (Friday) prayer services	Denied- technicality	Issue addressed in [other] grievance
Resident missed church service over the last three weeks	Denied- technicality	This issue was addressed in [other] grievance
Resident was smacked by another resident and says he did nothing to provoke this and didn't even fight back. Resident was sent back to his unit after being smacked.	Denied- different form (request/appeal/sick slip)	Denied see attached
Resident will be removed from the mental health unit and is worried for his safety, having been previously stabbed. Reports having PTSD and bipolar and wants to continue receiving mental health treatment weekly, which only this tier provides.	Denied- technicality	Denied for listing multiple issues AND for concerning a Disciplinary hearing process, which has a separate grievance process

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
From 6-9 to 6-21, resident has been held in the disciplinary segregation for a class 3 disciplinary action without seeing a hearing officer, adjustment board, or case manager or being able to use the phone. Requesting to be sent back to CTF to 50 over unit	Denied- different form (request/appeal/sick slip)	Grievance concerns a classification or disciplinary hearing/ action. Different form
Resident had an adjustment board hearing, at which an officer who wrote the resident up was called into the hearing. Resident is confident that the officer who writes you up is not allowed into the adjustment hearing	Denied- different form (request/appeal/sick slip)	"This grievance concerns a Classification or Disciplinary Hearing actions/process. These types of actions are to be appealed through their own appeal process..."
Previously reported treatment from Cpt. Saunders, but grievance was denied for not being filed within 5 days. Resident fears retaliation and is recovering from COVID impacting their ability to file in a timely manner	Denied- technicality	Addressed in another grievance
Resident reports being assaulted by [Officer] while in a 3-piece restraint. Reports being slammed into the ground and having his face pressed into ground. Original response from DOC said camera footage indicated CO was defending himself	Denied- technicality	Full 3-step process, and appeal, denied for different reasons. Original complaint was unsubstantiated, then subsequent steps were denied for not providing Steps 1 and 2, and then because you cannot appeal a denial

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Half of tier placed on modified rec	Denied- technicality	Denied for filing a grievance on behalf of someone else.
Put on modified rec with no explanation	Denied- technicality	"Please provide more info"
Staff took tablet and didn't return it for 2 weeks - resident wants it back to make calls to family/attorney	Denied- different form (request/appeal/sick slip)	Resident told this was not grievable - needed to file a different form (request slip)
Requesting a tablet, was told this form was how to request one	Denied- different form (request/appeal/sick slip)	"This is considered a request and is not grievable. Please submit a request slip."
Requesting a tablet to communicate with mother and search up legal case law	Denied- different form (request/appeal/sick slip)	"This is considered a request and is not grievable. Please submit a request slip."
Has not had a tablet for 2 weeks, so cannot call family	Denied- different form (request/appeal/sick slip)	Submit a request slip, not a grievance slip
He put in request forms through his case manager and "The Lady That Does the Tablets" and never got a response or Tablet.	Denied- different form (request/appeal/sick slip)	This is considered a request and is not grievable. Please provide the dates on which you submitted a request.
Does not have good access to tablets.	Denied- different form (request/appeal/sick slip)	Submit a request
Resident needs a laptop to study and gave two slips to a case manager previously	Denied- technicality	Addressed in another grievance
Tablet was stolen. Resident was called racial slurs when he attempted to get it back.	Denied- unsubstantiated complaint	"Tablet is on this unit"

Summary of Grievance	Resolution Status (Denied includes those declared "non-grievable")	Resolution Explanation/ Comments
Resident's tablet is missing and presumed stolen.	Denied- unsubstantiated complaint	Resident is not in the system as having been issued a tablet
Resident reports tablet was stolen. (The rest of the grievance is hard to read)	Denied- unsubstantiated complaint	"Denied, inmate was given a tablet on 6/13/2024. His first IGP was written on 6/18/24. His table was updating on this date"
Resident asked to be spoken to as he had too many issues to address on the form.	Denied- technicality	Multiple issues on one grievance form

Appendix G

Sample Grievance Forms

PP 4030.1
Attachment A

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#20240626-537

RECEIVED
JUN 26 2024
By

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate)
- Inmate has five (5) days after triggering incident to submit request.
- ~~Place this form in the housing unit IGP box.~~ The IGP Coordinator will provide a response within **15 business** days.

INMATE NAME	DCDC#	UNIT	DATE	SIGNATURE
[redacted]	263-799	SE-3	06/24/24	[redacted]

SELECT DEPARTMENT/SERVICES NEEDED

○ Fire Safety/Sanitation/Risk Management	○ Property	○ Facilities Management
○ Program and Activities	○ Sentence Computation, Jail Credit, Over Detention	○ Discrimination
○ Personal Hygiene	○ Finance	○ Transportation
○ Case Management Services	○ Rules and Regulations	○ Safety and Security
○ Health Care	○ Staff Treatment	(X) Other
○ Communications (mail, visits, telephone, legal)	○ Religious Services	
○ Food Service		

Date you sent an inmate request slip or asked for assistance: 06/13/24 **To whom?** Case Manager

COMMENT/CONCERN I am 52 and suffer from NERV damage in both feet and drop foot in my right foot. I have issues standing and walking without a cane. I've placed multiple request slips in to my case manager in regards to moving to the 50 & over unit or the medical unit to be housed with others my age or with other with similar medical issues. I haven't heard back from anyone as of yet. I am requesting to be transferred to medical or 50 (NOT) unit

FOR DOC COMPLETIONProvide Response to the IGP Coordinator no later than _____

DOC RESPONSE: DENIED - see attached

☐ **Resolved** ☐ **Not Resolved- Inmate Advised of formal process**

PRINT STAFF NAME_____ **SIGN**_____ **DATE**_____

PRINT INMATE NAME _____ **SIGN**_____ **DATE**_____

INMATE GRIEVANCE COORDINATOR SIGNATURE [redacted] DATE 6-26-24

Initial Copy- IGP Coordinator
Copy 1- Inmate Response
Copy 2- Inmate

Revised 4/2024

RECEIVED
JUN 27 2024
By

PP 4030.1
Attachment D

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER: # 20240627-609

STEP 2: FORMAL RESOLUTION (To be completed by Inmate)

- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP Coordinator will provide a response within **15 business** days.

INMATE NAME	DCDC#	UNIT	DATE	SIGNATURE
[redacted]	335456	D-2B		[redacted]

SELECT DEPARTMENT/SERVICES NEEDED

o Fire Safety/Sanitation/Risk Management	o Property	o Facilities Management
o Program and Activities	o Sentence Computation, Jail Credit, Over Detention	o Discrimination
o Personal Hygiene	o Finance	o Transportation
o Case Management Services	o Rules and Regulations	o Safety and Security
o Health Care	o Staff Treatment	✓ Other
o Communications (mail, visits, telephone, legal)	o Religious Services	
o Food Service		

FOR INMATE: Has this issue been resolved? ___Yes or ✓ No If no, check the "NO" box and place this form in the housing unit IGP box with a copy of the INFORMAL RESOLUTION FORM WITH RESPONSE.

REASON NOT RESOLVED I was on SE 3 cell 37 Then was moved to D-2B cell 11 on June 5th. I was suppose d to Recive My Comessary Thursday June 6th for what to ordered and also my mother ordered me a package to be sent to me also I was supposed to Recieve that Friday June 7th I still have not Recieved My two bags. Please get my Order to Me Asap Thank you so Much

*****FOR DOC COMPLETION***Provide Response to the IGP Coordinator no later than** _____

DOC RESPONSE: Denied - See attached

Appeal Yes ☐ No ☐

PRINT STAFF NAME_____ **SIGN**_____ **DATE**_____

PRINT INMATE NAME _____ **SIGN**_____ **DATE**_____

INMATE GRIEVANCE COORDINATOR SIGNATURE [redacted] DATE 6/27/24

Initial Copy- IGP Coordinator
Copy 1- Inmate Response
Copy 2- Inmate

Revised 3/2022

PP 4030.1
Attachment B

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
DENIAL OF IGP FORM

DOC
THE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY THE INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
20240627-601

TO: INMATE NAME AND DCDC#	FACILITY:	DATE OF GRIEVANCE:
[redacted] - 395454	CTF	NO DATE
HOUSING ASSIGNMENT:		
DATE GRIEVANCE RECEIVED: 6/27/24		DATE GRIEVANCE RETURNED: 6/27/24

THE ATTACHED IGP IS BEING RETURNED TO YOU BECAUSE YOU HAVE FAILED TO COMPLY WITH THE ADMINISTRATIVE PROCEDURES FOR POLICY PP 4030.1, "INMATE GRIEVANCE PROCEDURES." THIS GRIEVANCE IS BEING RETURNED FOR THE FOLLOWING REASON(S):

_____ This grievance concerns a Classification or Disciplinary Hearing action/**process**. These types of actions are to be appealed through their own appeal process and not through the grievance process.

_____ There is no indication that you were personally affected by a Department or facility action or policy/procedure.

_____ This grievance appears to be on behalf of another inmate(s), you cannot file a grievance on behalf of another inmate(s).

__X__ This grievance is not signed and/or dated and/or does not include your commitment name and DOC number.

_____ This grievance contains multiple issues. Grievances are to address only one (1) issue unless there is a direct relationship between multiple issues. You may submit separate grievances for the separate issues.

_____ This grievance is not legible, understandable, presented in a courteous manner.

_____ This grievance concerns an issue that cannot be resolved by the Department of Corrections because the issue is beyond the authority of the Department. This issue may be addressed to: _____

_____ This grievance/appeal was not submitted within the five (5) day time frame. Unless you can show just reason(s) for this delay, this grievance/appeal will not be reviewed.

_____ The issue in this grievance is addressed in Grievance# _____

_____ This grievance is an abuse of the grievance process with an excessive filing of grievances, filing frivolous or fraudulent grievances, filing grievances concerning non-grievable issues, intentionally filing emergency grievances that are non-emergencies, and/or repeatedly refusing to follow the grievance procedures. The filing of more than five (5) grievances in a week or 20 or more grievances in any 180 consecutive days may be considered excessive and may be determined to be abusing the grievance procedure and will not be considered until all pending grievances have been resolved.

_____ Other: steps, should be added

PRINTED NAME OF IGP COORDINATOR:	SIGNATURE OF IGP COORDINATOR:	DATE OF RESPONSE:
[redacted]	[redacted]	6/27/24

Revised 5/2023

RECEIVED
JUN 27 2024
BY

PP 4030.1
Attachment C

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
2024062 7-579

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate) *06/26/24
- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP Coordinator will provide a response within **15 business** days.

INMATE NAME	DCDC#	UNIT	DATE	SIGNATURE
[redacted]	26006	D3A	~~06/26/24~~	[redacted]

SELECT DEPARTMENT/SERVICES NEEDED

o Fire Safety/Sanitation/Risk Management	o Property	o Facilities Management
o Program and Activities	o Sentence Computation, Jail Credit, Over Detention	● Discrimination
o Personal Hygiene	o Finance	o Transportation
o Case Management Services	o Rules and Regulations	o Safety and Security
o Health Care	o Staff Treatment	o Other
o Communications (mail, visits, telephone, legal)	o Religious Services	
o Food Service		

Date you sent an inquiry request slip or asked for assistance: 06/20/24 **To whom?** Ms Wade

COMMENT/CONCERN ADA reasonable accommodation still not answered, experience discrimination for anxiety, insomnia, mistreatment. ADA request Meals per inmate Handbook to case manager / Ongoing

FOR DOC COMPLETIONProvide Response to the IGP Coordinator no later than _____

DOC RESPONSE: Denied - See attached

☐ **Resolved** ☐ **Not Resolved- Inmate Advised of formal process**

PRINT STAFF NAME_____ **SIGN**_____ **DATE**_____

PRINT INMATE NAME _____ **SIGN**_____ **DATE**_____

INMATE GRIEVANCE COORDINATOR SIGNATURE [redacted] DATE 6-27-24

Initial Copy- IGP Coordinator
Copy 1- Inmate Response
Copy 2- Inmate

Revised 3/2022

On 06/26/24 pounded on door while keep-

PP 4030.1
Attachment B

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
DENIAL OF IGP FORM

TO BE COMPLETED BY THE INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
2024 0627-579

TO: INMATE NAME AND DCDC#	FACILITY:	DATE OF GRIEVANCE:
[redacted]	CTF	6-26-24
HOUSING ASSIGNMENT:		
DATE GRIEVANCE RECEIVED: 6-27-24		DATE GRIEVANCE RETURNED: 6-27-24

THE ATTACHED IGP IS BEING RETURNED TO YOU BECAUSE YOU HAVE FAILED TO COMPLY WITH THE ADMINISTRATIVE PROCEDURES FOR POLICY PP 4030.1, "INMATE GRIEVANCE PROCEDURES." THIS GRIEVANCE IS BEING RETURNED FOR THE FOLLOWING REASON(S):

_____ This grievance concerns a Classification or Disciplinary Hearing action/process. These types of actions are to be appealed through their own appeal process and not through the grievance process.

_____ There is no indication that you were personally affected by a Department or facility action or policy/procedure.

_____ This grievance appears to be on behalf of another inmate(s), you cannot file a grievance on behalf of another inmate(s).

_____ This grievance is not signed and/or dated and/or does not include your commitment name and DOC number.

__✓__ This grievance contains multiple issues. Grievances are to address only one (1) issue unless there is a direct relationship between multiple issues. You may submit separate grievances for the separate issues.

_____ This grievance is not legible, understandable, presented in a courteous manner.

_____ This grievance concerns an issue that cannot be resolved by the Department of Corrections because the issue is beyond the authority of the Department. This issue may be addressed to: _____

_____ This grievance/appeal was not submitted within the five (5) day time frame. Unless you can show just reason(s) for this delay, this grievance/appeal will not be reviewed.

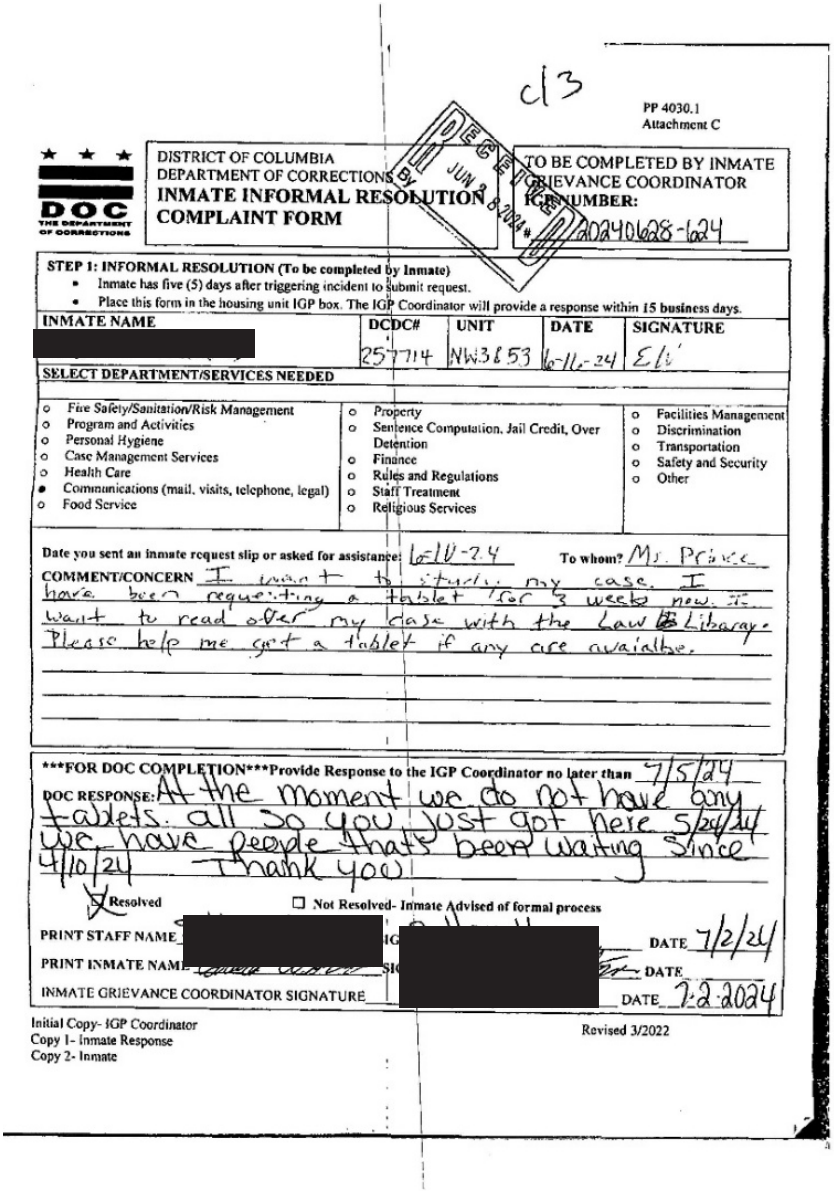
_____ The issue in this grievance is addressed in Grievance# _____

_____ This grievance is an abuse of the grievance process with an excessive filing of grievances, filing frivolous or fraudulent grievances, filing grievances concerning non-grievable issues, intentionally filing emergency grievances that are non-emergencies, and/or repeatedly refusing to follow the grievance procedures. The filing of more than five (5) grievances in a week or 20 or more grievances in any 180 consecutive days may be considered excessive and may be determined to be abusing the grievance procedure and will not be considered until all pending grievances have been resolved.

_____ Other: _____

PRINTED NAME OF IGP COORDINATOR:	SIGNATURE OF IGP COORDINATOR:	DATE OF RESPONSE:
[redacted]	[redacted]	6-27-24

Revised 5/2023



c13

PP 4030.1
Attachment C

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

DOC THE DEPARTMENT OF CORRECTIONS

DELETED BY JUN 3 2024

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER: 20240628-624

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate)
- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP Coordinator will provide a response within 15 business days.

INMATE NAME	DCDC#	UNIT	DATE	SIGNATURE
[redacted]	257714	NW3L53	6-16-24	E.L

SELECT DEPARTMENT/SERVICES NEEDED

o Fire Safety/Sanitation/Risk Management	o Property	o Facilities Management
o Program and Activities	o Sentence Computation, Jail Credit, Over Detention	o Discrimination
o Personal Hygiene	o Finance	o Transportation
o Case Management Services	o Rules and Regulations	o Safety and Security
o Health Care	o Staff Treatment	o Other
• Communications (mail, visits, telephone, legal)	o Religious Services	
o Food Service		

Date you sent an inmate request slip or asked for assistance: 6-10-24 To whom? Ms. Prince

COMMENT/CONCERN I want to study my case. I have been requesting a tablet for 3 weeks now. I want to read over my case with the Law Library. Please help me get a tablet if any are available.

FOR DOC COMPLETIONProvide Response to the IGP Coordinator no later than 7/5/24

DOC RESPONSE: At the moment we do not have any tablets. all so you just got here 5/24/24 we have people that's been waiting since 4/10/24 Thank you

☒ Resolved ☐ Not Resolved- Inmate Advised of formal process

PRINT STAFF NAME [redacted] IG [redacted] DATE 7/2/24

PRINT INMATE NAME [redacted] SI [redacted] DATE

INMATE GRIEVANCE COORDINATOR SIGNATURE [redacted] DATE 7-2-2024

Initial Copy- IGP Coordinator
Copy 1- Inmate Response
Copy 2- Inmate

Revised 3/2022

Appendix H

Staff Trainings Held by DOC
from July 1, 2023 – June 30, 2024

Training Topic	# of Times Training Offered	Training for new ("pre-service or existing ("in-service") Staff	Training Length	Number in Attendance	# of No Shows	% of No Shows	Noted as Having Received "No Training" by DOC
Security Procedures (Staff Entrance PPT & Practical)	5	In-Service	1.5 Hours	73	28	28%	0
Language Access Training	5	In-Service	1 Hour	73	28	28%	0
Using Good Judgment in the Workplace	5	In-Service	1.5 Hours	73	28	28%	0
Micro-aggressions in the Workplace	4	In-Service	1.5 Hours	69	25	27%	0
Handling Bio-Hazards in the Workplace	4	In-Service	1 Hour	69	25	27%	0
Defensive Tactics Refreshers & Practical Learning	4	In-Service	1.5 Hours	69	25	27%	0
Suicide Prevention	4	In-Service	2 Hours	60	20	25%	0
Mental Health in Corrections	4	In-Service	2.5 Hours	60	20	25%	0
Con Games/ inmate Manipulation	4	In-Service	1.5 Hours	64	23	26%	0
P.R.E.A. (Sexual Misconduct)	4	In-Service	1 Hour	64	23	26%	0
Emergency Plans/ Fire Safety/ Tool Control	4	In-Service	1 Hour	64	23	26%	0

Training Topic	# of Times Training Offered	Training for new ("pre-service or existing ("in-service") Staff	Training Length	Number in Attendance	# of No Shows	% of No Shows	Noted as Having Received "No Training" by DOC
Overview of Code of Ethics (Handbook Review)	4	In-Service	.5 Hour	64	23	26%	0
American Red Cross CPR/FA/AED& Practical	3	In-Service	3 Hours	41	18	31%	0
NARCAN Training & Distribution	3	In-Service	1 Hour	41	18	31%	0
TACT2 Refresher	3	In-Service	2 hours	41	18	31%	0
True Colors	3	In-Service	2 Hours	41	18	31%	0
Report Writing & Practical	2	In-Service	2 Hours	34	16	32%	0
How to Preserve a Crime Scene (Crime Scene Preservation)	3	In-Service	1 Hour	34	16	32%	0
Working with Inmates	3	In-Service	1 Hour	34	16	32%	0
Escort & Transportation of Inmates & Restraint Practical	3	In-Service	1.5 Hours	34	16	32%	0
Emotional Intelligence: A Vital Sign for Public Safety	3	In-Service	1.5 Hours	34	16	32%	0
Respectful Workplace	3	In-Service	1 Hour	34	16	32%	0
Inmate Classification: A Team Approach	3	In-Service	2 Hour	5	4	44%	7
Anti-Racism: Can it Exist in the Culture of the Incarcerated?	2	In-Service	2 Hour	5	4	44%	7

Training Topic	# of Times Training Offered	Training for new ("pre-service or existing ("in-service") Staff	Training Length	Number in Attendance	# of No Shows	% of No Shows	Noted as Having Received "No Training" by DOC
PTSD & Correctional Employees	2	In-Service	1.5 Hours	5	4	44%	7
Sexual Harassment	2	In-Service	1 Hour	5	4	44%	7
HIPAA	2	In-Service	1 Hour	5	4	44%	7
Inmate Grievance/ Introduction to Policies & Procedures	2	In-Service	.5 Hours	5	4	44%	7
Use of Force Refresher	3	Re-Certification	1 Hour	58	41	41%	0
Weapons Classroom Presentation Refresher	3	Re-Certification	2 Hours	58	41	41%	0
Use of OC Refresher	3	Re-Certification	.5 Hours	58	41	41%	0
Weapons Qualifications Practical	3	Re-Certification	4 Hours	58	41	41%	0
Welcome/DOC Mission & Purpose	1	Pre-Service	1 Hour	7	0	0%	0
Respectful Workplace	1	Pre-Service	1 hour	7	0	0%	0
Using Good Judgement	1	Pre-Service	1 Hour	7	0	0%	0
Professional Communication	1	Pre-Service	1 Hour	7	0	0%	0
Micro-aggressions in the Workplace	1	Pre-Service	2 Hours	7	0	0%	0
Sexual Harassment	1	Pre-Service	1 Hour	7	0	0%	0
Code of Ethics & Conduct	1	Pre-Service	1 Hour	7	0	0%	0

Training Topic	# of Times Training Offered	Training for new ("pre-service or existing ("in-service") Staff	Training Length	Number in Attendance	# of No Shows	% of No Shows	Noted as Having Received "No Training" by DOC
Suicide Prevention	2	Pre-Service	2 Hours	8	3	27%	0
Mental Health in Corrections	2	Pre-Service	2 Hours	8	3	27%	0
DOC Mission/ Org. Structure/ Criminal Justice System	2	Pre-Service	1 Hour	8	3	27%	0
Professional Communication	2	Pre-Service	1 Hour	8	3	27%	0
Emergency Response Plan/Fire Safety/ Kay Control	2	Pre-Service	1 Hour	8	3	27%	0
Situational Awareness/ Defensive Tactics	2	Pre-Service	1 Hour	8	3	27%	0
American Red Cross CPR/FA/AED	1	Pre-Service	3 Hours	9	2	18%	0
NARCAN Training & Distribution	1	Pre-Service	1 Hour	9	2	18%	0
Security Procedures Overview	1	Pre-Service	1.5 Hours	9	2	18%	0
Working with Inmates	1	Pre-Service	1.5 Hours	9	2	18%	0
Introduction to Policies and Procedures	1	Pre-Service	.5 Hours	9	2	18%	0
Overview of Required LMS Bridge Course Instruction	1	Pre-Service	.5 Hours	9	2	18%	0

Appendix I:

Menu Development for Jail Residents and Correctional Officers

Residents		Officers	
Section	Description	Section	Description
C.14.1	"The Contractor shall provide to the Contract Administrator (CA) no later than the 15th of each month, a four-week menu plan for the upcoming month that includes three (3) meals per day and corresponding beverages to be served, based on the sample menu provided in Attachment J.10.28[621] of this document . . ."	C.27.1	"The Contractor shall provide meals that include, but are not limited to – a Salad bar, consisting of twelve (12) items, including iceberg & romaine blend, and spinach, three (3) different salad dressings (one of which is gluten-free) two (2) cheeses, and two (2) meats."
C.14.2	"The Contractor shall develop and submit the first menu plans of ALL menus within two (2) weeks from Contract award. The menu plan will be inclusive of portion sizes and quantities per item per meal..."	C.27.2	"The contractor shall provide grilled menu items that shall include at a minimum all of the following: grilled cheese, hamburgers, cheeseburgers, hot dogs, chili dogs, ham, minute steaks, pizza, and French fries. Available at breakfast: eggs, toast, French toast, pancakes, hot and cold cereal. A minimum of one item shall be vegan. All pork and/or beef menu options shall have a poultry alternative option to each meat item, and no more than one soy item per meal option."

621 Attachment J.10.28, referenced in this document, was not available for review through the Contracts and Procurement Transparency Portal at the time of this analysis.

C.14.3	"The Contractor shall provide nutritional, well-balanced meals in accordance with National Academy of Sciences – Food and Nutrition Board Dietary Reference Intakes – Applications in Dietary Standards. (Applicable Document No. 6622)."	C.27.3	"The Contractor shall provide a minimum of three (3) different dessert items with one fruit option. The Contractor shall provide hot and cold beverages, including a minimum of seven (7) flavored cold drinks, one of which should be 100% fruit juice. Coffee, tea, and milk shall be available during meal times seven days per week."
C.14.4	"The Contractor shall include nutritional assessments for inmates receiving therapeutic and religious diets. The nutritional assessments shall be conducted by a Licensed Registered Dietician (LRD). The Contractor shall share electronically the nutritional assessment with the CA on a quarterly basis."	C.27.4	"The Contractor shall provide condiments that include but are not limited to ketchup, mustard, mayonnaise, hot sauce, salt, and pepper. The contractor shall provide coffee and paper cups free of charge, 24 hours per day and seven days per week."
C.14.5	"The Contractor shall submit the menus for Special Dietary, Kosher, and Halal meals to the CA for review and written approval two (2) weeks from the date of Contract award. The Contractor shall share the menus with DOC in an electronic format on a quarterly basis. The Contractor shall ensure that therapeutic, religious meals, and snack packs reflect a similar variety as the meals the Contractor offers to the general population."	C.27.5	"The Contractor shall provide and install a small pizza oven in the staff dining room. The purchase and installation of the pizza oven shall be at the Contractor's expense. The oven shall be utilized to make fresh pizza, and oven baked items which shall be added to the staff menu."
C.14.6	"The Contractor shall submit subsequent four-week menu plans. The Contractor shall share this information with DOC in electronic format on a quarterly basis."	C.27.6	"The Contractor shall prepare the staff menu on a monthly basis and shall include portion size and calories count for each menu item. The monthly menu shall be submitted to the CA for review and approval"

Source: Aramark Contract Number CW90941, Effective 09/15/2021; pp. 30-31, 40

622 Applicable Document No. 6, referenced in this document, was not available for review through the Contracts and Procurement Transparency Portal at the time of this analysis.

Appendix J

Glossary

Term	Acronym
Advisory Neighborhood Commission	ANC
Air Conditioning	AC
American Correctional Association	ACA
Americans with Disability Act	ADA
Attention-Deficit/Hyperactivity Disorder	ADHD
Automated External Defibrillator	AED
Body Worn Camera	BWC
Bureau of Justice Statistics	BJS
Bureau of Prisons	BOP
Calendar Year	CY
Contract Administrator	CA
Center for Disease Control	CDC
Central Cellblock	CCB
Central Detention Facility	CDF
CGL Companies	CGL
Correctional Officer	CO
Correctional Treatment Facility	CTF
Cardiopulmonary Resuscitation/First Aid/Automated External Defibrillator	CPR/FA/AED
Corrections Information Council	CIC
Council for Court Excellence	CCE
Dietary Reference Intakes	DRIs
D.C. Department of Corrections	DOC
D.C. Department of Corrections Office of Investigative Services	OIS
D.C. Department of Behavioral Health	DBH
D.C. Department of General Services	DGS
D.C. Department of Health	DOH

Term	Acronym
Deputy Mayor of Public Safety and Justice	DM PS&J
Doctor of Medicine	MD
Environmental Protection Agency	EPA
Fiscal Year	FY
Freedom of Information Act	FOIA
General Educational Development	GED
Health Insurance Portability and Accountability Act	HIPAA
Human Immunodeficiency Virus	HIV
Inmate Grievance Procedures	IGP
Inmate Reception Center	IRC
Inmate Request	IR
Learning Management System	LMS
Licensed Registered Dietician	LRD
Lysergic Acid Diethylamide	LSD
Medication Assisted Treatment	MAT
Metropolitan Police Department	MPD
National Commission on Correctional Healthcare	NCCHC
Occupational Safety and Health Administration	OSHA
Office of the District of Columbia Auditor	ODCA
Office of Investigative Services	OIS
Officer in Charge	OIC
Opioid Use Disorder	OUD
Oleoresin Capsicum Spray	OC / OCS
Programs and Case Management	PCM
Peer Recovery Support Services	PRSS
Pre-hearing House	PHH
Pretrial Service Agency	PSA
Prison Rape Elimination Act	PREA

Term	Acronym
Post-Traumatic Stress Disorder	PTSD
SECURE D.C. Omnibus Amendment Act of 2024	SECURE D.C.
Sexual Assault Incident Review Team	SAIRT
Special Management Unit	SMU
Standard Operating Procedure	SOP
Substance Use Disorder	SUD
Television	TV
Trauma, Addictions, Mental Health, and Recovery	TAMAR
United States Code	USC
U.S. Department of Justice	DOJ

Appendix K

Members of the Audit Team and Acknowledgments

Jail Audit Team

Tracy Velázquez, CCE Policy Director and Audit Manager
Misty Thomas Zaleski, CCE Executive Director
Katie McConville, CCE Policy Counsel
Magdalena Tsiongas, CCE Policy Manager
Crystal Nieves Murphy, CCE Open Horizon Fellow
Carly Nascimbeni, CCE Senior Intern

While the above individuals represent the core team for this report, the following other current and former CCE staff and interns made significant contributions: Carolyn Flammini, Morgan Grizzle, Idhika Kaudap, Raven Owens, and Sydney Richner.

CCE wishes to thank the currently and formerly incarcerated individuals and their family members who shared their experiences regarding the D.C. Jail. We would like to extend particular thanks to Advisory Neighborhood Commissioner Shameka Hayes for being a conduit for the concerns of the D.C. jail residents she represents.

CCE is also appreciative of the many agency and organization staff members, criminal legal professionals, community stakeholders, legal advocates, and researchers who provided valuable insights and feedback for this report. They furnished the context and clarity which helped to make this audit authentic and reflective of the experiences of those who have interacted with the D.C. jail.

Additionally, CCE recognizes the administrators and staff of the audited agencies and particularly Michelle Wilson, Deputy Director of Administration at the Department of Corrections and Allam Al-Alami, Operational Manager at the Department of General Services. We are grateful for their responsiveness in gathering and providing the extensive amount of data and information necessary to conduct this audit.

Agency Comments

On April 4, 2025, ODCA sent a draft copy of this report to the Department of Corrections (DOC) and the Department of General Services (DGS). DOC responded with comments on April 30, 2025, and DGS responded with comments on April 29, 2025. Their comments are included here in their entirety.

Changed Recommendation	Responsible Party	DGS Comments
Conditions of Jail Facilities		
The Mayor and D.C. Council should make sufficient investments in a new jail facility so that the District can replace the CDF completely as soon as possible.	DGS	Agreed, In FY 23 the Mayor allotted Capital budget in the Capital Improvement Plan (CIP) to fund the Central Detention Facility (CDF) replacement (Correctional Treatment Facility (CTF) Annex). In the FY 25 Capital Improvement Plan (CIP) budget the Mayor and Council approved cumulatively $477M. This will support design and construction for phase I of two planned phases.
Unchanged, 2. DOC should ensure that the design of any new facility conforms to best practices in correctional design and complies with correctional standards and all relevant laws and regulations.	DGS	Confirmed. The new Jail design will conform to all jail regulations and including American Correctional Association (ACA) standards. The Department of General Services (DGS) hired an Architectural Planning Consultant (CGL) are considered leaders in the jails and Justice market.
Unchanged, 4. DOC must ensure that residents have sufficient ancillary heating and cooling options when the standard HVAC system is not providing safe and healthy temperatures.	DGS/DOC	The Department of General Services (DGS) has completed and is currently executing multiple Heating Ventilation & Air Conditioning (HVAC) related projects. The largest is the new dedicated $22M boiler plant and CTF backup generator project expected to be completed Fall 2026. The boiler will improve the heating and hot water supply at both Correctional Treatment Facility (CTF) and Central Detention Facility (CDF) and will eliminate any dependency on the campus central steam plant.
Unchanged, 6. DOC and DGS should ensure the design plans for the new jail include architectural elements to reduce the need for air conditioning.	DGS	Confirmed. The Jail design will adhere to energy standards best practices, required by the District and subject to the Government Greener Building Act and LEED.
Staffing and Supervision		
Deaths In Custody		
Violence and Use of Force		
Unchanged, 24. DOC and DGS should ensure that new jail facility plans utilize best practices in correctional design and include features like podular design, as well as increased natural light, calming spaces, sufficient healthcare spaces, and access to outdoor space and recreation.	DGS/DOC	Confirmed. The new Jail design will adhere to energy standards best practices, required by the District, including the Government Greener Building Act and LEED. The new Jail will also adhere to correctional design best practices, including smaller housing units with direct supervision, more program spaces within each housing unit, normative furnishings, soothing colors, improved health care spaces, and access to natural light. In compliance with American Correctional Association (ACA) standards. The new jail will include outdoor recreation spaces directly adjacent to and accessible from every housing unit on each floor.
Health Care		
Visitation and Other Resident Communication Opportunities		
Unchanged, 35. DOC and DGS should ensure that new jail facility plans include sufficient space for both video and contact visits for all residents, with visitation rooms that are welcoming and appropriate for children and other visitors.	DGS/DOC	Confirmed. The new Jail will include a variety of visitation spaces for both video and contact visits including visitation rooms that are welcoming, family-friendly, and incorporate natural lighting.
Restrictive Housing		
Unchanged, 41. DOC should vet the design and number of restrictive housing units planned for the new jail facility, including safe cells, with the D.C. Council and key stakeholders in advance of any architectural plans being finalized.	DGS/DOC	The population projections and the resulting classification drives the number of beds including restrictive housing units that would inform the final Design
The Grievance Process		
Food		
Programming		
Unchanged, 56. DOC should provide additional programming for women residents.	DGS/DOC	A new women's center is being planned in the Correctional Treatment Facility (CTF) in parallel to the new Correctional Treatment Facility (CTF) Annex, incorporating improved program spaces within each housing unit.
Legal Access		
Unchanged, 58. DOC should ensure legal visitation rooms are always staffed and accessible during designated hours and that residents are brought to their visits timely.	DGS/DOC	The new Jail design will accommodate new legal visitation rooms that will be accessible for attorneys and residents.
Additional DGS Comments:		
		For full transparency, the audit report should disclose the relationship between the New Correctional Treatment Facility (CTF) Annex project and the Council for Court Excellence (CCE). The Council for Court Excellence (CCE) was named as one of the stakeholders to be interviewed with 2 rounds of meetings listed in the CGL programming Scope of Work (SOW). Both meetings have occurred. One occurred during the audit period and the other occurred while the audit report was being drafted. Being a stakeholder and an "auditor" at the same time should be clarified for full transparency.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES

April 29, 2025

Via Email

Ms. Kathleen Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
1331 Pennsylvania Avenue, NW, Suite 800 South
Washington, DC 20004

Re: ODCA Draft Report – Audit of SDC Jail Conditions

Dear Ms. Patterson,

DGS concluded the review of the subject audit draft report. Please find attached DGS responses to the audit findings and recommendations assigned to DGS.

DGS appreciates the DC Auditor support for the development of the new DC Jail (the CTF Annex). It is a much-needed project to improve the safety and living conditions of the DOC staff and the jail residence. We have made great progress on developing the programming and conceptual plans for the new jail and securing funding and Entitlements approvals along the way form the various permitting agencies including, DC Office of Planning, Board of Zoning, US Commissions of Fine Arts (CFA) and the National Capital Planning Commissions (NCPC).

Due to site and funding restriction, the project is planned to be executed in two (2) sequential phases. Procurement of AE design services is anticipated to commence in Spring/Summer 2025 with planned Phase 1 construction commencing in Summer 2027 and delivering in 2031. Phase II will follow completion of Phase I.

In addition, DGS, in collaboration with the DC Department of Corrections (DOC), have been executing multiple infrastructure and stabilization projects to provide for the safety and comfort of the DOC staff and residents at existing DC Jail facilities. Below is a sample of recent projects completed, ongoing and/or being planned for the short-term at DC Jail along with a quick status:

No.	Description	Location	Status
1	DC Jail - HVAC Hot Water Generator and Tank System Upgrade/Replacement.	CDF	Completed
2	Central Detention Facility MEP & Insulation Upgrade - Phase II	CDF	Completed
3	DOC - DC Jail - Elevator Upgrades - Phase III	CDF	Closing
4	New DC Jail Boilers Project	CTF/CDF	Ongoing
5	DOC - Central Treatment Facility Exterior Structural Upgrades.	CTF	Ongoing
6	DOC - DC Jail - Window Replacement	CTF/CDF	Ongoing
7	DOC - Residence Restroom Renovation	CTF	Ongoing
8	DOC Central Treatment Facility - Shower Enclosure Renovation	CTF	Ongoing
9	DOC – Correctional Treatment Facility – Plumbing upgrades	CTF	Ongoing
10	DOC – Central Detention Facility – Plumbing upgrades	CDF	Ongoing
11	DOC - Central Detention Facility VAV Air Distribution Upgrades	CDF	Planned
12	DOC - DC Jail - Elevator Upgrades - Phase IV	CDF	Planned

We appreciate you including our DGS team in the exit conference from 2 weeks ago. Please let me know if you have further questions to DGS.

Sincerely,

Delano Hunter

Delano Huter, Director
DC Department of General Services

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

Office of the Director

April 30, 2025

Kathleen Patterson
District of Columbia Auditor
1331 Pennsylvania Avenue, N.W.
Suite 800 South
Washington, DC 20004

Dear Ms. Patterson:

I am in receipt of the draft report entitled **Audit of D.C. Jail Conditions**, which was conducted by the Council for Court Excellence (CCE) on behalf of the Office of the District of Columbia Auditor. The mission of the District of Columbia Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community reintegration. DOC is one of few jails in the country to be accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and to have successfully passed a comprehensive Prison Rape Elimination Act (PREA) audit of our facilities fully aligned with U.S. Department of Justice (USDOJ) standards. All audits referenced are conducted by certified auditors who are subject matter experts in correctional operations and programming.

For your review, please find our detailed response to the report along with concerns related to the seemingly biased approach and questionable methodology, which in my view calls into question the entire audit process. Thus, we are concerned that the intentional dissemination of opinion and hearsay, versus factual information, is an unwise tactic that will negatively impact our residents, workforce, and supporting stakeholder community.

Audit Process

Our primary concern calls into question the unorthodox approach to this process. As noted above, DOC has a long-standing history of working collaboratively with organizations conducting formal audit**s** of our facilities and supporting operations. With that said, according to the Office of the District of Columbia Auditor's (ODCA) website and policies, the audit process should be comprised of several steps to include planning, survey, field work and finally reporting. During the planning phase, the agency "should be

notified through the engagement letter and also via an entrance conference of the preliminary objectives, scope, methodology and timing of the audit." While the DOC received a letter of communication, at no time was an entrance conference scheduled to discuss with my team the objectives, methodology, and timing of the audit. In fact, your audit team made numerous new demands for documents, each time increasing the audit's scope while failing to explain or update our staff regarding the nature of the process changes. Additionally, it was clear throughout that there was very limited knowledge of correctional practices and facility operations with only community/advocacy-based experience.

Even with this limited knowledge, there were no requests to visit our facilities but instead reliance largely upon information from "attorneys with experience visiting the jail," conversations with former staff members (with no clear parameters for how they were chosen), and former inmates who were compensated for their statements.

Methodology Issues

Without employing proper methodology, conclusions reached are flawed thus calling into question their findings. The blatant deficiencies in methodology, include but are not limited to:

- Lack of proper context and inferences that the most egregious examples are representative of the norm.
- A disproportionate reliance on non-representative sample sizes that are too small to be statistically significant or qualitatively relevant.
- Incomplete analysis and disregard for information not supporting the audit team's apparent pre-conceived notions.
- Failure to provide sufficient evidentiary support throughout.
- Lack of transparency regarding limitations with data collected and integrity of interview samples and methodology.
- Lack of formal references to methods used for the assessment of successes or failures.
- Conducting third party analysis without making original survey instruments and interview questionnaires available for review
- Making inappropriate comparisons in a number of areas including the mortality rate.

Incorrect Information
Samples of incorrect information are detailed below.

- Page 9 – The Audit Report states that "reducing both how many people are admitted to jail and how long they stay would have a meaningful impact on the jail population". Discourse such as this as well as other statements regarding the reduction in pre-trial detention are misplaced. DOC has **no** intake or release authority under District law and only dispositioning agencies may authorize intakes and releases. Further recently passed Council legislation supports holding an increased number of individuals with certain charges in pre-trial detention. This gives the impression that DOC has authority to change or modify the intake, release and/or sentencing processes and we do not.

- Page 13 – The Audit Report references the U.S. Marshal Service (USMS) inspection in 2021 and states "although the full inspection report was not publicly released (after entering into a confidentiality agreement with DOC), the U.S. Marshals' public announcement and reports to

federal judges cited "systemic failures…" However, no such confidentiality agreement exists, and DOC has never in fact received a completed USMS inspection document from the 2021 inspection. Additionally, less than 200 inmates were removed, not the 400 referenced in the report, many returning to Baltimore, some designated to the Federal Bureau of Prisons, and less than 100 placed in a federal facility in Pennsylvania.

- Page 14 – The Audit Report references a fire on one of our housing units states: "Attorneys familiar with the incident said that residents told them the fire alarm did not go off at all, and the fire created an immense amount of smoke, causing other jail residents to put wet towels under their doors to block the smoke." This statement is based wholly upon hearsay and misreports the facts and circumstances of the incident. The confirmed information pertaining to this extraordinary occurrence, which followed a full investigation, and findings report by the Office of Internal Affairs indicates that fire alarms were activated during the incident, the fire was extinguished, and residents were safely evacuated from the housing unit.

- Page 16 – In response to issues regarding plumbing, the Audit Report again identifies hearsay statements such as: "one attorney noted that they recently met with somebody whose sink was dripping and not functioning properly, and he had to use his catheter to basically catheterize the sink and make sure that the water flowed." There was no attempt to corroborate the accuracy and validity of this statement and no dates, times, resident information, housing unit or cell were ever identified to allow our maintenance team to investigate this serious allegation.

- Page 16 – The Audit Report states that "Cell doors, windows, sinks, toilets, and showers should be promptly repaired, while plumbing fixtures should also have running water at appropriate temperatures. Pipes should be inspected for leaks and damages and repaired. Fire suppression and alert systems need to be tested at regular intervals to ensure they are in working condition." These recommendations describe tasks already incorporated in our daily maintenance operations, but, as drafted, suggest to the reader that DOC is not undertaking this work.

- Page 54—The Audit Report includes a section titled "DOC fails to protect residents and staff adequately from sexual violence." This statement is misleading and does not account for the agency's compliance with strict PREA standards set by USDOJ. DOC has specially trained staff responsible for handling assessments, investigations, education, and full enforcement---and during FY 23, underwent and successfully passed a comprehensive PREA audit covering all required standards for correctional entities. The Audit Report states" CCE recognizes that more information is needed to understand the scope of the issue of sexual violence in the jail, including actual incidence, barriers to reporting, and outcomes in terms of consequences for both staff and residents engaging in sexual misconduct and violence." Here the Audit Report dedicates a full section to addressing a critical area of DOC operations, states findings, and based on their own closing statement, lacked information needed to reach the initially stated conclusion.

<u>Frequent Citing of Filed/Settled Lawsuits</u> (Inappropriately Reported as Factual)

- *Woodland v. District of Columbia*, cited in the audit report on page 12, was dismissed as a result of a successful Motion for Summary Judgment filed by the District. The District paid $0 in any sort of litigation cost. In the audit report, it only states the case was "decided." However, DOC finds that to be an incomplete and inaccurate representation of the case's outcome. Yes, it is true

it was decided, but it was decided in favor of the District, and as a result, the Plaintiff was not awarded any money.

- *Johnathan Winston v. District of Columbia*, which was cited twice (on pages 12 and 21) in the audit report, was removed to U.S. District Court, and then, on March 13, 2025, the Court dismissed the case against the District and the individually named defendant in its entirety as a result of another successfully filed Motion for Summary Judgment. The case is not ongoing; it was dismissed, and the Plaintiff was not awarded any money.

- Page 19 – Referenced resident filing a lawsuit regarding black mold led to an entire paragraph regarding the effects of black mold even though there is no proof or evidence that the substance was mold, let alone black mold.

- Page 31 - In another case settled in summer 2023, a former DOC employee "was awarded $375,000 when they proved…" The question that follows this misstatement is what actually was proven. A settlement is not an admission of liability thus the statement is incorrect.

Lack of Knowledge of DOC Facilities and Policies

- Page 28 – Regarding reports of discrimination, the Audit Report states, "these notices fail to direct staff how to report discrimination or state that staff who report discrimination will be protected from retaliation." DOC has established for years a position of zero tolerance regarding discrimination and has several publicly available policies that clearly advise staff how to file discrimination and sexual harassment complaints, specifically PP 3800.1G Equal Employment Opportunity (EEO) Program and PP 3310.4K Sexual Harassment Against Employees. Another apparent attempt to use unsubstantiated anecdotal information to advance the idea of an organizational culture that supports discriminatory behavior, which is false and unfounded. Additionally, DOC has a dedicated EEO office, which reports directly to me, with two full time dedicated staff members.

Misleading Findings

- Finding 7 states *"DOC staff have contributed to the presence of contraband drugs and weapons in the jail."* Statements such as this reflect a misunderstanding of the complexity of contraband interdiction and how it is handled in jails and prisons. DOC has and will continue to investigate and dedicate resources to combatting contraband introduction into our facilities—unfortunately the Audit Report did not incorporate factual references to this information. Instead, blame was focused on DOC employees--- without appropriately addressing the issue which is multifaceted and includes contraband introduced by varying sources including attorneys, social workers, paralegals, advocates, visitors, family members, health care workers, volunteers as well as DOC staff---all of whom are thoroughly investigated if suspicious activity is detected. Further, like many jails and prisons fighting this problem, DOC uses specialized teams to conduct regular facility checks; has upgraded entry point technology; incorporated state of the art package and body scanners; and employs K-9 detection teams throughout the facility. Addressing this effectively is critical to our mission—thus using less than sound reasoning and making conclusive statements that fail to fully address the issue, further call into question the accuracy of the Audit Report.

- Finding 19 states *"Even with growing substance use treatment offerings at the jail, DOC is not addressing all substance use issues among residents who need care, with insufficient residential treatment beds, vacant peer navigator positions, and the need to administer Narcan at least 148 times during the audit period*." This summary statement is inaccurate and fails to take into account critical program elements plus current medical and behavioral health intervention. It does not accurately reflect the work being done to address the needs of those presenting with substance use issues and disorders—from the time of intake forward—using evidenced based practices. For example, DOC utilizes a specialized screening tool at intake (and five to seven days for further assessment of risk/needs); has a robust MAT program and provides myriad services and supports for those with substance use disorders—including a substance use disorder team model for follow up and tracking. We have expanded the Residential Substance Abuse Treatment (RSAT) program with an increased number of slots for both men and women; recruited and hired a Trauma Specialist to support those with co-occurring disorders; and reintroduced NA/AA sessions for individuals housed at the CTF. Further, the Audit Report reflects misinterpretation of data regarding Narcan use without fully understanding the context of what was reported.

- Finding 33 states *"DOC offers some quality programming for some jail residents, but programs that would support reentry are not available to all residents."* This statement distorts the reality of our programming efforts---with terms such as "offers some quality programming" and "are not available to all residents". DOC does offer quality programming and prioritizes services that support successful reentry. We work closely with many organizations/stakeholders committed to serving and supporting residents---and helping them to make vital connections to post release reentry resources. DOC will continue to expand programming/educational services and create innovative opportunities for male and female residents —such as our doula and parent education program, inmate work detail, family reunification initiative, professional soccer collaboration, inmate debate team, college and workforce training, cosmetology, barbering, painting and plumbing apprenticeship programs, along with specialized programming for those housed on our restrictive housing Step Down Unit. Through our Education, Programs, and Case Management (EPCM) Division, DOC facilitates the delivery of evidence-based and dynamic programming across seven core domains: mental and behavioral health, physical wellness, education and employment, financial literacy, family support, legal education, and community engagement through the arts. We also offer programming on the educational tablets, along with pre and post release reentry services through our community-based READY Center and partner agencies.

- *DOC provides minimal and inconsistent data to the public, oversight bodies, and family members regarding the circumstances of deaths in custody.* The Audit Report spends a significant amount of time highlighting a situation where a determined non-family member sought to obtain confidential resident records. Given the relationship did not meet the legal requirements allowing disclosure, it is again inaccurate to rely on these facts to indicate that DOC is not compliant with disclosure of required information. DOC maintains compliance with notification requirements outlined in the Corrections Oversight Improvement Omnibus Amendment Act of 2022. Within 24 hours, written notification of the death is provided to the Deputy Mayor for Public Safety and Justice, the Chairperson of the Council Committee with jurisdiction over the Department, and the Corrections Information Council. No sooner than 24 hours after notifying the next of kin, provided the Department has their contact information, and

no later than three days after the death, a written notification is posted on the DOC website. This notification provides: the resident's name, gender, race, ethnicity, age; the date, time, and location of the death; and a brief description of the circumstances surrounding the death.

Summary

We've presented examples of the inaccurate claims and statements made throughout the Audit Report, which are concerning to me and my leadership team, all of whom are knowledgeable of correctional practices and facility auditing protocols. With a preponderance of conclusions not based in fact, the report requires immediate corrective action. Attached please find our completed response addressing the findings and each recommendation directed to DOC.

Sincerely,

Thomas Faust
Director

DOC RESPONSE TO ODCA AUDIT OF DC JAIL CONDITIONS

Mission and Background of District of Columbia Department of Corrections

The mission of the District of Columbia Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities for successful community reintegration. In addition to providing an environment that promotes safety for inmates, staff, visitors, and the community at large, within DOC facilities programs and services are provided to improve inmate education and job skill levels and facilitate successful community reintegration. DOC provides inmate physical and mental health treatment through Unity Healthcare, a community healthcare provider, that includes daily access to sick call, 24/7 urgent care, in house and outside specialty care, pharmaceutical services, access to hospital services, dental care, and HIV/AIDS treatment, prevention, and education. Mental health care includes psychiatric and psychological care, clinical social workers, group therapy and individual counseling, substance abuse programs, an intensive mental health unit, and a step-down mental health unit. DOC provides education programs which include adult basic education, GED, college courses, and vocational programs, as well as job readiness services. Additionally, DOC provides religious programs and accommodations for inmate religious beliefs including services, religious diets, clothing, and other items for the practice of faith consistent with the safety and security of the facility. Inmates have recreation, out of cell activity, television, library cart reading materials, commissary, social visitation, 24/7 legal visitation, telephone services (social and legal calls), mail services (regular and legal), case management services, law library services, grooming services, and inmates may grieve concerns or complaints through the Inmate Grievance Procedures.

DOC is compliant with national correctional standards. The Central Detention Facility (the Jail or CDF) was previously under Court supervision and receivership, but after years of demonstrated dedication to systemic reform by District officials, that court oversight was terminated 22 years ago in 2003. The United States District Court in 2003, determined that the conditions of confinement at the Jail met constitutional standards and no longer required judicial intervention and oversight, a status that continues to date. In 2003, the D.C. Council passed the Jail Improvement Amendment Act of 2003 (D.C. Law 15-62) (the Act), which required inspections, monitoring, and reporting of the Jail. It further required that DOC initiate immediate changes in operating protocols including a classification system and housing plan; institute a population ceiling at the Jail; and required that the facility obtain accreditation by a national professional correctional organization in order to provide a safer institution. DOC complied with all of the requirements, with changes in classification and housing protocols. DOC further implemented and has adhered to population levels below the cap of 2,164 promulgated in 28 D.C.M.R. § 532 (2008). This cap was based on the rated capacity of the facility as determined by independent expert consultants Pulitzer/Bogard Associates. Consistent with D.C. Code § 24-211.02(b)(2), DOC submits Quarterly Jail Improvement Act reports to the D.C. Council, as required by the Act, relating to living conditions in the CDF, including inmate grievances. In addition, DOC produces and submits to the D.C. Council a monthly report on the priority one environmental problems and the time to repair, a monthly report from the Environmental Safety Office, a monthly report on temperature control and ventilation, and a monthly report on the jail population that includes the number of people waiting for transfer to the Federal Bureau of Prisons and the average number of days that inmates wait for transfer.

Accreditation

The Act also required DOC to achieve American Correctional Association (ACA) accreditation, and through hard work, commitment, and the dedication of staff and resources, the Jail achieved initial ACA

accreditation in August 2009, reaccreditation in January 2015 through 2019 and was reaccredited again January 2022. The Correctional Treatment Facility (CTF) was accredited by ACA while under the management operation of Corrections Corporation of America (CCA) from 1997 until 2016 and reaccredited under DOC management in January 12, 2019 and again in January 2022. In order to be accredited by ACA, the Jail had to be one hundred percent compliant with all "mandatory standards," and ninety percent compliant with all "non-mandatory standards."

In 2001, the Jail's Medical and Mental Health Services initially achieved accreditation from the National Commission on Correctional Health Care (NCCHC) accreditation and was recertified as recently as 2025. In order to achieve and maintain NCCHC accreditation, the Jail had to be one hundred percent compliant with all "essential" NCCHC standards and eighty-five percent compliant with all "important" NCCHC standards. CTF Medical and Mental Health Services were accredited by the National Commission on Correctional Health Care (NCCHC), the initial accreditation in October 2004, and most recently in January 2025. The CTF is certified as compliant with the Prison Rape Elimination Act as of 2023. Moreover, the Jail was originally certified as in compliance with the Prison Rape Elimination Act (PREA) 2024. ACA and NCCHC accreditations are considered the gold standards in correctional operational and medical/mental health care respectively.

Inspections

The Department of Health (DC Health) conducts inspections of the Jail, using the Department's Health Regulation and Licensing Administration Health Care Facilities Division (HCFD) standardized form to document compliance with environmental standards as defined by American Public Health Association (APHA) and ACA. In conducting this inspection, DC Health applies APHA standards for correctional facilities, although D.C. Code § 7-731 (a-1) does not set out what standard(s) should be applied when conducting the inspections. Because APHA is not an accrediting agency, it is APHA's policy that correctional facilities should achieve accreditation with NCCHC, as it is the gold standard in correctional health. According to APHA, NCCHC has established standards that align with APHA recommendations; therefore, achieving NCCHC accreditation is achieving substantial compliance with APHA standards. As mentioned above, the Jail was accredited by NCCHC in October 2001 and reaccredited in April 2018. Therefore, the Jail is compliant with APHA standards per the APHA.

For more than a decade, DOC was well below the national average for suicides in correctional facilities. However, there was a sudden occurrence of a cluster of suicides in 2013, prompting the District to immediately bring in expert consultant Lindsay M. Hayes and establish a Suicide Prevention Task Force resulting in: (1) increasing the ability to identify high-risk inmates, (2) creating more suicide resistant jail practices, (3) improving housing unit determination processes, and (4) strengthening DOC's culture of suicide prevention as reflected in the agency's implemented DOC Policy 6080.2, Suicide Prevention and Intervention. In addition to the Task Force, DOC regularly trains staff in the identification of behaviors that may indicate a risk of suicide, and the appropriate protocols for suicide prevention and intervention. This response to a cluster of suicides further demonstrates DOC commitment and ability to identify and improve protections, services, and supports for inmate safety and well-being.

ODCA Findings for the Central Detention Facility (CDF) and Correctional Treatment Facility (CTF)

ODCA Findings:

1. *DOC facilities constantly need repairs to multiple systems in both common areas and residents' cells, including broken and malfunctioning cell doors, locks, keys, gates, plumbing, and wiring.*

DOC Response:

Repairs and maintenance for a facility that operates 24 hours a day, seven days a week are to be expected. Continuous wear and tear and a need for frequent and repeated repairs are also expected with a facility that sees over 5,000 new intakes per year. Housing units to include cells are inspected daily for operational use. If any deficiencies that require rehousing are noted, inmates are relocated to another cell and maintenance is contacted to conduct repairs. All DOC employees are encouraged and empowered to report maintenance issues throughout the buildings. The facilities maintenance team operate, maintain, monitor, and adjust the day-to-day operations of all mechanical, electrical, and building systems using a computerized maintenance management System (CMMS) MicroMain Maintenance requirement. Additionally, the maintenance team receives, records, and responds to user requests for maintenance services such as hot/cold complaints, minor building maintenance, minor repairs, light tube replacement, and other miscellaneous services related to comfort.

Given the constant and daily use of the buildings, continued preventative maintenance and repairs are to be expected. DOC also works closely with DGS on capital improvement projects with the DOC facilities. Over the past few years, these projects have included extensive upgrades to the HVAC systems at CDF and CTF, elevator upgrades at CTF and CDF, sink, shower and toilet upgrades at CTF, facade work at both CDF and CTF.

2. *DOC fails to maintain consistent healthy temperatures in either facility.*

DOC Response:

DOC measures, records, and publicly reports daily temperatures in all housing units at both the CDF and CTF (2003 Jail Improvement Act reports, DC Council Annual Oversight Hearing Responses). Data provided to the Audit Report and to DC Council on a quarterly basis, shows that temperatures have been within the ranges specified by the 2003 Jail Improvement Act except as noted in DOC's reports. DOC has specific mitigation protocols in place for any unit temperatures when temperatures are detected outside of established safe ranges and acts upon these as indicated.

3. *DOC fails to maintain consistently clean, hygienic, and safe conditions and does not control parasites, vermin, and mold adequately.*

DOC Response:
DOC submitted inspection reports and abatements of housing units to include mold inspections to the Audit Report. DOC has a fulltime certified sanitarian onsite to inspect, analyze, identify and remediate

mold/fungal species. The sanitarian works in collaboration with other DOC staff and contractors to support environmental and sanitation efforts at DOC facilities.

DOC has a pest control contract with Orkin to provide pest control services for the CDF and CTF. Pest control services at the facilities are scheduled and conducted twice a week during normal business hours. Pest control services include weekly inspections, monitoring and the application of pesticides. They also include abatement activities in the event that infestations are detected and reported in any area of the facilities.

Each housing unit receives chemicals to clean the units, which include the common area and cells, daily. Chemicals are available if needed more frequently. Inmates are responsible for cleaning their cells daily. Correctional officers inspect cells for cleanliness, daily. Each housing unit, depending on the size of unit, has up to 8 detail inmates (inmate workers) assigned to maintain the cleanliness of the common areas of the housing units. Each detail inmate receives training conducted by the sanitarian. The training includes environmental, safety, mold remediation and universal precautions. At the end of the training each inmate must pass an examination at which time they receive a certificate. DOC also has a warehouse where cleaning supplies are maintained in bulk. Those cleaning supplies are available and supplied to the units as needed to maintain cleanliness.

DOC started an in-person co-education (male and female residents) painting and plumbing pre-apprenticeship program that affords residents an industry certification after successful completion. As part of the on-the-job training (OJT), the residents work with facilities maintenance on work crews. These work crews have been instrumental in changing out old plumbing fixtures such as sinks and toilets and have painted a host of areas in the facility both on and off the units. This program started in July 2024 and to date 80 (40 painting/40 plumbing) residents have successfully completed this industry certification program, all completed OJT, and some are still currently on off unit detail work crews. We have our 3rd cohort for this program. This program not only affords our residents with meaningful programming and a pathway to employment, but also assists with maintaining clean, humane and safe living spaces at the DOC.

The CDF and CTF are compliant with the DOJ PREA certification with the most recent recertification in April 2024, and January 2023, respectively. ACA reaccredited DOC in January 2023. DOC was found compliant with 100% of the mandatory expected practices, and 98.7% of the non-mandatory expected practices.

ACA Auditors visited both facilities during their three-day onsite audit, which included a tour, a review of documentation related to 383 performance-based standards and expected practices, and interviews of staff and inmates reported:

> The DC DOC complex places a high emphasis on cleanliness and order in its units. Adequate cleaning supplies were available to all areas. Chemical areas and closets were maintained. Currently, the complex utilizes an outside cleaning crew to maintain cleanliness throughout the facility. There is a sanitarian on staff. A barber shop and hair salon are available to the inmate population. The facility uses Ecolab products.

4. *DOC does not utilize digital reporting methods that would support the analysis of repeat and systemic problems with facilities.*

DOC Response:

The audit report incorrectly states that the only option available to residents for reporting environmental and sanitation complaints is through the grievance process. The report also incorrectly suggests that grievances may only be filed using paper forms.

A. Residents can and do report concerns to security staff who then call in a trouble-ticket to facilities maintenance staff. The trouble ticket is then assigned to the appropriate shop, and it is resolved. During the audit period when maintenance had several vacancies, Priority 1 work orders were resolved within 8 hours over 85% of the time. Currently, they are resolved within 8 hours over 96% of the time. Overall, there were over 12,000 work orders recorded and completed during the period covered by the audit.

B. Grievances may be filed on any piece of paper, IGP forms, as well as via the Orijin (Educational) tablets. Papers are collected once a day. Tablet-based complaints are sent to an email address checked by the grievance team five days a week.

C. The maintenance team uses MicroMain a cloud-based information system to record all work orders; and identify any systemic issues. This data is analyzed on a monthly basis at minimum. DOC uses the analysis to act. For example, DOC recently initiated a bed replacement project because of observations from maintenance reports and cell inspections as well as other information sources.

D. Housing units to include cells are inspected daily for operational use. All maintenance deficiencies are reported to maintenance for abatement.

5. *DOC has many position vacancies, impacting capacity and response time, and relies heavily on staff overtime.*

DOC Response:

DOC, like most law enforcement and correctional agencies, has experienced staffing shortages. However, since 2024, DOC's communications and human resources management teams have worked closely to advance internal and external recruitment efforts by ensuring up-to-date and accurate hiring information on public channels, creating recruitment materials, and streamlining processes to support DOC's hiring goals. DOC also began offering a hiring bonus for new staff of up to $6,000, and staff referral bonuses of up to $3,000.

Early indications suggest that DOC's new recruitment strategies are paying off. Since implementing these efforts, DOC's largest Basic Correctional Training (BCT) classes in two years began on September, 2024, with 22 recruits, and January, 2025, with 25 recruits. All of those recruits have graduated and begun their facility assignments.

For safety and security reasons, overtime has been used to ensure posts are staffed, conduct searches, ensure medical, programs and other services are provided.

Unity Healthcare has a plan to fill all vacancies and meets with DOC weekly to track and discuss. To assure ongoing programming as well as efficient custody oversight for women with, OUD, the Women's

Wellness Unit has combined with the women's RSAT unit. There is no evidence or concern that staff vacancies have impacted resident's medical care.

6. *Staff and residents at DOC have reported that harassment, misconduct, and disrespect negatively impact staff morale and resident well-being.*

DOC Response:

DOC takes reports of discrimination and harassment, misconduct and disrespect seriously. Training is conducted at Center for Professional Development.

Reports of this nature may be investigated by internal or external EEO Offices, DOC Office of Investigative Services or internally. Morale is a common challenge in correctional settings across the country as such DOC proactively works to provide a positive work environment. DOC has an Employee Morale Committee and Employee Recognition Committee that recognizes staff for their great performance and works proactively to provide events for staff. DOC has also hired a Wellness Program Coordinator who promotes health and wellness for agency employees. DOC also provides events and programs for our residents which often includes graduations with the residents' family in attendance. DOC also has family days which allow residents to spend time with their families. These events and recognitions have proven to increase the moral of staff, residents and family members.

7. *DOC staff have contributed to the presence of contraband drugs and weapons in the jail.*

DOC Response:

The recent charges relating to smuggling contraband into DOC facilities highlight a persistent challenge within correctional facilities, yet they also affirm the effectiveness of DOC's contraband interdiction strategies.

While DOC has investigated and supported the prosecution of staff found to be introducing contraband, DOC staff are not alone in these activities. Lawyers, PDS staff members, visitors, volunteers, teachers, social workers, medical staff, and others have also been detected in contraband introduction efforts into DOC facilities. When detected, DOC has initiated all actions allowable by law regardless of who is found to introduce contraband. DOC has implemented enhanced safety at all entrances and heightened awareness and procedures to detect and prevent the introduction of contraband. DOC has zero tolerance of contraband. DOC takes contraband introduction seriously. These activities are illegal and pose severe risks to the safety and well-being of everyone in DOC facilities. DOC will continue to be vigilant and relentless in detecting and intercepting contraband to ensure our environment remains safe and secure.

DOC has upgraded the technology to all entry points, with new package scanners and body scanners. K-9 Detection teams are also utilized. DOC is also continually evaluating and adopting new strategies and technologies to improve contraband detection. In 2023, DOC installed ten CellSense metal detectors in the Central Detention Facility (CDF) and Correctional Treatment Facility (CTF). These advanced metal detectors, which use ferromagnetic detection technologies, are designed to efficiently screen large populations and detect small pieces of metal. DOC also employs a virtual tip line, which allows residents to safely and anonymously report the presence of contraband. The tip line is accessible through communications and entertainment tablets provided to all residents.

All DOC staff, volunteers and contractors undergo thorough and comprehensive background checks and clearances in order to work within the facility. They have an annual re-certification process which includes the same annual training that DOC staff members complete. The main goal is to maintain and enhance safety and security for all staff and residents to include training around prohibition of contraband and responsibility in supporting efforts to prevent, detect and interdict introduction of contraband.

8. *DOC staff did not have body-worn cameras turned on and activated at all required times during the audit period.*

DOC Response:

DOC has clear policy and requirements on body warn cameras (BWC). Any deviation is investigated and handled through appropriate discipline and officers are held accountable. There is no public compliance reporting requirement; however, DOC tracks this information within the agency, and disclosure is confidential as part of DOC deliberative process.

9. *DOC's staff training budget shrank significantly during the audit period, and DOC did not implement a planned training evaluation process to increase staff attendance and gauge the learning of training attendees.*

DOC Response:

DOC requires a comprehensive 10-week BCT recruit training and mandatory annual 40 hours of in-service training for all correctional officers. MSS staff complete an additional 24 hours of annual training. DOC's current training policy exceeds all training standards set by the ACA.

Every new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes 40 hours of training on:

1. Working conditions
2. Code of ethics
3. Personnel policy manual
4. Employees' rights and responsibilities
5. Overview of criminal justice system
6. Tour of the facility
7. Facility goals and objectives
8. Facility organization
9. Staff rules and regulations
10. Personnel policies
11. Program overview
12. The emergency plan
13. Sustainable and environmentally responsible practices.

All new professional and support employees, including contractors, who have regular or daily inmate contact receive forty hours of training prior to being independently assigned to a particular job.

An additional 40 hours of training is provided each subsequent year of employment. At a minimum, this training covers the following areas:

1. Introduction to Policies and Procedures
2. Report Writing
3. Mental Health
4. Suicide Prevention
5. Supervising Inmates
6. Tact2/Counseling Techniques
7. Inmate Rules and Regulations
8. Key Control
9. Rights and Responsibilities of Inmates
10. Safety Procedures
11. Emergency Plans
12. Interpersonal Relations
13. Inmate Social/ Cultural Lifestyles
14. Cultural Diversity
15. Communication Skills
16. CPR/ First Aid
17. Counseling Techniques
18. PREA
19. Code of Ethics

All new correctional officers receive 400 hours of BCT before reporting to the facility for assignment. At a minimum, this training covers the following areas:

1. Security and Safety Procedures
2. Emergency and Fire Procedures
3. Supervision of Offenders
4. Suicide Intervention/Prevention
5. Mental Health
6. Weapons Training
7. Inmate Rights
8. Inmate Programs
9. Key Control
10. Interpersonal Relations
11. Communication Skills
12. Standards of Conduct
13. Cultural Awareness
14. Sexual Abuse/Assault Intervention
15. Code of Ethics
16. Defensive Tactics
17. Physical Fitness
18. Restrictive Housing
19. Hostage Situation
20. Disturbance Control
21. Inmate Grievance Process

22. Stress Management

10. DOC's rate of deaths in custody was higher than the national average during the audit period, with overdoses being the most common cause of resident mortality.

DOC Response:

DOC's mortality rate of 472 per 100,000 was lower than that reported by DOH for the District of Columbia (735.1 per 100,000) and for Black men in the District (1127 per 100,000) in 2012 (prior to the Opioid emergency) which was the most recent data available on-line. DOC/Unity Health Care are working to further strengthen work being done for those in safe cells with CAMS care training, an evidence-based process to help work with patients in uncovering the underlying reasons for suicidality and dealing with them effectively. DOC's overdose deaths reflect a heightened use of opioids in the community as we are seeing nationwide. Unity/DOC are screening new intakes effectively and repeatedly on SUD and providing easy access to SUD evaluation and treatment. We have doubled the number of those on MAT from approximately 250 per day last year to over 500 daily on MAT. This indicates we are increasing our ability to identify those with SUD and also the capacity to treat them to the fullest extent. We also train Operations staff to carry NARCAN at all times in addition to medical personnel.

11. DOC provides minimal and inconsistent data to the public, oversight bodies, and family members regarding the circumstances of deaths in custody.

DOC Response:

DOC maintains compliance with notification requirements outlined in the Corrections Oversight Improvement Omnibus Amendment Act of 2022. Following a death in custody, the DC Department of Corrections adheres to the following notification process:

- Within 24 hours, written notification of the death is provided to the Deputy Mayor for Public Safety and Justice, the Chairperson of the Council Committee with jurisdiction over the Department, and the Corrections Information Council.

- No sooner than 24 hours after notifying the next of kin, provided the Department has their contact information, and no later than three days after the death, a written notification is posted on the Department's website. This notification provides:

    - The resident's name, gender, race, ethnicity, age;
    - The date, time, and location of the death; and
    - A brief description of the circumstances surrounding the death.

DOC goes beyond those requirements to also provide this information to the Chief Judge of the court of jurisdiction of the pending criminal matter, as well as the presiding judge over the case itself and the parties involved (i.e., prosecution and defense counsel).

This data can be viewed by the public at: https://doc.dc.gov/node/1746981 and https://doc.dc.gov/newsroom.

12. *DOC does not appear to be engaging in regular agency-wide analyses of the factors contributing to deaths in custody to identify changes to staffing, training, or policies needed to reduce them and hold people accountable.*

DOC Response:

The DOC provided all morbidity and mortality reports available. Additionally, DOC's medical director is also appointed by the Mayor to participate in the Opioid Fatality Review board, which explicitly looks at interagency issues related to opioid deaths. Reviews were available to the audit team. The facts indicate that DOC does conduct analyses to identify opportunities to improve outcomes.

13. *There were at least 790 – an average of more than two per day – reported assaults on staff and residents during the audit period.*

DOC Response:

Over 40% of residents (measured at the point of intake) in DOC custody are at risk for engagement in institutional violence according to a modified version of the Risk Assessment for Segregation Placement that DOC has used on occasion to inform analysis. Over a three-year period when DOC housed 12,073 unique individuals, 2,913 (24%) of these were involved in an assaultive institutional incident (includes all roles – victim, assailant, participant, suspect, other). This is considerably fewer than the number who were at risk for engaging in such incidents. DOC Operations performs operational reviews of assaults and use of force on a monthly basis. DOC also performs data analysis of incidents of interest upon demand and to support DOC's DOC Stat performance review process. The Office of Investigative Services also partners with MPD and DOC Operations to keep abreast of community and institutional interactions and events that can affect institutional and community safety. DOC's efforts, thus, measurably reduce engagement in assaultive behavior. Additional opportunities exist to improve outcomes.

Based upon the ACA auditors visit of both facilities during their three-day onsite audit, which included a tour, a review of documentation related to 383 performance-based standards and expected practices, and interviews of staff and inmates reported:

- Offender Interviews: "Several inmates (male and female, 55 total) were interviewed and did not have any major complaints. They all indicated that they felt safe, food was decent, and they did receive three meals per day, medical staff were responsive and did address their health concerns, the Assistant Warden made rounds and was accessible. (Warden position is currently vacant)."
- Staff Interviews "Several staff, 90, were interviewed and had no major complaints. Staff stated they liked working at the facility and felt safe. They felt they received the necessary training needed to do their job. They all said the Assistant Warden and Director were visible and responsive when needed. They expressed to the team they appreciated that they could express their concerns and were heard."

14. Poor maintenance, deteriorating conditions, and contraband have contributed to instances of violence in the jail during the audit period.

DOC Response:

DOC houses a significant proportion of residents with a history of charges for assaultive and violent behavior. Some violence is triggered and unpredictable. Other violence is influenced by pre-existing individual and group relationships and enmities. There are other known motivators of violence reported in literature; DOC occasionally observes some of these. Substances may also be a contributing factor in violence. Residents who consider themselves casual users and are not ready to seek the freely available substance use treatment create a demand for contraband drugs which can then contribute to violence. See for example the work of M. De-Lisi or D. Lovell.[1]

15. Residents and staff filed formal complaints regarding more than 125 incidents of sexual harassment or abuse in the jail during the audit period.

DOC Response:

PREA investigations were conducted for all reports of sexual violence from residents. DOC has a full time PREA investigator. DOC is fully audited and compliant with all DOJ requirements. DOC takes an allegation of sexual violence seriously. DOC has clear policy and requirements as it relates to sexual violence. Deviations or allegations are fully investigated, and appropriate disciplinary actions are taken in accordance with the District's progressive discipline policies.

During the audit period, 58 reports of indecent exposure were investigated. The agency takes allegations of this nature very seriously. During the audit period, 31 (15) inmate on inmate and (16) staff on inmate allegations of sexual harassment were investigated by our Office of Investigative Services. During the audit period, DOC forwarded 11 sexual assault allegations and 11 sexual abuse allegations to MPD for investigation. One of these allegations was submitted via 3rd party. The CDF and CTF are compliant with the DOJ PREA certification with the most recent recertification in April 2024, and January 2023, respectively.

16. There were 400 documented incidents of DOC staff use of force during the audit period, frequently involving the use of pepper spray on residents.

DOC Response:

DOC's Use of Force (UOF) continuum specifies use of OC spray at a lower level of response to resistance than many other facilities. Consequently, DOC staff rarely rely upon physical techniques as a response to resistance, and residents experience far lower levels of injury. DOC has a written policy on UOF. Deviations or reports of possible excessive use of force are fully investigated and appropriate

[1] Lovell, David & Cloyes, Kristin & Allen, D. & Rhodes, L.. (2000). Who lives in super-maximum custody? A Washington state study. Federal probation. 64. 33-46 and Logan, M. W., Long, J., DeLisi, M., & Hazelwood, A. R. (2023). Serious, violent, and chronic prison misconduct: Are the predictors the same for women and men? *The Prison Journal*, *103*(1), 23–44.

action is taken in accordance with the District's Progressive Discipline policies. DOC has clear policy and requirements on UOF. Any deviation is investigated and handled through appropriate discipline and staff are held accountable. Additionally, the Violence Reduction Committee meets monthly.

17. *Approximately 70% of all DOC residents had an identified "mental health issue" at intake at the start of the audit period, and the majority of those individuals resided in general population units where not all specialized services are available.*

DOC Response:

DOC adheres to community standards for mental health and SUD treatment and also carefully adheres to our accrediting and licensing bodies, the National Commission on Correctional Health Care (NCCHC), the Substance Abuse, Mental Health Services Administration (SAMHSA), the Drug Enforcement Agency (DEA) and American Correctional Association (ACA). Unlike most of the nation's jails which operate without adhering to the NCCHC's or ACA's high medical and mental health standards, DOC is proud of its long standing NCCHC and ACA accreditations, as well as its Opioid Treatment Program, which administers Methadone in conjunction with Suboxone, and long acting injectables Sublocade and Vivitrol. Only 12% of the nation's jails are ACA and 15% are NCCHC accredited. These accrediting bodies, unlike the ODCA Audit Report, come on site, conduct deep dives into patient records, EMR data and facility specific data. They also interview staff and residents in order to provide consistent and accurate data-driven reports.

Unlike most of the nation's jails, 100% of residents at intake undergo a thorough medical assessment by a high-level clinician (MD, PA or NP). All will have a mental health screen and most, approximately 80%, will also undergo a thorough mental health assessment by a licensed mental health clinician. 100% of residents at Intake also undergo a comprehensive SUD screen- the SAMHSA created and highly regarded NIDA screen- to help determine what, if any, SUD needs, and therefore what treatment, new residents might desire/need/agree to receive.

As with citizens in the community, not all incarcerated residents with mental health issues (e.g. those with former mental health diagnoses but aren't currently with active mental health conditions, or those with current and stable conditions) are cared for or housed in specialized in patient hospitalized settings. They are treated as outpatients, living on general population housing units, just as they would be in the community. All jail entrants are carefully screened, and those with active mental health or substance use disorders/conditions are treated here just as those with acute or chronic medical conditions are treated in the community: meds are continued from the community or those with newly diagnosed conditions are appropriately treated by licensed clinicians. Residents with mental health concerns are also asked by mental health clinicians if they'd like to be seen weekly and are placed on the mental health patient panel if they express that interest. DOC can neither force residents to take medications or participate in groups that could very much help them. Just as medical providers follow patients with chronic medical conditions, patients with mental health issues on medication are followed by psychiatry approximately every 30, 60 or 90 days (or earlier on an acute basis) depending on how severe/well controlled their condition is.

Residents have multiple ways of accessing mental health care. All residents who undergo a comprehensive mental health assessment at Intake, as well as those who may have received an "Unusual Behavioral Report" by Operations staff, or simply those who are either noted by the healthcare team, or

who reach out to the healthcare team are quickly evaluated by a medical or mental health provider. Those who are deemed to be acutely suicidal are placed in a safe cell and reevaluated daily, the goal being for them to be stable and safe for removal from the safe cell. At DOC's behest to Unity in order to further help those with severe mental health crises that can lead to suicidality, Unity health care recently began CAMS care training of its mental health and psychiatric staff. CAMS care is backed by 40+ years of ongoing clinical research, the Collaborative Assessment and Management of Suicidality (CAMS) is a patient-centered, suicide-focused, clinical philosophy of care based on empathy, honesty, and trust. CAMS is a "Well Supported" treatment by Centers for Disease Control criteria, referenced by the Joint Commission, Zero Suicide, the Surgeon General and the 2024 National Strategy for Suicide Prevention. The CAMS training and approach is data driven. It is an empirically validated treatment application of suicide-focused care. The effectiveness of CAMS has been recognized and supported by the CDC, Joint Commissions and Surgeon General, as well as 11 clinical trials, 7 published randomized control trials, and 2 meta-analyses. CAMS is referenced in the 2024 National Suicide Prevention Strategy and Federal Action Plan and Zero Suicide Toolkit. It has been integrated into many Zero Suicide initiatives worldwide.

In addition to enhance training for those mental health clinicians and psychiatric providers who regularly work with those who are suicidal to help determine the driving factors for a patient's distress, DOC has also instructed Unity to assure medical providers participate in TAMAR training, trauma informed care training. Since 2016, DOC has been working with Dr. Joan Gillece, a subject matter expert who's considered the nation's leading voice in training clinicians and custody staff on effective trauma informed care. This in-depth training can help healthcare providers also understand a patient's somatic symptoms within a trauma-based framework and can help get them into the trauma-based mental health care that at first glance, may not seem to be obvious from their sick call complaints of stomach aches, headaches and other more amorphous somatic complaints.

The National Commission on Correctional Health Care (NCCHC) reaccredited medical services at both the CDF and CTF in March 2025 and found DOC 100% compliant with both essential standards and important standards.

The American Correctional Association (ACA) reaccredited DOC in January 2023. DOC was found compliant with 100% of the mandatory expected practices, and 98.7% of the non-mandatory expected practices. Based upon the ACA Auditors visit of both facilities during their three-day onsite audit, which included a tour, a review of documentation related to 383 performance-based standards and expected practices, and interviews of staff and inmates reported:

> Safe cells have suicide prevention mattresses which are tear resistant, fire resistant, and 100% sealed seams. There is an acute psychiatric hospital which can be used for crisis stabilization however, this is usually handled at the facility. This hospital has been mainly used for forensic examinations. Mental health staff are available 24/7. The facility has also established multi-disciplinary Suicide Review Committee who conduct reviews on multiple attempts or successful suicides.

The National Commission on Correctional Health Care (NCCHC) reaccredited DOCs Opioid Treatment Program (OTP) in January 2025. DOCs OTP was 100% compliant with all applicable standards. Based upon NCCHC Auditors visit of both facilities during their three-day onsite audit, which included a tour,

a review of documentation related to 45 applicable standards and interviews of staff and inmates reported:

> Patients are placed on a watch by mental health staff. They are monitored both by security and nursing staff. Nurses record documentation for either a constant watch or staggered 15-minute observations.

18. *Some 37% of mental health positions in the jail were vacant at the end of the audit period.*

DOC Response:

Post COVID-19, jails throughout the country have had challenges hiring and retaining medical providers as well as mental health clinicians. DOC and its contract provider have a plan in place and are continually working to fill open positions.

19. *Even with growing substance use treatment offerings at the jail, DOC is not addressing all substance use issues among residents who need care, with insufficient residential treatment beds, vacant peer navigator positions, and the need to administer Narcan at least 148 times during the audit period.*

DOC Response:

In response to the increasing SUD needs for women, DOC expanded the Residential Substance Abuse Treatment programs and opened a female RSAT Unit for women with co-occurring disorders. RSAT men's program increased the number of men that were serviced during this timeframe. DOC has constantly recruited for new licensed clinicians to expand RSAT Programs even further to address SUD needs of the residents. DOC also hired a trauma specialist to work with men and women with co-occurring conditions. DOC also re-introduce NA/AA groups to the CDF twice weekly since October 2024.

As for those with substance use disorders, all residents undergo a NIDA screen as the time of intake, and also 5-7 days later on the Intake Housing Unit. This second round of questioning is critical for us at DOC/Unity so that we more fully understand a residents healthcare needs and their level of risk. Residents who are on Medication Assisted Treatment for Opioid Use Disorder have their MAT continued from the community after their dose is confirmed. Residents who present in withdrawal at Intake are treated accordingly and for those who present with OUD further into their incarceration, they easily access treatment from Sick Call, Urgent Care or via the Chronic Care Clinic.

As data from the OCME and DBH reflects, the District, like many communities across the country, continues to face a serious opioid use crisis. Overdoses remain widespread, even as access to medication-assisted treatment expands and more community members are trained in the use of Narcan. At DOC, while our MAT patient numbers were approximately 250/day, in the last year they have doubled to over 500. DBH considers DOC to be one of, if not the, largest MAT clinic in the District. In addition to wide-spread MAT provision, all those 500 patients (not just the 70 or so patients on the therapeutic SUD housing units), on MAT are also followed by DOC's Substance Use Disorder team, which includes addictions counselors and peer navigators. This team helps educate those on MAT about OUD, connects them to critical re-entry partners in the community, and also conducts the programming on the Wellness

Units, the therapeutic housing units for men and women. WE work closely with Dr. Edwin Chapman, a local champion and national leader supporting MAT for the incarcerated. Dr. Chapman testifies before the DC City Council as well as before Congress and recently noted in a publication that the DC DOC offers some of the, if not these most comprehensive treatment for those with OUD, and that sadly, often have to become incarcerated to get the treatment they need. Given the challenges of re-entry upon leaving the jail, DOC instructed our healthcare contractor to provide a 30-day supply of MAT to those upon discharge.

The National Commission on Correctional Health Care (NCCHC) reaccredited medical services at both the CDF and CTF in March 2025 and found DOC 100% compliant with both Essential Standards and Important Standards. The National Commission on Correctional Health Care (NCCHC) reaccredited DOCs Opioid Treatment Program (OTP) in January 2025. DOCs OTP was 100% compliant with all 45 applicable standards. Based upon NCCHC Auditors visit of both facilities during their three-day onsite audit, which included a tour, a review of documentation related to 47 standards and interviews of staff and inmates reported, "Administrative meetings occur quarterly. Health staff meetings occur monthly. There is documentation to support that substance abuse services are represented at all meetings."

All staff receive in depth orientation from DOC and Unity. Additionally, Unity staff have more than the required number of hours of continuing education. There is documentation to support clinical performance enhancement of the nurses and providers in the OTP program and they were completed by a professional of at least equal rank and discipline. There are no "take home" doses used in this program. All medications are considered to be "watch – take". All staff have been issued Narcan. There are three staff pharmacists who work full time on site at DOC.

The practitioner has an appropriate license to prescribe opioid agonist treatment medication. The survey team witnessed both the suboxone and methadone administration and both were done correctly. The medication team included the same officers assigned to the medication administration process. There are two clinic areas, male and female. Both are equipped as required by the standard.

There are signs posted in the intake area regarding the OTP program. Patients are questioned and have a urine drug screen conducted during the intake process. Patients who state that they are in a community program, result in nurses contacting the program for last dose verification. Each patient enrolled in the program receives information regarding patient rights and responsibilities. The patient is involved in the treatment plan as he/she is enrolled in the program. There are robust health care services that are linked to community care. Patients in the jail see the same providers that they will see in the community clinics. Emergency services are readily available in facility. Providers see the patients for sick call; therefore, nursing protocols are not utilized in this program.

There are peer navigators who connect the patients with the outside services. These patients are followed for 90 days after discharge. Patients are given 2 Narcan kits, a 7-day supply of Subutex and a script for 14 days. Patients discharged on methadone are connected with methadone community clinics to continue services. There are no issues with patient escort.

There are two residential treatment programs on site, for both men and women. There is a wellness program which is divided into three phases, as well as a program conducted by the DOC which is for 90 days and may be mandated by the courts. Both contain inmates in the OTP program. The DOC program has inmate mentors who monitor other inmate's behavior."

20. Staff and residents have reported problems with accessing specific medical care, including consistently providing prescribed medication, ensuring residents are taken to medical appointments inside and outside of the jail, and providing gender-specific healthcare.

DOC Response:

COMPREHENSIVE MEDICAL CARE

DOC residents often suffer from significant physical and mental health are often very sick, suffering from long neglected care in the community as well as the impact of trauma, insecure and inconsistent housing, as well as poor nutrition and dental care. Specifically, approximately 70% of our nearly 2,000 residents housed daily at the jail have a chronic medical condition. To help assure that residents leave our facility in better care then when they came in, DOC and Unity work together to assure that patients have multiple ways of accessing quick and effective care. The data of DOC's internal audits (which includes the oversight of intake healthcare, chronic medical condition health care, as well as health systems effectiveness) demonstrates, in addition to regularly meeting our ongoing NCCHC and ACA accreditation standards, that we continue to provide quality care that is easy to access and comprehensive. To help assure excellent care, DOC wrote the current and last healthcare contract to include:

- Comprehensive mental health care including a wide variety of behavioral health tools and groups a full compendium of MAT offerings

- Liberal and consistent access to Hepatitis C treatment, fully curing the near 30 Hepatitis C patients in the past year who've participated in our treatment program in the past year. Each diverted liver transplant saves the District approximately $1million.

- Testing for Sexually Transmitted Infections at Intake- given the CDC's data on DC's epidemic levels of chlamydia, gonorrhea and syphilis

- Long-acting psychiatric medications to stabilize those with severe mental health issues to the fullest extent possible expanded dental services and cleanings to help address the connection between poor dental hygiene and chronic disease

- Comprehensive HIV diagnosis and treatment. We use 4th generation testing at Intake to address the HIV epidemic where the focus currently is: on detecting new transmission/infection before symptoms set in, when treatment/containment of the virus is most effective.

Outside subject matter experts, as well as our accrediting agencies, document the widespread access to comprehensive care that patients have here at DOC: data documenting the true state of healthcare affairs at the DC Jail, not unsubstantiated allegations. Accrediting agencies, outside medical subject matter experts, and our own internal "best practices" audits of the healthcare system-at-large document wide-spread access and quality care. Our sick call, intake and chronic care audits document the quality of health care offered here and the quick access to care residents routinely have to sick call (within 24 hours of sick call slip submission- which is sooner than most can access in the community), to the chronic care clinics as well as to urgent care. Again, data determining the true state of access to care and quality of care, not allegations of a small sample number of former residents paid to respond to a survey.

MEDICATION ADMINISTRATION

Regarding medication administration, approximately 50% of all medications are “Keep on Person”, which means the residents takes them as they would at home. The remainder are distributed by our nursing and pharmacy staff and are taken on a Watch Take basis. These meds include cancer treatment medications, psychiatric medications, prescription pain medications and Medication Assisted Treatment for Opioid Use Disorder. To ensure that all residents receive their medications consistently on time, we have an electronic Medical Administration Record which documents which meds are prescribed and distributed to residents, and if not, why not. When residents don’t receive medications (outside appointment, court appearance or medical couldn’t enter the unit due to temporary lockdown), that information is documented in the eMAR and reports can easily be made, again documenting the actual provision of which inmates receive what meds and when. Again, this creates a data driven understanding of the process rather than on that is made on baseless allegations. In addition, Unity’s pharmacy flags all healthcare providers of meds they need to renew a month out, then 2 weeks before the prescription expires in order to prevent any resident missing their medication. The pharmacist also works directly with the psychiatric team daily to assure that all psychiatric prescriptions never lapse. Unity’s Medical Director also tracks and reminds providers daily of the need to complete their medication renewals.

OUTSIDE MEDICAL APPOINTMENTS

DOC provides care and security for nearly 2000 residents daily. Most of those patients are connected to the Superior Court, however some here are Federal inmates. Federal inmates are connected to the jail via the US Marshals. The Marshals transport them from other facilities and also control access to (and pay for) medical appointments outside of the jail, except for Emergency care. While Unity providers provider all care needed internally (Intake, Urgent Care, Sick Call and Chronic Care), if a US Marshal’s federal inmate’s care seems to indicate that referrals to outside specialists for consultations or procedures are required, the US Marshal’s medical team must review and agree. All referrals for outside medical appointments are sent to the US Marshals, which has an explicit time period for review. If approved (not all are), Unity’s medical schedulers reach out to medical providers they have contracts with to provide specialty care that Unity itself does not provide to schedule the non-urgent appointment. As those in the community experience, it can take weeks to several months to get appointments with various specialists. The same scheduling experience is true for the Jail’s schedulers making appointments with outside specialists- and, unlike the approval process with the US Marshals, there is no set timeline for those outside appointments to take place. Unity’s schedulers work to secure the soonest appointment available and coordinate the appointments with the Operations team to assure all residents are taken to outside medical appointments. This process is a key priority for DOC/Unity and Operations is instructed to immediately contact the Director himself if transport to a medical appointment is jeopardized for some reason.

Data from October 1, 2023-September 30, 2024, shows that of the nearly 7,000 residents in our care and custody during that period, 1223 had outside medical appointments scheduled. Of those, approximately 2/3 or 66% were seen. Reasons for not being seen include competing court date, released from jail, patient refused, competing court date, cancellation by the clinic (provider out on leave), reschedule- i.e. faulty equipment/transportation, and/or no federal approval.

WOMEN'S HEALTHCARE

Female residents are provided comprehensive medical from their arrival at Intake throughout the entirely of their incarceration. At Intake, women are screened for pregnancy, STIs, SUDs, HIV and Hepatitis C. They are provided Emergency Contraception if there was a recent sexual assault or a concern about an unwanted conception possibility. They are offered all forms of Contraception including IUDs and injectables. Pregnant residents are also offered Options Counseling for pregnancies and can choose to continue a pregnancy in jail or undergo an abortion. For those choosing to continue a pregnancy, they are followed closely by Unity's Obstetrician. We have an ultrasound on site to assist with monitoring pregnancies. Pregnant women can choose an attendant to be with them at the hospital for delivery and can also choose to pump their breastmilk afterwards and have it provided to their infant. Sanitary products such as tampons and pads are readily available for menstruating residents. Pads are an important component of the Intake package all incoming females receive. Pads are available on the housing units and in medical. On the units, pads are resupplied twice a week. Women in our care and custody also undergo routine assessments and testing, receiving pap smears and mammograms as they would in the community.

We have a "Women's Wellness Unit" for women, a therapeutic housing unit for women with Substance Use Disorders. On the unit, there is 6 hours of programming and groups, including TAMAR groups for those dealing with Trauma, Addictions, Mental health and Recovery. Women work with addictions counselors, mental health clinicians, peer navigators and medical providers to address a myriad of issues around their SUD, including the provision of MAT if indicated. Women with acute mental health conditions are housed on a therapeutic Mental Health Housing Unit. Women on the unit are stabilized, and many are placed back on psychiatric medications they had been taking, then discontinued in the community due to housing insecurity and other issues related to trauma.

21. *Some residents lacked working tablets to communicate with loved ones, and video visitation stations were not always operable during the audit period.*

DOC Response:

DOC implemented a Viapath tablet distribution program, effective March 30, 2023, with the goal of providing residents with communication tools to help maintain family and community ties. The policy allows inmates at the CDF and CTF to access tablets equipped with pre-paid access to various digital content such as music, books, and movies. Additionally, inmates can use the tablets to engage in educational, religious, and mental health programming, while also gaining access to legal resources and facility notices. All tablet use is monitored to ensure the safety and security of the institution.

Tablets are issued upon intake, provided there are no security or safety concerns. Inmates must electronically sign an acknowledgment form before receiving a tablet and are responsible for returning it prior to their release or transfer. DOC staff are tasked with monitoring tablet use, handling repairs, and issuing disciplinary actions for any misuse, including intentional destruction.

DOC makes every effort to issue all new intakes a tablet within 5 days of being admitted into the facility. DOC continues to work with Viapath to ensure that sufficient tablets are available to provide a tablet to each resident.

Additionally, DOC provides separate educational tablets to all residents on programmatic housing units in both facilities, residents enrolled in special education programs, and residents that are on an educational track in both facilities (through inmate request forms dependent upon inventory). All educational tablets are monitored to ensure proper utilization.

22. Residents of CDF lacked contact visits, and residents of CTF lacked video visits during the audit period.

DOC Response:

In December 2024, DOC initiated tablet-based video visits for all CDF and CTF residents. The video-visiting stations are now of antiquated design *and DOC* and Viapath is encouraging a shift to tablet-based visits because these stations are difficult to replace. Residents are provided 30 minutes of free tablet-based video visits each week. After the 30 minutes of free video time, either the resident or visitor may pay 16 cents per minute for a tablet-based video call.

From December 2024 through April 10, 2025 there have been 179,192 completed tablet-based visits. CDF non-contact visits consist of face to face, video visitation, and tablet visitation. CDF also offers contact visitations through programs such as family reunification, mediation sessions, and legal visits.

23. Charges for video visits and phone calls create financial barriers to maintaining relationships.

DOC Response:

Residents do not pay for video-visits through our video visitation system. Community based visitors pay nothing for the first 30 minutes of tablet-based visits and then $0.16 per-minute thereafter. Text messaging is $0.05 per minute. These rates are similar to what visitors would pay in the community. Clearly, the high volume of calls outlined above demonstrates the popularity of this visiting option.

24. DOC over-relied on restrictive housing to address disciplinary issues and provide for the separation of vulnerable individuals.

DOC Response:

Restrictive housing is a form of separation from the general population when the resident's continued presence in the general population poses a threat to property, self, staff, other residents, visitors, the general public or to the safe, secure or orderly operation of the facility. DOC does not have an over-reliance on restrictive housing. As previously stated, DOC is currently operating a single restrictive housing unit which houses approximately 2% of DOC's Average Daily Population for FY 2025, and it is required for disciplinary restrictive housing. This represents a 55% reduction in Restrictive Housing populations from FY 2024, which is significant. The national average for 39 US prisons, which responded to the Yale/Liman Survey as of the summer of 2020 was around 2.3% as of 2020. No data is available for US Jails.

DOC has proactively reduced the use of restrictive housing to 2.0% of its population for FY 2025 as of the DC Council Hearing on February 27, 2025. The average length of stay in restrictive housing for January 1, 2025 through April 10, 2025 was 18 days. DOC is currently operating a single restrictive

housing which houses approximately 2% of DOC's Average Daily Population for FY 2025, and it is required for disciplinary restrictive housing.

We have residents in our care who have conflicts with other residents in our care. We have residents in our care who have been charged with crimes against other residents in our care. We have residents in our care who have been charged with crimes against family or friends of residents in our care. We have residents in our care who have assaulted staff or other residents in our care. In an effort to safely keep as many residents as possible in our general population, DOC has a separation system that allows us to safely separate residents by floor, in most cases in general population housing units. It would be counter-productive to allow residents with known conflicts to congregate together.

Pre-hearing housing unit is not a restrictive housing unit. Residents placed in that unit are awaiting a hearing. Those residents receive privileges equivalent to general population. DOC has also implemented a restrictive housing step-down unit which provides programs and services for our residents in a non-restrictive setting to help them transition to a general population setting.

25. The current resident grievance system is complex, leading to procedural confusion, inconsistent response times, and dismissals for minor errors.

DOC Response:

DOCs streamlined Inmate Grievance Process (IGP) was implemented May 3, 2024. The current process has three steps (Informal Resolution Complaint, Formal Grievance, and Deputy Director approval) a reduction from the previous process, which had four steps. This change to the process enables residents to appeal their grievances to the Deputy Director in a reduced amount of time (33% lower). The average resolution time during the audit period was approximately 12 days, whereas the average resolution time from April 1, 2024 - March 31, 2025, where the grievance was acted upon (not returned to the inmate or closed because the inmate was released), was 8 days. For all dispositions included, it was 5.5 days (over 50% lower).

DOC residents were notified of this new process through Inmate Grievance Advisory Committee meetings, orientation meetings, town hall meetings, Educational (Orijin) and GTL tablet notifications, and flyers posted on units. DOC staff were notified of this new process through an Open Letter, flyers, and roll call announcements. Updated signage outlining the process change was also posted to all units in English and Spanish. As a result of this process change, response times have been reduced.

26. DOC staff responses to some grievances filed during the audit period reflect blanket dismissals or denials of the validity of residents' grievances without references to the specific facts alleged.

DOC Response:

The agency is unable to pinpoint evidence in the report that supports this finding and believes the finding is incorrect. First, it's important to distinguish between a denial and a dismissal. A grievance may be denied if a resident fails to follow the proper process or if the issue raised is not covered under the IGP policy – for example, disciplinary decisions, which must be appealed through a separate process. Also,

this finding does not account for denial reasons such as being illegible, that if this issue is corrected, the resident may resubmit the grievance and it may be processed for resolution.

As for dismissals, these are reviewed by the IGP team to ensure they are consistent with the guidelines and justified under the policy. If residents are not satisfied with the decision, they are able to appeal the dismissal to the next level of supervision, and last to the Deputy Director of the responsible division.

DOC data for the audit period show that 47% of all complaints were granted the resident's remedy or had another non-denied disposition. Where the complaint was not returned to the resident, 73% of all claims were granted the resident's remedy or had another non-denied disposition. These data clearly indicate that DOC staff investigate resident grievances and take them seriously, contrary to stated findings.

27. *Residents report being deterred from filing grievances because they do not have consistent access to the forms or the materials needed to fill out the form or fear retaliation for submitting grievances.*

DOC Response:

In accordance with policy, DOC residents may file grievances on any sheet of paper or by Educational (Orijin) tablets. Most complaints are resolved at the level of an informal resolution complaint (IRC/Step 1) and do not rise to the level of a formal grievance. In FY 2024, a total of 4,728 grievances (both IRC's and Inmate Grievance Process IGP's) were processed, which suggests that residents are educated on, and take advantage of, the process.

28. *Residents and staff have reported food contaminated with rotten or inedible materials, including bugs, rodents, and screws, improperly heated meals, and potentially contaminated water.*

DOC Response:

DOC complies with food safety, handling and storage requirements as set by District Department of Health. Aramark ensures foods are properly stored, and at the proper temperatures. Refrigerated foods are maintained at 35-40 degrees Fahrenheit; frozen foods are maintained at a temperature of 0 degrees Fahrenheit or below; and dry storage foods are maintained at a temperature of 45-80 degrees Fahrenheit. All temperatures are recorded at least three times a day. Once food items are opened, they are dated, placed at the front of the stock and safely secured to protect the food item from the elements. Aramark trains all staff, and inmate workers on the proper use of all food-related equipment and other food safety procedures.

Staff, and inmate workers are required to comply with all safety procedures to include hand washing, the proper use of PPE, and safe food handling. All Aramark workers are ServSafe certified. ServSafe is a food and beverage safety training and certification program designed to prevent foodborne illnesses by focusing on improving safety and hygiene in food preparation.

The DOC Contract Administrator conducts daily inspections of the kitchen, and the culinary Officer-In-Charge confirms that Aramark is serving what is listed on the menu and reports it to Command Center

and Contract Administrator. Please see Attachment 1- Food Safety Information and Attachment 2- Aramark Weekly Inspections.

DC Health (DOH) also conducts periodic inspections of food and food service areas. The food is sampled daily by members of the DOC team as well as by the food services contractor. Fresh food is delivered weekly and prepared on site. Meals are carried throughout the facilities on warming carts to ensure appropriate food temperatures for hot meals.

All officers are required to visually inspect all inmate meals prior to issuing the tray to the inmate. The visual inspection includes checking for contraband, quantity and any foreign objects. This inspection is also captured on body worn camera.

29. DOC does not provide adequate portions, variety, or sufficient fresh fruits and vegetables in its resident meals.

DOC Response:

All menus and meals are approved by certified dieticians and meals meet all USDA requirements for dietary allowances. DOC provides three meals per day, two warm and one cold, totaling 2,800 calories to residents each day. This is well within the range of caloric meals provided by other jails within the metropolitan area.[2] A food study by the Coalition for Carceral Nutrition, an advocacy group, found that our meal offerings did meet all nutritional standards. Additionally, this particular finding cites two cases, *Kantu Graham v. D.C. Jail* (2023-CAB-001031) and *Aaron Jackson v. Department of Corrections* (2023-CAB-005486) in an attempt to persaude the reader that objects were placed in food provided by DOC. With that being said, it is extremely important to understand that simply filing a civil complaint does not mean there was finding of fact. In fact, the filing of a complaint alone is simply just the formal assertion of allegations that have yet to be proven.

Kantu Graham v. D.C. Jail, was dismissed with prejudice (meaning the Plaintiff is barred by the court from ever refiling this claim again) by D.C. Superior Court after a successful Motion to Dismiss was filed by the District.

Aaron Jackson v. Department of Corrections was also dismissed by the court for want of prosecution, meaning the Plaintiff failed to actively pursue their case in a timely and diligent manner.

Ultimately, both cited cases used to bolster the position that there were objects in DOC's food were dismissed.

Finally, water source from fountains and sinks is deemed safe by DC Water. DOC conducts annual potable water analysis to rule out contaminants. A review of the water analysis reports over the last 8 years indicate safe and acceptable water samples. Bagged water is provided by an outside vendor and the water is certified safe. The bagged water is additionally purchased and used by other jail facilities in Maryland and Virgina, including Prince Georges County Detention Center, Arlington County Jail, and Fairfax County Jail.

[2] Calorie counts for inmate meals at some area facilities are Arlington Jail is 2,800 per day, Alexandria is 3,000 per day and Fairfax is 2,900 per day.

30. DOC has high prices and strict commissary limits based on housing classification.

DOC Response:

All residents have access to commissary, including inmates in restrictive housing. While the restrictive housing unit commissary menu is limited, the inmates on that unit are also provided with basic resources at no cost such as soap, toothpaste, toothbrush, lotion and deodorant. There are residents who may lose their commissary privileges as a part of a disciplinary sanction but continue to retain access to basic resources such as: deodorant, toothpaste, shampoo, magic shave, stationary, and postage.

31. DOC's single kitchen and delivery method caused delays during the audit period, resulting in cold meals.

DOC Response:

The kitchen facility is adequate to handle all meal preparation. Meals are temperature checked and recorded; then placed in warming carts for delivery.

32. Residents reported that DOC did not meet the dietary and religious accommodations of all residents during the audit period, as well as instances of staff withholding food or serving substandard meals.

DOC Response:

This is a false and misleading finding. DOC cares about the residents in our facilities and does not withhold food or serve substandard meals. DOC has clear policy and requirements on staff conduct. Any deviation is investigated and handled through appropriate discipline and staff are held accountable.

In accordance with DOC PP 4410.1J Religious Services, residents at the DOC can make requests through the inmate request form to change their religious diets at any time based on their religious affiliation. DOC work directly with the residents and volunteers to assure that religious accommodations are met based on the policy.

33. DOC offers some quality programming for some jail residents, but programs that would support reentry are not available to all residents.

DOC Response:

DOC is a national leader in programming among local jail systems. The scale and depth of our offerings are frankly unmatched. The DOC Education, Programs, and Case Management (EPCM) Division has four (4) subdivisions that offer the following program categories: education, workforce development, reentry programs, and behavioral health. Not only have we resumed all pre-pandemic programs we've added new partnerships and launched new unit-based and facility-wide initiatives. The scale, scope, and depth of our educational, vocational, physical wellness, and enrichment programs continues to grow, along with our tablet-based offerings.

The Education subdivision offers educational classes for all learners regardless of their level of education (adult basic education, general equivalency diplomas, high school diplomas, special education, and post-secondary education.

DOC maintains active partnerships with colleges and universities—including George Mason University, the University of the District of Columbia, Howard University and Georgetown University—that provide credit bearing and non-credit bearing college-level courses.

DOC created a Workforce Development subdivision under the EPCM Division for the sole purpose of preparing residents for reentry. The workforce development offerings include a host of career technical education courses, industry certification classes, educational and vocational courses, job readiness trainings, and individualized reentry planning exercises. These are offered both in person and on resident assigned tablets. Within this subdivision, the DOC launched four new in-person apprenticeship training programs in cosmetology, barbering, painting, and plumbing.

The reentry subdivision offers reentry programs and services on specialized housing units, to general population residents on a reentry track, and facilitates the DOC READY Center services both pre and post release.

The DOC READY Center partners with five (5) District core partners: the Department of Behavioral Health, the Department of Employment Services, the Mayor's Office on Returning Citizens Affairs, the Department of Human Services, the Department of Motor Vehicles, and over 70 community-based organizations. The DOC READY Center opened its new physical space in 2023 and has since serviced over returning citizens in this space.

DOC unit-based programs include:

- Better and Beyond (reentry program for women);
- Transitional Assistance Program (TAP – reentry program for men);
- Residential Substance Abuse Treatment (RSAT)(men's and women's) units, which provide critical substance use disorder treatment and reentry wellness services;
- The Leadership Education and Development (LEAD Up/LEAD Out) units which specializes in educational, vocational and workforce development programs;
- The Young Men Emerging (YME) unit serving emerging adults;
- The Maya Angelou High School unit; and
- The Restrictive Housing Step-Down (RHSDU) unit.

EPCM also offers a wide range of educational, vocational, and creative programs open to eligible residents across units and in general population units including recently added physical wellness options like pickleball, soccer, and meditation.

The Behavioral Health subdivision offers substance use disorder, co-occurring disorders, trauma support/talks, Cognitive Behavioral Therapy, and Trauma Addictions Mental Health and Recovery (TAMAR) groups. The behavioral health subdivision staff are licensed and trained clinicians and trained volunteers.

The Residential Substance Abuse Treatment Programs follow the guidelines under Chapter 63 of Title 22-A of the District of Columbia Regulations (DCMR) that regulates substance use disorder program certifications and standards under the Department of Behavioral Health Establishment Act of 2013. DOC was certified through DBH prior to COVID as a level 3.1 non-hospital residential substance abuse treatment program. DOC made steps in 2024 to begin preparing for recertification through the expansion of the program by re-opening the women's unit. DOC is also a recipient of the RSAT grant through Office of Victims Services and Justice Grants (OVSJG) and this will assist the agency with re-certification prep.

Trauma support specialist, officers and the program analyst (lead) that works with our RHSDU also completed 23 hours specialized training and CEU's before providing services on this unit.

DOC offers evidenced-based practices, best practices, promising practices, gender specific, gender responsive, and demographic specific programs. Despite the challenges presented by the facility structure, the DOC continues to expand its programs. Our robust Volunteer Services Division currently consists of 324 trained volunteers in the areas of education, religious services, and programs. These volunteer services enhance our capacity to provide comprehensive and meaningful programs. These partnerships include but are not limited to:

- The Lorton Arts Program which enables residents to participate in art therapy and creative expression.[3]
- The Industrial Bank which provides financial education to the residents,
- The Free Minds Book Club & Writing Workshop which provides literacy assistance and encourages self-expression through the art of writing,
- The Petey Greene Program which provides academic tutoring,
- Brave Behind Bars which equips the residents with coding skills, and
- The Georgetown University Debate Program hosted by the Defense Coalition.

During FY24, the DOC re-established and expanded the Family Reunification Program. The Family Reunification Program's Family Fun Days brought together 315 families, allowing 1,202 individuals to enjoy meaningful activities. Residents had the opportunity to hold their children, parents, and other loved ones, take family photos, and reconnect in a positive environment. These special days help children see their parents outside of challenging circumstances and are key to successful reentry.

The breadth and quality of programming at offered at DOC is uncommon for most correctional facilities. DOC sets the standard for programmatic offerings. Some of our programs are:

- Hope Foundation Reentry Network- Provides parenting classes to the resident population. Skills taught in sessions provide effective ways to increase positive behaviors, decrease problem behaviors and teach participants how to teach their children acceptable behaviors.
- Thinking for a Change-This program uses the National Institute of Corrections Curriculum and is an evidence-based practice (EB).

[3] This partnership has been in existence with DOC for forty (40) years.

- DOC launched a new gender specific program – Happy Brown Baby, Incarcerated Parent Education and Doula Program. This program provides doula services, education, support, and family life education to women.

There is no question that the structure of the CDF facility presents real limitations in delivering programming and services. This is a well-known reality. It's also important to note that planning for the new correctional facility has taken into account these space needs and the conceptual design for the new facility will address these limitations.

DOC continues to make a concerted effort to provide in-person programming—including religious services and volunteer-led programs—on most housing units. In addition, residents have access to tablet-based programming through the Orijin educational tablets (as outlined in our Performance Oversight Hearing responses). Nearly all residents also have access to GTL tablets, which offer a range of educational content and trainings.

It's important to note that not all programs are available to all residents. Common eligibility criteria, often set in collaboration with the service providers themselves, can include: no active separation orders, no disciplinary reports within the past 90 days, an expected release date within 90 to 120 days, restrictions based on certain charges, a high school diploma or GED, or court-ordered requirements to complete.

34. Residents reported that their religious accommodations were not met during the audit period.

DOC Response:

DOC is unaware of data report in the audit report or otherwise collected to support this finding. DOC maintains two professional Chaplains—one at CDF and one at CTF—who oversee religious services for the resident population. They manage a robust schedule that includes chaplain-led, resident-led, and volunteer-led studies, classes, prayer groups, and one-on-one support. Services are held in our multi-faith chapels and directly on housing units.

Volunteers include Reverends, Ministers, Rabbis, Imams, Deacons and lay leaders. In addition, residents can access religious texts, lessons, prayer schedules, recorded podcasts, recorded sermons, music and other spiritual resources through the GTL and Orijin tablets.

35. Attorneys report regular delays in getting into the facilities and waiting for clients to arrive.

DOC Response:

The DOC recognizes the importance of timely and efficient access to residents in custody by their legal representatives and remains firmly committed to facilitating attorney-client visits in a manner that upholds due process and access to counsel rights of those involved. However, it important to place recent concerns regarding alleged delays into appropriate operational context. The audit raises four (4) examples cited as issues that impact the quality and length of attorney interactions:

New procedure requires attorneys entering the facility to have every piece of paper brought they bring into the facility manually inspected by DOC, often resulting in delays.

- When attorneys visit their clients at CDF, they must report to one of three visiting halls on three different floors, each of which has only four or five rooms to meet with clients, leading to wait times: While the private rooms are preferred by attorneys, they are not the only option to meet with clients. Attorneys can either meet with inmates behind the glass partition or on the bench of the visiting hall, depending on custody status.

- Clients are often removed during a meeting with their attorney for internal counts, which results in delays of about an hour and a half: Residents engaging in legal visits should not be forced to leave the legal visit; they are added to the "out count" roster and excused from count in this instance.

- Attorneys have reported delays of 30 to 90 minutes for their clients to be transported to an available legal visitation room, a wait that must be repeated if the attorney needs to visit another client housed on a different floor. There are often additional delays on weekends, when DOC frequently closes two of the three floors available for attorneys to meet with clients at CDF: Again, the visitation rooms are not the only visitation options available to attorneys. Attorneys are not able to meet with multiple clients at the same time or on the same floor for safety and security reasons (i.e., they have separation orders from each other and violating them would pose a risk to both residents at issue, the attorney, and DOC staff). DOC implemented a new policy whereby all three visiting halls are opened on the weekends to ensure attorneys have adequate and sufficient access to their clients.

  While there have been instances where attorneys have experienced wait times for entry or for clients to be produced, these occurrences are not indicative of systematic disregard or neglect. Rather, they reflect the inherent complexities of operating a secure detention environment - particularly one that must simultaneously balance facility safety, movement restrictions, and the constitutional rights of almost 2000 individuals in custody.

36. *Many residents at both CTF and CDF lack functional tablets for legal communication and research.*

DOC Response:

DOC is committed to ensuring individuals in custody have meaningful access to legal resources and to their legal counsel. With respect to the audit report's findings concerning the functionality of tablets for legal communication, it is important to correct several factual errors and provide historical and operational context.

First, almost all residents in DOC custody have access to tablets. This does not take into account the many instances whereby tablets are destroyed by residents' through misuse or attempted weaponization of the devices – this leads to them having to be replaced and potentially a delay in access to a tablet for that resident. This factor does not appear to be measured in the audit report but would provide context for why some residents do not have working tablets readily available to them.

All tablets, both Viapath and Orijin, have legal research applications and other resources designed to support their ability to engage in the legal process. These tools include access to most up to date case law databases, statutes, and other materials intended to facilitate informed legal understanding (i.e., LexisNexis and Fast Case).

During the pandemic, DOC proactively sought to expand tablet functionality to include videoconferencing between attorneys and their clients on the housing unit. However, that initiative did not continue due to the defense bar's concerns regarding the lack of privacy and confidentiality associated with that mode of communication. As a result, the DOC respected those concerns and did not move forward with broader implementation.

While tablet-based communication remains a developing area, it is inaccurate to suggest that residents lack the means to connect with their attorneys. Traditional methods of communication remain in place (i.e., in person attorney visits and unit telephones). The residents can also communicate with their attorneys in written format through Orijin tablets.

37. Residents in restrictive housing face barriers to conducting legal research and participating in virtual attorney meetings.

DOC Response:

This finding suggests that residents in restrictive housing settings have less access to legal resources and legal counsel by virtue of where they are housed, which is incorrect. Inmates have the same access to legal research and attorney-client meetings as noted in the Section 42.

38. Residents are frequently unable to access the physical law libraries in CTF and CDF.

DOC Response:

DOC's current approach reflects a deliberate and informed shift toward more effective and modern legal access tools and not a denial of access. Each resident who is issued a tablet has access to comprehensive legal research applications, including both LexisNexis and FastCase. These platforms provide real-time access to federal and state statutes, case law, court rules, and legal commentary. In many respects, these digital applications are far superior to traditional physical law libraries, as they offer more expansive and up to date content, are searchable, and allow for on-demand access at virtually any time, without the limitations imposed by physical space, inventory, or scheduling constraints.

The DOC's shift to digital legal research tools reflects a progressive approach aimed at enhancing legal access through technology. Lastly, in the event that residents prefer hardcopy legal research, they are able to submit an Inmate Request form to the law librarians and request case law, statutes, or other legal materials printed out for them. These materials usually come within 24-48 hours upon staff receiving the request.

39. Residents and their advocates have reported that DOC does not consistently provide residents with copies of commonly used legal forms.

DOC Response:

DOC's operational framework prioritizes access to attorneys who are best equipped to guide individuals through complex legal processes.

Most individuals in DOC custody are represented by attorneys – most commonly public defenders or Criminal Justice Act (CJA) Panel attorneys. These attorneys regularly advise their clients on criminal matters. However, if their clients inform them of what they believe to be violations of 42 USC § 1983 or requests to file a habeas corpus petition under 28 USC § 2241, the attorney has the ability to advise them on these claims. Further these legal professionals can provide guidance, assess the viability of such claims, and when appropriate facilitate referrals to civil attorneys at their agency or parallel advocacy groups who can initiate legal action on their client's behalf.

This approach ensures that individuals receive accurate legal advice and are connected with appropriate resources, rather than attempting to navigate civil litigation on their own, which can lead to incomplete filings or procedural errors, or even negatively impact judicial economy. The absence of direct distribution of civil complaint forms by the DOC should not be viewed as a denial of access, but rather a as recognition that meaningful access to justice is best achieved though informed, attorney-led representation.

DOC Response to ODCA Recommendations

ODCA Recommendations	Agree with Recommendation Y/N	DOC Response
1. The Mayor and D.C. Council should make sufficient investments in a new jail facility so that the District can replace the CDF completely as soon as possible.	Already in practice	To support DOC's long-term operational goals and vision Mayor Muriel Bowser allocated $463 million in the District's 2025 capital budget proposal to design and build an annex to the CTF. Please see https://newcorrectionalfacility.dc.gov/ for additional information.
2. DOC should ensure that the design of any new facility conforms to best practices in correctional design and complies with correctional standards and all relevant laws and regulations.	Already in practice	DOC is currently in the process of working with the District's Department of General Services (DGS) and industry experts to design a new facility that conforms to best practices in correctional design and complies with correctional standards and all relevant laws and regulations, including the standards of the American Correctional Association (ACA).
3. DOC should develop, publish, and implement a corrective action plan to address failures in systematic maintenance, pest control, and cleaning of the jail.	Already in practice	Please see 7500.2E Facilities Management; located at https://doc.dc.gov/page/doc-program-statements.
4. DOC must ensure that residents have sufficient ancillary heating and cooling options when the standard HVAC system is not providing safe and healthy temperatures.	Already in practice	As a part of DOC's Emergency Response and Evacuation Plan PP 2935.1, Annex 10 address how DOC staff provide for heat emergencies and other temperature related emergencies.
5. DOC staff should be trained in the signs of heat stress and how to monitor residents during times when the temperature spikes.	Already in practice	DOC trains all staff during required pre-service and in-service trainings on First Aid/CPR (to include heat or medical related stress). Additionally, DOC staff report any health complaints or unusual behavior to Unity Health Care, which operates a 24/7 urgent care center for any DOC resident who may need medical care, including those experiencing a medical emergency.

6. DOC and DGS should ensure the design plans for the new jail include architectural elements to reduce the need for air conditioning.		DGS to respond.
7. DOC should ensure that staff reports on physical conditions are electronic, utilizing data fields such that individual problems can be identified and addressed immediately.	No	All DOC employees are encouraged and empowered to report maintenance issue throughout the buildings utilizing a computerized maintenance management System (CMMS) MicroMain Maintenance or by reporting the maintenance issue by phone when a computer is not available. While we are working to provide operational staff direct access into MircoMain to report issues, there are limitations (insufficient WIFI bandwidth on housing units) that prevents requiring electronic submissions and therefore, reporting by phone is a necessary option.
8. DOC should modify its policy so that resident reports of physical condition issues are sent immediately to facilities maintenance without having to go through the standard grievance process.	No	DOC residents are not limited to reporting maintenance issues via grievances. Most reports for maintenance needs are communicated via the resident to a staff member and the staff member reports it directly to maintenance for servicing. Additionally, operational managers frequently place a cell off-line and move an inmate to a new cell until outstanding maintenance issues are addressed. Residents have the opportunity to file a grievance to report maintenance issues if they have concerns that the issue is not being addressed quickly enough.
9. In collaboration with community stakeholders, DOC should model future jail population and staffing needs for the next ten years on current laws and policies and potential changes to the law or community investments.	No	It is very difficult to forecast jail populations accurately for more than 12 months at a time because they are subject to significant volatility. DOC has worked and continues to work closely with CGL Companies design team and their experts in jail populations to determine the population needs for DOC. This process involved generating a working estimate for DOC population for

		the next 10 years to determine appropriate planning levels for the District's detention needs.
10. DOC should develop and implement, and D.C. should adequately resource, a plan to decrease the reliance on overtime and fill all vacant staff positions that directly interact with residents.	Already in practice	DOC is actively recruiting and hiring correctional officers. The District has implemented a hiring incentive for new correctional officers that offers a bonus of up to $6,000 for correctional officers who have recently completed basic correctional training and after successfully completing their probationary period.
11. DOC should eliminate penalties for staff who refuse to work requested overtime and update wellness offerings to support the psychological needs and well-being of staff.	No	Pursuant to DOC SOP 2211.3 Ordering Overtime and Discipline of Employee for Refusal to Work Overtime: "An employee who has been given reasonable, and justifiable, notice and who refuses to work overtime may be disciplined by the appropriate official for such refusal. Whether or not the order is issued during an emergency will be a factor in determining the amount of reasonable notice. The employee's personal situation will also be considered in determining whether refusal is justified." Additionally, in December 2023, DOC hired a wellness coordinator, who provides programs, services and support for staff experiencing trauma. Furthermore, during mandatory pre-service (onboarding) and yearly in-service training, Dr. Joan Gillece a recognized expert with over forty-years of health field experience and twenty-five years of working on issues directly related to trauma and social justice, provides training on mental health in corrections to staff. https://doc.dc.gov/page/staff-wellness-resources
12. DOC should revise its protocols to provide both residents and staff clearer and simpler ways to report discrimination, including that it can be reported anonymously.	Already in practice	DOC complies with the DC Human Rights Act. Additionally, as a part of pre-service training and yearly in-service training, all staff are educated on DOC's zero tolerance to sexual harassment, discrimination and retaliation. The agency's sexual harassment policies, PP

		3310.4K Sexual Harassment Against Employees and PP 3800.1G Equal Employment Opportunity (EEO) Program outline the steps for reporting discrimination in the workplace. DOCs policies are in line and follow District of Columbia protocols for reporting allegations of discrimination. Additionally, DOC has a dedicated EEO and Diversity Office with staff that report directly to the Director of DOC. Residents are able to report allegations of discrimination or staff misconduct via the inmate grievance process. Please see https://doc.dc.gov/node/312852
13. DOC should investigate all contraband identified in the jail during FY2025, utilizing all available sources of evidence and information, publish findings, and develop an action plan to decrease contraband entering the jail.	Already in practice	DOC conducts and acts upon internal analysis of contraband and assault incidents. These practices and documents are protected from publication as they are part of a deliberative process that is encompassed in D.C. Code § 2-534(a)(4). This information would likely be exempt from disclosure under the D.C. Code § 2-534(a)(3), as they are considered investigatory records that are compiled for purposes of law enforcement purposes.
14. D.C. Council should enact legislation that expands the ability of the individuals and others to view DOC staff's Body-Worn Camera footage and creates reporting requirements on camera data consistent with existing Metropolitan Police Department requirements.		DOC cannot respond for Council.
15. DOC should create and utilize a digital system to track individual staff attendance at required trainings, allow analysis of overall training engagement and attendance, and establish protocols to evaluate staff comprehension,	No	DOC currently electronically tracks attendance at all trainings. DOC staff are required to manually sign in at each training session. Staff attendance is then recorded in an electronic tracking system maintained for each employee. DOC is able to readily pull records on the

retention, and utilization of material covered in all mandatory trainings.		number of trainings, the date and type of trainings staff members attended. Staff comprehension is assessed during and after training by instructors as a standard training practice. Training is reinforced through repetition and refreshers annually, if not more often. Failure to adhere to these policies and expected practices can result in disciplinary action in accordance with the District's Personnel Manual. Additionally, DOC does not have the significant funding and IT staffing necessary to implement an information system upgrade of this magnitude concurrently with other ongoing or planned information system upgrades. Finally, staff are afforded the opportunity to ask questions during class, engage in hands-on demonstrations, and conduct in role playing exercises to confirm comprehension and understanding of the training materials.
16. DOC should ensure that mandatory staff trainings cover: a) contraband prevention, identification, and consequences; b) preventing and reporting discrimination or harassment; c) requirements for Body-Worn Cameras, d) working with residents with mental illness, e) cultural competency; and f) wellness, secondary trauma, and stress management.	Already in practice	DOC's current training, curriculum, and lesson plans address training needs in each of the stated areas in the recommendation. All new correctional officers attend 10 weeks of basic correctional training (approximately 400 hours) prior to working as a correctional officer. All DOC staff are required to attend 40 hours of pre-service training upon hire and then 40 hours of in-service training each year thereafter. The 40 hours of training include coverage on such topics as: contraband prevention, identification, and consequences, preventing and reporting discrimination and harassment, emotional intelligence/intrapersonal relationships, communication skills, anti-racism: can it exist in the culture of the incarcerated, as well as additional courses in compliance with ACA standards. In addition to the required courses staff may elect to take additional online courses related

		to cultural competency, stress management, trauma and wellness. All correctional officers are required to attend an 8 hour Body Worn Camera training prior to being issued a body worn camera.
17. DOC should publish and post online an annual report identifying and analyzing the causes and contributing factors for all deaths in the prior four years and recommending any policies or procedures that should be revised. The first such report should also address ways that a new jail facility design could improve jail safety and support easier identification of individuals in crisis and should be shared with DGS and its design and architectural contractors.	No	All deaths that occur within a DOC facility are investigated by the DOC Office of Investigative Services and the Metropolitan Police Department (MPD). The results of these investigations are not publicly released based on the exemption set forth in as D.C. Code § 2-534(a)(3)(E), as these reports contain investigatory information and conclusions that if disclosed would have the potential to publicize investigation techniques. Moreover, and alternatively, this information would be further exempt from disclosure under D.C. Code § 2-534(a)(3)(F) because disclosing such information has the possibility of providing the personal information of correctional officers which would interfere with their personal safety and privacy. Additionally, DOC leadership reviews all records related to a death in custody and implements policy changes as needed.
18. DOC should engage the Metropolitan Police Department as soon as possible any time a death in the jail occurs via homicide or an overdose to support independent investigations of any individuals – either staff or resident – who should be charged with a crime.	Already in practice	This is current practice. MPD investigates all deaths that occur at DOC.
19. D.C. Council should ensure implementation of the Corrections Oversight Improvement Omnibus Amendment Act of 2022's requirements for transparency related to resident deaths.		DOC adheres to all death in custody notification requirements outlined in the Corrections Oversight Improvement Omnibus Amendment Act of 2022. Please see https://doc.dc.gov/node/1746981

		DOC cannot respond for Council.
20. DOC should provide additional resident programming and employ other evidence-based violence reduction measures. DOC should utilize formal evaluation tools to measure and report consistently on the impact of any violence reduction or prevention programs, activities, and strategies being utilized.	Already in practice	DOC launched violence reduction programs in partnership with the DC Office of Neighborhood Safety and Engagement (ONSE) and National Association for the Advancement of Returning Citizens DC in 2024 for the purpose of having mediations facilitated within the jail. This program assists the DOC in reducing violence within the facilities by minimizing the effects of community related conflicts (Crews/Gangs). Violence Interrupters (V.I.'s) from both organizations have been trained in the Community Violence Intervention (CVI) approach, which uses evidence-informed strategies to reduce violence through tailored, community-centered initiatives. The DOC also partnered with the A'tonement Project in 2023. The A'tonement Project provides programming to residents in maximum custody units to specifically address the violence in the units through the use of peace ambassadors. DOC reviews its current practices and outcomes of the violence intervention efforts and shares findings with ONSE so that together the program can be continuously monitored and refined to optimize effectiveness.
21. DOC should ensure 100% compliance with Separation Orders to promote resident and staff safety without overreliance on administrative restrictive housing.	Already in practice	DOC follows its policies and the law regarding separation orders.
22. DOC should strengthen the implementation and enforcement of Prison Rape Elimination Act standards by implementing the Sexual Assault Incident Review Team recommendations, improving staff training, ensuring confidential and multiple reporting, and enhancing oversight of investigations to prevent retaliation and underreporting.	Already in practice	DOC facilities are in compliance with PREA standards, which are set by the Department of Justice. Please see https://doc.dc.gov/node/879192 to review the Annual Reports and Audit Reports related to PREA.

23. DOC and DGS should ensure that new jail facility plans utilize best practices in correctional design and include features like podular design, as well as increased natural light, calming spaces, sufficient healthcare spaces, and access to outdoor space and recreation.	Already in practice	Please refer to the response for recommendation #2.
24. DOC should strengthen mandatory correctional officer training focused on building de-escalation knowledge and skills and then assess its impact on reducing the use of force one year afterwards.	Already in practice	DOC's training program includes courses during pre-service, in-service and basic correctional training on de-escalation, and TACT2 (Therapeutic Aggression Control Techniques), which is a trauma sensitive staff training program that focuses on behavior management and crisis de-escalation. Additionally, Dr. Joan Gillece and her team are training staff on TAMAR (Trauma, Addition, Mental Health and Recovery) to help staff better understand trauma and how it affects them as well as residents.
25. DOC should immediately reconvene its Violence Reduction Committee focused on reviewing use-of-force incidents and publish its findings and recommendations to improve policies, practices, and training opportunities.	Already in practice	DOC currently has an established monthly Violence Reduction Committee focused on the review of use of force. DOC 's internal analysis and reports are covered by deliberative protections processes pursuant to D.C. Code § 2-534(a)(4) and therefore, DOC does not publish these documents.
26. DOC and its healthcare provider should develop a plan to fill all vacant behavioral health positions within the jail within 12 months.	Already in practice	Unity Healthcare has a plan to fill all open positions within a year and meets with DOC staff weekly to discuss and track progress.
27. DOC should increase resident access to behavioral health programs equitably so that those services are accessible to all people regardless of sex, classification, or housing unit.	Already in practice	DOC conforms to the Risk-Needs-Responsivity model accepted as best practice in the correctional field. Additionally, DOC offers several high-quality Behavioral Health Treatment and Services. For example, MOUD is free of cost to individuals who suffer from opioid use disorders, and a number of substance use treatment options to encourage recovery.

		However, many in custody choose not to avail themselves of these services of their own accord. Many individuals in custody are not ready to take that step towards their recovery; to require it of them would be counterproductive.
28. DOC should sustain its national leadership in the provision of Medication Assisted Treatment, increase overall access to substance use disorder treatment, and expand Peer Recovery Support Services, across both CTF and CDF.	Already in practice	
29. DOC should stop the practice of removing residents from substance use disorder programming if they are found to have used or possessed drugs in the jail.	Yes	DOC policy is currently being updated, however, in practice removal from a substance use disorder program is not automatic but based on clinical evaluation.
30. DOC and its health care provider should develop, publish, and implement a corrective action plan to address inconsistent provision of medication and medical supplies to residents, resident transportation, missed external medical appointments, and pregnancy and post-partum care.	Already in practice	DOC has recently strengthened its policy for the care for pregnant and postpartum residents. DOC staff do their best to transport residents to external medical appointments, however, there are instances where residents refuse to attend and do not consent to the medical appointments. The DOC Health Services Administrator along with the health care provide conduct internal assessments and reviews.
31. D.C. Council should ensure that DOC has sufficient annual funding to a) repair or replace all video visitation monitors and b) purchase enough tablets so that every resident has a working tablet available to him or her.		This recommendation is addressed to Council and should be directed to them as such. However, for informational purposes, DOC already has sufficient tablets to provide one to each resident. Each resident receives 30 minutes of free tablet video visitation each week, and then the cost is .16 cents a minute thereafter.
32. DOC should renegotiate its vendor contract for home video visits as soon as possible and, when able, solicit bids that may be able to reduce the cost to families.	Already in practice	DOC has a tablet program that offers virtual video visits and it went live on December 10, 2024. Residents are provided 30 minutes of free tablet video visits each week. After the 30 minutes of free video are utilized, the resident or the visitor may pay 16 cents per minute for a

		tablet-based video call. This cost is a reduced price based on the approved costs by the Federal Trade Commission.
33. DOC should develop and implement a protocol that would automatically notify loved ones via text message or email when issues with in-person or virtual visitation are occurring and will prevent a resident from participating in a visit scheduled within the next 48 hours.	No	DOC does not see the necessity for this action.
34. DOC and DGS should ensure that new jail facility plans include sufficient space for both video and contact visits for all residents, with visitation rooms that are welcoming and appropriate for children and other visitors.	Yes	There will be sufficient space to provide video visits and contact visits for residents who qualify for such visits. Not all residents may qualify to have contact privileges due to high security; security/safety restrictions.
35. DOC reports on restrictive housing should include the usage of safe cells, pre-hearing housing, and any other forms of housing where residents can be held in-cell for 22 hours or more per day.	Already in practice	DOC currently reports on restrictive to DC Council yearly. The use of safe cells, which is clinically determined by the medical contractor, and pre-hearing housing, where residents are afforded out of cell time comparable to general population are not restrictive housing.
36. DOC should post monthly data on restrictive housing on its website which includes the number of individuals who have been held in each category of restrictive housing in the last month and those individuals' lengths of stay in restrictive housing.	No	Written data on restrictive housing is provided annually to the DC Council during the performance hearing process.
37. DOC should systematically review the use of restrictive housing, including reasons for its use and length of stay, determine whether alternatives can be used for certain disciplinary consequences and incidents, and change its practices accordingly.	Already in practice	DOC has an established restrictive housing committee, and members review, make recommendations and implement changes that affect these elements.
38. DOC should reduce the maximum days placement in disciplinary restrictive housing can last per the international standards, from its current level of 30 days to no more than 15 days.	Yes to part of the recommendation	Currently the average length of stay is 18-days in disciplinary restrictive housing. DOC will be issuing policy changes to decrease the maximum sanction period to 20-days.

39. DOC should require staff to call for medical assistance immediately if they observe a resident in restrictive housing in distress.	Already in practice	
40. DOC should vet the design and number of restrictive housing units planned for the new jail facility, including safe cells, with the D.C. Council and key stakeholders in advance of any architectural plans being finalized.	No	DOC and DGS attended 24 community meetings over the past year to raise awareness, answer questions and receive input from community stakeholders regarding the new jail design. DOC will continue to work with leading experts in correctional design and communicate and engage with the community and stakeholders as the planning process continues.
41. DOC should simplify the resident grievance process by allowing a) someone to file a grievance on another person's behalf, b) a single grievance raising multiple issues, and c) an otherwise sufficiently detailed grievance being filed on the wrong form.	No	DOC disagrees with this recommendation because DOC simplified the Inmate Grievance Process (IGP) in May 2024 and there are no restrictions on a resident working with another resident to file a grievance. Also, we limit the number of grievances on a form to make sure a grievance is addressed by appropriate staff in a timely manner.
42. DOC should increase the availability of individuals like case managers or peer navigators who are specifically trained to assist residents in completing and filing required grievance forms.	Already in practice	DOC has case managers, IGP coordinators in place who are specially trained to assist residents in completing and filing required grievances.
43. DOC should establish a Grievance Improvement Committee that includes residents, advocates, and staff and is tasked with biannual (or more frequent) reviews of a set of randomly selected grievances and publishing a report with any findings and recommendations to improve policies, practices, and training opportunities.	Already in practice	DOC already has a mechanism in place to review the grievance policy annually that is inclusive of resident participation. In accordance with PP 4030.1N Inmate Grievance Procedure, DOC holds monthly Inmate Grievance Advisory Committee (IGAC) meetings at both CDF and CTF. The IGAC meeting is also attended by the District Advisory Neighborhood Commissioner ANC7F08 (a resident within the facility).
44. DOC should immediately provide residents with copies of and date- and time-stamped receipts for any physically or digitally submitted grievances in all circumstances.	Already in practice	

45. DOC should ensure physical grievance forms and pencils are available in common areas and the library and to service providers who meet with residents; case managers with supplies for filing grievances should make daily rounds in restrictive housing units.	Already in practice	A resident does not need a formal grievance form to file a complaint.
46. D.C. Council should fund, and DOC should implement Section 32 of the Secure D.C. Omnibus Amendment Act of 2024 and the existing DOC Food Service Program policy.		DOC believes this recommendation is addressed to the DC Council.
47. DOC should improve food quality and nutritional value by actively participating in the statutorily established Healthy Food Task Force and implementing food policies that meet up-to-date national nutritional standards and include adequate portions.	No	Meals currently provided to residents meet U.S.D.A dietary and nutritional standards.
48. DOC should direct kitchen staff and security and operations teams to reduce the holding time to ensure meals are served as quickly as possible. Food temperature should be recorded upon arrival at each housing unit, and food should only be served if it is within the standard acceptable range.	No	DOCs current process is compliant with DC Health and ACA standards. The food service contractor takes and records food temperatures daily, at each meal. Food temperatures are taken immediately after the food is cooked, at the beginning of the serving line, and right before the food departs the kitchen. DOC correctional then delivers the hot meals to the population in heated carts.
49. DOC should standardize commissary spending limits across jail housing classifications to reduce disparities in food access.	Yes	DOC will be implementing standardized spending limits between CDF and CTF.
50. DOC should offer more healthy food options, including fresh fruit, lean proteins, and vegetables, and reduce the cost of bottled water available for purchase at the commissary.	No	Current menu and meals options provided to residents meet U.S.D.A dietary and nutritional standards. There is a fiscal impact to providing “more healthy food options” beyond these national standards.
51. The Mayor and D.C. Council should ensure that DOC has adequate funding to expand the availability of educational programming for both CDF and CTF residents.		DOC believes this recommendation is addressed to the Mayor and DC Council.

52. DOC should provide additional programming for women residents.	Already in practice	
53. DOC should ensure both CTF and CDF residents can regularly practice their religion.	Already in practice	All religious holidays and celebrations are accommodated at both facilities at the request of the inmate. Policy PP 4410.1J was updated in FY 2024.
54. DOC should ensure legal visitation rooms are always staffed and accessible during designated hours and that residents are brought to their visits timely.	Already in practice	DOC is committed to timely legal visits. DOC visitation halls are available for legal visits 24 hours/7 days a week. Safety and security concerns or issues may necessitate delay in residents attending a legal visit.
55. DOC should evaluate its current policy and practices regarding attorney entry to the jail to reduce delays in meeting with clients and maintain security.	Yes	DOC is constantly evaluating visitation policies and technology to reduce delays in legal meetings while also maintaining security. Attorney access is a critical component of due process, and the DOC remains committed to facilitating timely legal visits, and the agency will continue to work to find solutions for a more streamlined operation.
56. DOC should assess the effectiveness of current tablet-based legal resources for residents.	Already in practice	
57. DOC should provide all residents in restrictive housing with a tablet and allow residents in restrictive housing to schedule and attend virtual visits with their attorneys via their tablets.	No	Residents in restrictive housing continue to have access to the tablet that was issued to them in the general population. If they do not have one, they are able to request a tablet. Additionally, DOC provided access to residents to have virtual visits with their attorneys via tablets, however, the defense bar objected to this because of a concern about a lack of privacy and confidentiality that could compromise attorney-client privilege.
58. DOC should adequately staff law libraries, allow residents to make appointments to conduct legal research, and provide residents with commonly requested legal forms and the ability to complete and submit them electronically or in print for free.	No	Residents have full access to legal resources via through tablets equipped with LexisNexis and FastCase. Additionally, DOC does not provide legal forms to residents.

ODCA Response to Agency Comments

The Office of the DC Auditor greatly appreciates the time and diligence of Department of Corrections (DOC) and Department of General Services (DGS) officials in responding to the draft report and its findings and recommendations, as well as the staff resources required to respond to the multiple requests for information throughout this engagement.

On April 14, 2025, representatives of ODCA and our contractor, the Council for Court Excellence (CCE), met with representatives of DOC and DGS at the agencies' request to review the draft report provided on April 4, 2025. We appreciate the candor of that lengthy conversation. As a result of concerns expressed particularly by the DOC officials, CCE revised and clarified a number of findings and recommendations and ODCA then shared those revisions with DOC. Additional text edits were also made throughout the report to correspond to the revised findings and recommendations.

We will here address the concerns expressed with the project's process, the overarching issue of providing the sources and attribution for statements made throughout the report, a few specific findings with which DOC has taken exception, and a summary of changes made between the draft and final report including the status of recommendations.

DOC states that the project should have begun with an entrance conference, which is a standard step for ODCA audits and audits undertaken by other state and city audit offices. We concur with that view and, in the April 14, 2025, meeting, apologized for that oversight. This project was initially designed as a comprehensive compilation of information on conditions at the CDF and CTF already on the public record through testimony and other sources including following up on information contained in ODCA's 2019 audit, Poor Conditions Exist at Aging DC Jail; New Facility Needed to Mitigate Risk.

That said, we agree that even projects with a limited scope and projects not expected to be based on new research should begin with an open discussion to better facilitate communication and collaboration. Throughout the summer and fall of 2024, CCE collected records and data from the agencies on ODCA's behalf, and many direct communications about the audit requests took place among the relevant offices.

Another concern expressed at the exit conference were instances in the report that failed to attribute information to its source or were not sufficiently clear whether information was based on an allegation or corroborating evidence. In revising findings and recommendations and throughout the supporting text, the authors have clarified where information was obtained and attributed information to its source. The final report includes descriptions of events or circumstances that are described in court filings or claims made in interviews with residents, their legal advocates, or staff.

We agree that on subjects as sensitive as those included in this report on conditions at correctional facilities, it is critical to be detailed and clear about the sources supporting a finding or conclusion. The authors have sought to treat the perspectives of the agency, its staff, current

and former residents, and their lawyers all as valuable sources of information, even when they have varied capacity for formal documentation. We appreciate the opportunity to provide additional context.

We have reviewed each instance that DOC cites as "incorrect," made corrections and clarifying edits and otherwise stand by the report's overall language. Some matters are open for interpretation, and what DOC may claim as "hearsay" consists of commentary from interviews with residents and others who frequently visit the facilities – commentary that we believe is worth sharing as reported. For example, at the start of the section on facilities, DOC officials said that facts about the U.S. Marshal Service were misstated. We have edited the report to delete reference to a confidentiality agreement and clarified the number of residents who were moved to Pennsylvania. We appreciate the opportunity to correct these references. In addition, we made responsive adjustments to the report's discussion of PREA compliance. We also clarified that any reference to litigation that was not adjudicated by a judge or jury is referencing facts alleged and not proven in a court of law.

DOC objected to the original Finding 7 which stated that "DOC staff have contributed to the presence of contraband drugs and weapons in the jail" and we have amended that finding to be specific to the audit period, stating that "Two former DOC staff members were guilty of and two others were charged with bringing contraband into the jail."

DOC also criticized reference to someone they described as "a determined non-family member" who sought information on a death in custody and claimed that the relationship did not meet the legal requirements allowing disclosure. The individual in question was the parent and guardian of children of the deceased. We believe that their story was worth sharing, putting in context how difficult it can be for individuals to learn details about their loved ones who died in custody.

We amended the report language to acknowledge that DOC is following requirements of the 2022 legislation on transparency in correctional facilities in publishing the names of residents who die in custody even though that legislation has not taken effect. We continue to believe that greater transparency is possible and desirable.

We also amended the recommendation about Metropolitan Police Department investigations on deaths in custody to emphasize the importance of investigating any and all circumstances that might show criminal responsibility in a death particularly in cases of homicide or overdoses attributable to the presence of contraband.

We deleted two additional recommendations listed in the draft report as #5 and #12. The first related to training for DOC staff on recognition of heat stress, something the DOC response indicates is already in place. Recommendation 12 pertained to protocols for simpler ways to report discrimination, and the Department also addressed this concern in their written comments.

ODCA appreciates the instances in which DOC concurs with the report's findings. "There is no question that the structure of the CDF facility presents real limitations in delivering programming and services," they note in responding to Finding 9. The agency concurs with three recommendations and with a fourth, in part.

For the largest number of recommendations (31), DOC has stated that the recommendations are "already in practice." In some instances, DOC argues that they have an existing policy covering the issue raised and the resulting recommendation. But in many, if not most, of these recommendations, the issue is not the existence of an appropriate policy, but actual practice and the apparent failure of the department to meet its own policies with sufficient consistency. For example, DOC has policies related to staff bringing contraband into the jail, and yet as mentioned above, two DOC staff were found guilty of, and two others were indicted for, smuggling weapons and drugs into the jail during the audit period.

The "already in practice" response to the first recommendation may be the most significant case of misstating actual facts as documented in testimony, budgets, on the DOC website and in the response itself. We recommend that "the Mayor and D.C. Council should make sufficient investments in a new jail facility so that the District can **replace the CDF completely as soon as possible** (emphasis added)." In stating this is "already in practice," the agency refers to Mayor Bowser's allocation of $463 million in the FY 2025 Capital Improvement Program "to design and build an annex to the CTF." Planning is certainly under way for a new facility to include offices and some cells for residents. Nevertheless, current plans published by the Bowser Administration make clear that the general population housing at the CDF will be fully replaced at the earliest in 2035, a decade from now. And it will require significant additional investments. Given new revenue and budget constraints, even the existing capital commitment may come into question.

Three of the recommendations were directed to the Department of General Services in addition to the DOC, related to the planning for the new correctional facility referred to as the "CTF Annex." In each case, the DGS response concurred with the DOC response in stating that plans would reduce the need for air conditioning, ensure that design reflects best practices including natural light and access to outdoor space and recreation, and include space for video and contact visitation. DGS also responded to facility-related recommendations directed to DOC and provided additional information on repairs to current HVAC systems and stated that planning for the CTF Annex "will accommodate new legal visitation rooms that will be accessible for attorneys and residents." We appreciate the additional information provided by DGS.

A consistent advantage of inviting agencies to comment on draft reports is the ability to report progress made following the period of an audit. In several cases, DOC has made progress on issues of concern following the June 30, 2024, conclusion of the audit period. The report found that "residents of CTF lacked video visits," and DOC reports that in December 2024, the Department initiated "tablet-based video visits" for all CDF and CTF residents. Similarly, the report raises concerns with DOC's use of restrictive housing, and the agency's comments state that such use has been reduced to an average length of stay of 18 days for the period between January 1 and April 10, 2025. We commend the Department for progress on these and other areas.

Part of the follow-up that we anticipate on the part of both ODCA and CCE will be to encourage Council oversight on the report's recommendations and consideration of the investments needed to achieve improvements. Oversight will be particularly important for the large number of recommendations that DOC indicates are "already in practice." We recommend providing

additional evidence-based violence reduction measures, as well as evaluating the programs in place and those newly initiated. In noting that this is "already in place," the department states that they launched violence reduction programs in 2024 "for the purpose of having mediations facilitated within the jail." They cite another initiative began in 2023 to use "peace ambassadors" to reduce violence in maximum custody units. We look forward to the department detailing the results of these initiatives in their 2026 performance testimony.

We also call for the agency and its health care provider to plan to "fill all vacant behavioral health positions within the jail within 12 months." In stating this is "already in practice," DOC says Unity Health Care plans "to fill all open positions within a year and meets with DOC staff weekly to discuss and track progress." We expect to urge the Committee on the Judiciary and Public Safety to request that tracking information and pursue the status of hiring.

Because of the life and death importance of the issues addressed in the report and in the exchanges with the executive branch agencies, we anticipate that follow-up will take various forms. We appreciate the discussions with DOC and DGS and look forward to that dialogue continuing.

About ODCA

The mission of the Office of the District of Columbia Auditor (ODCA) is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government.

To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

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