

Council of the District of Columbia
COMMITTEE ON THE JUDICIARY & PUBLIC SAFETY
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004

January 26, 2022

Donald Isaac, Sr.
Executive Director
Corrections Information Council
1400 I Street, N.W., Suite 400
Washington, D.C. 20005

Dear Executive Director Isaac:

The Committee on the Judiciary and Public Safety will hold [performance oversight hearings](#) on the agencies under its purview this spring. In preparation for your agency’s hearing on March 2, 2022, the Committee is sending the following questions for your response. Please [upload your responses here](#), with the name or code of the agency in the file name, no later than the close of business on **February 25, 2022**. *Please prepare your responses in Word or Excel format, as applicable, and minimize the use of attachments.* If you need to discuss any of the questions, please contact Kate Mitchell, Committee Director, at kmitchell@dccouncil.us.

General Questions

1. **Please provide a current organizational chart for the agency, including the number of vacant, frozen, and filled positions in each division or subdivision. Include the names and titles of all senior personnel, and note on the chart the date the information was collected.**
 - a. **Please provide an explanation of the roles and responsibilities of each division and subdivision.**
 - b. **Please provide a narrative explanation of any changes to the organizational chart made during the previous year.**



Chart updated February 14, 2022.

The Corrections Information Council (CIC) monitors and reports on the conditions of confinement at prisons, jails, and contract facilities operated by the Federal Bureau of Prisons (BOP) and the DC Department of Corrections (DOC). The structure of the organization consists of a five-member board of directors, an executive director, and support staff comprised of five program analysts, two clerical assistants, and a communications specialist.

The CIC promoted the communications specialist to the vacant program analyst position in FY21. Also, since FY22, the CIC filled an additional program analyst position and the vacant communications specialist position, giving the agency a full staff compliment. One analyst position was also promoted to a senior analyst position.

- 2. Please provide a current Schedule A for the agency *in Excel format* which identifies each filled, vacant, unfunded, and funded position by program and activity code, with the employee's name (if filled), title/position, salary, fringe benefits, and length of time with the agency (if filled). Please note the date the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Please separate salary and fringe into separate columns and indicate whether the position must be filled to comply with federal or local law.**

See attachment. Please be advised that the schedule A lists 11 positions, but we are in the process of confirming the existence of 1 position. Currently, our staff totals 10 people.

- 3. Please list all employees detailed to or from your agency during FY21 and FY22, to date. For each employee identified, please provide the name of the agency the employee is detailed to or from, the reason for the detail, the date of the detail, and the employee's projected date of return.**

Not applicable.

- 4. Please provide the Committee with:**

- a. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned, as well as a description of all vehicle collisions involving the agency's vehicles in FY21 and FY22, to date; and**
- b. A list of travel expenses, arranged by employee for FY21 and FY22, to date, including the justification for travel.**

For (a), not applicable.

For (b), please see attachment entitled "Travel Expense Report".

- 5. Please list all memoranda of understanding ("MOU") entered into by the agency in FY21 and FY22, to date, as well as any MOU currently in force. For each, indicate the date into which the MOU was entered and the termination date.**

- DOC entered 3/3/2020; no expiration.
- BOP entered 3/23/2021; expires on 3/23/2022. Extended until 5/29/22 due to BOP leadership changes.
- DCHR entered into 10/7/2020; expired on 9/30/2021.

6. Please list the ways, other than MOU, in which the agency collaborated with analogous agencies in other jurisdictions, with federal agencies, or with non-governmental organizations in FY21 and FY22, to date.

The CIC has met with various entities to discuss areas of synergy. Collaborative efforts are regularly discussed within the agency, and CIC has meet with the following agencies to brainstorm or exchange ideas:

- The Mayor’s Office on Returning Citizens Affairs (MORCA)
- Justice Policy Institute (JPI)
- Board of Elections
- CNA
- Interfaith Action for Human Rights (IAHR)
- National Association for the Advancement of Returning Citizens (NAARC)
- Reentry Action Network (RAN)
- ReThink Justice DC Coalition
- BreakFree Education
- Washington Lawyers Committee for Civil Rights and Urban Affairs
- Public Defender Service (PDS)
- Voices for a Second Chance

7. For FY21 and FY22, to date, please list all intra-District transfers to or from the agency, and include a narrative description of the purpose of each transfer.

Not applicable.

8. For FY21 and FY22, to date, please identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:

- The revenue source name and code;**
- The source of funding;**
- A description of the program that generates the funds;**
- The amount of funds generated by each source or program;**
- Expenditures of funds, including the purpose of each expenditure;**
- Whether expenditures from the fund are regulated by statute or policy, and if so, how; and**
- The current fund balance.**

Not applicable.

- 9. For FY21 and FY22, to date, please list all purchase card spending by the agency, the employee making each expenditure, and the general purpose of each expenditure.**

Please see attachment entitled "Purchase Card Spending Report". Purchases are made by Maurice Cotton and approved by Nailah Seabron.

- 10. Please list all capital projects in the financial plan for the agency or under the agency's purview in FY21 and FY22, to date, and provide a narrative update on each project, including the amount budgeted, actual dollars spent, and any remaining balances. Please also include projects for the benefit of the agency that are in the budget of the Department of General Services or another agency. In addition, please provide:**

- a. A narrative description of all capital projects begun, in progress, or concluded in FY20, FY21, and FY22, to date, including the amount budgeted, actual dollars spent, any remaining balances, and the work undertaken;**
- b. An update on all capital projects planned for the four-year financial plan;**
- c. A description of whether the capital projects begun, in progress, or concluded in FY20, FY21, and FY22, to date, had an impact on the operating budget of the agency. If so, please provide an accounting of such impact; and**
- d. A description and the fund balance for any existing allotments.**

Not applicable.

- 11. Please provide a list of all budget enhancement requests (including capital improvement needs) for FY21 and FY22, to date. For each, include a description of the need, the amount of funding requested, and whether the enhancement was approved.**

Not applicable.

- 12. Please list, in chronological order, each reprogramming in FY21 and FY22, to date, that impacted the agency, including those that moved funds into the agency, out of the agency, or within the agency. Include known, anticipated reprogrammings, as well as the revised, final budget for your agency after the reprogrammings. For each reprogramming, list the date, amount, rationale, and reprogramming number.**

There was a mid-year reduction to OBP for \$41,263 on August 23, 2021. There was also a reduction of \$66,726.48 on September 30, 2021 to offset the Public Safety and Justice Cluster's deficit.

- 13. Please list each grant or sub-grant received by your agency in FY21 and FY22, to date. List the date, amount, source, purpose of the grant or sub-grant received, and amount expended.**

- a. How many FTEs are dependent on grant funding?**
- b. What are the terms of this funding?**

- c. **If it is set to expire, what plans, if any, are in place to continue funding the FTEs?**

Not applicable.

14. **Please list each grant or sub-grant granted by your agency in FY21 and FY22, to date. List the date, amount, source, and purpose of the grant or sub-grant granted.**

Not applicable.

15. **Please list each contract, procurement, and lease entered into or extended and option years exercised by your agency during FY21 and FY22, to date. For each contract, procurement, or lease, please provide the following information, where applicable:**

- a. **The name of the party;**
- b. **The nature of the contract, procurement, or lease, including the end product or service;**
- c. **The dollar amount of the contract, procurement, or lease, including amount budgeted and amount actually spent;**
- d. **The term of the contract, procurement, or lease;**
- e. **Whether it was competitively bid;**
- f. **The name of the agency's contract monitor(s) and the results of any monitoring activity; and**
- g. **The funding source.**

- Contract with an independent data contractor (Isabel Taylor), for the purpose of strengthening survey and data content starting in September 2021 in \$2,500 increments to total \$10,000.
- Toshiba Copier for 60-month lease in the amount of \$20,100.
- MVS Laptops totaling \$5,720.15.

16. **Please list and describe all pending and closed lawsuits that name or named the agency or agency leadership as parties in FY21 and FY22, to date (include the parties' names, docket number, and date the case was filed and/or closed), include a narrative explanation of the specific issues involved in each case, and describe the current status of the litigation. Identify which cases on the list are lawsuits that potentially expose the District to significant financial liability or could result in a change to agency practices.**

Not applicable.

17. **Please list all judgments against and settlements executed by the agency or by the District on behalf of the agency, of any amount, in FY21 or FY22, to date, and provide the parties' names, the date on which the judgment was issued or settlement was executed, the amount of the judgment or settlement, and if related to litigation, the case name, docket number, and a brief description of the case. Include non-monetary costs such as backpay and leave restoration. If unrelated to litigation, please describe the underlying issue or reason for the judgment or settlement (e.g. excessive use of**

force, wrongful termination, sexual harassment). Please also describe any matters which are currently in settlement negotiations or for which a judgment is imminent.

Not applicable.

- 18. Did the agency use outside counsel in FY21 and FY22, to date? If so, for what matter(s) and in what amount(s)?**

Not applicable.

- 19. Please list the complaints, grievances, or similar charges – whether informal or formal and whether handled internally or externally – that the agency received or otherwise responded to in FY21 and FY22, to date, broken down by source. Please describe the process utilized to respond to any complaints, grievances, or similar charges and any changes to agency policies or procedures that may have resulted. For any complaints, grievances, or similar charges that were resolved in FY21 or FY22, to date, describe the resolution. Specifically note any matters that implicated agency senior staff or leadership.**

Not applicable.

- 20. Please describe the agency's procedures for investigating allegations of sexual harassment, sexual misconduct, or discrimination committed by or against agency employees. List and describe any allegations relating to the agency or its employees in FY21 and FY22, to date, and whether and how those allegations were resolved, whether internal or external (e.g. a specific disciplinary action, such as re-training, employee transfer, suspension, or termination, or an investigation).**

- a. Please also identify whether the agency became aware of any similar matters in FY21 or FY22, to date, through means other than an allegation, and if so, how the matter was resolved (e.g. sexual harassment was reported to the agency, but not by the alleged victim).**

CIC's sexual harassment procedures are modeled after those established by DCHR, which requires an investigation of the claims by a supervisor or sexual harassment officer while affording involved parties as much confidentiality as reasonably possible.

There were no claims in FY21 or FY22.

- 21. Please provide a list of the total workers' compensation payments paid by the agency or on the agency's behalf in FY21 and FY22, to date, including the number of employees who received workers' compensation payments, in what amounts, and for what reasons.**

Not applicable.

- 22. Please list and describe any ongoing internal or external investigations, audits, or reports on the agency or any employee of the agency, or any internal or external investigations, studies, audits, or reports on the agency or any employee of the agency that were completed during FY21 and FY22, to date.**

Not applicable.

- 23. Please describe any spending pressures the agency experienced in FY21 and any anticipated spending pressures for the remainder of FY22. Include a description of the pressure and the estimated amount. If the spending pressure was in FY21, describe how it was resolved, and if the spending pressure is in FY22, describe any proposed solutions.**

No spending pressures.

- 24. Please provide a copy of the agency's FY21 performance plan. Please explain which performance plan objectives were completed in FY21 and whether they were completed on time and within budget. If they were not, please explain.**

See attachment.

Performance plan objectives were completed on time and within budget. The agency continues to strive to produce reports within a shorter time frame, which will continue to improve as staff capacity is increased. The agency also plans to solicit expert attendance on an inspection as soon as Covid -19 restrictions make sense to allow for an expansion of inspection teams.

- 25. Please provide a copy of your agency's FY22 performance plan, as submitted to the Office of the City Administrator.**

See attachment.

- 26. Please describe any regulations promulgated by the agency in FY21 or FY22, to date, and the status of each.**

Not applicable.

- 27. Please provide the number of FOIA requests for FY21 and FY22, to date, that were submitted to your agency. Include the number granted, partially granted, denied, and pending. In addition, please provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.**

There was one FOIA request submitted. The request required one FTE for research purposes. The agency attempted to grant the request, but the information sought was not in the agency's possession. The response was provided in approximately 1 day.

28. Please provide a list of all studies, research papers, reports, and analyses that the agency prepared or for which the agency contracted during FY21 and FY22, to date. Please state the status and purpose of each. Please submit a hard copy to the Committee if the study, research paper, report, or analysis is complete.

FY 2021

CIC Annual Report FY20	Statutory requirement
BOP Survey Report on COVID	Quantitative Analysis
Fairview Brief Report	Walkthrough
Ft. Dix Brief Report	The CIC wrote a brief report on February 11, 2021, after inquiring about Twitter files uploaded from inmates at Ft. Dix regarding their conditions of confinement and seeking legal attention. The BOP response is included with the brief report.
DOC Report	Site visit of CDF and CCB during December 2020.
VOA	Based on surveys and remote interview process.
Texas Snow Brief Report	Impact on BOP
Brief Report on COVID testing and early release data	BOP impact
Compassionate Release Part 2	Status of legislative impact on the incarcerated.
Brief report on VOA	Recent COVID outbreak
YRA Report	A midyear update based on the request of CM Charles Allen containing more detailed analysis.
Brief update on Second Look Amendment Act	IRAA 3.0, was voted “yes” unanimously by DC’s Council on December 15th, 2020, which allows a person who committed a crime before the age of 25, and who has served a minimum of 15 years in prison, to apply to the DC Superior Court to have their sentence reviewed.
DOC Report	Site visit of CDF and CCB during May 2021.
FCI Hazelton	Inspection report.

FY 2022

DOC Annual Report FY21 w/ Recent updates appendix	Statutory requirement
YRA Annual Report FY21	Statutory requirement. Update on JPI Strategic Plan.
Press Release on Lewisburg Transfers	Brief update on CIC’s monitoring role in lieu on the USMS findings
CIC Annual Report FY21	Statutory requirement

29. Please list in descending order the top 25 overtime earners in your agency in FY21 and FY22, to date, if applicable. For each, state the employee’s name, position number, position title, program, activity, salary, fringe, and the aggregate amount of overtime

pay earned. Please describe the process the agency uses to determine which employees are granted overtime.

Not applicable.

30. For FY21 and FY22, to date, please provide a list of employee bonuses or special pay granted that identifies the employee receiving the bonus or special pay, the amount received, and the reason for the bonus or special pay.

Employee Name	Position Number	Title	Bonus Pay	Reason
Walker,Sheila A	85456	Clerical Assistant	5,000	Achievement based on performance plan
Isaac Sr.,Donald L	87609	Executive Director	5,000	Achievement based on performance plan
Ukaegbu,Nicole J	87548	Program Analyst	7,000	Achievement based on performance plan
Bracken,Chrisiant	87330	Program Analyst	7,000	Achievement based on performance plan
McCraney,Kareem	96865	Program Analyst	7,000	Achievement based on performance plan
Cotton,Maurice	102702	Clerical Assistant	15,000	Achievement based on performance plan
Marks,Patricia	94162	Program Analyst	7,000	Achievement based on performance plan
Bynoe-Seabron,Nailah	29006	Program Analyst	7,000	Achievement based on performance plan

31. For FY21 and FY22, to date, please list each employee separated from the agency with separation pay. State the amount, number of weeks of pay, and reason for the separation.

Not applicable.

32. Please provide the name of each employee who was or is on administrative leave in FY21 and FY22, to date. In addition, for each employee identified, please provide: (1) their position; (2) a brief description of the reason they were placed on leave; (3) the dates they were/are on administrative leave; (4) whether the leave was/is paid or unpaid; and (5) their current status.

Not applicable.

33. Please provide each collective bargaining agreement that is currently in effect for agency employees. Include the bargaining unit and the duration of each agreement. Note if the agency is currently in bargaining, and if so, its anticipated completion.

Not applicable.

34. If there are any boards, commissions, or task forces associated with your agency, please provide a chart listing the names, number of years served, agency affiliation, and attendance of each member. Include any vacancies. Please also attach agendas and minutes of each board, commission, or task force meeting in FY21 or FY22, to date, if minutes were prepared. Please inform the Committee if the board, commission, or task force did not convene during any month.

- American Correctional Association (ACA)
- DC Public Safety & Justice Cluster (PSJC)
- Community Advisory Group Co-Chair for Building Blocks DC

35. Please list all reports or reporting currently required of the agency in the District of Columbia Code or Municipal Regulations. Provide a description of whether the agency is in compliance with these requirements, and if not, why not (e.g. the purpose behind the requirement is moot, etc.).

DC Code § 24-101.01	
Inspect Reports (3 BOP per FY)	Yes, the agency is in compliance.
BOP Youth Act Report	Yes, the agency is in compliance.
CIC Annual Report	Yes, the agency is in compliance.
DOC Annual Report	Yes, the agency is in compliance.

36. Please provide a list of any additional training or continuing education opportunities made available to agency employees in FY21 and FY22, to date. For each additional training or continuing education program, please provide the subject of the training, the names of the trainers, and the number of agency employees trained.

The agency allows employees to attend trainings per their request, which includes selecting from the options available in the PeopleSoft portal to increase their skill sets. Additionally, staff members are required to receive certain trainings to assure agency compliance, such as BEGA, Cybersecurity, and Language Access Act trainings, while others attend ongoing specialized trainings, such as Sexual Harassment, OCTO Drupal, and P-Card trainings.

Staff also frequently attend various online seminars to enhance their knowledge of the criminal justice system and current initiatives. Below is a non-exhaustive list of some trainings personally selected and attended by staff:

Statehood and Criminal Justice Reform	9/14/2022	Web	1.5 hours
Lifers with the Sentencing Project	9/15/2020	Zoom	1.5 hours
Health Impacts on Incarcerated Women and Their Care Providers	9/16/2020	Zoom	1.5 hours
Life sentences —DC CURE	9/21/2020	Zoom	1.5 hours
Attica 49 years later	9/21/2020	Zoom	1.5 hours
Using Data and Performance Measurement to Improve Criminal Justice Outcomes	9/29/2020	Webinar	1 hour
Second Look at Life Sentences in America	10/15/2020	Webinar	1.5 hours
COVID 19 Behind Bars	10/27/2020	Webinar	1.5 hours
Healing Communities	10/28/2020	Zoom	1 hour
New Path to Justice	10/29/2020	Webinar	1 hour
Catholic Mobilizing—Restorative Justice	10/27-10/31	Zoom	4 hours
Extreme Sentences—Sentencing Project	10/28/2020	Zoom	1.5 hours
Justice Research and Statistics	11/5/2020	Webinar	1.5 hours
IHAR book club—insanity	11/10/2020	Zoom	1.5 hours
COVID and Legislation—Sentencing Project	11/10/2020	Zoom	1 hour
Youth Justice—Sentencing Project	11/17/202	Zoom	1.5 hours
Frederick Douglass Project	12/6/2020	Zoom	1.5 hours
Juvenile Reform—Healing Communities	1/12/2021	Zoom	3.5 hours
Advanced Zoom technics	1/21/2021	Zoom	1 hour
Disability Rights for Incarcerated Women	1/27/2021	Zoom	1.5 hours
Black Women and Criminal Injustice—Georgetown	2/4/2021	Zoom	1 hour
Using Google Sheets	2/9/2021	Zoom	2 hours
Compassionate Release—Sentencing Project	3/5/2021	Zoom	1.5 hours
Grassroots Summit—Sentencing Project	3/9/2021	Zoom	1.5 hours
BOP House Hearing	3/18/2021	Zoom	3 hours
Life and Virtual Life	3/24/2021	Zoom	1.5 hours

Pregnant While Incarcerated	4/8/2021	Zoom	1.5 hours
Budget hearing Deputy Mayor Public Safety	4/21/2021	Zoom	2 hours

Serving Life Sentence—Georgetown	4/28/2021	Zoom	2 hours
Halfway Home IAHR	5/3/2021	Zoom	2 hours
Second Look Sentencing Project	6/2/2021	Zoom	1.5 hours
Mail Guard in Prisons	6/17/2021	Zoom	2 Hours
PREA Reporting	7/14/2021	Webinar	2 hours
Language usage disability community	9/21/2021	Zoom	2 hours
NCCHC meeting orientation	10/19/2021	Zoom	1 hour
Health Services and Custody Fostering Better Relationships	10/26/2021	Zoom	1 hour
PREA Paperwork Records Review	10/28/21	Zoom	1.5 hours
Correctional Health Conference	Nov 2-4	In person	3 days
Justice Data	1/26/22	Zoom	1.5 hours

37. Please describe any initiatives that the agency implemented in FY21 or FY22, to date, to improve the internal operations of the agency or the interaction of the agency with outside parties. Please describe the results, or expected results, of each initiative.

The CIC is currently developing a video presentation to help with constituent and community engagement by informing the public about the impact of IRAA.

The agency has also partnered with other entities to attend inspections, such as MORCA and NAARC, and we have invited councilmembers and other organizations to participate. This will broaden the impact of our work and provide additional resources and information for the incarcerated population.

Additionally, the agency had maintained communication with monitoring agencies such as CNA to explore areas of synergy or adjustments regarding the inspection process, especially the need for unannounced inspections. There is also communication with the Board of Elections regarding potential collaborative efforts to reach the incarcerated population.

38. What are the agency’s top five priorities? Please explain how the agency expects to address these priorities in the remainder of FY22. How did the agency address its top priorities listed for this question last year?

The agency’s top five priorities are promoting the need for unannounced DOC inspections; renegotiating the MOU with the BOP; attempting quarterly meeting and

visits to the DOC; continuing agency growth through new hires and promotions; and continuing to execute our process to follow-up on prior recommendations.

The CIC expects to renegotiate the MOU with the BOP as soon as the incoming leadership is acclimated and establishes a date (communication is actively in-progress). We accomplished signing a temporary BOP MOU last year, and we have already sent our new terms of considerations for review. The agency also acquired two new staff members and promoted an analyst to a more senior status in order to build capacity and establish a career ladder. The agency has also managed to actively engage its Board members by securing direct assistance from them to write proposals related to the vision of the agency. Additionally, the agency has attempted to maintain our quarterly visits and meetings to the DOC; however, COVID priorities and leadership changes have required adjustments to expectations. The CIC recently met with new DOC leadership on February 24th to discuss updates and inspection requests. Lastly, the CIC is currently working on a system to follow-up on recommendations proposed in prior inspection reports, and staff assignments are underway on this project.

39. Please list each new program implemented by the agency during FY21 and FY22, to date. For each initiative, please provide:

- a. A description of the initiative;
- b. The funding required to implement the initiative; and
- c. Any documented results of the initiative.

Not applicable

40. How does the agency measure programmatic success? Please discuss any changes to outcomes measurement in FY21 and FY22, to date.

The foundation of our work is effectively reporting on the conditions of confinement. We have noticed our data referenced in various publications and take pride in the public confidence within our agency, which is demonstrated by citing our works and using the agency as a credible source of information. The CIC observes the impact of its work through discussions with executive leadership at the DOC and the BOP, and by regularly communicating with organizations involved in the criminal justice system. We also receive community feedback at meetings and through correspondence with incarcerated individuals and their families.

Outcome measurements were adjusted to reflect more raw numbers or averages, as opposed to previous percentages. The CIC seeks to prioritize steady and efficient basic operations throughout the pandemic.

41. What are the top metrics and KPIs regularly used by the agency to evaluate its operations? Please be specific about which data points are monitored by the agency.

- Developing a list of facilities to visit at the start of the fiscal year, and observing how that schedule helped to inform or alter operations and external communications.
- Number of facilities housing DC residents that have been inspected during the fiscal year.
- Number of inspection reports published
- Number of thematic reports published
- Estimated number of days to produce a first draft following an inspection.
- Number of community meetings and events attended by CIC in order to stay informed on critical issues and efforts relative to the incarcerated population.
- Number of bulletins produced
- Number of radars, press releases, and /or brief reports produced
- Community Outreach and Educations: Attend events, host events, and communicate via the web, email, and social media in order to educate the community about issues related to confinement. (This includes meeting with non-profit agencies that focus on reentry services or criminal justice issues in order to develop a relationship where CIC can confidently suggest referrals when needed, as well as stay informed on critical grassroots issues and efforts relative to the incarcerated population.)

42. Please identify whether, and if so, in what way, the agency engaged The Lab @ DC in FY21 or FY22, to date.

Not applicable

43. Please list the task forces and organizations of which the agency is a member.

- American Correctional Association (ACA)
- DC Public Safety & Justice Cluster (PSJC)
- Community Advisory Group Co-Chair for Building Blocks DC
- CIC was invited to attend a CJCC meeting, but the agency is not currently a member

44. Please explain the impact on your agency of any federal legislation passed during FY21 and FY22, to date, which significantly affected agency operations.

Not applicable

45. Please describe any steps the agency took in FY21 and FY22, to date, to improve the transparency of agency operations, including any website upgrades or major revisions.

- Added a section for CIC Radars.
- Updated Board Member section.
- Increased News articles posted to the CIC site.

- Added the Public Defender Service Re-Entry Resource for Returning Citizens to website.
- Made DOC Annual Reports more accessible by providing a DOC Annual Report Tab on website.
- Published CIC Radar on Lewisburg, USMS, and Conditions of Confinement.
- Increased our “Followers” count and post frequency on all CIC social media platforms (Facebook, Instagram, Twitter).

46. Please identify all electronic databases maintained by your agency, including the following:

- A detailed description of the information tracked within each system;**
- The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and**
- Whether the public is or can be granted access to all or part of each system.**

In addition to storing information on a shared network drive, the CIC uses three databases to track and analyze data:

- **Ragic:** Online database system to track and manage correspondence and other interactions with incarcerated individuals and members of the public. Has been used since 2016. Not accessible by the public due to the personal nature of communications.
- **SurveyMonkey:** Online survey development system to design surveys and analyze survey response data. Has been used since 2016. Not accessible by the public due to the personal nature of communications.
- **Dedoose:** Online database used to store and code information, which can subsequently run formulas to analyze and quantify data. It was acquired in 2020 to help streamline our survey analyses. It is not access accessible by the public due to the confidential and personally identifiable nature of communications.

47. Please provide a detailed description of any new technology acquired in FY21 and FY22, to date, including the cost, where it is used, and what it does. Please explain if there have there been any issues with implementation.

The CIC acquired webcams for each staff member. Due to increased virtual meetings and events webcams were a necessary tool for desktops. The cost for 8 VisionTek webcams was \$386.56.

Agency-Specific Questions

48. How does CIC track inquiries and complaints that it receives from family members of incarcerated residents in DOC and BOP custody? How does CIC respond to such inquiries and complaints?

- a. Has CIC been tracking complaints relating to the COVID-19 pandemic? How has CIC been responding to such complaints?**
- b. Has CIC noticed any patterns related to from which facilities complaints have come from in FY21 and FY22, to date? If so, what are the patterns, and how do these patterns inform actions taken by CIC?**

The CIC tracks all communications in our RAGIC database before and during the pandemic. The agency responds to inquiries and complaints by phone, Corrlinks, email, and letters. If the matter is urgent, the CIC relays the inquiries to its appropriate executive level contacts for the BOP or DOC. Since the CIC is only a reporting agency, discretion must be employed to prioritize matters. The agency is not typically provided detailed responses due to confidentiality issues, but it may receive confirmation that the matter is being investigated and sometimes a general description of the status, which we always relay back to the person seeking our assistance.

Complaints are regularly tracked, and we were previously sharing that information with the Board in order to shape internal decisions for inspections, report topics, and executive strategies; however, we recently began incorporating that information into our monthly “Bulletins”, which are emailed to our distribution list and are publicly available on the CIC website. Now and moving forward, a reader can see the top facilities from where we received the most complaints, as well as the nature of the top complaints. Additionally, our inspection reports discuss the main issues within a facility, whether positive, negative, or neutral, and those reports incorporate quotes directly from the incarcerated population to highlight their perspectives in their own words.

The Top Ten Categories that the CIC has Received Complaints since Jan.2020:

1. *Compassionate Release*
2. *COVID*
3. *Access to Legal*
4. *Medical*
5. *Parole*
6. *Re-Entry*
7. *Good Time Credit*
8. *Staff*
9. *Staff Retaliation*

10. Lockdowns

The Facilities with the Most Complaints (from issues received from Jan.2020-Jan.2022):

1. *FCI Cumberland*
2. *FCI Memphis*
3. *USP Victorville*
4. *MCFP Springfield*
5. *AUSP Thomson*
6. *FCI Hazelton*
7. *FCI Gilmer*
8. *USP Terre Haute*
9. *RRM Baltimore*
10. *USP Tucson*

49. How does CIC disseminate information regarding DOC to family members of DOC residents (e.g., when a new program is implemented at DOC or there is a facility maintenance issue at DOC)?

- a. **How has CIC been disseminating information regarding DOC during the public health crisis?**

The agency publishes reports and informational briefs on the conditions at DOC facilities throughout the year. The agency has also expanded its social media presence, which allows for more immediate dissemination of news affecting the conditions. The agency also sends out a monthly Bulletin to its mailing list and occasionally send other updates through “Radar” emails, which both provide shorter, targeted information updates. The CIC has provided this information throughout the pandemic, but will increasingly disseminate more Radars and more detailed Bulletins due to the increased capacity acquired by our recent hiring of a communications specialist.

50. Please describe CIC’s relationship with DOC since the MOU was signed by both agencies.

- a. Please provide the MOU to the Committee.
- b. How often is CIC permitted to visit DOC? With what notice?
- c. Is CIC restricted from visiting certain areas of DOC facilities?

The CIC and the DOC have a professional and respectful relationship. The DOC is generally communicative to email requests, although there have been some delays in responsiveness during the pandemic and throughout leadership changes. The most recent DOC executive meeting occurred February 24, 2022. The DOC is always accommodating during on-site visits. The two entities signed an MOA on March 3, 2020, which allows for quarterly visits within 14 days of a request to the Deputy Director of Administration. There is also a clause allowing for the consideration of any expedited requests. There are no written restrictions for access.

51. In FY21 and FY22, to date, how often did CIC visit DOC?

- a. On what dates, and describe the visits?
- b. What reports were issued as a result of these visits, if any? On what dates was each report submitted to DOC for comment and released?
- c. During the public health crisis, how has CIC monitored conditions of confinement within DOC? How has CIC communicated its monitoring and any recommendations to the public and governmental partners?

The site visit was on December 22, 2020. For the inspection, we visited CDF on May 4, 2021, and CCB on May 5, 2021.

On November 2, 2021, a CIC representative and the Chairman also visited the DOC after the USMS findings.

During the public health crisis, we were not initially permitted to do site visits at the DOC, but we communicated with residents via correspondences, phone calls, and family members. In fiscal year 21, we were finally able to do a site visit and everything that we discovered during that time was published in our site visit report and the inspection report.

The DOC responded to the Site Visit report on March 15, 2021. The DOC never responded to the inspection report. We recently met with the new DOC executive leadership on February 24, 2022.

52. Please describe the nature of CIC's MOU with the federal Bureau of Prisons and provide the MOU to the Committee.

- a. What is the process that CIC undertakes to schedule a visit at a BOP facility?
- b. How much notice does BOP require?
- c. Is CIC allowed full access to BOP facilities?
- d. Is CIC permitted to speak with District residents incarcerated at such facilities as part of the inspection?

The CIC's MOU was recently provided an extension while the new BOP leadership becomes acclimated and prepared to engage in MOU negotiations. The CIC schedules visits by coordinating with the BOP liaison (coordinator) usually 30 days in advance. The

CIC is no longer permitted to enter the SHU or other areas that are not considered “programming” areas. We can speak with residents but are no longer allowed to distribute business cards.

53. Please list and describe each federal facility visit made in FY21 and FY22, to date. Does CIC have plans to visit other facilities in the remainder of FY22? If so, which and on what dates?

a. How does CIC determine which facilities to visit?

The CIC selects facilities based on several factors, including number and severity of complaints and other concerns regarding a particular facility, the size of the DC population at a particular facility, the length of time since the last visit by the CIC, and the thematic and systemic issues under consideration by the CIC relevant to particular facilities.

FY21

Quarter 1:

- 1) Fairview walkthrough
- 2) DOC walkthrough

Quarter 2:

- 1) CDF
- 2) CTF

Quarter 3:

- 1) CCB
- 2) limited CDF
- 3) VOA (surveys/virtual interviews)
- 4) FCI Hazelton

Quarter 4:

- 1) AUSP Thompson
- 2) USP Victorville

FY22

Quarter 1:

- 1) FCC Petersburg

Quarter 2:

- 1) USP Lewisburg

Quarter 3:

- 1) FMC Butner
- 2) FCI Fort Dix
- 3) USP Canaan

Quarter 4:

- 1) USP Allenwood
- 2) USP Pollock

54. How does CIC follow-up with a facility on a published report?

- a. **How does CIC ensure issues identified in its report on a facility are addressed by the facility?**
- b. **Does CIC revisit facilities to ensure remedial action has been taken?**

All reports are sent to the BOP or DOC contacts prior to publication or widespread dissemination. This allows time for the entities to review the content and recommendations, engage in any needed conversations with the CIC, and receive written responses to our reports. If received, the responses are published with CIC reports. The CIC communicates through a specific Bureau contact for the BOP, so the responses are supposed to inform and shape the BOP's administrative policies on certain issues. However, some issues are difficult to "remedy" if there are polarized perspectives on the occurrence of an issue, especially between the administrative level and the incarcerated population.

The CIC endeavors to return to facilities and has done so in some cases, but realistically the agency capacity does not allow for constant "revisits". Furthermore, the responses we receive would need to be filtered through the Bureau contact, so the actions would likely be phrased in a more general nature and mirror responses similar to those published within our reports. The CIC is currently working on a new project that compiles all previous recommendations to follow-up on any potential changes. The project is geared towards acquiring direct responses to recommendations and seeks to highlight the thematic issues across multiple facilities.

55. What is the average length of time between a visit to a facility and the public release of the report from the visit? Are there ways this time frame could be shortened?

The average time is about 4 to 6 months. We are a small staff, and facility research must be logged into databases, analyzed, written, edited, and sent to the BOP or DOC contacts for their review and responses prior to distribution. The CIC seeks to expand staff capacity so workloads allow for maximum efficiency. We are aware of the delays, and we are consciously working on providing less lengthy, but more targeted reports. In the interim, the CIC will continue communicating more regularly through shorter informational pieces, like the Radar and Bulletins.

56. How does CIC engage its stakeholders, including the Council, on a report's findings following its publication? Are there ways CIC could engage its stakeholders before the publication of a report to ensure timely action to address identified issues is taken?

The CIC has approached Council staff and the Congresswoman’s staff regarding input as to how our reports could better support their efforts and work. The CIC publishes reports and highlights recent events and publications in its newsletter, and the agency welcomes suggestions for additional engagement preferences as pertinent to stakeholders. Since we recently acquired our new communications specialist, the agency will continue communicating more regularly through shorter informational pieces, like the Radar and Bulletins. As an information council, the CIC views its reports as a mechanism to educate stakeholders and those who are empowered to effectuate any needed changes; therefore, we are constantly brainstorming engagement tools and remain open to any preferences for additional outreach.

57. Please list any reports that CIC plans to release in the remainder of FY22.

- FCI Cumberland
- AUSP Thomson
- USP Victorville
- FCI Petersburg
- USP Lewisburg
- DOC
- Additional reports from future inspections

58. Please discuss any community outreach planned for the remainder of FY22. How has community outreach changed during the pandemic?

a. How has CIC been able to provide family members of incarcerated residents information about their loved ones during the public health crisis?

Due to the increased need for remote communications, the CIC plans to construct a video presentation informing the public about IRAA conditions pre and post incarceration. This will serve as an informative piece to educate constituents while also respecting social distancing protocols and minimizing close contact with large groups. The community outreach thus far has consisted of calls, newsletters, social media posts, and online information sheets and short briefs on various current events. We will also increase Radar email communications.

59. Please provide an update on any applications for grant funding CIC has made in FY22, to date.

Not applicable.

60. Please provide an update on the agency’s compliance with section 101 of the Youth Rehabilitation Amendment Act of 2018, effective December 13, 2018 (D.C. Law 22-197; D.C. Official Code § 24-101.01(f)(1)), to report on the conditions of confinement of and programming provided to District of Columbia “youth offenders” in the custody of the Bureau of Prisons.

The CIC is in compliance with out statutory mandate concerning “youth offenders”. Prior reports were published on September 30, 2020 and June 4, 2021. In accordance with the statute, the Mayor was supposed to develop a strategic plan in reference to the YRA. That plan was developed and finalized by JPI in November of 2021. Based upon that strategic plan, the CIC published its most recent DC YRA update report on February 16, 2022.

- 61. Please describe the nature of the CIC’s current oversight and monitoring of the conditions in the Department of Corrections’ facilities, including with respect to (1) the U.S. Marshals Services’ transfer of residents from the Central Detention Facility and (2) the Executive’s retention of a consultant to provide a report on the status of the Department of Corrections.**

In FY 21, the CIC published three reports on DOC: site visit report, inspection report, and annual report. Prior to the US Marshal’s findings at the DOC, the CIC conducted an inspection with findings similar to those of the US Marshal’s Service. The CIC recently attempted to visit those inmates who were transferred and sent to USP Lewisburg as a result of those findings; however, due to MOU and statutory parameters, the visit was limited to those who largely fall outside of the transferred population. The visit occurred on February 23, 2022. The CIC has been communicating with the external consultant, CNA, appointed to provide a report on the status of the Department of Correction, and currently the DOC is undergoing administrative leadership changes. We have met with the new DOC director and Deputy Mayor for PSJC, and engaged in conversations with the US Marshal’s Service concerning the CIC’s role for an increased level of oversight at the DC DOC, including the need for unannounced inspections.

- 62. Please describe the CIC’s activities with respect to the Central Cell Block in recent years.**

The CIC conducted an inspection of Central Cell Block on May 5, 2021. Findings were published in our DC DOC inspection report dated Sept 30, 2021.

- 63. What recommendations does the agency have to grow or enhance its mission or capacity?**

The CIC seeks to continue agency growth and increase its capacity by continuing to hire additional staff and establishing internal career ladders. The agency wants to continue establishing itself as a nationwide source of corrections information.

We also seek to improve the competitiveness of pay scales to continue diversifying the staff and the skill set of the agency. We would benefit from the expertise of a data analyst and a subject matter expert. We also would like to strengthen the parameters of our relationship with DCHR or acquire the personnel necessary to quickly perform any necessary DCHR tasks.

Vacancy Status	LOCAL	FEDERAL	SPR	INTRADISTRICT	TOTAL
Filled	10.00	0.00	0.00	0.00	10.00
Vacant	1.00	0.00	0.00	0.00	1.00
Total	11.00	0.00	0.00	0.00	11.00

Agency	Fund Code	Activity	Activity Title	Posn Nbr	Name	Title	Grade	Step	Salary	Fringe - 15.4%	Hire Date	Vac Stat	FTE x Dist %	Reg/Temp/Term	Filled By Law Y/N
FIO	0100	1000	PRISONERS WELL-BEING	00029006	Bynoe-Seabron,Nailah	Program Analyst	11	1	62,751	9,664	6/24/2019	F	1.0	Term	N
FIO	0100	1000	PRISONERS WELL-BEING	00085456	Walker,Sheila A	Clerical Assistant	5	7	42,447	6,537	11/7/2011	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00087330	Bracken,Christiant	PROGRAM ANALYST	11	6	72,834	11,216	9/4/2018	F	1.0	Term	N
FIO	0100	1000	PRISONERS WELL-BEING	00087548		Program Analyst	11	0	62,751	9,664		V	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00087609	Isaac Sr.,Donald L	Executive Director	9	0	137,496	21,174	11/26/2018	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00094162	Marks,Patricia	Program Analyst	11	5	70,818	10,906	6/24/2019	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00094750	Lang,Sydney	Communications Specialist	9	1	52,080	8,020	1/3/2022	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00096865	McCraney,Kareem	Program Analyst	11	3	66,785	10,285	2/4/2019	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00102701	Ross,Kennon LaShawn	Program Analyst	11	1	62,751	9,664	9/27/2021	F	1.0	Reg	N
FIO	0100	1000	PRISONERS WELL-BEING	00102702	Cotton,Maurice	Clerical Assistant	5	6	41,227	6,349	1/19/2021	F	1.0	Term	N
FIO	0100	1000	PRISONERS WELL-BEING	00103126	Ukaegbu,Nicole J	Program Analyst	13	1	89,457	13,776	5/16/2018	F	1.0	Reg	N

TOTAL POSITIONS PRINTED = 11

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Public Safety and Justice Cluster

Travel Expense Report

For travel that occurred between: 10/1/2020 - 9/30/2021

Corrections Information Council - CIC - F10 - F10

No.	FY	Employee Name	Title	Travel Description and Destination	Travel Period	Expense Items	Amount	Fund
1	2021	Bracken, Chrisiant	Program Analyst	Federal Prison Inspection - Cumberland, MD	6/7/2021 - 6/9/2021	Travel Reimbursement Adjustments Total Other Related Exp by Trip Total Expenses by Trip	\$110.00 \$0.00 \$228.96 \$338.96	0100
2	2021	Bracken, Chrisiant	Program Analyst	Federal Prison Inspection - Thomson, IL	7/20/2021 - 7/22/2021	Travel Reimbursement Adjustments Total Other Related Exp by Trip Total Expenses by Trip	\$138.10 \$0.00 \$0.00 \$138.10	0100
3	2021	Bynoe-Seabron, Nailah	Communication Specialist	Federal Prison Inspection - Cumberland, MD	6/7/2021 - 6/9/2021	Travel Reimbursement Adjustments Total Other Related Exp by Trip Total Expenses by Trip	\$136.11 \$0.00 \$228.96 \$365.07	0100
4	2021	Bynoe-Seabron, Nailah	Communication Specialist	Federal Prison Inspection - Thomson, IL	7/20/2021 - 7/22/2021	Travel Reimbursement Adjustments Total Other Related Exp by Trip Total Expenses by Trip	\$137.50 \$0.00 \$0.00 \$137.50	0100
5	2021	Bynoe-Seabron, Nailah	Communication Specialist	Federal Prison Inspection - Victorville, CA	9/14/2021 - 9/17/2021	Travel Reimbursement Adjustments Total Other Related Exp by Trip Total Expenses by Trip	\$322.60 \$0.00 \$817.26 \$1,139.86	0100

For travel that occurred between: 10/1/2020 - 9/30/2021

Corrections Information Council - CIC - F10 - F10

No.	FY	Employee Name	Title	Travel Description and Destination	Travel Period	Expense Items	Amount	Fund
6	2021	Marks, Patricia	Program Analyst	Federal Prison Inspection - Cumberland, MD	6/7/2021 - 6/9/2021	Travel Reimbursement	\$110.00	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$228.96	
						Total Expenses by Trip	\$338.96	
7	2021	Marks, Patricia	Program Analyst	Federal Prison Inspection - Thomson, IL	7/20/2021 - 7/22/2021	Travel Reimbursement	\$94.84	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$266.18	
						Total Expenses by Trip	\$361.02	
8	2021	Marks, Patricia	Program Analyst	Federal Prison Inspection - Victorville, CA	9/14/2021 - 9/17/2021	Travel Reimbursement	\$213.50	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$768.26	
						Total Expenses by Trip	\$981.76	
9	2021	McCraney, Kareem	Program Analyst	Federal Prison Inspection - Cumberland, MD	6/7/2021 - 6/9/2021	Travel Reimbursement	\$150.51	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$0.00	
						Total Expenses by Trip	\$150.51	
10	2021	McCraney, Kareem	Program Analyst	Federal Prison Inspection - Victorville, CA	9/14/2021 - 9/17/2021	Travel Reimbursement	\$213.50	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$817.26	
						Total Expenses by Trip	\$1,030.76	
11	2021	Thornton, Charles	Director, OEOA	Federal Prison Inspection - Thomson, IL	7/20/2021 - 7/23/2021	Travel Reimbursement	\$168.10	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$897.60	
						Total Expenses by Trip	\$1,065.70	

For travel that occurred between: 10/1/2020 - 9/30/2021

Corrections Information Council - CIC - FIO - FIO

No.	FY	Employee Name	Title	Travel Description and Destination	Travel Period	Expense Items	Amount	Fund
12	2021	Thornton, Charles	Director, OEOA	Federal Prison Inspection - Victorville, CA	9/14/2021 - 9/17/2021	Travel Reimbursement	\$213.50	0100
						Adjustments	\$0.00	
						Total Other Related Exp by Trip	\$786.11	
						Total Expenses by Trip	\$999.61	

Total for: Corrections Information Council - CIC - FIO **\$7,047.81**

FY22 Travel Expenses	Name of Traveler	Amount	Reason for Travel
	Donald Isaac, Sr	218.88	FCC Petersburg Inspection
	Nailah Bynoe-Seabron	218.88	FCC Petersburg Inspection
	Charles Thornton	218.88	FCC Petersburg Inspection
	Kareem McCraney	218.88	FCC Petersburg Inspection
	Patricia Marks	218.88	FCC Petersburg Inspection
	Chrisiant Bracken	218.88	FCC Petersburg Inspection
	Kennon Ross	218.88	FCC Petersburg Inspection
	Maurice Cotton	218.88	FCC Petersburg Inspection
	Lamont Carey (on behalf of MORCA)	218.88	FCC Petersburg Inspection
	Camron Bass (on behalf of MORCA)	218.88	FCC Petersburg Inspection

OCA: District Perform...: Perform... (Corrections Information Council FY2021)

Agency	Corrections Information Council	Agency Acronym	CIC	Agency Code	F10
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To edit agency and POC information press your agency name (underlined and in blue above).

Agency Performance POCs	Donald Isaac; Nicole (CIC) Ukaegbu	Agency Budget POCs	Donald Isaac	Fiscal Year	2021
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Agency's Operating Budget

[Lookup Your Agency's Operating Budget](#)

FY2021 Agency Top Accomplishments

[Add Accomplishment](#)

3 Accomplishments			
	Accomplishment	Impact on Agency	Impact on Residents
 	The CIC updated its Memorandum of Agreement with the BOP.	Signing the MOU allows for continued access into facilities in order to fulfill the statutory mandate of the CIC to report on conditions of confinement.	Signing the MOU allows for continued access into facilities in order to facilitate the dissemination of information to District residents.
 	The CIC produced informational materials throughout the pandemic despite its	The CIC continued to fulfill its statutory mandate to report on conditions of	Residents were still able to acquire knowledge regarding the conditions of

	restricted access to institutions due to safety and security measures.	confinement.	confinement when institutions were locked down for safety reasons.
 	The CIC developed innovative means of information gathering during the pandemic.	The CIC continued to fulfill its statutory mandate to report on conditions of confinement.	Information was readily available to inform residents about institutional events, conditions, and protocols.

2021 Objectives

Strategic Objectives

4 Objectives				
	Objective Number	Strategic Objective	# of Measures	# of Operations
 	1	Improve transparency of the corrections systems through inspections and monitoring.	1	1
 	2	Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.	1	3
 	3	Provide recommendations to improve conditions of confinement, policies, and procedures affecting incarcerated residents to improve public safety.	0	1
 	4	Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and how the CIC stores and uses information from stakeholders.	1	1
TOT			3	6

Add Strategic Objective

[Add Strategic Objective](#)

2021 Key Performance Indicators

3 Measures

	Measure	New Measure/ Benchmark Year	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY2019 Actual	FY 2020 Target	FY2020 Actual	FY2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 201 Quarter 4	FY 2021 Report	Was 2021 KPI Met?	Are Explanations of Barriers to Meeting KPIs Complete?
1 - Improve transparency of the corrections systems through inspections and monitoring.(1 Measure)																	
	Number of facilities housing DC residents that have been inspected during the fiscal year	□	Up is Better	New in 2018	6	8	9	8	4	6	Annual Measure	Annual Measure	Annual Measure	Annual Measure	9	Met	
2 - Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.(1 Measure)																	
	Total number of CIC communications ready for publishing, including letters, bulletins.	✓	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021	New in 2021	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23	New in 2021	

	information sheets, and inspection, thematic, and annual reports.																	
4 - Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and how the CIC stores and uses information from stakeholders.(1 Measure)																		
	Estimated number of days to produce a first draft following an inspection.		Down is Better	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	120	New in 2021								

2021 Operations

Operations

				6 Activities
	Operations Header	Operations Title	Operations Description	Type of Operations
1 - Improve transparency of the corrections systems through inspections and monitoring.(1 Activity)				
	Inspections	Inspections and Reports	Inspect Bureau of Prisons and Department of Corrections facilities, monitor changes, and write and publish inspection reports.	Daily Service

2 - Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.(3 Activities)

 	Thematic Reports	Thematic Reports	Provide briefs and reports on systemic issues affecting inmates in Bureau of Prisons or Department of Corrections facilities.	Key Project
 	Data Reporting	Data Reporting	Develop independent content on the information received directly about the Bureau of Prisons and Department of Corrections, and regularly disseminate that information via agency newsletters, the dashboard, and other media platforms.	Key Project
 	Community Outreach and Education	Community Outreach and Education	Attend events, host events, and communicate via the web, email, and social media in order to educate the community about issues related to confinement.	Daily Service

3 - Provide recommendations to improve conditions of confinement, policies, and procedures affecting incarcerated residents to improve public safety.(1 Activity)

 	Relationship Building	Relationship Building	Communication with Bureau of Prisons and Department of Corrections officials on conditions of confinement and community concerns.	Daily Service
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4 - Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and how the CIC stores and uses information from stakeholders.(1 Activity)

 	Scheduling	Scheduling	Create inspection schedules based on the incoming information, and draft a list of facilities to inspect at the beginning of the fiscal year.	Daily Service
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2021 Workload Measures

Workload

9 Measures

**Measure
s -
Operatio
ns**

	Measure	New Measure/ Benchmark Year	FY2016 Actual	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Report
1 - Inspections and Reports(3 Measures)												
 	Number of facilities nationwide housing DC residents	<input type="checkbox"/>	New in 2018	New in 2018	476	122	121	121	121	121	119	119
 	Number of facilities inspected	<input type="checkbox"/>	New in 2018	New in 2018	6	9	4	3	2	2	2	9
 	Number of inspections with expert participation	<input type="checkbox"/>	New in 2018	New in 2018	0	0	1	0	0	0	0	0
2 - Community Outreach and Education(3 Measures)												
 	Number of community meetings and events attended by CIC	<input type="checkbox"/>	51	36	40	14	30	Annual Measure	Annual Measure	Annual Measure	Annual Measure	62
 	Number of CIC education presentations/events held	<input type="checkbox"/>	3	4	3	0	0	Annual Measure	Annual Measure	Annual Measure	Annual Measure	2
 	Number of bulletins produced	<input type="checkbox"/>	New in 2018	New in 2018	12	10	11	3	3	3	3	12

3 - Relationship Building(3 Measures)												
 	Number of inspection reports published	<input type="checkbox"/>	New in 2018	New in 2018	6	9	9	1	1	2	1	5
 	Number of thematic reports published	<input type="checkbox"/>	New in 2018	New in 2018	5	2	2	1	3	3	1	8
 	One Annual Report of CIC activities of prior fiscal year, per statute	<input type="checkbox"/>	New in 2018	New in 2018	2	1	1	Annual Measure	Annual Measure	Annual Measure	Annual Measure	1

2021 Initiatives

Strategic Initiatives

1 Strategic Initiative							
	Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date	Is this Initiative focused on Wards 7 and/or 8?	Does this initiative support the Resilient DC Strategy?	Cluster	Add Initiative Update
Thematic Reports(1 Strategic Initiative)							
 	Thematic Reporting	CIC will construct at least 2 thematic reports for issues related to compassionate release	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Public Safety and Justice	Add Initiative Update

		home confinement, and COVID's impact on conditions of confinement.					
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2021 Initiative Updates

3 Initiative Updates							
	Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	Reporting Quarter
Thematic Reporting(3 Initiative Updates)							
 	Thematic Reporting	Our preliminary thematic report detailing COVID survey results from BOP residents is complete.	50-74%	High	Incremental		Q1
 	Thematic Reporting	In Q1, CIC published a report on survey findings in the BOP during Covid. In Q2, CIC published a brief relating to COVID at Fort Dix, and a report on COVID-19 testing and early release data from the BOP. Additional reports are forthcoming.	Complete	High	Transformative		Q2
 	Thematic Reporting	During FY21, the CIC issued 2 survey reports and several condensed updates regarding COVID's impact on confinement, and an update on the status of compassionate release.	Complete		Demonstrable		Q4

Internal: Unfinished 2020 Initiatives

Title	Description	Complete to Date	Status Update	Explanation	Anticipated Completion Date	Add Initiative Update
No strategic initiatives found						

Administrative Information

Record ID#	757		
Performance Plan ID	757	Blank Initiative Updates	Blank Initiative Updates

Created on Nov. 6, 2019 at 11:49 AM (EST). Last updated by [Stock, Arie](#) on July 21, 2020 at 8:40 PM (EDT). Owned by [Stock, Arie](#).

OCA: District Perform...: Perform... (Corrections Information Council FY2022)

Agency	Corrections Information Council	Agency Acronym	CIC	Agency Code	F10
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To edit agency and POC information press your agency name (underlined and in blue above).

Agency Performance POCs	Donald Isaac; Nicole (CIC) Ukaegbu	Agency Budget POCs	Donald Isaac	Fiscal Year	2022
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Agency's Operating Budget

[Lookup Your Agency's Operating Budget](#)

2022 Objectives

4 Objectives					
	Objective Number	Strategic Objective	# of Measures	# of Operations	Add Key Performance Indicator
 	1	Improve transparency of the corrections systems through inspections and monitoring.	1	1	Add Key Performance Indicator
 	2	Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.	1	3	Add Key Performance Indicator
 	3	Provide recommendations to improve conditions of confinement,	0	1	Add Key

		policies, and procedures affecting incarcerated residents to improve public safety.			Performance Indicator
 	4	Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and how the CIC stores and uses information from stakeholders.	1	1	Add Key Performance Indicator
TOT			3	6	

2022 Key Performance Indicators

3 Measures														
	Measure	New Measure/Benchmark Year	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY20 19 Actual	FY 2020 Target	FY20 20 Actual	FY20 21 Target	FY20 21 Actual Report	FY20 22 Target	FY 2022 Quarter 1	Needs ARPA Information
1 - Improve transparency of the corrections systems through inspections and monitoring.(1 Measure)														
 	Number of facilities housing DC residents that have been inspected during the fiscal year		Up is Better	New in 2018	6	8	9	8	4	6	9	6	Annual Measure	Complete
2 - Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.(1 Measure)														
	Total number		Up is Better	New	23	20	Annual	Complete						

	of CIC communications ready for publishing, including letters, bulletins, information sheets, and inspection, thematic, and annual reports.			in 2021			Measure							
4 - Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and how the CIC stores and uses information from stakeholders. (1 Measure)														
	Estimated number of days to produce a first draft following an inspection.		Down is Better	New in 2021	120	120	Annual Measure	Complete						

2022 Core Business Measures

Measure	FY2022 Target
No measures found	

2022 Operations

6 Activities						
	Operations Header	Operations Title	Operations Description	Type of Operations	Add Strategic Initiative	Add Workload Measure
1 - Improve transparency of the corrections systems through inspections and monitoring.(1 Activity)						
 	Inspections	Inspections and Reports	Inspect Bureau of Prisons and Department of Corrections facilities, monitor changes, and write and publish inspection reports.	Daily Service	Add Strategic Initiative	Add Workload Measure
2 - Provide information and education on conditions of confinement, programs, and prison reentry to inform and empower inmates, the community, and policy decision-makers.(3 Activities)						
 	Thematic Reports	Thematic Reports	Provide briefs and reports on systemic issues affecting inmates in Bureau of Prisons or Department of Corrections facilities.	Key Project	Add Strategic Initiative	Add Workload Measure
 	Data Reporting	Data Reporting	Develop independent content on the information received directly about the Bureau of Prisons and Department of Corrections, and regularly disseminate that information via agency newsletters, the dashboard, and other media platforms.	Key Project	Add Strategic Initiative	Add Workload Measure
 	Community Outreach and Education	Community Outreach and Education	Attend events, host events, and communicate via the web, email, and social media in order to educate the community about issues related to confinement.	Daily Service	Add Strategic Initiative	Add Workload Measure
3 - Provide recommendations to improve conditions of confinement, policies, and procedures affecting incarcerated residents to improve public safety.(1 Activity)						
 	Relationship Building	Relationship Building	Communication with Bureau of Prisons and Department of Corrections officials on conditions of confinement and community concerns.	Daily Service	Add Strategic Initiative	Add Workload Measure
4 - Improve the transparency of CIC operations, including how the CIC selects facilities to inspect, and						

how the CIC stores and uses information from stakeholders.(1 Activity)

 	Scheduling	Scheduling	Create inspection schedules based on the incoming information, and draft a list of facilities to inspect at the beginning of the fiscal year.	Daily Service	Add Strategic Initiative	Add Workload Measure
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2022 Workload Measures

9 Measures									
	Measure	New Measure/ Benchmark Year	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Actual Report	FY 2022 Quarter 1	Needs ARPA Information
1 - Inspections and Reports(3 Measures)									
 	Number of facilities nationwide housing DC residents	<input type="checkbox"/>	New in 2018	476	122	121	119	119	Complete
 	Number of facilities inspected	<input type="checkbox"/>	New in 2018	6	9	4	9	2	Complete
 	Number of inspections with expert participation	<input type="checkbox"/>	New in 2018	0	0	1	0	0	Complete
2 - Community Outreach and Education(3 Measures)									
 	Number of community meetings and events attended by CIC	<input type="checkbox"/>	36	40	14	30	62	Annual Measure	Complete
 	Number of CIC education presentations/events held	<input type="checkbox"/>	4	3	0	0	2	Annual Measure	Complete
 	Number of bulletins produced	<input type="checkbox"/>	New in 2018	12	10	11	12	3	Complete

3 - Relationship Building(3 Measures)

 	Number of inspection reports published	<input type="checkbox"/>	New in 2018	6	9	9	5	1	Complete
 	Number of thematic reports published	<input type="checkbox"/>	New in 2018	5	2	2	8	0	Complete
 	One Annual Report of CIC activities of prior fiscal year, per statute	<input type="checkbox"/>	New in 2018	2	1	1	1	Annual Measure	Complete

2022 Initiatives

3 Strategic initiatives									
	Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date	Is this Initiative focused on Wards 7 and/or 8?	Does this initiative support the Resilient DC Strategy?	Is this initiative related to an American Rescue Plan Act (ARPA) enhancement?	Does this initiative enhance racial equity in the District?	Cluster	Add Initiative Update
Community Outreach and Education(1 Strategic Initiative)									
 	Community Engagement Presentation	Host a community engagement presentation regarding the intersections of IRAA, conditions of confinement, and successful community reentry.	09-30-2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no	Deputy Mayor for Public Safety and Justice	

Data Reporting(1 Strategic Initiative)

 	Quick Reference Info Sheets	Produce quarterly information sheets to educate the public on frequently asked topics regarding conditions of confinement.	09-30-2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no	Deputy Mayor for Public Safety and Justice
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Thematic Reports(1 Strategic Initiative)

 	Condensed Reports	Produce at least one thematic report on the topics of parole and/or youth offenders.	09-30-2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no	Deputy Mayor for Public Safety and Justice
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2022 Initiative Updates

3 Initiative Updates

	Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	Reporting Quarter
Community Engagement Presentation (1 Initiative Update)							
 	Community Engagement Presentation	Currently in the developmental stage. Structural organization and contact with potential panelists will commence in the coming weeks.	0-24%	Medium	Incremental		Q1

Condensed Reports(1 Initiative Update)

 	Condensed Reports	Report currently in production.	25-49%	High	Incremental	Q1
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Quick Reference Info Sheets(1 Initiative Update)

 	Quick Reference Info Sheets	Currently in progress	0-24%	High	Incremental	Q1
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2022 ARP Key Performance Indicators

Measure	New Measure/Benchmark Year	Directionality	ARPA Expenditure Code	ARPA Initiative	ARPA Sub-Initiative	ARPA Project Name	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY2019 Actual	FY 2020 Target	FY2020 Actual	FY2021 Target	FY2021 Actual	FY2022 Target	FY 2022 Quarter 1
No measures found																

2022 ARP Workload Measures

Measure	New Measure/Benchmark Year	ARPA Expenditure Code	ARPA Initiative	ARPA Sub-Initiative	ARPA Project Name	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Actual	Needs ARPA Information
No measures found											

2021 Unfinished Initiatives

Title	Description	Complete to Date	Status Update	Explanation	Anticipated Completion Date	Add Initiative Update
No strategic initiatives found						

2021 Unfinished Initiative Updates

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY21	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact (Limited to 550 Characters)	Supporting Data	Reporting Quarter
No initiative updates found										

Administrative Information

Record ID#	844
Performance Plan ID	844 Blank Initiative Updates Blank Initiative Updates

Created on Dec. 24, 2020 at 11:53 AM (EST). Last updated by [Stock, Arie](#) on Aug. 26, 2021 at 3:59 PM (EDT). Owned by [Stock, Arie](#).

**A MEMORANDUM OF AGREEMENT
BETWEEN THE
DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
AND THE
CORRECTIONS INFORMATION COUNCIL (CIC)**

I. PARTIES

The Parties to this Memorandum of Agreement (MOA) are the District of Columbia (DC) Department of Corrections (DOC), and the Corrections Information Council (CIC), collectively referred to as "the Parties."

II. PURPOSE OF THE MOA

The mission of the 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 that will assist them to constructively re-integrate into the community.

CIC is an independent monitoring body authorized by the U.S. Congress and the DC Council to inspect, monitor, and report on the conditions of confinement at facilities where DC residents are incarcerated including facilities operated by the Federal Bureau of Prisons (FBOP), DOC, and private contractors. The CIC reports its observations and recommendations to the DC Mayor, the DC Council, the DC Congressional Representative, the DC Deputy Mayor for Public Safety and Justice, the Director of the FBOP, the Director of the DOC, and the DC community.

The purpose of this MOA is to facilitate the working relationship between DOC and CIC, aspects of which include: quarterly meetings, information sharing, and announced inspections conducted by the CIC of DOC and DOC-contracted facilities.

III. AUTHORITY FOR MOA

The Parties are authorized to enter into this MOA pursuant to D.C. Code § 1-301.01(k), D.C. Code § 24-101.01 and D.C. Code § 24-211.02.

IV. EFFECTIVE DATE AND DURATION

This MOA will be effective upon the date of the final signature of all of the Parties and will remain in effect unless terminated by the Parties.

V. RESPONSIBILITIES OF THE PARTIES

1. CIC may request, upon reasonable advance notice, quarterly meetings to be scheduled and attended by CIC and the DOC Director or his/her designee.
2. Statutorily allowable documents of the current fiscal year shall be inspected by CIC on DOC premises and not duplicated or reproduced. Specifically, CIC shall be allowed to inspect:
 - a. Documents related to conditions of confinement of DOC inmates;
 - b. Inmate grievances;
 - c. Incident reports;
 - d. Inmate disciplinary records;
 - e. Use of force reports;
 - f. Medical and psychological records;
 - g. Operational policies not available on the DOC Website; and
 - h. Logs, records and other data maintained by the facility.

CIC shall be allowed to take notes in the course of reviewing the aforementioned documents.

3. Data Production: CIC will submit quarterly requests for the production of data of the current fiscal year to the DOC's Deputy Director of Administration to be produced by DOC within 30 days of their request. Extensions to the production of data may be granted for good cause. Also, CIC's consent to extend the period of time for DOC to provide data shall not be unreasonably withheld.

- A. Inmate Roster - CIC will request and receive from the DOC an updated roster of all D.C. Code offenders in DOC's custody (to include secure privatized facilities) of each DOC inmate in the form of granular data, with de-identified information of each inmate's:
 - a) Booking Date (if applicable);
 - b) Projected release date (if calculated);
 - c) Demographics (Gender, Race, Age);
 - d) Facility (CDF/CTF, Hope Village/Fairview) and Unit Location (if applicable);
 - e) Security Level; and
 - f) Status (e.g. Pretrial, Sentenced Misdemeanant, Awaiting Transfer, Short-term Sentenced Felon, or USMS In Transit inmate).
- B. DOC Policies and Inmate Handbook - CIC will obtain DOC policies and the Inmate Handbook directly from the DOC's website (www.doc.dc.gov) at its convenience. If there are any updated policies or inmate handbook that are not on DOC's website, CIC will request and receive a copy from DOC, to be produced to them

electronically, if possible. Security and safety sensitive policies, procedures and documents that are not publicly disclosed may be reviewed *in camera*, subject to an executed nondisclosure agreement, and shall not be duplicated, released or detailed in public reports or other forms of disclosure as set forth in Section VI. *infra*.

- C. Staffing Information – CIC will request and receive from DOC data regarding the number of all DOC and contract staff positions at its facilities, the number and title of current vacancies at its facility, and staff-to inmate ratio.
 - D. Inmate Disciplinary Reports - The will request and receive from DOC data in aggregate numbers regarding inmate disciplinary infractions including a breakdown of the type violation, determinations, and disciplinary action (if any).
 - E. Inmate Grievance Process – CIC will request and receive from DOC the same inmate grievance data that is sent to DC Council, but for any additional data pertaining to the same, CIC will request to conduct a manual inspection of the records on DOC premises.
 - F. Programs Profile Report(s) – CIC will request and receive from DOC data for Work Readiness, including the number of inmates tested for GED, number of inmates who passed the GED, and the number of inmates that completed the Transitional Assistance Program and RSAT.
 - G. Restrictive Housing – CIC will request and receive from DOC data on the total number of inmates held in disciplinary segregation, the total number of inmates held in administrative segregation, the total number of inmates held in protective custody (as distinct from administrative segregation for other reasons), the average length of time per inmate held in disciplinary segregation; the average length of time per inmate held in administrative segregation.
 - H. Inmate Deaths – CIC will request and receive from DOC the number of inmate deaths within the facility with the cause of death. The DOC will add the CIC to its Media List for receipt of any press release DOC statements regarding and inmate’s death.
 - I. Suicide Attempts – CIC will request and receive from DOC the number of inmates who have attempted suicide through an overt action requiring more than statements and gestures., with methods for each suicide attempt.
4. Audit Reports – CIC will request and receive from DOC a copy of the most recent versions of the audit reports as they are updated, including, but not limited to:
- (1) American Correctional Association (ACA);
 - (2) Prison Rape Elimination Act (PREA);
 - (3) U.S. Marshals Service (USMS);
 - (4) Federal Bureau of Prisons (BOP);

- (5) D.C. Department of Health (DOH);
- (6) Office of State Superintendent of Education (OSSE)

5. INSPECTION PROCEDURES

- A. Scheduling Inspections – CIC will contact DOC to schedule quarterly announced escorted inspections of identified DOC facilities including contract facilities each quarter pursuant to D.C. Code § 24-101.01(d)(1)), to occur within 14 calendar days following the request, unless otherwise agreed to by the Parties. The inspections will take place within normal business hours, which may vary depending on the facility or unit to be inspected.
- B. Authorized CIC Representatives – Only duly appointed CIC staff will conduct inspections. CIC staff include interns, who are employed by the District of Columbia, and persons designated by the CIC under D.C. Code § 24-101.01(e). CIC Volunteers shall not conduct inspections.
- C. Entrance Procedures – CIC staff shall be searched in accordance with DOC procedures in place for all staff and visitors. Government issued photo identification will be sufficient documentation for entry for CIC representatives who are CIC staff who are employed by the District of Columbia, and persons designated by the CIC under D.C. Code § 24-101.01(e).
- D. CIC Electronic Devices (e.g. audio/recorders, cell phones, laptops, cameras) are prohibited unless the CIC requests and is specifically authorized by the DOC. Additionally, the inmate must authorize any of these types of recordings by executing the CIC and the DOC consent forms. If approved, strict security control over the device(s) shall be maintained by CIC staff while in the facility and at no time shall CIC allow inmates to have access, possession or control over the device(s).
- E. CIC Staff Supervision and Escorts – CIC staff shall remain under direct visual DOC staff supervision and escort at all times during institution inspections by all CIC representatives. DOC staff shall not interfere with CIC institution inspections, unless such inspections interfere with the safety and security of DOC inmates, staff, and visitors.
- F. Inmate Interviews – When inmates consent to an interview, CIC staff may conduct interviews of inmates in areas open to inspection and authorized by the Warden. The CIC shall interview inmates individually, not in groups. CIC interviews shall be supervised visually by DOC staff, but provide, to the extent possible, areas with reasonable audio privacy. Attorney Visitation, Attorney Phone Service and Social Visitation shall not be used for CIC interviews.
- G. Institution Tours - CIC will inform DOC's Deputy Director of Administration which

areas are to be inspected so that the Deputy Director may arrange for staff escort and supervision of the CIC staff. During the inspections, CIC staff may speak with inmates and staff, insofar as it does not delay or disrupt the inspection schedule or facility operations. If longer interviews are required, CIC staff shall request and schedule the interview through the established protocol.

- H. CIC may request a formal interview or record review following an informal encounter, in accordance with DOC inmate interview procedures, including the inmate's completion of the DOC consent forms for interviews. CIC may request to review inmate records with the submission of the consent form for disclosure of records duly executed by the inmate authorizing the CIC to review the records.
- I. FOLLOW-UP INSPECTIONS- The CIC may submit requests for follow-up documentation, visits, on unit interviews, announced inspections, and/or tours to the DOC Deputy Director of Administration. Such requests shall be in accordance with the established procedure.

6. CIC CONTACT WITH DOC INMATES

- A. At all times, CIC shall maintain a professional decorum when interacting with DOC's staff and inmates and adhere to protocols consistent with a secure correctional environment. CIC staff must adhere to all DOC policies, procedures and security practices including DOC's Non-Fraternization policy and DOC's Employee Code of Ethics and Conduct with regard to their interactions with DOC's inmates. Any CIC staff who introduces or attempts to introduce contraband into the institution or engages in violations of the code of conduct or security violations, shall be subject to: an immediate suspension of the visits and other access to inmates; suspension from entering any DOC facility for a specified period of time or indefinitely; a permanent ban from entering any DOC facility in the future, and/or a possible referral for criminal prosecution.
- B. CIC shall use the DOC "Legal Mail" privileges applied to correspondence with individual inmates that apply to attorneys, courts, and public officials under DOC policies. Correspondence from CIC must be marked "Legal Mail - Open Only in the Presence of the Inmate." Legal mail will not be read although it will be opened in the presence of the inmate, and searched for contraband. Only appointed representatives of the CIC and full-time CIC staff shall use Legal Mail privileges. Legal Mail privileges shall not be used by other CIC participants (e. g. contractors, volunteers, interns).
- C. CIC will have Phone Access to DOC inmates by inmates calling the CIC main number, 202-478-9211 directly, using inmate phone system accessible to inmates on the unit, without having to add the CIC main number to their pre-approved call lists.

- D. Attorney Visitation, Attorney Phone Service and Social Visitation shall not be used for CIC contact with inmates.
- E. Whereas the CIC does not provide direct services to inmates, and it does not act as a personal attorney or provide legal representation or advice, the CIC shall not provide legal representation or legal advice on behalf of inmates against or before the DOC.

VI. PUBLICATIONS AND RELEASE OF INFORMATION

- A. Publication of Reports and Audits-At least 45 days prior to publication, the CIC will provide a draft copy of its reports to the DOC for review, questions, comments, suggestions, objections, or supplemental information. DOC will respond formally to the CIC's draft report before publication within 30 days of receipt, or longer upon agreement by the parties. The period will be extended to the next business day if it falls on a weekend, holiday, or a day when the DOC is otherwise closed. The parties agree to negotiate in good faith discrepancies and concerns in the draft report and comments and resolve them prior to publication.
- B. Nondisclosure of Security Sensitive, Private or Privileged Documents or Information-Security sensitive, private or privileged documents or information shall be deemed confidential information and shall not be released, disclosed, or published by the CIC. The CIC agrees that it will disclose these records only to CIC staff where necessary for CIC to conduct its review and complete its written report that is the subject of the review.
- C. The CIC shall make known the provisions of this agreement and ensure it is fully understood by all persons involved in their reviews who receive confidential information. CIC agrees to employ reasonable measures to control, consistent with this agreement, duplication, access to and distribution of the protected material. The CIC does not intend to affect in any way the safety, security or order of the DOC facilities, the confidentiality and privacy of protected information and agrees to work in good faith to this end.
- D. If DOC records or information are sought through legal process to include but not limited to government, media or individual requests, Freedom of Information Act requests, subpoena, or discovery requests, CIC shall immediately notify the DOC General Counsel to coordinate a response as deemed legally appropriate. CIC shall consult with the DOC General Counsel in advance for guidance on information that shall not be made public.
- E. If confidential information is disclosed inadvertently or intentionally in violation of this agreement, CIC shall notify the DOC in order to coordinate taking immediate steps to assess the situation and take appropriate action to retrieve the information and/or mitigate the consequences. Time shall be of the essence where a breach of

confidentiality occurs to notify the DOC and take action to remediate.

VII. RESPONSE TIMELINES AND EXPEDITED REQUESTS

CIC and DOC agree that the timeframes outlined in this agreement should be used routinely and in the general course for institution inspections and ancillary records requests, follow-up interviews, and communication. However, CIC may make a reasonable expedited request upon good cause shown. Such requests should be submitted to DOC's Deputy Director for Administration, who will use his/her reasonable efforts to fulfill the request, considering the situation and these procedures. DOC may make a reasonable request for additional time to respond to regular requests and consent for extension of time shall not unreasonably withheld by the CIC.

VIII. ANTI-DEFICIENCY ACT

Nothing contained herein shall be construed to obligate any party to any expenditure or obligation of funds in excess or advance of appropriations, in accordance with the Anti-Deficiency Act, 31 U.S.C. §1341. The Parties acknowledge and agree that their respective obligations to fulfill financial obligations of any kind pursuant to any and all provisions of this MOA, or any subsequent agreement entered into by the Parties pursuant to this MOA, are and shall remain subject to the provisions of (i) the Federal Anti-Deficiency Act, 31 U.S.C. §§1341, 1342, 1349, 1351; (ii) the District of Columbia Anti-Deficiency Act, D.C. Code §§ 47-355.01-355.08 (2001); (iii) D.C. Code § 47-105 (2001); and (iv) D.C. Code § 1-204.46 (2006 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

IX. MODIFICATIONS AND EXTENSIONS

Modification of this MOA shall be in writing, in the form of an amendment signed and dated by authorized representatives of each of the Parties and attached to the original version of the MOA.

X. TERMINATION

Any Party may terminate this MOA at any time upon ninety (90) days written notice to the other Party. This MOA may also be terminated immediately by either Party for the following reasons:

1. Changes in applicable law;
2. Changes in a District or federal policy affecting the services in this MOA;
3. Changes in the structure or the nature of the program covered by this MOA;
4. Elimination of the program or services covered by this MOA; and
5. Failure of the other Party to comply with District and federal laws, rules or regulations or DOC policy and procedures.

Termination of this MOA shall not preclude CIC from carrying out its statutory obligations.

XI. NOTICE

Any notice required pursuant to this MOA shall be in writing and shall be deemed to have been delivered and given for all purposes (a) on the delivery date if delivered by confirmed electronic mail delivery (email), facsimile or delivered personally to the Party to whom the notice is addressed; (b) one (1) business day after deposit with a commercial overnight carrier with written verification of receipt; or (c) five (5) business days after the mailing date, whether or not actually received, if sent by US Mail, return receipt requested, postage and charges prepaid or any other means of rapid mail delivery for which a receipt is available. Notice shall be sent to the following persons and addresses:

To DOC:
Gitana Stewart-Ponder
Deputy Director of Administration
D.C. Department of Corrections
2000 14th Street, NW
Washington, D. C. 20009
202-671-2073 (office)
202-716-3174 (mobile)
gitana.stewart-ponder@dc.gov

To CIC:
Donald Isaac, Sr.
Executive Director
D.C. Corrections Information Council
2901 14th St NW, Ground Floor
Washington, DC 20009
Phone: 202-478-9211
Mobile: 202-489-7184
Email: Donald.Isaac@dc.gov

XII. CONFIDENTIAL INFORMATION

The parties to this MOA will use, restrict, safeguard and dispose of all information related to services provided by this MOA, in accordance with all relevant federal and local statutes, regulations and policies.

XIII. CONTROLLING LAWS AND REGULATIONS

The parties to this MOA will use, restrict, safeguard and dispose of all information related to the services provided by this MOA in accordance with all relevant and applicable federal and local statutes, regulations and policies, including but not limited to law governing the protection of sensitive information pertaining to offenders (e.g., HIPAA, the federal Privacy Act; the federal and District of Columbia Freedom of Information Acts). The Parties shall comply with all applicable laws, rules and regulations whether now in force or hereafter enacted or promulgated.

XIV. NO JOINT VENTURE OR THIRD-PARTY BENEFICIARIES

Nothing contained in this MOA shall be deemed or construed by the Parties or by any third party to create the relationship of principal and agent, partnership, joint venture or any association between the Parties except as specifically stated herein. This MOA is made for the benefit of the parties hereto and not for the benefit of any third party.

XV. LIABILITY

Each Party shall be responsible for any liability arising from its own conduct and retain immunity and all defenses available to it pursuant to federal law. No Party agrees to insure, defend, or indemnify another. Each party shall promptly notify the other parties of any information related to the provision of services under this MOA which could reasonably lead to a claim, demand or liability of or against the other parties or the District by any third party.

XVI. NOTICE OF CLAIMS

Each Party shall promptly inform the other Party of any information related to the provision of services under this MOA, which could reasonably lead to a claim, demand or liability of or against the other Party or the District by any third party.

XVII. SEVERABILITY

This MOA shall be deemed severable and any provision of this MOA that violates any law, statute, rule, or regulation of the District of Columbia or the United States, or is otherwise invalid or unenforceable, shall be deemed to be severed and shall not affect the enforceability of any other provision thereof.

XVIII. HEADINGS/COUNTERPARTS

The headings in this MOA are for purposes of reference only and shall not limit or define the meaning of any provision hereof. This MOA may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same document.

XIX. JOINTLY DRAFTED

This MOA shall be deemed to have been drafted by all Parties and, in the event of a dispute, shall not be construed against any Party on that basis.

XX. AUTHORITY OF THE PARTIES

By executing this MOA, each Party represents to the other Party that it is authorized to enter into this MOA, that the person signing on its behalf is duly authorized to execute this MOA and that no other signatures are necessary.

XXI. ENTIRE AGREEMENT

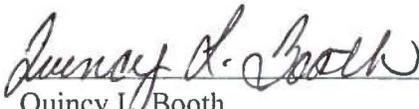
This MOA contains the entire understanding of the Parties with respect to the matters contained herein, and supersedes any and all other agreements between the parties relating to the matters contained herein. No oral or written statements not specifically incorporated or referenced herein shall be of any force or effect.

The remainder of this page is intentionally left blank.

XXII. DISPUTE RESOLUTION

In the event of a dispute, the CIC and DOC Directors or designees shall coordinate a resolution. If a resolution cannot be reached either party may appeal to the Deputy Mayor for Public Safety and Justice.

IN WITNESS WHEREOF, this Memorandum of Understanding shall be executed on the date and year indicated below.



Quincy L. Booth
Director
District of Columbia Department of Corrections



DATE



Donald Isaac, Sr.
Executive Director
Corrections Information Counsel



DATE

**MEMORANDUM OF AGREEMENT BETWEEN
THE DISTRICT OF COLUMBIA
CORRECTIONS INFORMATION COUNCIL (CIC)
AND
THE FEDERAL BUREAU OF PRISONS
MOU 971-21**

This memorandum sets forth the agreement between the Federal Bureau of Prisons (BOP) and the District of Columbia Corrections Information Council (CIC) of Washington, D.C.

1. **AUTHORITY:** The Bureau is responsible for the custody of D.C. Code felony offenders pursuant to the National Capital Revitalization and Self Government Improvement Act of 1997, P. L. 105-33, Section 11201. Section 11201(g) establishes the CIC, which is “to report to the Director of the Bureau of Prisons with advice and information regarding matters affecting the District of Columbia sentenced felon population.”
 - (a) The CIC’s responsibilities within the DC Government are described in DC. Code 24-101.01, which is not applicable to the BOP.
 - (b) Nothing in this agreement shall affect the authorities, privileges, and immunities of either party under the laws, statutes, and regulations of the United States and, for the CIC, the laws of the District of Columbia.

2. **PURPOSE AND SCOPE:** This agreement describes the responsibilities of each party to facilitate the CIC in carrying out its federal statutory responsibilities to provide recommendations and advice to the Director of the Bureau of Prisons. The BOP will provide CIC with reasonable access to carry out these responsibilities, including for announced CIC visits to BOP facilities and BOP-contracted facilities. The provision of information to the CIC by BOP applies to information about D. C. Code offenders in BOP facilities and to those housed in BOP-contracted facilities.

Specific activities not addressed by this agreement should be addressed with the Bureau Coordinator, Institution Coordinator, or Warden of the institution being visited. Individual BOP institutions or BOP-contracted facilities, through the Bureau Coordinator, may request adjustments as needed to the specified timeframes in this agreement through coordination with the CIC.

3. **ROLES AND RESPONSIBILITIES:** The following persons are responsible for administering this agreement:

- (a) **Bureau Coordinator** - The Bureau Coordinator is the BOP's primary contact person for administering and coordinating CIC visits to BOP institutions or BOP-contracted facilities. The Correctional Programs Branch Administrator, Correctional Programs Division, Central Office, is normally assigned this function.

- (b) **Institution Coordinator** - The Institution Coordinator is the primary BOP contact person at the BOP institution being visited. The Executive Assistant at each BOP institution is normally assigned this function. At institutions, which have no Executive Assistant position, the Warden will assign these duties to a management official. For secure privatized facilities, the Institution Coordinator will normally be the contractor's Executive Assistant. For BOP Residential Reentry Centers (RRCs), the Institution Coordinator will normally be the Contract Oversight Representative (COR). The Institution Coordinator may consult with the Bureau Coordinator regarding any issues or concerns with the CIC visits or additional CIC requests.

- (c) **CIC Executive Director** - The CIC Executive Director will be the primary contact person unless otherwise indicated by the CIC Executive Director.

4. **DOCUMENT REVIEW:** The BOP agrees to provide relevant documents to the CIC to facilitate their responsibilities, including, but not limited to, the information described below. Information requests under this section, or for other documents, should be directed to the Bureau Coordinator, who will review and determine if the information may be disclosed, as necessary.

A. **Quarterly Rosters** - The Bureau Coordinator will provide the CIC with updated rosters of all D.C. Code offenders in Bureau's custody (to include secure privatized facilities as well as RRCs), on the first business day of January, April, July, and October, annually.

The rosters will indicate each listed inmate's:

- (1) Name;
- (2) Federal register number;
- (3) Current designated institution;
- (4) Term-in-effect; and
- (5) Projected release date.

B. Bureau of Prisons National Policies

The CIC will obtain BOP's national policies directly from the BOP's public website (www.bop.gov). The CIC must request limited distribution national policies, not available to the public through a formal Freedom of Information Act/ Privacy Act request to the BOP's Central Office, which can be filed online. (<https://www.bop.gov/foia/index.jsp#tabs-5>)

C. Specific Institution Documents

The BOP will seek to provide the following information to the CIC ordinarily within 30 calendar days of the CIC's request, if the inmates are housed in BOP-owned and operated institutions and BOP-contracted facilities. Such a request may occur without an accompanying request to visit the specific institution. Ordinarily, the CIC will forward any follow up questions regarding the documentation provided to the Bureau Coordinator within 14 days of receipt of the documentation.

(1) General Inmate Data

- (a) The BOP will provide a roster of the following information for only D.C. Code offenders housed at the specific institution as of the date generated: inmates' names, federal register numbers, terms in-effect, and projected release dates.
- (b) The roster of general inmate data will ordinarily be provided by BOP within 10 business days of the request.

D. Institution Supplements

- (1) The CIC may request specific copies of Institution Supplements.
- (2) CIC should not request all Institution Supplements. Instead, the CIC should identify specific Institution Supplements for the requested review.
- (3) The CIC must request Institution Supplements to limited distribution national policies through a formal Freedom of Information Act /Privacy Act Request to the Bureau's Central Office.

E. Inmate Handbook

The BOP will provide the institution's Admission and Orientation handbook for BOP-owned and operated institutions, which the institution issues to new inmates, if it is not available on the BOP's public web site. Requests for Admission and Orientation handbooks for contract facilities must be coordinated through the BOP contracting officer administering the relevant contract.

F. Data

The BOP will provide the following data reports for the specific institution's prior 12 month aggregated period. (Note: These data reports may cover all inmates in BOP custody, and may not distinguish between D.C. Code and any other sovereign's offenders and all data may not apply to RRCs.)

- Inmate Fact Sheet - Abridged Version;
- Correctional Services Significant Incidents;
- Urine Surveillance Fact Sheet;
- Institution Administrative Remedy filings & Responses by subject; **(DC Code Offenders only)**
- Regional Administrative Remedy Appeals & Responses by subject; **(DC Code Offenders only)**
- Central Office Administrative Remedy Appeals (Responses by Subject; **(DC Code Offenders only)**)
- Chronological Disciplinary Record; **(DC Code Offenders only)**; and
- Quarterly Education Profile Report; **(DC Code Offenders only)**

The BOP will attempt to answer those questions by relying upon data reports relating only to D.C. Code offenders, when applicable. **(DC Code Offenders only)**

G. Copies of specific administrative remedies and responses

The BOP will provide CIC with specific remedies and responses for D.C. Code offenders if consent of the inmate is provided. CIC should request this information to address the concerns of a specific inmate, and not to request copies of all administrative remedies from D.C. Code offenders at a facility.

H. The number of D.C. inmate deaths

The BOP will provide CIC with the number of D.C. Code inmate deaths, along with cause of death, for the last twelve-month period.

I. Menus

The BOP will provide a copy of the institution's inmate dining menus for the current month.

J. Staffing Information

The BOP will provide a listing of all supervisory staff at the facility, a list of current vacancies at the facility, and the staff-inmate ratio. If seeking such information regarding a BOP contract facility, all such requests should be routed through the relevant administering contracting officer.

K. ACA Audits

The BOP will provide CIC with a copy of the most recent American Correctional Association (ACA) audit. If seeking such information regarding a BOP contract facility, all such requests should be routed through the relevant administering contracting officer.

L. Law library Materials

Legal resources are standardized throughout the BOP in the Electronic Law Library, and include materials relevant to D.C. Code Offenders. A list of the D.C. Code materials will be provided upon request under this section.

5. PRE-VISIT PROCEDURES: The following procedures describe CIC visits of BOP institutions, and if practicable, visits to BOP-contracted facilities.

A. Scheduling Visits

- (1) The CIC Executive Director or CIC staff designee must submit requests to visit specific BOP institutions or BOP-contracted facilities in writing to the BOP Coordinator. Each request should include a proposed date(s), time frame(s), itinerary, and list of participating CIC representatives.
- (2) The Bureau Coordinator is responsible for coordinating a visit date with the Warden or COR of the requested institution.

- (3) Visits will ordinarily be scheduled within 30 calendar days following the request, unless otherwise agreed to by the parties.
- (4) The Bureau Coordinator should notify the Regional Director, who should in turn notify the Warden, of scheduled visits to BOP institutions.
- (5) Visits of BOP-contracted facilities should be routed through the COR.
- (6) Visits will occur during normal business days and hours, unless otherwise arranged with the Warden or COR of the institution being inspected.

B. CIC Contact with D.C. Code Inmates

- (1) The CIC is responsible for initiating contact with D.C. Code offenders at specific BOP institutions or BOP-contracted facilities. Contact may be initiated by U.S. mail.
- (2) On occasion, the CIC may use "Special Mail" privileges under BOP regulations (28 CFR part 540) to correspond with specific D.C. Code inmates.
- (3) Correspondence must be marked "Special Mail - Open Only in the Presence of the Inmate." Special mail will not be read, although it will be opened in the presence of the inmate, and searched for contraband. Special Mail privileges are only extended to appointed representatives of the CIC and full-time CIC staff. Special Mail privileges will not be extended to other CIC participants (e.g. contractors, volunteers, interns, etc.).
- (4) The CIC is responsible for informing D. C. Code offenders of scheduled visits and opportunities for document reviews and interviews, and any other matters, which do not jeopardize the safety and security of institutions, inmates, staff, or the public.
- (5) The CIC will provide the BOP and Institution Coordinators with a copy of correspondence mass mailed to D.C. Code inmates. These

mass mailings will not use Special Mail procedures. Inmates may place CIC representatives and staff on approved telephone lists according to BOP policy.

C. Inmate Authorization to Release Records and Consent to Interview –

- (1) The CIC must obtain prior written consent from D.C. Code inmates whose BOP records they seek to review, and whom they seek to interview.
- (2) The CIC is responsible for sending written requests to the D.C. Code inmates through the U. S. mail with a cover letter and blank Inmate Release of Information/Interview Consent Form.
- (3) The D.C. Code inmates are responsible for returning the material to the CIC through the U. S. Mail at their own effort and expense. Inmates may refuse CIC requests to correspond, or refuse to authorize document reviews and interviews during the scheduled CIC visit.
- (4) No later than five calendar days before a scheduled visit, the CIC shall endeavor to provide the Institution Coordinator with a list of those inmates authorizing review of their records and consent to interview, as well as their originally executed waiver/consent forms, which should be maintained in the inmate's Central File in Section Six.
- (5) The CIC should address any difficulties in corresponding with D.C. Code inmates with the Bureau Coordinator prior to the visit.
- (6) If a D.C. Code inmate desires to speak to the CIC confidentially during the announced visit, or if the CIC receives additional interview requests less than five calendar days before its visit, the BOP will endeavor to accommodate this request during a time the CIC is conducting inmate interviews.
- (7) To avoid wasting federal resources, CIC visits under this agreement will be conducted during normal business hours, which may vary depending on the particular BOP institution or BOP contracted facility.

6. **VISIT PROCEDURES:** The following procedures guide CIC visits of BOP institutions, and, if practicable, to visits of BOP-contracted facilities.

A. **Authorized CIC Representatives**

- (1) Visits may only be conducted by duly-appointed CIC representatives, CIC staff who are employed by the District of Columbia, and persons designated by the CIC pursuant to D.C. Code § 24-101.01(e).
- (2) The CIC will provide the names of all individuals requesting to visit a BOP or privately-managed institution or RRC in the initial visit request.
- (3) The Warden may prohibit any individual from entering the institution who he/she believes jeopardizes the safety and security of the institution, inmates, staff, or the public.
- (4) CIC representatives and staff will undergo a background check, including at a minimum, a NACI and fingerprint check, upon each appointment to the CIC, which will be used for approval of visits during that term.
- (5) In reviewing the criminal background check for appropriateness to visit, the existence of a criminal conviction alone does not preclude participation in visits.
- (6) The Bureau Coordinator shall consider the nature, severity, and recentness of convictions, as weighted against the security considerations of the institution/facility.
- (7) Specific approval of the Warden may be required before such participations may take place.

B. **Notice to Inmates**

The CIC is responsible for notifying D.C. Code offenders of scheduled visits. Local notification of inmates by the institution is at the Warden's discretion.

C. Entrance Procedures

BOP national and local visiting policies dictate the procedures followed at each institution, including prohibited personal property.

CIC representatives and staff will be searched in accordance with procedures in place for all staff and visitors. Government-issued photo identification will be sufficient documentation for entry for CIC representatives, CIC staff who are employed by the District of Columbia, and persons designated by the CIC pursuant to its statute (D .C. Code §24-101.01(e)).

D. Electronic Devices

Electronic devices, e.g. audio/recorders, laptops, cameras, etc., are prohibited unless specifically authorized by the Warden of the institution prior to the date of the visit, as required by local procedures. Cellphones are prohibited.

Additionally, the inmate must authorize any recordings by executing the CIC consent form, if approved by the Warden or the COR.

CIC representatives should coordinate with the Bureau Coordinator before the inspection to confirm local procedures and request/arrange any necessary accommodations.

E. Entrance and Closeout Sessions

Wardens are encouraged to arrange for entrance and close-out sessions with the CIC representatives, as opportunities to finalize visit plans and review any significant concerns.

F. Staff Supervision and Escorts

CIC representatives will be subject to direct visual staff supervision and escort at all times during institution visits.

G. Record Reviews

The following procedures apply to CIC reviews of BOP inmate records during visits:

(1) **Available Records**

When authorized by the inmate, personal identifiable information will be made available for CIC review, ordinarily in the area where maintained, or other secure areas determined by the Warden.

Because information about an inmate is maintained in paper files or electronic systems, CIC representatives must identify the type of information to be reviewed, rather than requesting "all records." The type of information which may be provided includes any information to which the BOP may disclose to an inmate such as:

(a) **Central File/SENTRY Information**

This information includes, but not limited to, sentence data, detainers, Inmate Financial Responsibility Program, classification and parole materials, mail, visits, property, discipline, work, quarters reports, release planning, telephone, and general correspondence.

(b) **Medical Information**

This information includes BOP records related to the inmate's medical care.

(c) **Psychology Information**

This information includes BOP records related to the inmate's mental health care.

(d) **Education Information**

This information includes BOP records related to the inmate's education activities while in BOP custody.

(e) **Judgment & Commitment (J&C) Information**

This information includes documents related to the inmate's sentence and sentence calculation.

(2) **Non-Disclosable Records**

Records which are locally non-disclosable to the inmate will not be available for CIC review.

(3) **Information Review**

The following individuals will supervise CIC review of information: a BOP staff member for BOP facilities; contract staff

at privately managed correctional facilities; and a BOP COR for RRC facilities.

- (a) CIC representatives will be limited to reviewing one inmate's file at a time.
- (b) A workplace will be provided for review, which affords both privacy and the opportunity for staff supervision. Document reviews will occur in areas off-limits to inmates during the review.
- (c) The information may not be removed from the review area. If reviewing paper files, CIC representatives must not disassemble the file, but rather may mark pages for photocopying with paper clips or other similar non-altering method.

(4) **Print-outs and Photocopying Records**

- (a) CIC representatives are encouraged to request and obtain copies of inmate records directly from inmates before the institution visit.
- (b) CIC representatives may request printouts or photocopies of inmate documents during the visit, if the inmate's consent is on file. Photocopies may be made using the BOP's equipment, at the BOP's expense.
- (c) Supervising staff should perform the printing/photocopying within reasonable limits. CIC requests for copies of entire voluminous files will not be fulfilled.

H. D.C. Code Inmate Interviews

- (1) Inmate interviews conducted by CIC staff at BOP and/or privately-managed institutions and RRCs will be conducted in a professional manner. The Warden at a BOP or privately-managed facility or the COR at a RRC may terminate an interview, if it becomes unprofessional and/or violates policy.

- (2) When D.C. Code inmates consent to an interview, CIC representatives may interview inmates in rooms otherwise designated for attorney client meetings, unless other arrangements are authorized by the Warden at BOP institutions and privately managed correctional facilities, or the BOP COR for RRC facilities. To the extent practicable, CIC interviews with inmates are to take place without auditory supervision. However, areas designated for inmate interviews will be arranged so as to provide adequate unobstructed visual supervision.
- (3) The following individuals will supervise CIC inmate interviews: a BOP staff member for BOP facilities; contract staff for secure privatized facilities; and a BOP COR for RRC facilities.
- (4) The Warden at a BOP or privately managed correctional facility or the COR for RRC facilities may prohibit an inmate's interview if it may jeopardize the safety and security of the institution, inmates, staff, or the public.
- (5) The Warden through the Institution Coordinator at a BOP facility or privately managed correctional facility and the COR at a RRC will provide notice and an explanation to the CIC ordinarily at least two business days before the scheduled visit, if any of the requested inmates are denied individual interviews. If two business days' notice is not possible due to exigent circumstances, the CIC should be notified as soon as possible.
- (6) Inmates should be interviewed individually, and supervised by a BOP staff member for BOP facilities, contract staff at privately managed correctional facilities or the BOP COR for RRC facilities visually.
- (7) Supervising BOP or contractor staff may discontinue an interview in the interest of safety and security of the institution, inmates, staff, or the public.
- (8) The inmate and CIC member are prohibited from exchanging any items without prior authorization by the Warden at a BOP or privately managed correctional facility or the COR for RRC facilities.

- (9) Special requests will be addressed on a case-by-case basis; however, situations should be addressed with the Bureau Coordinator prior to the visit.

I. Staff Interviews

- (1) CIC representatives may request to interview BOP staff, either by position or by name. Staff interviews will be coordinated by the Institution Coordinator to coincide with the staff member's work schedule, and may not disrupt institution operations. Staff interviews should occur in a convenient area designated by the Institution Coordinator.
- (2) Staff may refuse to be interviewed or, if consenting to be interviewed, they may terminate the interview at any time, for any reason.
- (3) Bargaining unit staff must be provided the opportunity to request the presence of the local union president, or designated union official, as a condition of being interviewed.
- (4) Staff may only be interviewed regarding their official duties within the institution being visited. Staff may not be interviewed regarding:
 - (a) specific D.C. Code inmates or incidents which occurred within the institution and may be the subject of inmate or staff disciplinary action, criminal investigation, or other type of activity which is the subject of administrative or litigation review;
 - (b) actions of other staff; or
 - (c) personnel histories of interviewee.

Staff interviews may be attended and monitored by the Institution Coordinator and/or the Bureau Coordinator to ensure compliance with these requirements.

J. Institution Tours

- (1) As part of its visit request, the CIC should indicate which program areas of the institution it requests to tour. The institution will review the CIC's request, and the Bureau Coordinator will

coordinate and advise the CIC staff of the agenda, including start and stop times, tour routes, and location of the interviews approved by the institution prior to the visit.

- (2) The Institution Coordinator will arrange a supervised tour of those areas. The Warden may prohibit touring a specific area if it may jeopardize the safety and security of the institution, inmates, staff, or the public. The CIC will not be allowed access to or authorized to tour non-programming areas such as the Special Housing Unit (SHU), Protective Custody Unit (PCU), and Special Management Unit (SMU), Suicide Observation Rooms, dry cells, etc., to ensure the safety and security of the institution and the CIC staff.
- (3) The Warden, through the Institution Coordinator, will provide notice to the CIC at least two business days before the scheduled visit, if any of the requested areas will not be toured.
- (4) If two business days' notice is not possible due to exigent circumstances, the CIC should be notified as soon as possible.
- (5) CIC representatives may speak informally with D.C. Code inmates and staff encountered during tours.
- (6) Institution tours conducted by CIC staff at BOP and/or privately-managed institutions and RRCs will be conducted in a professional manner. The Warden at a BOP or privately-managed facility or the COR at a RRC may terminate an interview, if it becomes unprofessional and/or violates policy.
- (7) If the CIC or a D.C. Code offender requests a formal interview following an informal encounter, institution staff should attempt to accommodate the request.

K. Meals

CIC representatives should ordinarily eat meals at scheduled times in the institution being visited.

CIC representatives will be required to reimburse the Institution Coordinator or contractor in BOP contract facilities or RRCs for the cost of the meal.

L. Central Work Area

CIC representatives should be provided an area in which to meet and work while visiting the facility. A telephone should be provided for their use. No inmate interviews or original document reviews should occur in this area, unless approved by the Warden of the institution at a BOP or privately-managed correctional facility or the COR for RRC facilities.

7. BOP-CONTRACTED FACILITIES: These procedures apply to BOP-contracted facilities, e.g., secure privatized facilities, RRCs, etc.

- A. The Bureau Coordinator will provide copies of BOP-contracted facilities' documents, including statements of work or Intergovernmental Agreements (IGAs), for specifically requested BOP-contracted facilities.
- B. The Bureau Coordinator will provide or make available for review contracts between the BOP and the BOP-contracted facility, consistent with FOIA/Privacy Act/Procurement Integrity Act requirements.
- C. Documents containing proprietary information will be withheld, or provided with redactions, in accordance with all relevant laws and regulations, to include the standards applied in Freedom of Information Act requests for such information.
- D. Information described in Section 4, above, and other policies and procedures outlined in this agreement, may not be available in BOP-contracted facilities.
- E. The Bureau Coordinator will make best efforts to provide similar information, and use procedures as outlined in this agreement in relation to the BOP-contracted facilities, when feasible.
- F. In the event specific documents requested by the CIC are unavailable, the BOP-contracted facility shall identify any documents or information that is unavailable with the institution's stated reason for the unavailability.
- G. In the event a CIC request cannot be fulfilled, the BOP will identify why the request is not feasible, including the reason for denying the request. CIC requests to visit BOP-contracted facilities must be initiated and coordinated through the Bureau Coordinator.
- H. CIC representatives, staff, and affiliates present at any visit will recuse themselves from participating in visits or document reviews of BOP-

contracted facilities when the representative, staff person, or affiliate has a conflict of interest.

- I. In addition to the prohibitions in applicable statutes and regulations, conflicts of interest include, but are not limited to:
 - (1) financial interest in BOP contracted facilities or any of its possible competitors;
 - (2) employment by or for BOP-contracted facilities or any of its possible competitors;
 - (3) uncompensated work by or for BOP-contracted facilities or any of its possible competitors;
 - (4) a personal relationship with a corporate officer of a BOP contracted facility or any of its possible competitors; and
 - (5) a familial relation (e.g. spouse, child, sibling, cousin, etc.) to any person who has any of the above relationships with a BOP-contracted facility or any of its possible competitors;
 - (6) safety and security concerns.

8. **FOLLOW-UP REQUESTS:** The CIC may request follow-up documents, visits, interviews, announced visits and/or tours. CIC follow-up activities are an important part of the CIC function, and will be processed by the BOP accordingly. Such requests should be directed to the Bureau Coordinator and be processed according to these procedures. Follow-up requests should not exceed 21 calendar days.

9. **PUBLICATIONS AND RELEASE OF INFORMATION:** Upon conclusion of the facility visit and document review, the CIC will provide a draft copy of their report to the BOP within 60 calendar days of the site visit.
 - A. Upon completion of the BOP's review of the report, an in-person close out meeting between the CIC and Central Office will take place within 30 calendar days. This meeting will provide an opportunity for both parties to discuss their concerns regarding the report, prior to its publication. The CIC will forward the final report to the BOP no later than 60 days after the in-person meeting, for approval for further distribution. The BOP may request the CIC retract a line item or statement from the report. If the CIC determines the line item or statement is valid to the report and elects not to remove it, the CIC must include the BOP's response to the statement in the report immediately following the CIC's recommendation, rather than as an attachment to the report.

- B. The 60-day period will be extended (to the next business day) if the 60th day falls on a weekend, holiday, or a day when the BOP Central Office is otherwise closed.
 - C. The BOP may transmit any publication, which relies on information regarding BOP-contracted facilities, to the BOP-contracted facility for the contractor's review.
 - D. The contractor may redact "proprietary information", defined as information designated as proprietary in accordance with law and regulation, and held in confidence or disclosed under restriction to prevent uncontrolled distribution.
 - E. Examples include limited or restricted data, trade secrets, sensitive financial information, and computer software; and may appear in cost and pricing data or involve classified information.
 - F. The CIC agrees reports may not contain any information deemed to be proprietary by BOP or its contractors.
 - G. No representative, staff, or affiliate of CIC may disclose proprietary information, or disclose any information not releasable by the BOP pursuant to FOIA or the Privacy Act. The CIC is responsible for ensuring that any confidential, proprietary, or private Information is properly protected. Other than exceptions contained herein or, otherwise provided by law, the CIC shall not disclose information, including any personally identifiable data to any other party. BOP is not responsible for any unauthorized disclosure of information by the CIC.
10. **EXPEDITED REQUESTS:** The CIC and BOP agree the timeframes outlined in this agreement will be used routinely and in the general course for institution visits and ancillary records requests, follow-up interviews, and communication. However, the CIC may make expedited requests. Such requests should be submitted to the Bureau Coordinator, who will use his/her best efforts to fulfill it, taking into account the situation and these procedures.
11. **DISPUTE RESOLUTION:** In the event of a dispute, the CIC should consult with the Bureau Coordinator, as appropriate.

If dissatisfied, the CIC should then be provided information for appealing to the Senior Deputy Assistant Director of the Correctional Programs Division and Assistant Director of the Correctional Programs Division, in that order.

12. **UNAUTHORIZED DISCLOSURE:** With respect to the data provided pursuant to this agreement, the CIC will immediately, or no later than within one hour of discovery, notify the BOP Chief Information Security Officer at (202) 307-3065 or (202) 307-6667. In the event of any actual or suspected breach of such personally identifiable data, i.e., loss of control, compromise, unauthorized disclosure, access for an unauthorized purpose, or other unauthorized access, whether physical or electronic, including exposure of a D.C. Code inmate's data to an unauthorized individual, including another inmate. If the data breach occurs outside of regular business hours for the BOP's Central Office and neither the BOP Chief Information Officer (CIO) nor the Chief Information Security Officer (CISO) can be reached, the CIC will call the DOJ Computer Emergency Readiness Team (DOJCERT) at 1-866-US4-CERT (1-866-874-2378) within one hour of discovery of the unauthorized disclosure.

13. **LIABILITY:** Each party is responsible for any liability arising from its own conduct. Each party shall cooperate with the other party in the investigation and resolution of claims arising from the agreement. Neither party shall be responsible for delays or failures in performance arising from acts beyond the reasonable control of the party.

14. **PERIOD OF AGREEMENT:** This agreement will expire one year after last effectuating signature. Parties shall discuss renewal at that time. At the expiration of the MOU, the CIC may not tour a facility, until a new MOU is executed.

15. **MODIFICATION PROCEDURES:**
Either party may initiate modifications to the agreement, which shall be mutually agreed upon in writing, except for terminations.

16. **TERMINATION:** Either party, upon 60 days written notice to the other party, may terminate this agreement.

In the event of approaching expiration or of notice of termination, parties will make every effort to renegotiate in order to ensure the CIC is able to fulfill its statutory obligation pursuant to the National Capital Revitalization and Self Government Improvement Act of 1997, P.L. 105- 33, Section 11201; 111 Stat. 251.

17. POINTS OF CONTACT:

Each party will provide to the other party, and update as necessary, the names and contact information for the following points of contact for all matters related to this Agreement. At the time of signature:

For BOP:

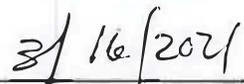
David Brewer, Administrator
Correctional Programs Branch
Federal Bureau of Prisons
Phone: (202) 353-3638
Mobile: (202) 353-5917
Email: dbrewer@bop.gov

For CIC:

Donald L. Isaac, Sr.
Executive Director
DC Corrections Information Council,
Phone: (202) 727-8183
Mobile: (202) 427-7620
Email: donald.isaac@dc.gov

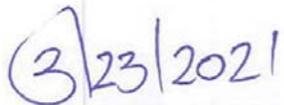
SIGNATURES:

FOR THE DC CORRECTIONS INFORMATION COUNCIL:

Donald L. Isaac, Sr., Executive Director Date

FOR THE FEDERAL BUREAU OF PRISONS:

Andre Matevousian Date
Assistant Director
Correctional Programs Branch

CHRISTINA
CARROLL

Digitally signed by CHRISTINA
CARROLL
Date: 2021.03.29 16:33:21 -04'00'

Christina Carroll Date
Chief
Procurement Management Section

District of Columbia
Corrections Information Council



District of Columbia
Department of Corrections

2021 Annual Report



January 25, 2022



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Calvin Woodland Jr., Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

1400 Eye Street NW – Suite 400
Washington DC 20005
Phone: (202) 478-9211
Email: dcic@dc.gov
Website: <https://cic.dc.gov/>

EXECUTIVE SUMMARY

CENTRAL DETENTION FACILITY PROFILE

Dates of Inspection: May 4, 2021
Location: SE, Washington, DC
Security Level: Minimum, Medium, Maximum

Rated Capacity: 2,164
Population on 5/4/2021: 1,013
Resident-to-Staff Ratio: 2.75 to 1

CENTRAL CELL BLOCK PROFILE

Date of Inspection: May 5, 2021
Location: 400 Indiana Ave NW
Average Length of Stay: 24 hours

Rated Capacity: 107
Population on 5/5/2021: 26
Number of Cells: 57

KEY FINDINGS

The CIC highlights the following programs and facility practices:

- Starting on April 30th, the DOC started allowing two hours of indoor recreation, whereas previously it was only one hour, in addition to one hour of outside recreation.
- 485 inmates were fully vaccinated with both shots from Moderna; 601 inmates have had the first shot, but not the second.
- Central Detention Facility (CDF) is 70% single celled.
- There are no positive cases of COVID-19 at CDF.¹
- Administrative housing residents who participated in Ramadan were not receiving their food on time.
- There were no inmate grievance forms in administrative housing unit North 1.
- There is no air conditioning at the jail.
- Barbering and cosmetology services resumed for residents with upcoming jury trials.
- Central Cell Block (CCB) is understaffed; there are eight officers on each shift.
- There are three handicapped cells in CCB, but only one is operable.
- There is constant flooding at CCB, so staff has to use a sump pump.
- There are no mattresses at CCB; inmates sleep on steel.
- There is no timeline for which maintenance performs repairs in CCB.
- CCB does not accept handicapped women in wheelchairs.
- There are two screens for inmates to attend court while at CCB, but only one is in working condition.

¹ Information subject to constant fluctuations.

- If CCB reaches capacity before MPD brings new lock ups, CCB will not accept those individuals and they are sent back to MPD.
- LGTBQI in CCB custody have the option to be housed with men or women.
- Medical personnel is present to address the mental or physical health needs of CCB arrestees.
- Since March 2020, the DOC altered normal operating procedures due to the COVID-19 pandemic and issued a medical stay-in-place recommended by the Centers for Disease Control and Prevention (CDC) and DC Health.
- The DOC made notable efforts to give the resident population access to educational offerings via ADEPA tablets during the medical-stay-in-place.
- The DOC made notable efforts to extend the ability of the resident population to communicate with their loved ones via GTL tablets.

RECOMMENDATIONS

Based on the inspections of the CDF and CCB, the CIC makes the following recommendations:

- DOC should make sure that all restrictive housing units have access to IGP forms.
- DOC should make sure that all inmates who are observing religious practices receive their meals in a timely fashion.
- DOC should make sure that maintenance is appropriately performed in the cells and shower areas of restrictive housing units.
- DOC should perform maintenance repairs on the air conditioning system.
- DOC should hire more staff for the CDF and CCB.
- DOC should make sure that remote technology used for court at CCB is working.
- DOC should ensure that all cells at CCB are operable, including the handicapped cells. supplies.
- DOC should ensure that all inmates in restrictive housing units have a mattress.
- DOC should develop a plan that allows residents to have consistent outside recreation.
- DOC should develop a system to govern the distribution of GTL tablets so all residents have opportunities to use them.
- DOC needs to implement technology that improves the connectivity of tablets throughout the facility .

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INTRODUCTION

The DC Department of Corrections (hereinafter, DOC) operates two jail facilities: the Correctional Treatment Facility (hereinafter, CTF), and the Central Detention Facility also known as the DC Jail (hereinafter, CDF). The facilities are adjacent to one another and are located in Southeast Washington, D.C. The DOC also operates the Central Cell Block (hereinafter, CCB) which is located at 300 Indiana Avenue Northwest Washington, D.C.

The CDF houses male residents, a majority of whom are held pending adjudication of a criminal case or are sentenced to a period of incarceration following conviction for a misdemeanor offense. Other CDF residents include those held on United States Parole Commission (USPC) warrants, those awaiting transfer to the Federal Bureau of Prisons (BOP), and those held due to a writ or hold typically awaiting transfer to another jurisdiction. The CCB houses male and female residents who have been arrested and are awaiting to see a judge for an initial appearance to determine whether they will be released from the CCB or sent to the CDF to await further proceedings with their criminal case.

Throughout the 2020 fiscal year, the District of Columbia was impacted by the COVID-19 pandemic. The CIC was unable to conduct normal on-site inspections of DOC facilities due to health and safety concerns, but CIC was still able to communicate with residents via written correspondences, and phone calls and emails from families. In fiscal year 2021, the CIC was able to perform an on-site visit and talk with staff and residents about conditions and their experiences both at work and in custody, respectively ². Following the site visit, CIC conducted its onsite inspection of CDF on May 4, 2021, and CCB on May 5, 2021 (the CIC did not inspect CTF).³ For a complete explanation of the report methodology, see Appendix A: Methodology.

DECEMBER 22, 2020 SUMMARY OF SITE VISIT

As part of the DOC site visit and inspection December during fiscal year 2021, the CIC toured areas of both the CDF and CCB, including restrictive housing units in which the CIC received resident concerns.

During the DOC site visit, the CIC learned about the modifications DOC implemented since March 2020 as a response to the COVID-19 pandemic, such as the medical-stay-in-place. Below is an overview of those findings:

MEDICAL STAY IN PLACE

Since March 2020, the DOC implemented a medical-stay-in-place as recommended by the Centers for Disease Control and Prevention (CDC) and DC Health. This process was utilized to limit the movement of residents to help stop the spread of COVID-19 within the facility. Staff and inmates

² See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

³ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

were given personal protective equipment, all social visitation was stopped, legal visitation was modified, most court appearances were conducted remotely via video, and if feasible - residents were placed in single cells as opposed to the normal two-man cell. Staff members were provided COVID-19 educational materials every Wednesday. Nurses were initially placed at entrances to take temperatures as people entered the CDF facility; this process is now done by machine. Residents were allowed out of the cells for one hour daily, but there was no outside recreation, and outside work detail was restricted to the housing unit.⁴

SOCIAL VISITS

Social visitation was suspended. At the time of the site visit, all social visitation was suspended since March of 2020, and there was no definitive information regarding the restoration of those privileges.

LEGAL VISITS

Most legal visits occur virtually. There are four ways in which the DOC conducts non-contact legal visits:

1. There is a designated area on the first floor where residents can visit with their lawyers via video; or
2. If a resident is housed in a single cell, s/he can visit with an attorney via cell phone through a case manager; or
3. Residents can use the regular phone system for a free unmonitored legal call if the attorney calls the facility and registers in the Global Tel Link (GTL) database, which requires them to provide their name, phone number, client's name, and client's DC number; or
4. Residents can visit with their attorneys in person, but in a non-contact fashion behind the glass in the visiting hall.

If necessary, residents can still physically visit meet with their attorney in person, but the resident will quarantine for 14 days before returning to general population.

VIRTUAL COURT DATES

Most residents attend court dates virtually. The DOC erected technology in each of the visiting areas, which allows residents to appear at court via video. Residents who must attend court physically are quarantined for 14 days before returning to their original housing units.

LEAVING THE FACILITY

Residents who physically leave the facility for any reason are quarantined for 14 days before returning to general population.

⁴ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

GLOBAL TEL LINK (GTL) TABLETS

There are 437 Global Tel Link (GTL) tablets. Tablets are loaned to residents for free on a first come first serve basis.

There are several profiles for usage of the tablets, which each contain access to different content⁵:

1. Free
2. Education
3. Promotional
4. Standard
5. Phone Dialer

GTL tablets, also known as entertainment tablets or black tablets, are provided so residents have an additional means of communicating with loved ones, and to provide entertainment while confined to cells for 23 hours a day. There are 437 GTL tablets at the DOC, 285 at the CDF, and 152 at the CTF. The total population of the DOC as of December 18, 2020 was 1,461 residents, which equates to approximately one tablet for every three residents.

AMERICAN PRISON DATA SYSTEM (ADPS) TABLETS

There are 1,189 American Prison Data System (ADPS) tablets. ADPS tablets are available to any resident who wishes to enroll in school and are available from 9 AM to 11 PM. There are 160 different courses on these tablets, including DCPS high school content and religious service content. There are also medical, grievance, and general request forms on these tablets. There is no cost associated with these tablets; they are not for entertainment purposes. There are 1,189 educational tablets for 1,450 residents.

OUTSIDE RECREATION

Since March of 2020 residents have not had any outside recreation. Several residents expressed serious concerns regarding the issue. DOC executive staff expressed awareness of the issue, but did not have a definitive plan at the moment regarding the resumption of outdoor recreational activities.

MAY 4, 2021 INSPECTION SUMMARY OF CDF

The CIC inspected the CDF on May 4, 2021. As part of the inspection, the CIC visited restrictive housing units North 1 and South 1, general population housing unit Southwest 2, and the outside recreation areas⁶.

⁵ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

⁶ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

HOUSING UNIT NORTH 1

North 1 is a restrictive housing unit designed for individuals who have been found guilty of a disciplinary infraction, or those pending review of the adjustment board to determine if they should return to general population. CIC observed empty cells that were flooded and a caving roof in the shower area. Residents did not have access to inmate grievance procedure forms (IGP forms), and some residents did not have mattresses.

HOUSING UNIT SOUTH 1

South 1 is a restrictive housing unit for residents who have been found guilty of a disciplinary infraction, or have been placed in restrictive housing for some other reason by the DOC administration. Residents spoke to CIC staff about not having adequate cleaning supplies for their cells, showering only twice a week, and not having access to education or entertainment tablets.

HOUSING UNIT SOUTHWEST 2

Southwest 2 is a general population unit. Residents in this unit receive two hours of recreation: one hour indoor and one hour outdoor. At the time of the inspection, CIC observed 12 phones in this unit, but only 5 were operable. There were 65 ADEPA tablets, and 15 GTL tablets. Residents also indicated that medical does not respond within 24 hours after submission of a sick call request.

OUTSIDE RECREATION AREA

At the time of CIC's inspection, outside recreation had been canceled from 6 AM-2 PM, Monday through Friday, due to construction, but some residents were still able to participate in outside recreation during the evening time if there was adequate staff and the weather permitted. DOC executive staff informed the CIC that recreation under modified operations is supposed to occur for one hour a week per housing unit. Restrictive housing units do not receive outside recreation. Due to construction and staffing issues, the flow of outside recreation has been slow.

MAY 5, 2021 INSPECTION SUMMARY OF CCB

There are eight staff members on every shift at the Central Cell Block (CCB). Staff indicated that they are understaffed, and they recalled at least 15-20 staff persons per shift when CCB was ran by the Metropolitan Police Department. CCB uses a 15-question assessment form when individuals are admitted to CCB to determine the proper cell placement, as well as mental and physical health needs.

There are 57 cells. Three cells can accommodate men requiring wheelchairs. During the time of CIC inspection, two of the handicapped cells were inoperable. There are no beds. Residents sleep on a metal bunk. The air conditioning is controlled by the building. CCB was hot, and there is regular flooding.

There are two floors within CCB: men on the first floor and women on the second floor. LGBTQIA community members have the option of choosing between either. There are also two cells with cameras for individuals who pose a high risk of hurting themselves or others.

There are two screens for remote court appearances. Only one was working. Video court starts at 1:30 PM and ends at 6 PM, Monday through Friday. Individuals awaiting contact with the United States District Court for the District of Columbia participate in court via telephone.

METHODOLOGY

In October of fiscal year 2021, the CIC and DOC staff discussed the possibility of a site visit at the DOC, since the CIC had not physically inspected the facility since the beginning of the COVID-19 pandemic (March 2020). The DOC granted the CIC a site visit for December 2021⁷.

In accordance with D.C. Code 24-101.01(d)(1)(2019), after the site visit, the Corrections Information Council (CIC) sent a request to tour the Central Detention Facility (CDF), and the Central Cell Block (CCB). The CIC conducted an onsite inspection of the CDF on May 4, 2021, and an onsite inspection of CCB on May 5, 2021⁸.

The CIC will continue to inspect and report on conditions of confinement within DOC facilities, and communicate with executive staff regarding existing circumstances and developments.

⁷ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

⁸ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

UPDATES

MEDICAL STAY IN PLACE

As of December 22, 2021, the DC DOC has proactively decided to move back to the modified medical stay in place. The posture has resulted in a cessation of social visitations; moved programming and educational opportunities back to a virtual space; and reduced recreation in its facilities to maintain social distance and alleviate the spread of COVID-19. There is also facility wide testing and continued education on proper mask wearing and vaccinations. DOC continues to offer a COVID-19 vaccine to all residents and is offering the booster to all residents who are eligible⁹.

SOCIAL VISITS

Starting in June 2021, the DOC began gradually allowing social visits. As of December 22, 2021, social visitation has again been suspended due to a COVID-19 outbreak. Video visitation will resume once all housing units at DOC have been removed from quarantine and isolation status.

LEGAL VISITS

The DOC had begun to allow contact and contactless legal visits without an appointment. As of December 22, 2021, only contactless legal visits are available, except for those residents who have jury trials.

VACCINE EDUCATION

Unity Healthcare medical staff provides vaccine education to residents, which is accomplished through intake interviews and visits to the units.

Vaccines and boosters are available for all residents. All new residents are notified at intake on vaccination services. DOC also provides vaccine education on residents' tablets and physically on housing units, while Unity Healthcare medical staff provides in person information to residents on the benefits of vaccination.

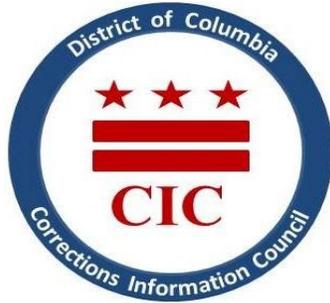
As of December 16, 2021, approximately 45% of the population at CDF was vaccinated.¹⁰

The DC DOC intends to resume normal operations at CTF and CDF once all housing units are cleared from quarantine.

⁹ DC DOC Coronavirus Prevention. January 25, 2022. <https://doc.dc.gov/page/coronavirus-prevention>.

¹⁰ Information subject to fluctuations.

District of Columbia Corrections Information Council



DC Department of Corrections Inspection Report

September 30, 2021



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Calvin Woodland Jr., Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

1400 Eye Street NW – Suite 400
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Phone: (202) 478-9211
Email: dcic@dc.gov
Website: <https://cic.dc.gov/>

Executive Summary

Central Detention Facility Profile

Dates of Inspection: May 4, 2021
Location: SE, Washington, DC
Security Level: Minimum, Medium, Maximum

Rated Capacity: 2,164
Population on 5/4/2021: 1,013
Resident-to-Staff Ratio: 2.75 to 1

Central Cell Block Profile

Date of Inspection: May 5, 2021
Location: 400 Indiana Ave, NW, Washington, DC
Average Length of Stay: 24 hours

Rated Capacity: 107
Population on 5/5/2021: 26
Number of Cells: 57

Key Findings - CDF

The CIC highlights the following Central Detention Facility (CDF) conditions:

- Starting April 30, 2021, the DOC allows two hours of indoor recreation in addition to one hour of outside recreation. Previously, it was one hour of indoor recreation.
- 485 inmates have received both shots of the Moderna vaccine for COVID-19, and 601 inmates have received the first shot.¹
- 70% of cells at the CDF are single capacity at this time.
- There are currently no positive cases of COVID-19 at CDF.
- Administrative housing unit residents who participated in Ramadan were not timely receiving food.
- There are no inmate grievance forms in administrative housing unit North 1.
- There is no air conditioning.
- Barbering and cosmetology services have resumed for residents with upcoming jury trials.

¹ Numbers are expected to increase. These figures describe the vaccine progress at the time of the CIC inspection.

Key Findings - CCB

The CIC highlights the following Central Cell Block (CCB) conditions:

- CCB is understaffed; there are 8 officers on each shift.
- There are three handicapped cells in CCB, but only one is operable.
- There is regular flooding at CCB, so staff has to constantly use a sump pump.
- There are no mattresses at CCB. Inmates sleep on steel bunks.
- There is no definitive timeline for maintenance to perform repairs.
- CCB does not accept women who use wheelchairs.
- There are two video screens setup for inmates to virtually appear in court, but only one works.
- If CCB reaches maximum capacity before the DC Metropolitan Police Department (MPD) brings newly arrested individuals, it will not admit those individuals and they are returned to MPD.
- Transgender or gender nonconforming people in custody at CCB may choose housing on a tier with either men or women.
- Medical personnel are on-site to address mental or physical health needs of arrestees.

Recommendations - CDF

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

- The DOC should assure that all restrictive housing units have access to Internal Grievance Procedure (IGP) forms.
- The DOC should assure that all inmates who participate in a particular religious observance receive meals in a timely fashion.
- The DOC should assure that regular maintenance is performed inside of cells and showers in restrictive housing units.
- The DOC should repair the air conditioning system.
- The DOC should increase the number of staff members.
- The DOC should ensure that restrictive housing units have adequate cleaning supplies.
- The DOC should ensure that all inmates in restrictive housing units have a mattress.

Recommendations - CCB

Based on the inspection of the CCB, the CIC makes the following recommendations:

- The DOC should assure that both screens used for court are in working condition.
- The DOC should ensure that all cells at CCB are operable, including the handicapped cells.
- The DOC should hire more staff.
- The DOC should repair the source of the regular flooding.

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Introduction

The DC Department of Corrections (DOC) operates two jail facilities: the Correctional Treatment Facility (CTF), and the Central Detention Facility also known as the DC Jail (CDF). The facilities are located adjacent to one another in southeast Washington, D.C. The DOC also operates the Central Cell Block (CCB) which is located at 300 Indiana Avenue Northwest, Washington, D.C. This inspection covered the CDF and CCB.

The CDF houses male residents, a majority of whom are held pending adjudication of a criminal case or serving a sentence for a misdemeanor offense. Other CDF residents include those held on United States Parole Commission (USPC) warrants, those awaiting transfer to the Federal Bureau of Prisons (BOP), and those held due to a writ or hold - typically awaiting transfer to another jurisdiction.

The CCB houses male and female residents who have been arrested and are awaiting to see a judge for an initial appearance to determine whether they will be released from the CCB or sent to the CDF to await further proceedings with their criminal case.

Throughout the 2020 fiscal year, the District of Columbia was affected by the COVID-19 pandemic. Consequently, the CIC was unable to physically go into DOC facilities due to health concerns, but was still able to communicate with residents via written correspondence, phone calls, and family members. In fiscal year 2021, the CIC was able to perform a site visit and talk to staff and residents face to face, interviewing them about their conditions and experiences in custody and at work². Following the site visit, CIC conducted its onsite inspection of CDF on May 4, 2021, and CCB on May 5, 2021. For a complete explanation of the report methodology, see Appendix A: Methodology.

² See DOC Site Visit Report, March 18, 2021 at cic.dc.gov.

Facility Overviews

As part of the DOC inspection, the CIC toured areas of both the CDF and CCB, including restrictive housing units where the CIC received resident concerns. The names of the units toured, information about the population and staff on each unit visited, as well as a brief description of daily life on each unit can be found in the chart below.

CDF Inspection Summary

North 1	
<p>Unit Capacity: 144</p> <p>Population May 4: 74</p> <p>Unit Population: Residents who have been found guilty of a disciplinary infraction or pending adjustment board review.</p> <p>Unit Staff: Corrections officers; case management rotation.</p>	<p>North 1 is a restrictive housing unit designed for individuals who have been found guilty of a disciplinary infraction or pending review of the adjustment board to determine whether or not they should remain in restrictive housing or return to general population. During the CIC visit, the roof of the shower area was caving in, potentially exposing residents to falling debris. The drains were flooded, empty cells were flooded, and residents did not have access to inmate grievance procedure forms (IGP). Some residents did not have mattresses.</p>
South 1	
<p>Unit Capacity: 80</p> <p>Population :52</p> <p>Unit Population: Residents who have been found guilty of a disciplinary infraction or have been placed on lockdown for administrative reasons.</p> <p>Unit Staff: Corrections officers; case manager rotation.</p>	<p>South 1, is a restrictive housing unit housing for residents who have been found guilty of a disciplinary infraction or have been placed in restrictive housing for some other reason by the DOC administration. Residents mentioned not having adequate cleaning supplies for their cells and only receiving showers twice a week. The roofs of some of the showers were caving in. Residents in this unit do not have access to education or entertainment tablets.</p>
South West 2	
<p>Unit Capacity: 93</p> <p>Population May 4: 52</p> <p>Unit Population: Residents who have higher custody levels based upon pending cases or their institutional history.</p> <p>Unit Staff: Corrections officers and case manager.</p>	<p>South West 2 is a general population unit. Residents now receive indoor recreation for two hours, and outside recreation for one hour. According to residents, if they go outside they do not have the opportunity to use the phone that day. There are twelve phones on this unit, but only five were operable at the time of inspection. There were 65 American Prison Data Systems (APDS) tablets, and 15 Global Tel Link (GTL) tablets in this unit. The APDS tablets are used for educational and program purposes, and the GTL tablets are used for entertainment purposes and to communicate with loved ones. Residents reported that medical staff does not respond to sick call requests within the required 24-hour time period³, but medical care is good once they are evaluated by a physician or nurse.</p>

³ See DC Department of Corrections Inmate Handbook pg.8

Outside Recreation Area

Outside Recreation Capacity: 50

Recreation Staff: Corrections officers.

At the time of this inspection, outside recreation was canceled during weekdays from 6 AM to 2 PM due to construction on the recreation yard; residents are still able to participate in outside recreation during the evening hours if there is adequate staff and good weather. Outside recreation is supposed to occur for one hour a week per housing unit, but due to construction and staffing - the implementation of the outside recreation schedule has been inconsistent .

CCB Inspection Summary

Central Cell Block

Maximum Capacity: 107

Population May 5, 27

Unit Population: Men, Women, and LGBTQ residents who have been arrested and are awaiting an initial appearance in court.

Unit Staff: Corrections officers and Unity medical staff.

There are 57 cells in CCB. Three of those cells can accommodate men in wheelchairs, but two of the accessible cells were inoperable. Men are housed on the first floor and women are housed on the second floor. Individuals who identify as transgender may choose housing on either floor. There are also two cells with observation cameras for people at a high risk of hurting themselves or someone else.

There is generally no bedding or mattresses at CCB; residents lay down on metal bunks. Only women who are pregnant receive mattresses. The food is provided by Holder Enterprises and is the same for breakfast, lunch, and dinner (sandwich and water or juice). The air conditioning is controlled by the building. On the date of inspection, CCB was extremely hot. There is also a flooding problem. Staff uses a sump pump to try to resolve the issue, but the flooding continues.

There are eight DOC staff members on every shift at the CCB. Once an individual is admitted, staff fills out a fifteen-question assessment intake form⁴. These questions assist staff in finding the appropriate cell placement, especially regarding physical or mental health needs. Each person is seen by Unity Health medical staff upon arrival. There are two video conference setups for residents to virtually appear in court. Currently, only one of the setups works. Video court starts at 1:30 PM and ends at 6 PM, Monday through Friday. There is no video court for individuals in custody for the United States District Court for the District of Columbia. Those residents participate in court via telephone.

⁴ See appendix

Operational Findings

The following section highlights aspects of DOC operations, which may be department-wide or specific to the CDF or CCB. These findings relate to the daily operations and functions of the facility, with particular focus on the perception of residents and the treatment they receive. The information in this section was primarily gathered during interviews and correspondences with residents throughout the 2020-2021 fiscal year, discussions with DOC executive staff, and discussions with facility staff during the tour. Their comments and concerns are noted in the following sections:

Restrictive Housing Units

The CIC toured two restrictive housing units at the CDF and interviewed several residents regarding multiple issues of concern. On May 4, 2021, the CIC toured Restrictive Housing Units North 1 and South 1. The showers in both units were filthy and had holes in the roof of the showers. Residents mentioned that when they are taking showers, the debris and water from the showers above leak onto them. There was also a problem with the drain system causing flooding in the shower area.

In both housing units, residents complained of not receiving their disciplinary reports within 48 hours, and some complained that they were not seeing the adjustment board within seven business days as dictated by DOC policy⁵.

In unit North 1, there were two residents who were in the unit for 36 hours and still did not have a mattress, resulting in them sleeping on a steel bunk. Additionally, there were no inmate grievance procedure (IGP) forms in this unit.

Residents in North 1 and South 1 who were participating in Ramadan communicated that they were not receiving their food on time, and when the food was finally served - there were no liquids. Residents reported being told by staff to drink water out of the sink, some of which contained a green mold-like substance.

Residents also reported being housed next to empty cells that were flooding. They stated that water from the adjacent flooding cells was entering their cells, and correctional staff was not providing residents with the materials necessary to clear the water. Residents reported placing their underclothes under their doors as an attempt to stop the water from entering their cells. Residents were not given new underclothes in exchange for the ones that they used to try to prevent water from entering their cells.

CIC Recommendations

- CIC recommends that the DOC perform appropriate maintenance on cells and showers in restrictive housing units that complies with appropriate health and safety standards.

⁵ See DC Department of Corrections Program Manual, Inmate Disciplinary and Administrative Housing Procedures, 5300.1I b.

- CIC recommends that individuals participating in religious observances receive their meals at the same time as their counterparts in general population.
- CIC recommends that IGP forms are present in all restrictive housing units.

General Population Unit South West 2

The CIC visited the general population housing unit South West 2, and spoke with staff and residents about the living conditions within the CDF during the Medical Stay-in-Place⁶. Residents communicated that requests for medical assistance are delayed and untimely, but once medical staff responds - the treatment is good.

As of Monday, May 3, 2021, the DOC adjusted their movement restrictions in order to allow residents more freedom of movement. Previously, residents were only allowed out of their cells one hour a day. As a result of the increased vaccination rates within the DOC and District of Columbia communities, DOC residents are now allowed out of their cells for two hours a day, with an additional hour of outside recreation once a week.

The CIC observed twelve phones within this housing unit, but only five were operable. There were 65 APDS tablets available in this housing unit. These tablets allow residents to participate in educational programs. There were also 15 GTL tablets that allow residents to communicate with their families via text or phone for a fee.⁷ There is also entertainment available on these tablets for residents to watch movies, documentaries, and listen to music. Both tablets are available to the population from 12 PM to 12 AM.

In accordance with CDC guidelines for social distancing and the DOC medical stay-in-place, the majority of cells within this unit housed only one occupant. Some of the residents complained of not having hot water in their cells.

CIC Recommendations

- CIC recommends that DOC ensure all cells within the housing unit have hot water.
- CIC recommends that maintenance be performed on the seven phones that were inoperable in this housing unit.
- CIC recommends that DOC ensure residents are seen at sick call within 24 hours of submitting a request for medical assistance.

Outside Recreation

Beginning April 30, 2021, the DOC began to implement outside recreation activities to the residents in their custody. Due to COVID-19 restrictions and the medical stay-in-place, the DOC has been

⁶ See Appendix for a detailed DOC memo regarding Medical Stay-In Place restrictions during the COVID-19 pandemic.

⁷ See DOC memo pg. 4, Access to Family and Friends, in appendix

providing one hour of outside recreation in small groups. Everyone can participate in outside recreational activities, except those who are in restrictive housing units.

Generally, units of fewer than 100 residents go to outside recreation in two sections. The maximum number of persons on the yard at any given time is 50. Only the large recreation yard at the CDF is used at this time.

At the time of inspection, the recreation yard at CDF was under construction from 6 AM to 2 PM, Monday through Friday. However, residents are still able to participate in outside recreation during the evening hours if there is enough staff present at the facility and the weather permits.

Beginning May 15, 2021, the DOC plans to expand outdoor recreation to a minimum of 1.5 hours a week for each housing unit. DOC will review further increases as COVID restrictions ease and vaccinations increase.

CIC Recommendations

- CIC recommends the DOC continue to increase the outside recreation time available to residents.

Medical Stay in Place/COVID-19 Restrictions

The DOC has begun to adjust COVID-19 restrictions and the medical stay-in-place that was established at the beginning of the pandemic.

As of the date of this inspection, there were no positive COVID-19 cases within the DOC, and 70% of residents were housed in single cells. Four hundred eighty-five residents had been fully vaccinated (with a 2-shot Moderna vaccination), and 601 residents had received a first shot, with the second shot either pending or the resident was released. All staff members and residents have been offered the Moderna vaccine, and Unity Health Care is administering the vaccine.

By May 17, 2021, DOC will allow for in-person education by DCPS in classrooms, and College and Career Readiness (CCR) will resume in-person educational instruction. Additionally, residents still have access to the ADPS tablets for educational, vocational, and social programs and services. Prior to the COVID-19 pandemic, the DOC had just over 300 APDS tablets to provide additional educational, vocational, and social programs to residents. In the summer of 2020, DOC was able to obtain and distribute an additional 1,000 tablets to ensure that programs and services were able to continue despite COVID-19 restrictions⁸.

DOC plans to resume video visitation in June of 2021, and to make more phones available in the housing units, so residents can communicate more with their families and friends. Residents will still have access to the GTL tablets as well.

⁸ See DOC memo pg.3, Access to Education and Programs, in appendix.

During the beginning of the COVID-19 pandemic, the DOC implemented video court setups. The DOC operates 10 video hearing spaces designed to accommodate virtual hearings for the United States District Court for the District of Columbia and the Superior Court for the District of Columbia. Video court appearances will continue until the courts are able to fully provide in-person court appearances for DOC residents. Upon resumption of in-person hearings, staff utilized for video hearing purposes will be able to return to transporting residents to court and other duties.

The DOC explained to CIC staff that it will continue to follow DC Department of Health (DOH) and CDC guidelines, as well as comply with its U.S. District Court order to ensure the health and well-being of all its residents and staff. Every Thursday, DOC staff meet with DOH staff to further discuss ideas of how the facility can gradually go back to normal operations without compromising the safety and well-being of staff and residents.

CIC Recommendations

- CIC recommends that the DOC continue to monitor the population and safely progress towards normal operations.

Central Cell Block (CCB)

DC Metropolitan Police Department used to operate the CCB. It is now under the control of DOC and severely understaffed. Staff at CCB stated that there are eight staff members on each shift, along with a doctor or nurse on site from Unity Health Care. When CCB was under the control of MPD, there were between 15 and 20 staff members on each shift.

There are 57 cells at CCB with a maximum capacity of 107 individuals. Of the 57 cells, six were inoperable, including two of the three handicapped cells. Two cells have cameras inside of them to allow staff to observe individuals at a high risk for harming themselves or others. The bottom tier is reserved for men, and the top tier is reserved for women. Transgender individuals may choose housing on either tier. The CCB does not provide mattresses for individuals in their custody; the only exception is for women who are pregnant. Otherwise, individuals sleep on steel bunks. At the time of the CIC inspection, there were 26 individuals held at CCB.

When individuals are brought to CCB, they are immediately temperature screened. If their temperature is high, MPD will take them to the hospital as a COVID-19 safety precaution. If individuals pass the temperature screen, staff will complete a 15 question assessment. These questions assist staff in finding the appropriate cell placement, especially regarding physical and mental health needs. Each individual is also evaluated by Unity Health Care medical staff, who is always on site. Individuals who are sent out to the hospital and test positive for COVID-19 are placed in a cell alone after returning to CCB.

When CCB is at full capacity, any additional individuals who are arrested are not accepted and must return to the police district from which they originated.

CCB does not accept women who use wheelchairs. If a woman using a wheelchair is arrested, she will not be admitted to CCB, and MPD must keep the woman in their custody at the precinct from which she originated.

On Mondays, CCB shuts down intake to thoroughly clean. This process usually takes about two hours. Cells are cleaned daily, but Monday is used for a thorough cleaning of the facility. Afterwards, it resumes admitting individuals through the intake process. If space permits, everyone is housed in a single cell.

There is a problem with flooding in the CCB due to issues with the drainage system. To fix this problem, CCB has been utilizing a sump pump; however, this pump has had to be replaced several times, and there are still issues with flooding toilets and other areas. The temperature can get extremely hot in CCB, and there are no fans. Staff explained that the air conditioning and heat is controlled by the building.

The CIC noticed several areas that required maintenance, specifically the issues with drainage and inoperable cells, and the video court setup that was broken. CCB staff mentioned that they submitted requests for maintenance repairs several times, but nothing has been done and all they can do is wait.

Due to the COVID-19 pandemic, individuals in CCB custody are not going to court physically. There are two screens where individuals can attend court while at CCB, but only one is operable. These two screens were designed for those DC Superior Court individuals. Individuals awaiting DC District Court hearings participate via phone. Video court starts at 1:30 PM and concludes at 6 PM. Cases that are “no papered” (not prosecuted further) do not require video court appearances. Instead, CCB will receive paperwork from pre-trial services notifying them that the case has been “no papered” and the individual should be released.

Individuals in CCB custody are fed the same meal for breakfast, lunch, and dinner, which consists of a sandwich and water or juice. The average stay in CCB custody is approximately 24 hours. Afterwards, the individual should either be released or sent to the CDF pending further proceedings with their case.

CIC Recommendations

- CIC recommends that the DOC complete all necessary maintenance.
- CIC recommends that the DOC hire more staff for the CCB.

Methodology

In accordance with D.C. Code 24-101.01(d)(1)(2019), the Corrections Information Council (CIC) sent a request to tour the Department of Corrections (DOC) facilities, the Central Detention Facility (CDF), and the Central Cell Block (CCB). The CIC conducted an onsite inspection of the CDF on May 4, 2021, and an onsite inspection of CCB on May 5, 2021. The CIC representatives on this inspection consisted of Board Chair Charles Thornton, and Program Analysts Kareem McCraney, Nailah Bynoe-Seabron, and Patricia Marks.

On May 4, 2021, the inspection process at the CDF included an opening session with Assistant Warden Landerkin, tours of the facility grounds conducted by the Captain, interviews with staff and residents, and closing remarks with Assistant Warden Landerkin.

On May 5, 2021, the inspection process at the CCB included an opening session with the staff at CCB, a tour of the facility, speaking with individuals in custody, and a close-out meeting with CCB staff.

The inspection request itinerary at CDF including a tour of the restrictive housing units, one general population unit, and the outside recreation area. These areas of inspection were selected based on comments and complaints the CIC received throughout the fiscal year from DC residents currently and formerly in custody. The DOC allowed CIC to inspect every area requested.

These areas are listed below:

CDF

- North 1 (Restrictive Housing Unit)
- South 1 (Restrictive Housing Unit)
- South West 2 (General Population Unit)
- Outside Recreation Area

CIC was permitted to inspect the entire CCB facility. The staff was very helpful and provided insight regarding all areas of inquiry below:

CCB

- Intake area
- Medical area
- Bottom tier (men housing)
- Top tier (women housing)
- Handicapped cells

Appendix

The documents on the following pages are, respectively, the questionnaire used by CCB to evaluate new admittees and the document containing guidelines for the COVID-19 Medical Stay In-Place.

Arrestee Name _____

Arrest # _____

Date Asked _____

Time Asked _____

BRIEF NOTES

Arrestee Refuses to Answer? Y N
El arresto se negó a responder

Any Mental Health Issues? Y N
¿Algún problema de salud mental?

Any Active Medications? Y N
¿Algún medicamento active?

Are you pregnant? Y N
¿Estás embarazada?

Do you identify as LGBTQI? Y N
¿Te identificas como LGBTQI?

Any physical disabilities? Y N
Cualquier discapacidad física

Any history of sexual abuse? Y N
Cualquier historial de abuso sexual

Incarcerated sexual abuse history? Y N
Antecedentes de abuso sexual encarcelado

Any fears of sexual assault? Y N
Cualquier temor a la agresión sexual

Any potentially self-harming behaviors? Y N
¿Algún comportamiento potencialmente autoagradador?

Charged with a sex crime (child) Y N
Encargado de un delito sexual (niños)

Any past mental health treatment? Y N
¿Algún tratamiento de salud mental pasado?

Any suicide thoughts or attempts? Y N
Cualquier pensamiento o intent de suicidio

Medical Seen? Y N
Necesito ver un médico
If no, state reason

Are you a foreign national? Y N
If yes, what country?

If yes, would you like your Consulate Office contacted?

PDID# _____

Cell _____

DCDC# _____

D.O.B. _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Corrections



Monday, May 3, 2021 – The D.C. Department of Corrections (DOC) continues to adjust movement restrictions within DOC facilities in a manner consistent with medical stay-in-place orders and Center for Disease Control and Prevention (CDC) guidelines. DOC has sought recommendations from experts on emergency management within a correctional setting to assist with identifying how to keep residents and staff safe and to reduce the likelihood of virus spread within its facilities. As more people have been vaccinated within DOC facilities and District communities, and the District’s rate community spread declines, the DOC will continue to modify allowable activities and programming needed to meet the needs of residents in our care.

The crosswalk below represents an example of the steps the DOC is taking toward the District’s new normal, being mindful of the restrictions still necessary to keep residents, staff, and potential visitors safe and healthy. The DOC team has worked to identify options for restarting many of the services that were suspended during the pandemic, and that can be scaled up or down depending on community spread of COVID-19, vaccinations, and the DOC population size.

The Department of Corrections will implement the adjustments listed below, effective immediately.

The DOC would not have been able to continue to provide a safe and secure environment for our expanding reopening efforts without the dedication and commitment to pandemic safety precautions of staff, residents, and community partners. The DOC has been able to expand access to programs and services through innovative strategies developed in collaboration with staff, volunteers, and residents. It has taken a team effort to maximize the impact of programs and services within the jail while reducing the spread of the COVID-19 virus.

DOC will continue to follow DC Department of Health (DOH) and CDC guidelines, as well as complying with the U.S. District Court order, to ensure the health and well-being of all its residents and staff. The medical stay in place is not designed to be punitive in nature and is also not the same as placing residents in restrictive housing. DOC continues to plan and work to implement the safe reopening of facilities and is moving to normalize operations as the pandemic draws to a close. We appreciate the concern, patience and support of our neighbors as we work to keep all within DOC safe, as well as support the public safety of all in the District.

Your health and safety of our residents is extremely important to us. Together, everyone needs to play their part in helping to continue to flatten the curve.

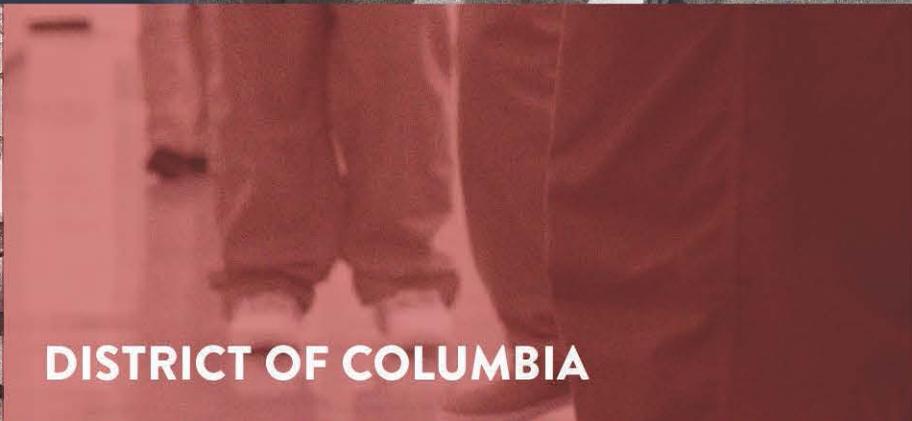
DC DOC Expanded Movement Crosswalk

	Currently	Moderate Adjustments
Access to Education and Programs	<p>Prior to the COVID-19 pandemic, the DOC had a little over 300 American Prison Data Systems (APDS) tablets to provide additional educational, vocational, and social programs to residents. In the summer of 2020, DOC was able to obtain and distribute an additional 1,000 tablets to ensure that programs and services were able to continue despite COVID-19 restrictions. During the pandemic, the agency was able to significantly expand the provision of programs and services utilizing the tables.</p> <p>Over 69,000 hours of tablet based educational and reentry supportive programs were provided via the tablets, in addition to weekly paper-based activity packets to support engagement in fiscal year 2020. As of the end of February 2021, nearly 60,000 additional hours of tablet based educational and reentry supportive programs had been provided to persons in DOC's care and custody.</p> <p>Legal research library is available to residents via tablets for 12 hours each day. Residents electronically submit requests on forms located on tablets. Requests are immediately submitted electronically to DOC law library staff. Restrictive housing and intake units do not have access to tablets, therefore DOC College and Career Readiness (CCR) staff walk through these units weekly to distribute paper request forms for</p>	<p>Residents will continue to have access to the APDS tablets for educational, vocational, and social programs and services; and By May 17, 2021, DOC will allow for in-person synchronous education by DCPS in classrooms and CCR will resume in person educational instruction.</p> <p>Residents will continue to have digital access to the legal research library 12 hours each day via tablet, and paper distribution of requested materials will also continue. DOC staff will keep providing technical support for this process.</p> <p>Starting June 1, 2021, DOC will implement a partnership with the UDC Law School's DOC Legal Research Clinic. Law students and professors will conduct virtual classes on resident tablets on legal research topics and skills and respond to requests for research assistance via tablet messaging.</p> <p>Starting in the Fall 2021 semester, Howard Law School, American Law School, and the University of Illinois Law Library staff and students will join UDC Law School in conducting virtual classes on resident tablets on legal research topics and skills and respond to requests for research assistance via tablet messaging.</p> <p>As the medical stay-in place and social distancing protocols allow for in-person course work to resume, these universities will also be available to assist DOC residents in-person.</p> <p>DOC will continue to provide DCPS access to upload course content for students on resident tablets, provide paper based lessons delivered to residents, and residents have been able to</p>

	<p>legal research requests and copies. Requested materials are delivered to residents within 2 working days of request by CCR staff. Three DOC staff members, including one who is a licensed attorney, assist in researching requested materials, and a DOC CCR staff member provides technical support to all residents related to tablet use and delivers all copies of requested materials.</p> <p>Throughout the pandemic, DCPS has been able to upload course content for students on resident tablets, provide paper based lessons delivered to residents by DOC CCR staff and eventually two DCPS teacher-volunteers, and residents have been able to gather in small groups on housing units with appropriate social distancing in place.</p>	<p>gather in small groups on housing units with appropriate social distancing in place. In addition, designated classroom space has been identified and, by May 10, 2021, will allow for the resumption of synchronous education at CDF, CTF, and on the restricted housing units, with appropriate social distancing.</p>
Access to Family and Friends	<p>DOC has continued expanded the provision of telephone services and added 456 GTL provided tablets at the same cost as usual phone calls (\$0.05 per minute) to residents. Previously there was one phone for every 33 residents, now there is one tablet-based phone for every 3 residents.</p> <p>Low cost text messaging is also accessible via the GTL tablets to residents at \$0.02 per minute. The text messages are a new way of connecting residents to their loved ones that was not available before the pandemic.</p>	<p>DOC residents will continue to have access to the GTL tablets and more phones will be available on the units and video visitation will resume in June 2021.</p>
Video Visitation	<p>Video visitation was suspended at the start of the pandemic in response to the need to help prevent the spread of COVID-19 by curtailing community</p>	<p>By June 7, 2021, DOC will begin limited video visitation, which will be dependent on staff availability, modification to movement to maintain public health guidelines, and installation</p>

	movement and to protect DOC staff from potential COVID exposure with community members visiting the facility. Staff tasked that supporting video visitation have assumed other duties within the DOC.	of tablets/IT equipment on CTF housing units.
DOC Resident Housing (Out of cell time)	During the current medical stay in place DOC residents recreation time has been limited to one hour of out of cell time per day.	Beginning April 30, 2021, out of cell time will increase to 2 hours per day. DOC will continue to work with and obtain guidance from the DOH and follow CDC guidelines. DOC will continue to adjust resident out of cell time as COVID restrictions ease and vaccinations increase.
Outdoor Recreation	The DOC has been providing a minimum of 1 hour outdoor recreation in small groups to maintain safe and secure conditions for residents and staff.	Beginning May 15, 2021, the DOC will expand outdoor recreation to a minimum of 1.5 hours per week for each housing unit. DOC will review further increases as COVID restrictions ease and vaccinations increase.
Small Groups on Unit	The DOC has allowed small group meetings on the housing units (limit 10 residents out of cell at a time).	The DOC will expand small groups to designated off unit spaces that have been appropriately setup to maintain social distancing. DOC will review further increases as COVID restrictions ease and vaccinations increase.
Barbering & Cosmetology	Barbering and cosmetology services will continue for residents wishing to receive services prior to a court appearance.	Barbering and cosmetology services have resumed for residents with upcoming jury trials. Barbering and cosmetology will resume for all residents on June 1, 2021 contingent upon having contractors and participating residents able to demonstrate they have been fully vaccinated for COVID-19 and appropriate social distancing is maintained.
Court Appearances	Video court at the DOC was implemented in response to the need that arose during the course of the pandemic. The DOC operates 10 video hearing spaces designed to accommodate video hearings for the United States District Court for the District of Columbia, the District of Columbia	Video court appearances will continue until the courts are able to fully provide in-person court appearances for DOC residents. Once in-person court appearances fully resumes for DOC residents, staff utilized for video hearing purpose will be able to return to transporting residents to court and to other duties.

	Superior Court and the United States District Court for the District of Maryland.	
Legal Calls	<p>DOC's case management team has coordinated over 20,000 legal calls since the start of the pandemic. DOC continues to work to identify additional space for case managers to provide legal calls.</p> <p>Since June 22, 2020, DOC resumed in-person and contactless legal visits between attorneys and clients.</p>	<p>DOC will continue to work to identify and maintain additional space for case managers to safely provide residents with legal calls until the District's pandemic restrictions are eased.</p> <p>DOC will continue to allow in-person and contactless legal visits.</p>
The READY Center	DOCREADY Center is virtually available to returning citizens.	As community spread of COVID-19 decreases and vaccination rates rise, the READY Center will begin to ease into the reopening process, which will allow returning citizens to visit the READY Center in person.
Deliveries	The DOC uses separate vehicles for facility deliveries to avoid multiple employees in one truck.	DOC will continue to maintain the use of separate vehicles for deliveries to avoid close contact until the District's pandemic restrictions are lifted.
Staff Workspaces	The DOC has and will continue to ensure that staff workstations are placed in a manner that meets the required social distancing guidelines while completing work on-site.	
Staff Considerations (vulnerable groups, caregiving obligations, transportation challenges)	<p>Continue to allow staff to telework while allowing staff to make use of PFL, COVID sick leave, DOE leave, and FMLA. DOC continues to utilize various forms of telecommunications to support staff's work and training opportunities.</p> <p>Additional videoconferencing capability would greatly assist with providing telehealth services to reduce the likelihood of the spread of the virus.</p> <p>To provide additional flexibility, DOC continues to support staggering start times for nonuniform staff and utilizes the 12-hour shift to reduce staff footprints at any given time.</p> <p>Carpooling/ridesharing continue to be used to meet the needs of staff who have transportation challenges related to Metro closures, lack of access to a vehicle, etc.</p>	



DISTRICT OF COLUMBIA



**CORRECTIONS
INFORMATION
COUNCIL**



2021 ANNUAL REPORT



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ABOUT THE CIC

The District of Columbia Corrections Information Council (CIC) is an independent oversight agency that inspects, monitors, and reports on the conditions of confinement of DC residents at facilities operated by the Federal Bureau of Prisons (BOP), the DC Department of Corrections (DOC), or their private contractors.



During fiscal year 2021, the CIC mandate included almost 2,700 inmates in approximately 120 BOP prisons and halfway houses across 35 states, as well as an average of over 1,500 inmates in DOC custody at local facilities.

Established by the National Capital Revitalization and Self-Government Improvement Act of 1997, the CIC had board members first appointed in 2002 and again in 2006. The agency was reestablished in 2012 with a new board and its first operating budget. The CIC's mandate was expanded by legislation in 2003 and 2011, and in 2017, the board was expanded from three members to five. In 2019, the CIC was given the responsibility to report annually on the conditions of individuals who had been sentenced under the Youth Rehabilitation Act (YRA).

The CIC is forever thankful for the support and collaboration of those incarcerated who are willing to communicate with the CIC, community members, service providers, government agencies, corrections agencies, and decision-makers—all who are affected by and affect the lives of incarcerated DC residents. The CIC hopes that the information it provides is helpful to all.

BOARD AND STAFF

BOARD OF DIRECTORS



CHARLES THORNTON
Board Chair
since 2016



KATHARINE HUFFMAN
Board Member
since 2012



NKECHI TAIFA
Board Member
since 2018

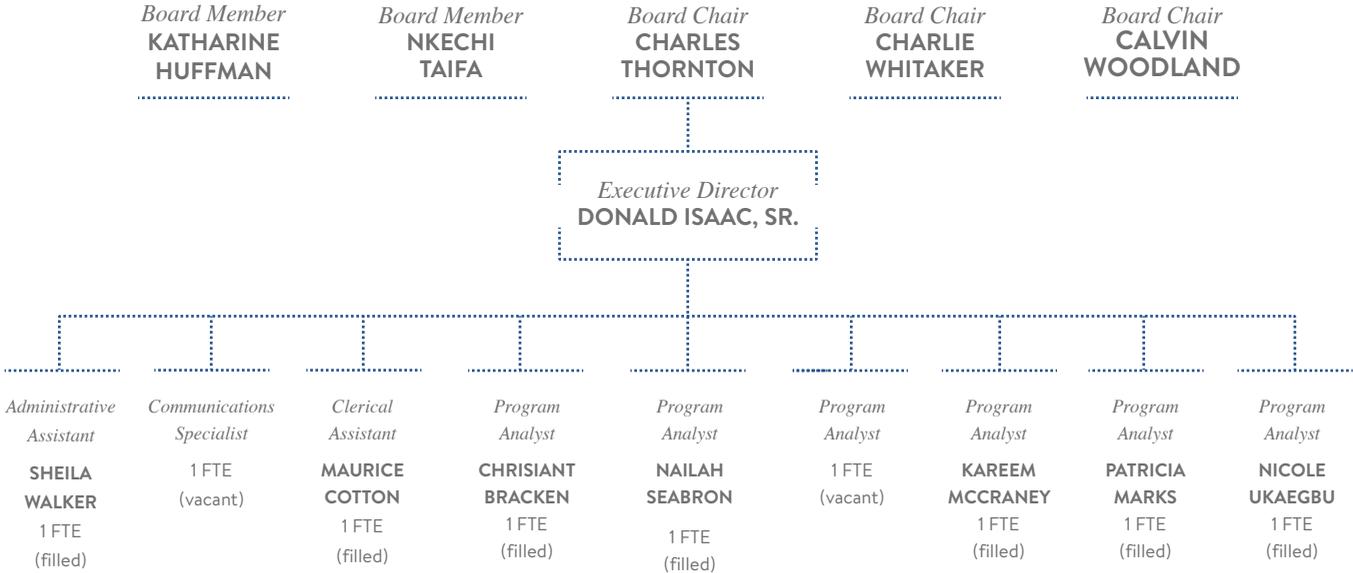


CHARLIE WHITAKER
Board Member
since 2018



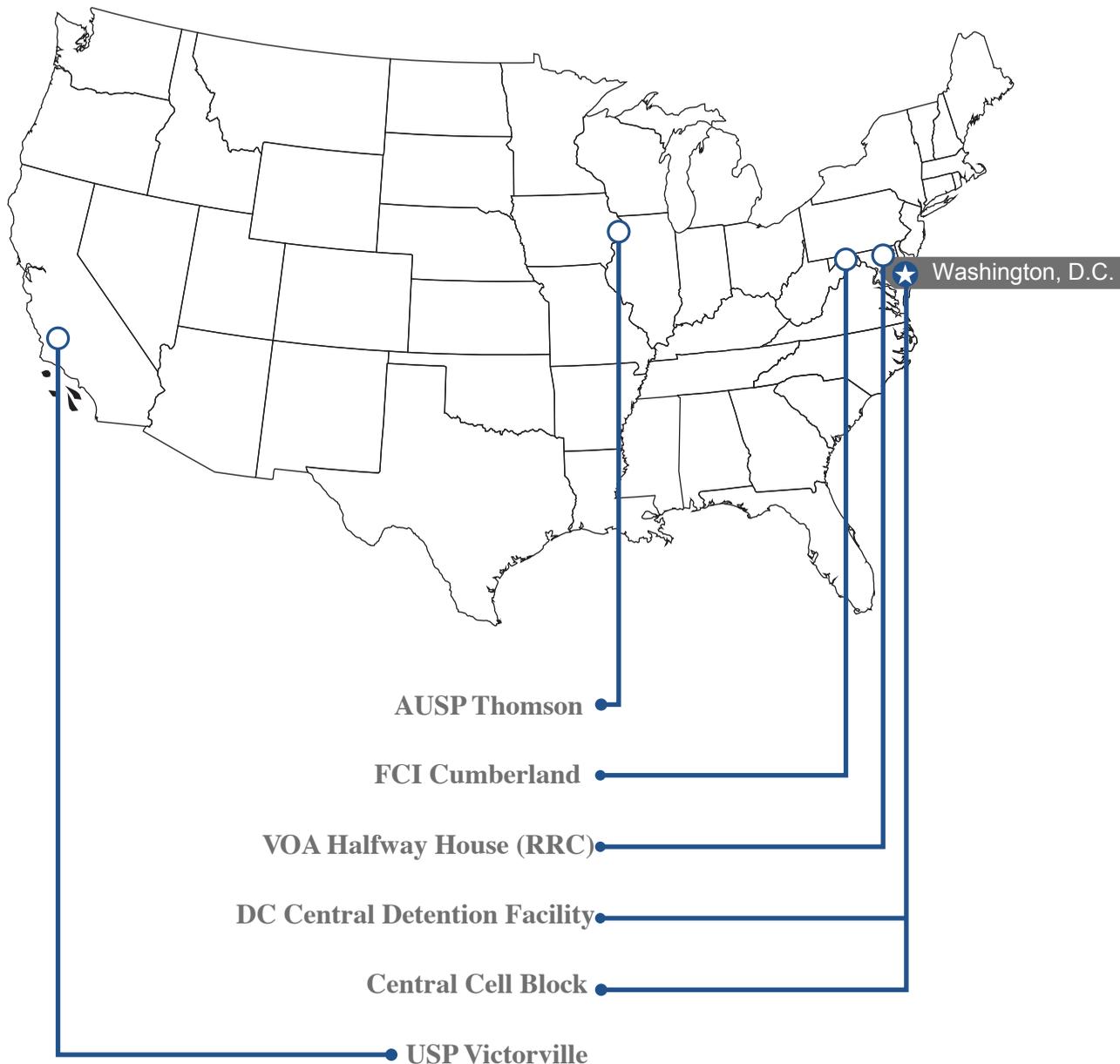
CALVIN WOODLAND
Board Member
since 2018

ORGANIZATIONAL STRUCTURE



FACILITY INSPECTIONS

In fiscal year 2021, the CIC conducted five inspections, including three BOP facilities and the two facilities operated by the DOC - the Central Detention Facility (CDF, also known as the DC Jail) and the Central Cell Block (CCB). Additional inspections to BOP facilities were intended, but due to the ongoing COVID-19 pandemic, facilities were not open to visitation until May of 2021.



INSPECTED FACILITIES

DC Central Detention Facility

The CDF is a mixed security jail facility for men operated by the DOC, located in Southeast Washington, DC. The CIC inspected the CDF on May 4, 2021. The population at the time was 1,013 men.

Central Cell Block

The CCB is a mixed security holding facility for men and women operated by the DOC, located in Northwest Washington, DC. The CIC inspected the facility on May 5, 2021. The population at the time was 27 men and women.

VoA Halfway House (RRC)

Volunteers of America (VOA) is a Residential Reentry Center (RRC) located in Baltimore, Maryland, which is approximately 43 miles from DC. The CIC conducted video visitation with the residents on November 19, 2020. The population at the time was 51 men.

FCI Cumberland

FCI Cumberland is a medium security prison for men operated by the BOP, located in Cumberland, Maryland, which is approximately 139 miles from DC. The CIC inspected FCI Cumberland on June 8-9, 2021. The population at the time was 137 men.

AUSP Thomson

AUSP Thomson is a maximum security prison for men operated by the BOP, located in Thomson, Illinois, which is approximately 849 miles from DC. The CIC inspected AUSP Thomson on July 20-21, 2021. The population at the time was 92 men.

USP Victorville

USP Victorville is a maximum security prison for men operated by the BOP, located in Victorville, California, which is approximately 2,593 miles from DC. The CIC inspected USP Victorville on September 14-16, 2021. The population at the time was 63 men.

DC DEPARTMENT *of* CORRECTIONS

Fiscal Year 2021 DC Department of Corrections (“DOC”) facilities



Central Detention Facility (“CDF” or “DC Jail”)

adult men only

Correctional Treatment Facility (“CTF”)

women

adult men

juveniles charged as adults

Central Cellblock (“CCB”)

The holding cells for DC Superior Court

Contracted Beds in Residential Reentry Centers

“RRCs” also known as “halfway houses”

DOC PUBLICATIONS

Per the 2020 Memorandum of Agreement (MOA) with the DOC, the CIC will conduct four quarterly inspections and produce one annual report per year. During fiscal year 2021, the CIC inspected the DOC's CDF facility and the CCB. The CIC also performed a "walk-through" at the CDF in December 2020. Due to the COVID-19 pandemic, the DOC was operating under a "medical lockdown" from March to December 2020. Visiting the facilities was prohibited during this time.



CIC Visit to the DOC on December 22, 2020

Published March 18, 2021

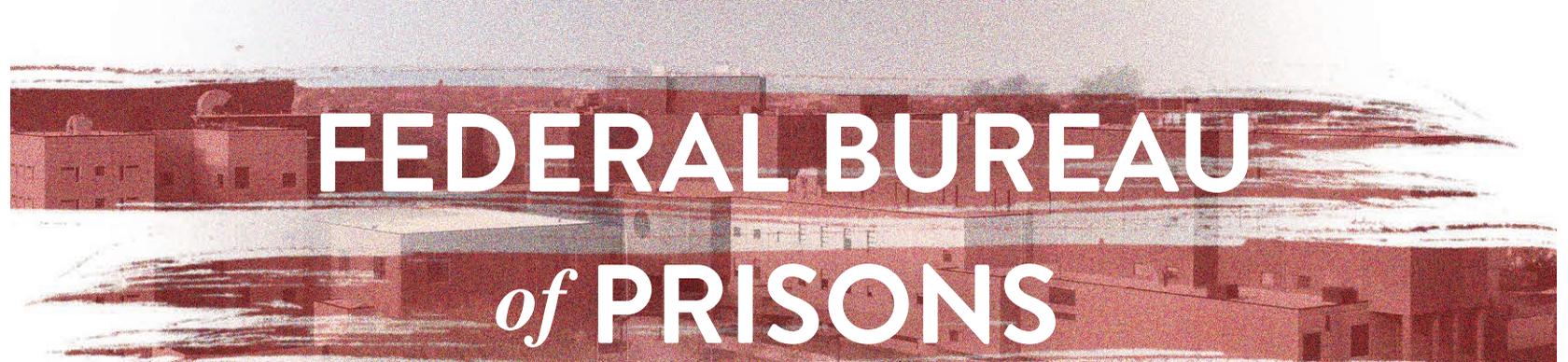
On December 22, 2020, the Corrections Information Council (CIC) visited the Department of Corrections (DOC) for a site visit. This visit was premised upon DOC residents being placed on a "medical stay-in-place" posture since March 2020. The medical stay-in-place is a safety precaution in response to COVID-19, which means inmates are locked in their cells for 23 hours a day to minimize the potential spread of COVID-19. Residents are normally allowed out of their cells several hours a day for recreation, showers, phone calls, and programming, but since the medical stay-in-place, residents have been restricted to their cells, and they receive one hour per day to shower and use the phones.

DOC 2021 Quarterly Inspection Report

Published November 19, 2021

The DC Department of Corrections (DOC) operates two jail facilities: the Correctional Treatment Facility (CTF), and the Central Detention Facility, also known as the DC Jail (CDF). The facilities are located adjacent to one another in Southeast Washington, DC. The DOC also operates the Central Cell Block (CCB) which is located at 300 Indiana Avenue Northwest, Washington, DC. This inspection covered the CDF and CCB.

Throughout the 2020 fiscal year, the District of Columbia was affected by the COVID-19 pandemic. Consequently, the CIC was unable to physically go into DOC facilities due to health concerns, but was still able to communicate with residents via written correspondence, phone calls, and family members. In fiscal year 2021, the CIC was able to perform a site visit and talk to staff and residents in person, interviewing them about their conditions and experiences in custody and at work. Following the site visit, CIC conducted its onsite inspection of CDF on May 4, 2021, and CCB on May 5, 2021.



FEDERAL BUREAU *of* PRISONS

According to the October 1, 2021 Bureau of Prisons (BOP) census data, there were 2,548 DC residents in BOP custody. DC inmates are incarcerated in approximately 120 federal facilities and contract facilities across 35 states, including the District of Columbia.

The BOP classifies facilities according to five designated security levels: minimum, low, medium, high, and administrative. Security levels are based on the physical features and staffing levels of the institutions. At lower security levels, inmates have less restricted movements and greater access to programming and reentry services. The name of a BOP facility generally reflects its designated security level.

- Federal Prison Camps (FPCs) are minimum security facilities.
- Federal Correctional Institutions (FCIs) are generally low or medium security.
- United States Penitentiaries (USPs) are generally high security. They often have adjacent minimum security satellite camps that provide inmate labor to the main institution.
- Secure Female Facility (SFF) in Hazelton, West Virginia, is a low security facility for women, which is included as part of the FCI Hazelton institution.
- Federal Correctional Complexes (FCCs) refer to locations where several facilities are located in close proximity to each other, which often share resources and staffing. Administrative facilities are institutions with special missions, such as pretrial detention or medical treatment. They are generally able to house inmates of any security level.
- Federal Medical Centers (FMCs) and the Medical Center for Federal Prisons (MCFP) are medical facilities that provide treatment for serious or chronic medical problems.
- Federal Detention Centers (FDCs), Metropolitan Detention Centers (MDCs), and Metropolitan Correctional Centers (MCCs) are administrative detention facilities that primarily house individuals who are awaiting trial.
- The Federal Transit Center (FTC) in Oklahoma City, Oklahoma is a transit center located near an airport to provide a central hub for the transportation of inmates across the country.
- Administrative Maximum Security Penitentiary (ADX) in Florence, Colorado and the Administrative United States Penitentiary (AUSP) in Thomson, Illinois are the highest security level facilities in the BOP, where inmates are generally confined to their cells for 23 to 24 hours per day.

BOP PUBLICATIONS

In fiscal year 2021, the CIC published two inspection reports. One report, FCI Hazelton, was inspected in fiscal year 2020 but was not published within the same fiscal year due to staffing changes. The other report was done via virtual visitation with the Volunteers of America (VOA).

Volunteers of America RRC Report

Published May 26, 2021

The CIC conducted virtual visitation with the residents of VoA on November 19, 2020 based on a survey regarding their RRC experience during the COVID-19 pandemic. Fourteen respondents provided information about their length of stay in the federal system, which ranged from 15 months to 34 years. The total time served by the 14 men was almost 116 years. One of the men had served 34 years. The others served an average of 6 ¼ years. Half of the men served five or fewer years.

FCI Hazelton Inspection Report

Published June 18, 2021

The CIC conducted an inspection of FCI Hazelton in August of 2019, and a follow up inspection in November of 2019. Both inspections focused on program availability. The CIC conducted the initial on-site inspection of FCI Hazelton on August 14-15, 2019. The CIC conducted the follow up inspection of FCI Hazelton on November 4-5, 2019.

THEMATIC REPORTS

In fiscal year 2021, the CIC produced seven thematic reports. The CIC researches and writes about issues affecting incarcerated DC residents, beyond reports based on facility inspections or CIC events. We may include this information in a CIC Info Sheet, but we may also expound on issues in issue briefs or longer reports.

COVID-19 Survey Preliminary Findings

Published January 7, 2021

In March 2020, the SARS Cov-2 pandemic (COVID-19) began impacting Federal Bureau of Prisons (BOP) facilities where DC individuals are held. On March 13, 2020, the BOP suspended visitation to all BOP facilities, including the CIC's on-site inspections.

The CIC created a 20-question survey focusing on four areas: institutional cleaning, access to medical care, movement, and communication. The survey was sent to 1,750 DC individuals across 111 facilities in June 2020. Five hundred nineteen survey responses were received from 90 different facilities through August 15, 2020.

CIC Ongoing Monitoring of COVID-19 Outbreaks at FCI Fort Dix

Published February 12, 2021

In 2020, the CIC continued to monitor conditions at BOP facilities, particularly the BOP's response to the COVID-19 pandemic. Several facilities experienced serious COVID-19 outbreaks, including FCI Fort Dix in New Jersey. Fort Dix had the highest total number of individuals who have tested positive for COVID-19 of any BOP facility.

The CIC reached out to the BOP for information regarding the current situation at Fort Dix and received a response, which was included in the report.

THEMATIC REPORTS

Update on COVID-19 Testing and Early Release Data from the BOP

Published March 8, 2021

Since March 2020, the BOP has shared general information about the number of COVID-19 tests conducted in their institutions. The CIC continued to follow the data trends on the BOP website and report on the findings. The CIC also continued to request information on available data and DC residents in custody, which is detailed in the report.

The Implementation of DC Code 24-403.04 Motions for Compassionate Release As of March 16, 2021

Published April 23, 2021

On April 7, 2020, the DC Council passed emergency legislation which expanded the eligibility of DC Code Offenders to apply to the Superior Court for compassionate release. This legislation became permanent on January 13, 2021. The most recent data obtained by the DC CIC shows that as of March 16, 2021, the DC Compassionate Release Clearinghouse House had received and partially processed 824 questionnaires.

The CIC conducted an initial analysis of the data collected by Superior Court with regard to grants or denials of requests from people serving life and non-life sentences. After reviewing the data, the CIC reported on the findings.

Recent COVID-19 Concerns at Volunteers of America Reentry Center

Published May 13, 2021

The CIC has received a number of concerns about COVID-19 outbreaks at the Volunteers of America Halfway House (VOA) in Baltimore, Maryland over a period of two months. The reports suggest that some individuals who have tested positive for COVID-19 had been transferred to local hotels to quarantine, while other individuals have been furloughed out of the facility.

The CIC contacted the BOP regarding these concerns and asked for information about the COVID-19 situation at VOA, including where DC individuals are currently located, the number of COVID-19 cases in recent months, and the current protocols for addressing outbreaks of the virus.

THEMATIC REPORTS



DC Youth Rehabilitation Act Report

Published June 4, 2021

In the 2018 amendment of the Youth Rehabilitation Act (YRA), the Mayor of the District of Columbia was required to develop and submit a strategic plan for providing facilities, treatment, and services for YRA offenders (in the care and custody of the DOC) by September 30, 2019. The statute also specified that the BOP is authorized to provide these services for YRA offenders in their custody. At the conclusion of fiscal year 2021 the development of a strategic plan for YRA offenders was not yet finalized. As of November 2021, the Justice Policy Institute (JPI) produced the Emerging Adult Strategic Plan, which focuses on developing other ways to address individuals aged 18-24 who are confronted with legal challenges.

COVID-19 Survey Final Report

Published July 2, 2021

In March 2020, the SARS Cov-2 pandemic (COVID-19) began impacting Federal Bureau of Prisons (BOP) facilities where DC individuals are held. On March 13, 2020, the BOP suspended visitation to all BOP facilities, including the CIC's on-site inspections. The CIC continued to receive email and letters from individuals inside facilities, though individuals reported that access to phones and/or email and their ability to send postal mail was limited to varying degrees due to partial or complete lockdowns at facilities. The BOP provided general information about high-level policies responding to COVID-19, but indicated that many implementation decisions were being made at the facility level due to variations in facility layout, population, and local conditions. The communications CIC received from incarcerated individuals during March and April indicated that there were significant differences in the COVID-19 response across different facilities.

CIC OPERATIONS



Fiscal Year 2021 CIC Staff

DONALD ISAAC, SR

*Executive Director
Nov 2018 – present*

SHEILA WALKER

*Office Manager
Nov 2015 – present*

NICOLE UKAEGBU

*Program Analyst
May 2018 – present*

CHRISANT BRACKEN

*Program Analyst
Sep 2018 – present*

KAREEM MCCRANEY

*Program Analyst
Feb 2019 – present*

MAURICE COTTON

*Clerical Assistant
May 2019 – present*

PATRICIA MARKS

*Program Analyst
Jun 2019 – present*

NAILAH BYNOE-SEABRON

*Program Analyst
Jun 2019 - present*
(promoted in Mar 2021)*

COMMUNITY OUTREACH *and* EVENTS

Monthly Newsletters

The CIC produces a monthly newsletter to keep the community informed of agency operations as well as relevant news and updates on the incarcerated DC population. Since fiscal year 2019, the monthly newsletter has contained a section called *What We're Reading*, which features publications about social justice or highlights an author. The newsletter also continues to highlight virtual community events and resources during COVID-19.

Social Media Initiatives

In fiscal year 2019, the CIC increased its social media presence by creating an Instagram page on which current events, relevant news, and job opportunities within the community are announced. The CIC continues to use Twitter and Facebook to increase engagement. In addition, the CIC website now has a tab for news updates, which highlights local and national news that affects the DC incarcerated population and their families.

Holiday Postcards

Each year during the winter holiday season, the CIC sends postcards to DC residents in BOP facilities. The CIC continued its annual tradition of collaborating with community partners to complete and sign postcards. The fiscal year 2021 postcards included the message, "KEEP PUSHING" accompanied by an encouraging quote from the late civil rights pioneer and congressman John Lewis. Due to social distancing protocols resulting from the COVID-19 pandemic, holiday card events were not possible; however many constituents and community members offered to help by picking up postcards to complete at home.

COMMUNITY OUTREACH

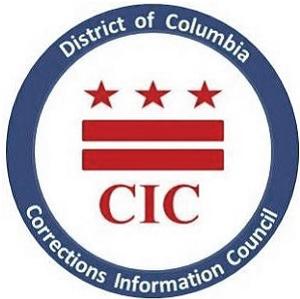
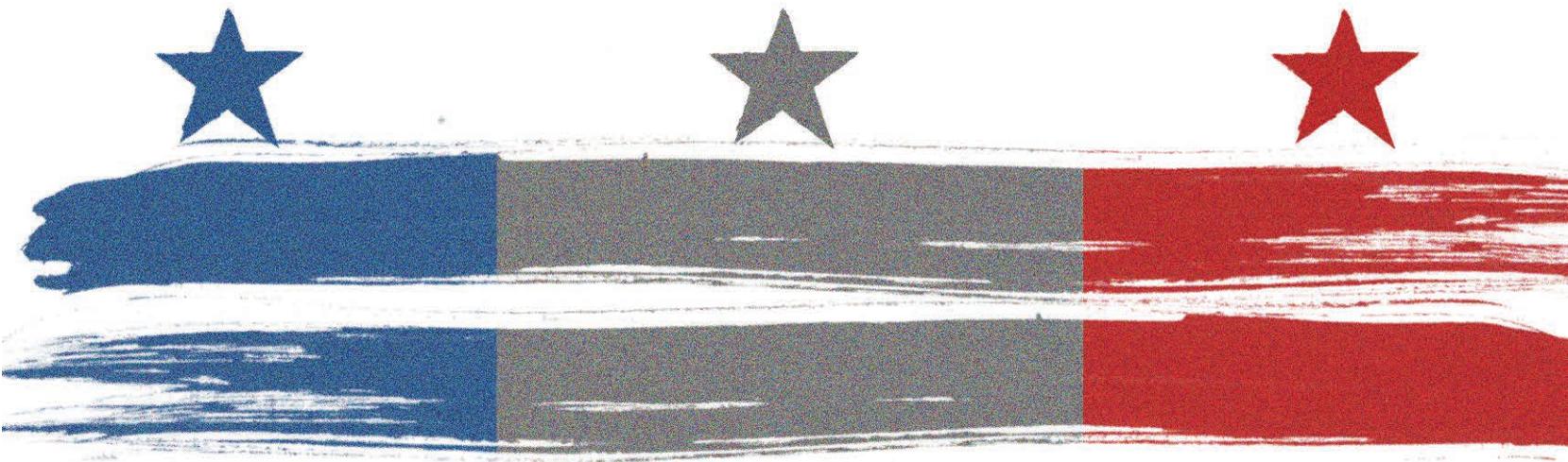
and EVENTS

Collaboration with DC Artist Kofi Tyus

The CIC collaborated with a local DC artist, Mr. Kofi Tyus, to distribute Mother's Day cards to residents at the DC Jail. Mr. Tyus provided the CIC with 250 cards and postage for residents to send to their loved ones for Mother's Day.

Open Board Meetings in Fiscal Year 2021

The CIC held three board meetings that were open to the public in fiscal year 2021. Due to COVID-19 social distancing and requirements, all open meetings were held virtually. Meetings provide an opportunity for members of the public to learn about the agency's operations and findings regarding the conditions of confinement. Topics discussed at meetings included recent and upcoming inspections, community engagement, and reporting writing practices. The meetings were held on October 20, 2020, January 26, 2021, and April 21, 2021.



CORRECTIONS INFORMATION COUNCIL

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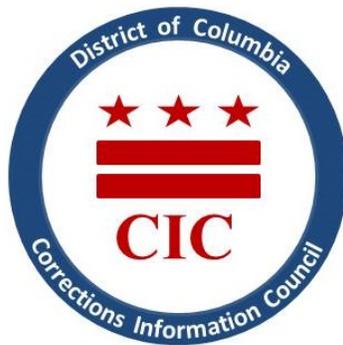
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@dc_cic_info



COVID-19 Survey Final Report

**District of Columbia
Corrections Information Council**

July 2, 2021

District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member
Calvin Woodland Jr., Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

1400 Eye St. NW, Suite 400
Washington, DC 20005
Phone: (202) 478-9211
Email: dc.cic@dc.gov
Website: <https://cic.dc.gov/>

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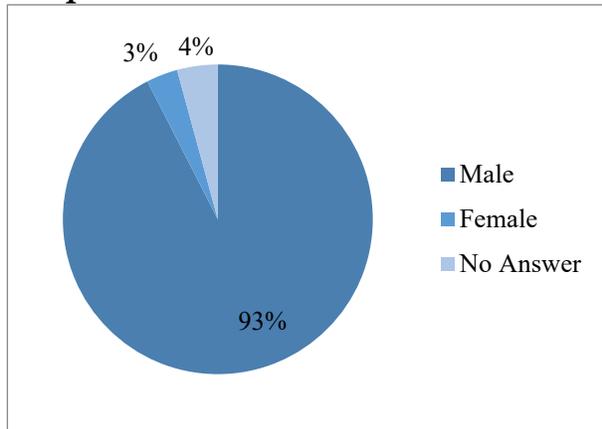
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Survey Respondent Demographics

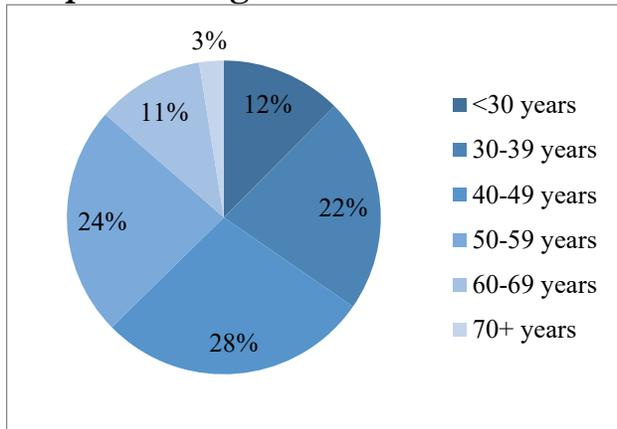
Surveys Sent: 1,750 to 111 facilities
Respondents: 519 from 90 facilities

Respondent Average Age: 44.9

Respondent Gender:



Respondent Age:



I. Introduction

In March 2020, the SARS Cov-2 pandemic (Covid-19) began impacting Federal Bureau of Prisons (BOP) facilities where DC individuals are held. On March 13, 2020, the BOP suspended visitation to all BOP facilities, including the CIC's on-site inspections. The CIC continued to receive email and letters from individuals inside facilities, though individuals reported that access to phones and/or email and their ability to send postal mail was limited to varying degrees due to partial or complete lockdowns at facilities. The BOP provided general information about high-level policies responding to Covid-19, but indicated that many implementation decisions were being made at the facility level due to variations in facility layout, population, and local conditions. The communications CIC received from incarcerated individuals during March and April indicated that there were significant differences in the Covid-19 response across different facilities.

In order to get a clearer picture of conditions in all the facilities where DC individuals are held, the CIC created a 20-question survey focusing on four areas: institutional cleaning, access to medical care, movement, and communication. The survey was sent to 1,750 DC individuals across 111 facilities in June 2020.¹ Five hundred nineteen survey responses were received from 90 different facilities through August 15, 2020. The CIC applied statistical weighting to the quantitative responses in order to make the data more representative of the full DC population in the BOP. Information from BOP policies and statements is included below each chart to provide context to the survey responses.

The CIC also received a wealth of qualitative information from the survey respondents, some of whom wrote several pages of additional comments. This information clarified and expanded on the respondents' survey answers, as well as highlighting other challenges that DC residents in the BOP encountered during the first four months of the pandemic. This report includes summaries of qualitative information below the relevant quantitative charts, as well as direct quotes from survey respondents.

By design, this report is limited to reflecting the experience of DC residents in the BOP from late June 2020 until early August 2020. As the pandemic has continued, the BOP's response has likewise evolved. Information on the BOP's current policies is noted throughout the report in footnotes, and the most current information is available on the BOP website at <https://www.bop.gov/coronavirus/>.

The CIC has begun work on a follow-up survey, which will be sent to a subset of the same individuals to gather information on how their experience has changed as the pandemic has progressed and BOP policies and practices have altered.

¹ For more information on survey methodology, see Appendix A.

II. Recommendations

The CIC recommends the BOP take the following actions to address the concerns raised by DC residents in this report. The BOP's responses to these recommendations are included in the relevant sections of the report below.

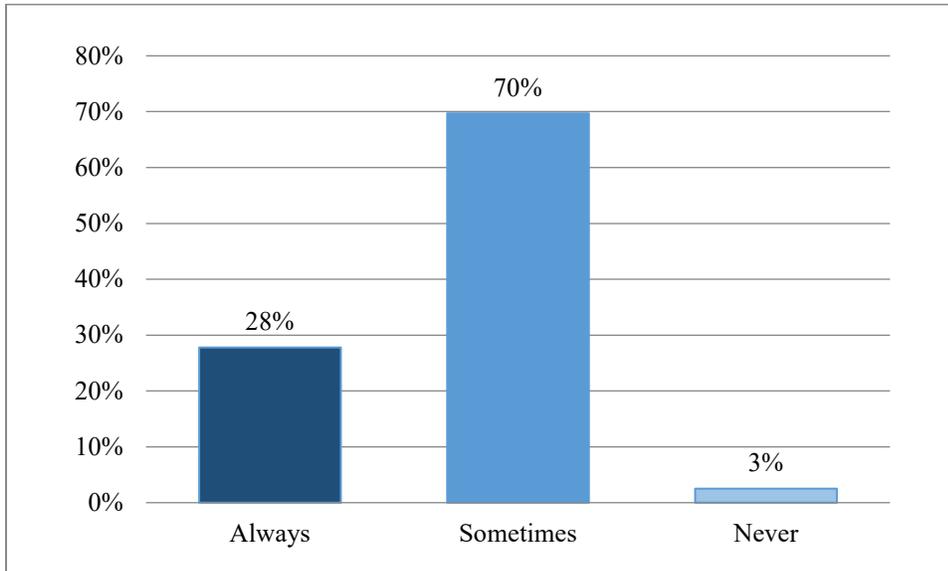
- 1) Implement widespread “rapid result” testing of all individuals coming in and out of BOP facilities, including staff, contractors, and residents.
- 2) Resume a policy of limiting resident movement to situations where it is absolutely necessary, and follow screening and quarantine protocols for necessary movement.
- 3) Ensure incarcerated people have easy access to hygiene and cleaning supplies, particularly hand soap.
- 4) Ensure both residents and staff have sufficient and appropriate cloth masks and/or PPE, and enforce universal use of masks among staff as outlined in CDC guidance.²
- 5) Ensure that medical rounds are being conducted regularly, and that requests for medical care are responded to promptly.
- 6) Provide productive activities for residents such as books, writing materials, and programming materials.

² “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities,” updated December 31, 2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#PPE>

III. Institutional Cleaning

Q: Do staff wear masks and gloves at your institution?

N=517



The BOP stated that all BOP staff and inmates were issued cloth masks to wear, and that any staff working in a quarantine unit with asymptomatic inmates is required to wear masks and gloves. Staff is not required, but can opt to wear masks while walking on the compound.³

Many respondents were concerned about staff not wearing masks at all (17), wearing them inconsistently (13), or wearing them incorrectly (4). Five individuals shared that facility staff were not wearing masks while passing out food trays, and three individuals said that medical staff at their facility were not consistently wearing masks. Fifteen respondents shared that they had not been given enough masks to wear.⁴

“The staff here wear masks sometime, and are very arrogant and stubborn when we ask them to put masks on - when we ask them they may take time from us when we are out, they have cut off the TV or they may not put on their masks. They gave us three masks in the beginning of May or the end of April, the masks are cloth so we have been rewashing them, they are very worn out.”

“Some [staff] wear masks, some don't and it's very scary and overwhelming because they're putting my life in danger. If I wear my mask to make sure I'm safe as well trying to protect staff from me then I believe they should do the same.”

³ “Correcting Myths and Misinformation About BOP and Covid-19”, p. 1. May 6, 2020.

Available at https://www.bop.gov/coronavirus/docs/correcting_myths_and_misinformation_bop_covid19.pdf

⁴ As of December 2020, the BOP states that an ample supply of cleaning, sanitation, and medical supplies “is on hand and ready to be distributed or moved to any facility as deemed necessary.” The BOP also notes that it “has maintained an abundance of personal protective equipment (PPE) supplies and is utilizing them in accordance with CDC guidance,” including optimizing the limited supply and transferring resources to institutions with the greatest need.

“A lot of us asked for masks and we were denied, saying it wasn't that serious (we didn't get masks until May). I asked the Warden what she was doing to keep us safe. In April she replied, ‘That's why we're wearing these masks.’ So I asked her, if that's true, why don't all the officers wear them?”

“Staff wears masks when directly interacting with inmates about 70% of the time. However, they do frequently walk around the unit with no masks, and when talking to each other or hanging out in offices etc. they never wear masks. They seem to think that if they are not standing 2 ft away talking to an inmate then they don't need to wear a mask. Also, about 60% of staff only cover their mouth with a mask, leaving their nose exposed - I guess they don't think Covid is spread through the nose. When an inmate died on our unit they did wear masks pretty consistently in the unit for about 5 days, but a week after they were back to lax mask usage.”

“The warden sometimes walks around the compound without wearing a mask and a lot of officers don't have their masks on. Inmates write the officers up and this administration does not do nothing.”

In response to a preliminary report, the BOP stated that surgical masks were issued to staff and inmates at all facilities on April 3rd, and cloth face coverings were distributed as well. The BOP response added that guidance as to where and when to wear PPE, and which type to wear was provided to all sites and is consistent with CDC guidance.⁵

Ten survey respondents shared that staff at their facility was wearing gloves sometimes. Twenty-two respondents specified that staff was wearing masks at their facility, but rarely or never wearing gloves. Nine additional respondents said that staff did not wear either masks or gloves at their facility. Six respondents said that staff was not wearing gloves while passing food trays or pat searching inmates, and three respondents specified that staff was only wearing gloves while passing food trays or restraining inmates.

“Some staff wear masks and gloves when feed/getting trash/getting cleaning supplies and delivering mail. They don't change their gloves when they take me out for recreation. They don't sterilize their handcuffs after being placed on other inmates. They take their masks off sometimes to talk to me once they open the slots of the cell door.”

“Throughout the day during the week SIS comes in the unit and shakes down multiple cells while wearing the same gloves.”

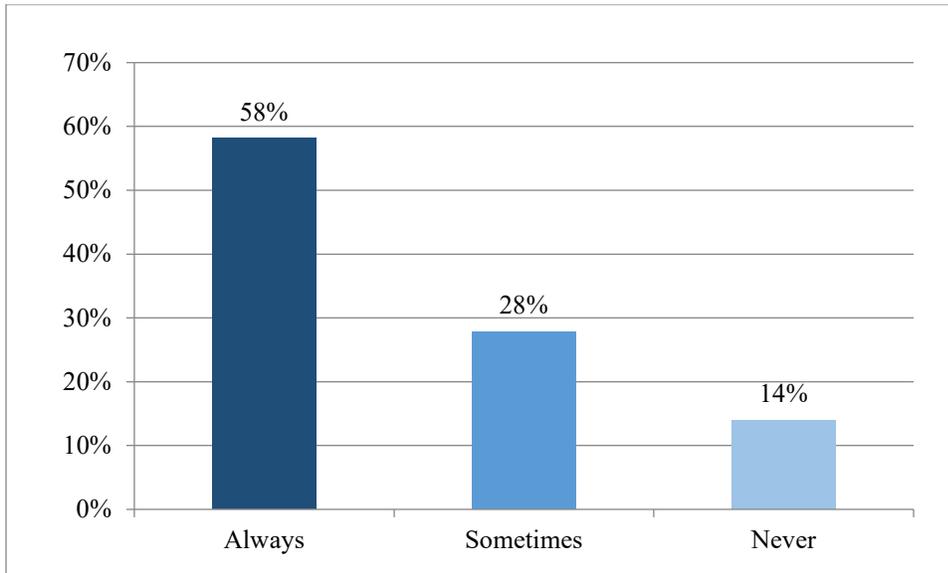
“Staff been pretty consistent about wearing gloves and masks when doing rounds and passing out meals.”

“You got staff that come to escort you from place to place without gloves or masks, and pass out food trays without masks or gloves.”

“Staff appear to try hard to keep their masks on, but I have never seen gloves.”

⁵ Appendix C, BOP Response to CIC Preliminary Report.

Q: Do you have soap to wash your hands when leaving and returning to your cell?
N=513



BOP guidance states that hand and health hygiene practices are strongly encouraged including washing hands regularly with soap and water for 20 seconds,⁶ but the CIC could not locate any information about the BOP ensuring that individuals have access to sufficient soap for frequent handwashing. BOP information also stated that BOP sites have posted hygiene signage (handwashing, etc.) through facilities.⁷

In response to a preliminary report, the BOP stated that “soap is available throughout our institutions in cells and common areas at each facility (e.g. restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers.”⁸ Thirteen respondents indicated that they were not provided enough chemicals to clean their cells, or enough soap for personal use. Twenty-one respondents said that they have soap because they can buy it from commissary, but several respondents noted that not everyone can afford to buy soap. Two respondents said that soap is often unavailable through commissary at their facility. Three individuals shared that they are unable to purchase soap while in the Special Housing Unit (SHU).

“Though, with the use of bleach and stronger chemicals for cleaning here and more availability of soap we are not getting sick here like has been all too common since I first arrived here in 2018.”

“They only give us the same watered-down sanitizer (and not always) even after dozens of us caught coronavirus. They regularly run out of soap. You can't even buy it all the time in commissary because it's always out. The cleaners they do provide are so watered down that I doubt they are even effective against regular germs, not to mention this new coronavirus.”

⁶ “BOP Coronavirus (Covid-19) Phase Six Action Plan” p. 5. April 13, 2020. Available at https://www.prisonlegalnews.org/media/publications/BOP_Memo_Phase_6_COVID-19_Action_Plan_2020.pdf

⁷ “Correcting Myths” p. 3

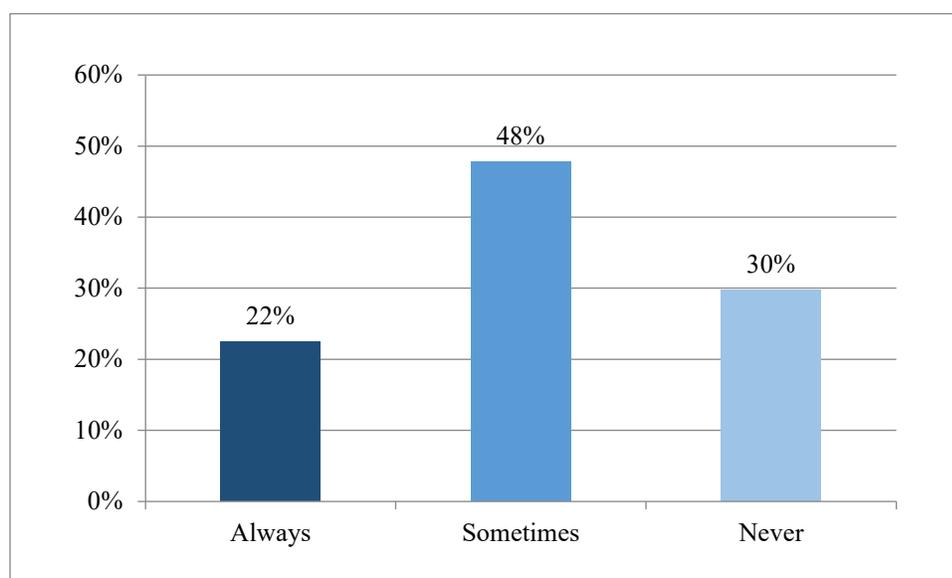
⁸ Appendix C, BOP Response to CIC Preliminary Report.

“We have not changed linens for going on 3 weeks. Towels or blankets. We are not given soap bars; we are given a bottle of 2 fluid ounce of liquid soap called All-in-one Maximum security soap. We get nothing to clean our cells with daily. We are not allowed any cleaning detergent, only when we rotate to the SHU.”

“It is hard to get cleaning supplies. They keep telling, ‘Wait for the next round,’ or ‘We are busy, ask the next shift.’ I don't have enough rags to clean. They don't provide gloves to clean when dealing with chemicals. When I move from cell to cell every 21 days, I have to clean the cell upon entering in.”

BOP Response: Soap and cleaning supplies are available throughout BOP institutions. Cleaning supplies are used in cells and in common areas at each facility (e.g., restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars are available, as needed, for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers.

**Q: Are computers, phones, and other common area items cleaned in between uses?
N=508**



BOP guidance states that regular cleaning and disinfecting of high-touch surfaces should be emphasized to the inmate population, and that wardens must ensure cleaning supplies are readily available for all inmates.⁹

Individuals reported a wide range of experiences with how often high-touch surfaces were being cleaned at their facility. Fifteen respondents shared that phones were not being cleaned between uses, only after a group of inmates had returned to their cells. One person said that phones were cleaned between uses at their facility, and two people said there was sanitizer provided for individuals to clean the phone themselves before using it. Six individuals mentioned that showers or bathrooms were not being cleaned as often as before because the inmates whose job was to clean the showers were restricted to their cells.

⁹ “BOP Phase Six Action Plan”, p. 5.

“Unit orderlies do a good job cleaning the surfaces in between recreation waves. But when a range is out and there's 20 inmates in line for the phone and computer, nothing is cleaned in between uses unless you clean it yourself.”

“The phones are not being cleaned day or night. The tables might get cleaned once a day and that's at nighttime. The rails in the pod going up the stairs are not being cleaned. No one is spraying the doorknobs.”

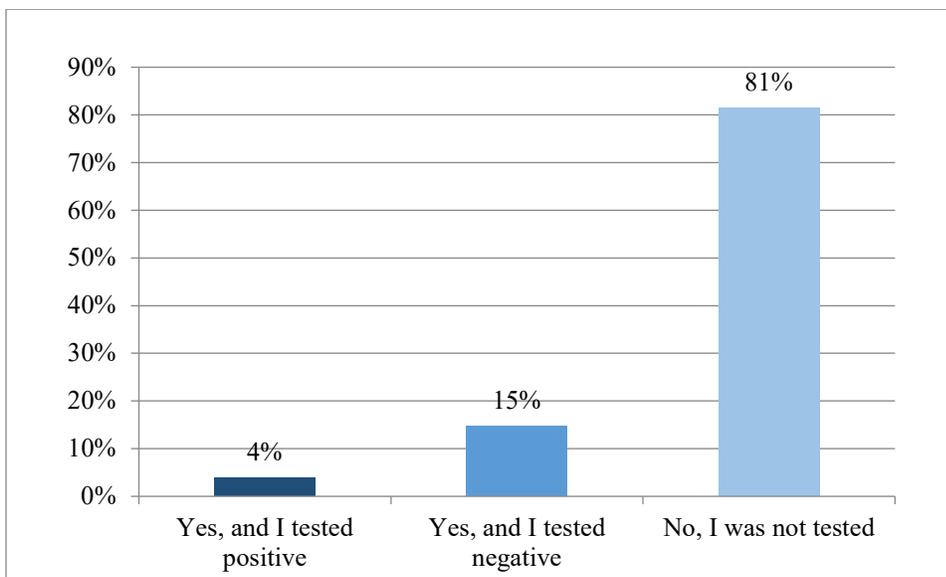
“Sometimes here officers don't wear masks or gloves and won't allow orderlies out to clean or wipe down things they touch, like rails going up or down steps, door handles, flat surfaces. The showers clean once, telephones, tables and computer keys cleaned once, maybe twice a day if lucky.”

“The telephones are not being cleaned after another inmate uses it. I've seen one female officer clean the phones. She said, ‘I don't want you guys to be sick.’”

IV. Medical Care

Q: Have you been tested for Covid-19?

N= 514



Throughout the pandemic, the BOP has indicated that it would test individuals on arrival into BOP custody and before moving individuals to their designated BOP facility.¹⁰ The BOP stated that effective March 26, 2020, all newly admitted inmates are screened and temperature checked by employees wearing PPE.¹¹ In a press release dated April 23, 2020, the BOP reported that they were expanding Rapid RNA testing of symptomatic individuals at selected facilities with widespread Covid-19 transmission.¹² The release also stated that the BOP expected to receive additional testing

¹⁰ “BOP Implementing Modified Operations” Accessed September 16, 2020. Available at https://www.bop.gov/coronavirus/covid19_status.jsp

¹¹ Appendix C, BOP Response to CIC Preliminary Covid-19 Report

¹² “Bureau of Prisons Expands COVID-19 Testing”, April 23, 2020. Available at https://www.bop.gov/resources/news/pdfs/20200423_press_release_covid19_testing.pdf

instruments, which would be deployed based on facility need, including to facilities with high numbers of at-risk inmates, and could be used to expand testing of asymptomatic individuals.

In early June 2020, the BOP provided the CIC data on the number of DC individuals who had tested positive or recovered from Covid-19 as of May 27, 2020. At that time, the BOP indicated that fifteen DC individuals at eight facilities had a positive Covid-19 test, and that a further twenty-nine DC individuals at twelve facilities had recovered from Covid-19. The BOP has not provided updated information as of the publication of this report.¹³

The BOP stated that effective June 19, 2020, all inmates entering any BOP facility are screened and tested by medical staff for Covid-19 upon arrival, and placed in quarantine or medical isolation as appropriate. Inmates releasing or transferring from BOP facilities are placed in a pre-release quarantine for a minimum of 14 days prior to their scheduled release.¹⁴

The latest BOP guidance, which was updated November 25, 2020, reinforces the October 8, 2020 guidance stating that “all new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system are screened by medical staff for COVID-19 - including a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab.¹⁵” Those who test positive or display symptoms are held in a Medical Isolation unit, while those who are asymptomatic must quarantine for at least 14 days and require negative results on a their day 14 or later follow-up test before they are admitted into the general population.¹⁶

The BOP also indicated that its testing capabilities have expanded as testing resources have become more widely available, and that the inmate population is being tested more broadly as of this writing than during the survey period in June 2020.¹⁷

Twenty respondents said that their facility was doing temperature screening but not Covid-19 testing. Facilities doing only temperature screening ranged from low security facilities to high security facilities. Nine respondents said that their facilities were doing some Covid-19 testing, including for symptomatic individuals. Individuals at two medical centers indicated that they were not tested upon their return from an outside medical facility; one said he was quarantined and the other said he was not tested - but was temperature screened upon return.

The frequency of temperature screening varied from every other day to every other week, with five individuals saying their facility conducted temperature screenings once a week. Two individuals said

¹³ The CIC requested updated data on August 24, 2020. After repeated unanswered requests, on September 16, 2020 the CIC was instructed to file a FOIA request for the information. The FOIA request is currently pending.

¹⁴ Appendix C BOP Response to CIC Preliminary Covid-19 Report

¹⁵ BOP, BOP Modified Operations, November 25, 2020: https://www.bop.gov/coronavirus/covid19_status.jsp

¹⁶ BOP Modified Operations, November 25, 2020.

¹⁷ Appendix C BOP Response to CIC Preliminary Covid-19 Report

that their facility had conducted daily temperature screening for two weeks and then screened only individuals who had left the facility.

Several inmates reported concerns that staff was testing positive but returning to work or moving between facilities located in Covid-19 “hot spots” and those with limited exposure. (The BOP states that “as much as possible, staff are being assigned to the same posts and not rotating.”¹⁸) One individual reported being quarantined with more than twenty other inmates as a result of exposure to a facility doctor who came to work while waiting for Covid-19 test results that came back positive. Another individual described interacting with an officer on a work detail who was chewing tobacco and spitting, and said that he saw no reason to take a test and would not risk being told to quarantine.

“We are not tested here, even though there was a positive case in my housing unit. The staff are not tested. They are given only temperature checks.”

“Warden specifically announced that he had made decision to only utilize nasal testing for current infections whereas they are not trying to conduct antibody testing to determine the people who have already been infected at this institution. However, most, if not all inmates, have not seen any nasal testing either. We cannot confirm, but know that our units have not seen any testing of any kind.”

“I am still scared that I may be at high risk due to the fact that I was placed in this unit pending test results and once they came back negative, nothing was done. I have been tested 3 times and each test came back negative. Nothing has been done in order for me to be in a safer environment.”

“This FCI does not test for coronavirus. I believe they do not want the mainstream public to know it's a lot of cases here that will come up showing positive test like at the low custody complex next door. At the low next door they test there and it was over 600 positive cases or more. The correctional officials can not come over to the FCI to work where I'm located because it's so bad over there.”

“We get temperature checks once or twice a week.”

BOP Response: To date, the CDC has recommended routine testing for those in nursing home facilities without symptoms; however, the routine testing of asymptomatic staff in other critical infrastructure sectors have been voluntary to include corrections. Since April 2020, the BOP has partnered with local health departments for voluntary testing of staff. Additionally, contractor testing was also made available to staff who sought such modality when not available through the local health department. Leave under FFCRA was provided to all employees who were experiencing symptoms associated with COVID or when the employee was carrying for an individual in their home with COVID.

Contractors performing essential services such as medical, mental health, and religious services or necessary maintenance on essential systems, are screened using the same procedures as staff, prior to entry into facilities. The screening consists of symptom and temperature checks along with questions about close contact with symptomatic persons. Individuals who refuse the enhanced health screening or who screen positive are denied entry into the facility and referred to their healthcare provider/local health department for evaluation and testing.

¹⁸ Appendix C BOP Response to CIC Preliminary Covid-19 Report

BOP Response continued: The BOP is utilizing the Abbott ID NOW instrument for rapid RNA testing and the BinaxNOW COVID-19 Antigen instrument for rapid antigen testing. Test results are typically received within 15 minutes. Expanding testing with these instruments on asymptomatic inmates on intake or when identified as a close contact of an identified COVID-19 case assists in the slowing of transmission by isolating those individuals who test positive and quarantining close contacts. Currently, the BOP has received 250 Abbott ID NOW instruments, which have been distributed among every BOP facility with some facilities having multiple instruments as deemed necessary.

The deployment of additional resources to include National Guard, CDC and local health departments has been utilized based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers.

The BOP continues to collaborate with the CDC on the latest guidance regarding testing.

Medical Treatment for Covid-19

Several respondents had been quarantined or tested positive for coronavirus and described parts of their experience with treatment. An individual at a medical facility stated that inmates returning from outside hospital procedures were not being quarantined or tested before being returned to open units. At another medical facility, one respondent stated that individuals with coronavirus symptoms were given antibiotics and sent back to their units without testing.

A survey respondent who was hospitalized with coronavirus symptoms and tested positive reported that he was returned to his previous cell while still having active symptoms, and his two cellmates later tested positive. Two respondents reported being quarantined as a result of interactions with staff members who reported to work while awaiting their Covid-19 test results, which later came back positive.

Three respondents mentioned that those who tested positive were sent to the disciplinary unit to be quarantined. Another respondent said that the unit being used for quarantine at his facility had not been in operation for several years and had no running water or soap while he was there. A respondent at another facility said that he was also held in quarantine in a cell with no working water and had to wait for an officer to make rounds in order to get water.

The BOP states that all inmates who test positive for Covid-19 or are symptomatic are isolated and provided medical care per CDC guidance. Acute cases are transferred to hospital settings either at the institution or in the community. The BOP also states that the majority of positive inmates are asymptomatic and healthy, and notes the “very low number of hospitalized inmates.”¹⁹ The BOP does not include hospitalization numbers on its dashboard of public information about Covid-19.

“When any inmate is tested, they have to go into the discipline unit for quarantine and treated as if we have done something wrong.”

“I did not or do not give up my rights to be safe, treated by policy in a consistent humane and reasonable manner. I did not come to prison to be a medical experiment. I caught parts of the Coronavirus where I lost my sense of smell, which I let the Lieutenant know [in March 2020] and no action was taken. [In April] I brought it up to the Associate Warden and he said it was nothing but a cold. If I had gotten the full potential of the Coronavirus, I know this virus would have shown me it’s not just a cold, but it’s a KILLER. To this day [June 22, 2020] the Administration still downplays this virus and tries to convince the inmates it’s just a cold.”

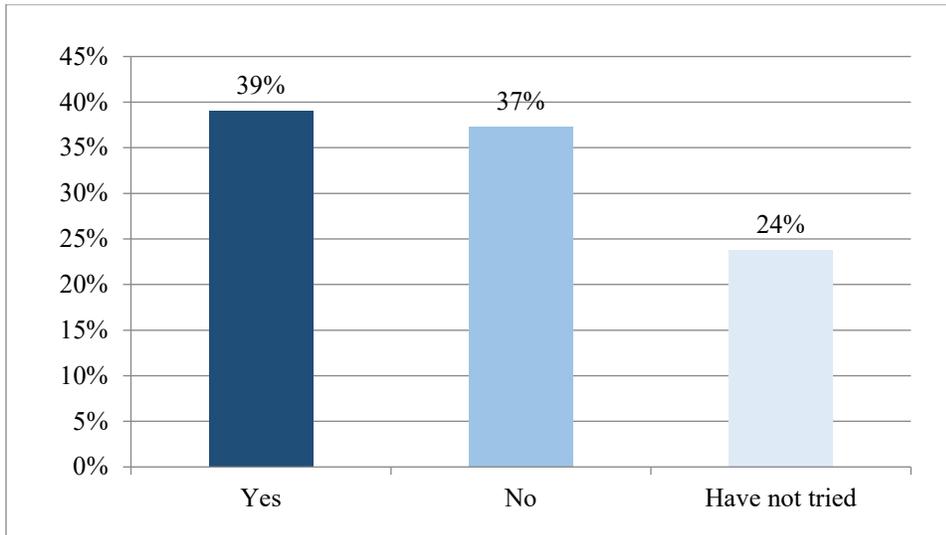
“As you can imagine, I know personally of at least ten other individuals in my unit who definitely were infected but survived without being discovered by staff (no one wanted to go to the quarantine unit because they leave all of your property behind and put you in solitary with nothing to do.) The only screening that was done was to ask, ‘any symptoms?’ through the door and take your temperature.”

“Shortly after being forced on lockdown, my cellmates and I became sick - all of us having many symptoms reported for COVID-19. When we all requested medical treatment and testing, each of our requests were denied. We were told by [staff] in the medical department, that they didn’t have any tests to test inmates here. The only medical attention given from then to now was taking our temperatures twice. Lacking a high temperature reading on both occasions, we were all instructed to go to the commissary and purchase over the counter medication and self-medicate the unknown conditions we were all suffering during that time. Although many inmates in our unit were complaining to medical staff about being sick, very few were tested. They were told to buy OTC medication and self-medicate. Shortly after my cellmates and I somewhat recovered, an inmate two doors down tested positive for COVID-19 and was quarantined along with his cellmates. Several other inmates on another range tested positive and were also quarantined. One reason I think they were given any medical treatment is the deteriorating health, which forced medical to remove them from the unit. When we asked [medical staff] how they knew inmates had tested positive, she said they didn’t have tests to begin with, [then] they obtained a limited amount of tests, which were used for the worst signs of COVID-19 symptoms.”

“Well, I was never tested for the Covid-19 here. I even stayed in my cell for two weeks before anybody came to check up on me at all. Also upon going over to the medical here, my fever was 102.7F and the doctor called the Lieutenant that was on [who] told the doctor to just put me in [quarantine] until tomorrow but the doctor told him that he was sending me to the outside hospital, which the hospital confirmed that I had the Covid-19 and I stayed in the hospital for seven days!”

¹⁹ Appendix C BOP Response to CIC Preliminary Covid-19 Report

Q: Have you been able to obtain medical care in the past 60 days?
N=508



BOP publications from early in the pandemic stated that Health Services staff throughout BOP conducted rounds and checked inmate temperatures at least once a day, with twice-daily rounds in locations where inmates were in quarantine or isolation.²⁰ Outside health care has been limited to urgent and emergent conditions, with routine outside healthcare postponed when clinically appropriate.²¹ As of November, "inmate movement is still expected to allow, when necessary, for the provision of required mental health or medical care, including continued Sick Call."²²

Seventy-six respondents provided additional information about the medical care they have received during the pandemic. Eighteen of these individuals said that they were not receiving regular care for a chronic condition during the pandemic, including three individuals who said they were not receiving regular monitoring of high blood pressure. Fourteen respondents complained that request for medical attention were denied or ignored, and five additional respondents said that medical care was very delayed.

"I put a sick call sheet 3 weeks ago and I still didn't see anyone. I told them, I was having problem breathing at night before I get to sleep and when I workout. Nobody came to see me for that."

"It takes weeks at a time to be seen by medical staff."

"Medical here isn't taking care of us unless it is an emergency."

"Also the distress button in our cell to alert staff that there is a medical emergency don't work. We often have to wait until staff makes rounds to let them know that someone need medical assistance. Staff doesn't always make their rounds. Living under the COVID 19 lockdowns in the eyes of staff has been treat like the lock down is to punish us and they have been treating as such."

"Medical and mental health care here are excellent."

²⁰ "Correcting Myths", p.1

²¹ "BOP Phase Six Action Plan", p. 4

²² BOP Modified Operations: https://www.bop.gov/coronavirus/covid19_status.jsp

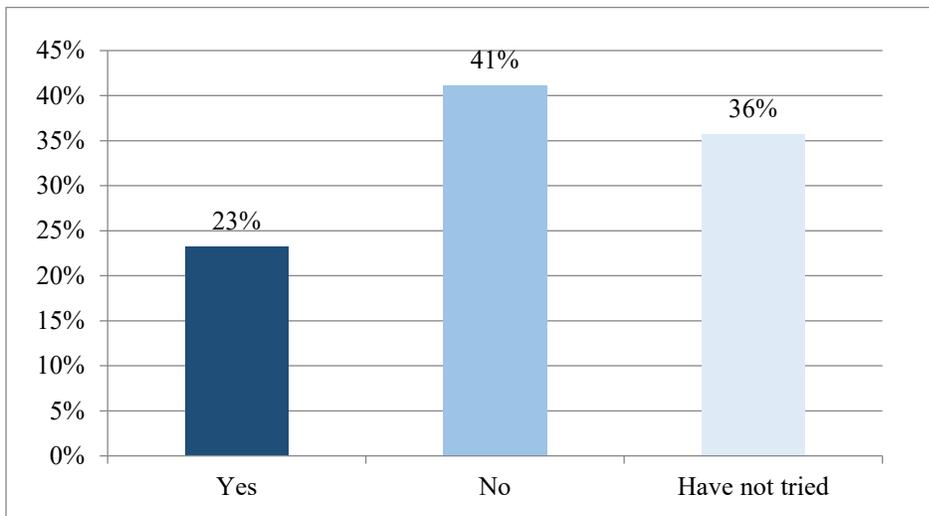
“Mental health does walk throughs almost daily as does education staff. Medical staff almost never.”

“We were told there is 'no sick call' until the lockdown is over - only covid cases would be treated. When medical staff was coming around doing screenings they would not talk to you about anything except covid. I am designated as a 'chronic care' patient, which means I am supposed to be monitored and have check-ins with the MD every few months for my high blood pressure and sleep apnea. I have not seen the doctor for four months.”

BOP Response: All inmates who are positive for SARS-CoV-2 or symptomatic are isolated and provided medical care in accordance with CDC guidance. Symptomatic inmates whose condition rises to the level of acute medical care are transferred to a hospital setting; either at a local hospital, or at an institution's hospital care unit, if they have one. The Coronavirus Phase Five Action Plan dated March 31, 2020, states, “staff are expected to continue conducting daily rounds by all departments and twice a day rounds by Health Services staff.” This guidance has not changed throughout the pandemic.

Q: Have you been able to obtain mental health care in the past 60 days?

N=514



BOP guidance states that mental health treatment should continue to be offered during to the extent practicable during Covid-19-related lockdowns.²³ In response to a preliminary report, the BOP stated that, “critical services such as mental health care...have continued unabated throughout the pandemic.”²⁴

²³ “COVID-19 Action Plan: Phase Five”, March 31, 2020. Available at: https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp

²⁴ Appendix C BOP Response to CIC Preliminary Covid-19 Report

Twenty-six survey respondents shared additional information about mental health care. Five individuals said that psychology staff made rounds at least weekly, while four individuals said that they never see psychology staff at their institution.

“Psych has never come to conduct wellness visits on any inmates during the entire crisis.”

“Psychology staff tries to accommodate the populace but are understaffed.”

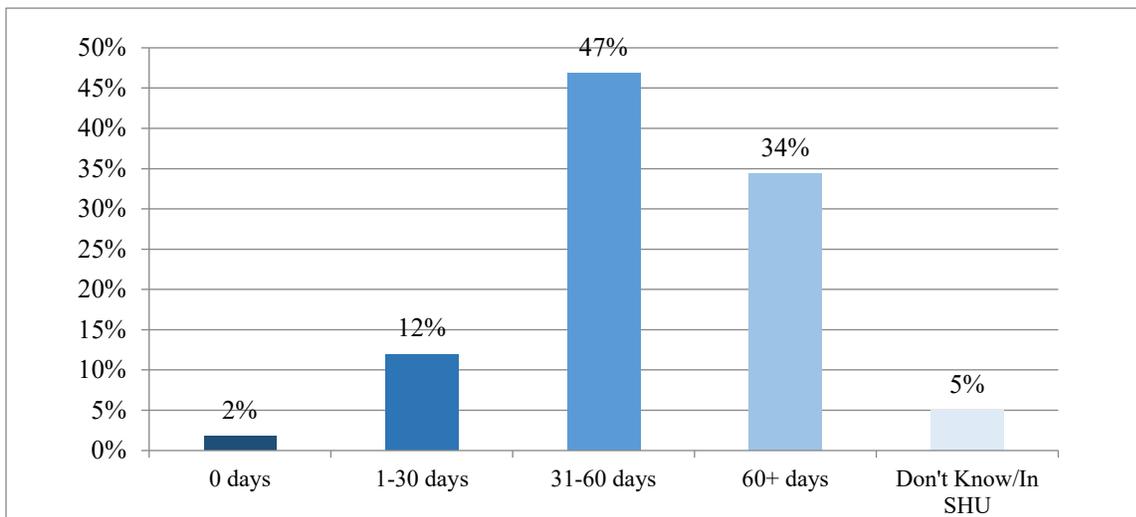
“Psychology does a walkthrough everyday, 7 days a week.”

“When it comes to our mental health the last time psychology was in our unit the beginning of May, we are not allowed to talk to our loved ones, work on our cases, see our families on visits, or be out of our cells even when it is told to us that in our unit we don't have cases of covid but to see others going to work, using the phone or email when we are not allowed, tell me how you think we feel?”

“We inmates are having "cabin fever" and other mental health issues, we have not been given any assistance for our psychological pains other than sleeping pills.”

V. Communication and Movement

Q: How many days has your facility been on lockdown²⁵ in the past 60 days?
N=403²⁶



Many respondents shared that their facility had been on lockdown for longer than the last 60 days. Forty-one respondents said their facility had been on lockdown 90 days or more, a further 38 respondents said 120 days or more, and an additional 32 respondents said 150 days or more. Sixteen respondents indicated either that they did not know how long their facility had been on lockdown

²⁵ The CIC uses the word “lockdown” in the colloquial sense that DC residents in the BOP use it, which is to describe significant restrictions to inmate movement, regardless of reason. As noted below, the BOP distinguishes between “lockdown” and “enhanced modified operations.”

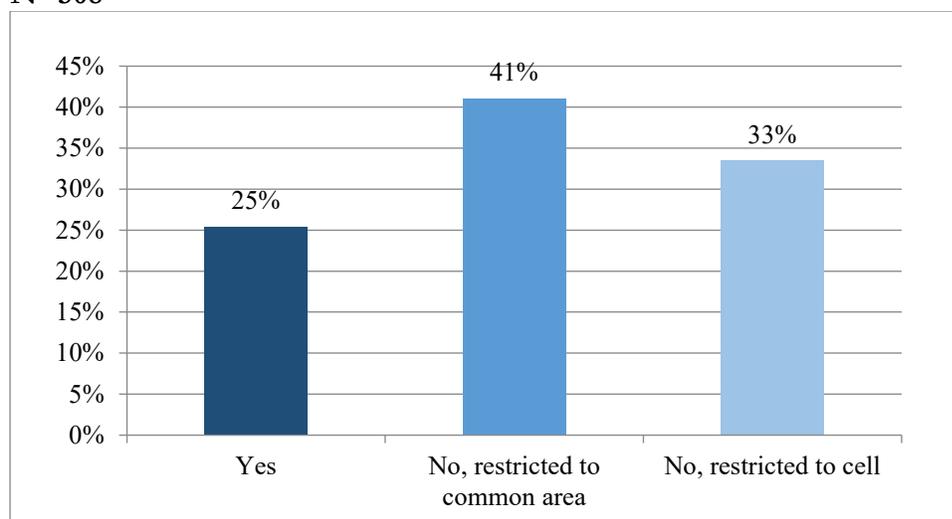
²⁶ Due to question design, this question had a large number of invalid answers.

because they were currently in solitary confinement, or that their facility is a “lockdown facility” meaning that residents are typically confined to their cells 23 hours a day.

Thirty individuals answered that their facility was on modified lockdown, and described what modifications were in place, but did not provide the duration of the modified lockdown.

Q: Are you currently able to leave your housing unit?

N=508



BOP information regarding the level and duration of movement restriction has fluctuated during the pandemic. In the BOP’s Phase Five guidance dated March 31, 2020, the agency instituted a 14-day period in which inmates were required to stay in their cells with “limited group gathering...afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Inmate Computer System (TRULINCS) access.”²⁷ Subsequent BOP Phase memos extended this guidance through July 2020. The BOP’s Phase Nine memo, dated August 5, 2020, described policies for resuming legal visits, recreation access, modified residential programming (e.g. RDAP, BRAVE), and limited non-residential programming (e.g. GED, Anger Management).²⁸

In response to the preliminary version of this report, the BOP noted possible confusion between the terms “lockdown” and “enhanced modified operations.” The BOP stated that all facilities have been on enhanced modified operations since April 1, 2020, which limited inmate movement in order to mitigate the spread of the virus. The BOP specified that movement limitations were imposed to “mitigate exposure and spread of Covid-19,” not as punishment.²⁹ Survey respondents used “lockdown” and “modified lockdown” as general terms for significant restrictions to movement and programming access. Respondents expanded on the term using additional comments to describe the various levels of restriction they experienced.

²⁷ “Action Plan: Phase Five”.

²⁸ “Coronavirus (Covid-19) Phase Nine Action Plan”, p. 3. August 5, 2020. Available at <https://www.themarshallproject.org/documents/7016444-BOP-Phase-9-COVID-Action-Plan>

²⁹ Appendix C BOP Response to CIC Preliminary Covid-19 Report

Thirteen survey respondents said that at the time of the survey they were on lockdown “23 and 1,” meaning out of their cell for one hour a day. Seventeen respondents said that they were able to leave their cells for one hour each weekday. Eleven respondents said that they were able to leave their cells for one hour two or three days a week. Six individuals said that they were able to leave their cell for three hours each day. Five individuals said that they were only able to leave their cells to pickup meals or shower. Several survey respondents also described changes in the level of lockdown at their facility over the course of the pandemic.

“Our lockdown is not a full lockdown. We can access phones, TV, computers for 3 hours each day; while meals and laundry and commissary are brought to us.”

“For the last 60 days [this] institution has been on a modified lockdown. We’ve received two memorandums with vague to no information on when the modified lockdown would end. For instance, the last memorandum was issued June 1, 2020 suggesting that the lockdown is not a result of punitiveness. However, the restrictions that’s been imposed are consistent with disciplinary sanctions. Following the second memorandum we were experiencing 5 minute showers and 15 minute phone calls Monday, Wednesday and Friday, on the weekends it’s 1 hour.”

“We can walk to mainline wearing our masks, and shower Monday, Wednesday, and Friday, for 2 hours- no more!”

“For the last 3 months our living conditions have been restricted to the cells. The time that we are allowed out of the cell rotates back and forth from 3 hours to 1 hour. For instance, for 2 or 3 weeks we are only allowed 1 hour out of cell time. We have just come off a week and half period in which we were only allowed out of the cell to take a shower. When we are allowed out out of cell time, it is done in 20 cell rotations or close to 40 inmates at one time. During out of cell time we have to get everything done during that time period; this includes taking a shower, using the phone or email, or exercising in the housing unit.”

“We were locked in our cells only coming out 5 cells at a time to shower, use email and make phone calls for 30 mins, M/W/F. This lasted until 6/1/20. June 1-7, we were locked in our cells because of the protest, given cold meals, no outside contact and was not made aware of what was going on. June 8, 2020 we were let out for 45 mins with 8 cells to then contact our families.”

“We were locked down in the units for 2-3 weeks in March, then fully locked down April 1. We’ve remained locked down ever since. This means locked in cell 24-7 except three times a week you are allowed out of cell for 45 minutes - 1 hour for a maximum of 3 hours a week, to take a shower, use phone/email, and sweep out cell. Which is less time out of the cell than you get when you are on disciplinary segregation/SHU, and at least there you have a shower in your cell.”

BOP Response: First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates were already a cohort in a single housing unit. In August 2020, the BOP began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September 2020, approximately 50,000 inmates were enrolled in First Step Act programs.

Recreation

Fifty-four survey respondents volunteered information about their access to outside recreation during the pandemic. Twenty-eight of these individuals said that they were able to go outside for one hour each week, though four noted that outside recreation was a recent change. Five individuals said that they were able to go outside three times at week. Three individuals said that they had gone outside a

few times but were not able to go regularly. Eight survey respondents said that they had not been able to go outside for recreation for two or three months.

“We have not been allowed to get fresh air since the pandemic has started.”

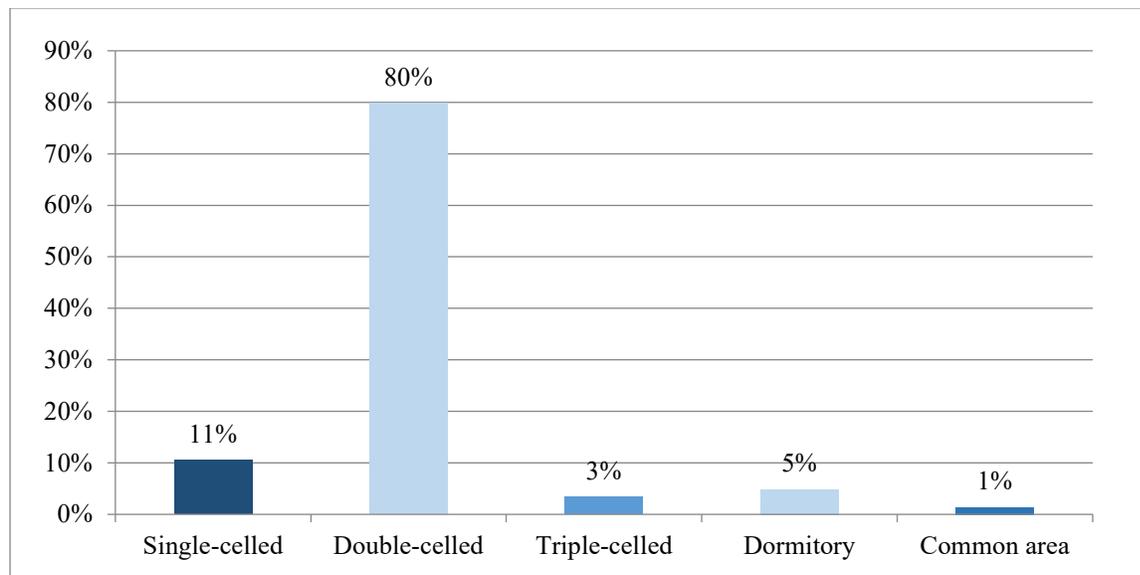
“We’ve only had outside recreation 3 times since March for 90 minutes each time. We now get rec 1 time per week for 90 minutes outside. But they’ve been letting us exercise in the unit.”

“At the very start of the lockdown, we had absolutely no recreation. Then we were allowed to attend inside rec and outside rec (unit by unit- some attempt at social distancing). Later all recreation was cancelled. Then, only outside recreation was allowed (unit by unit with social distancing encouraged). This is our current practice now. Social distancing is impractical, therefore not attempted by most on housing units.”

“We are able to have outside rec for 1 hour a week. However, we are not allowed to exercise on our unit. I feel like I’ve gotten older and my physical self is deteriorating.”

Q: What is your current housing?

N=503



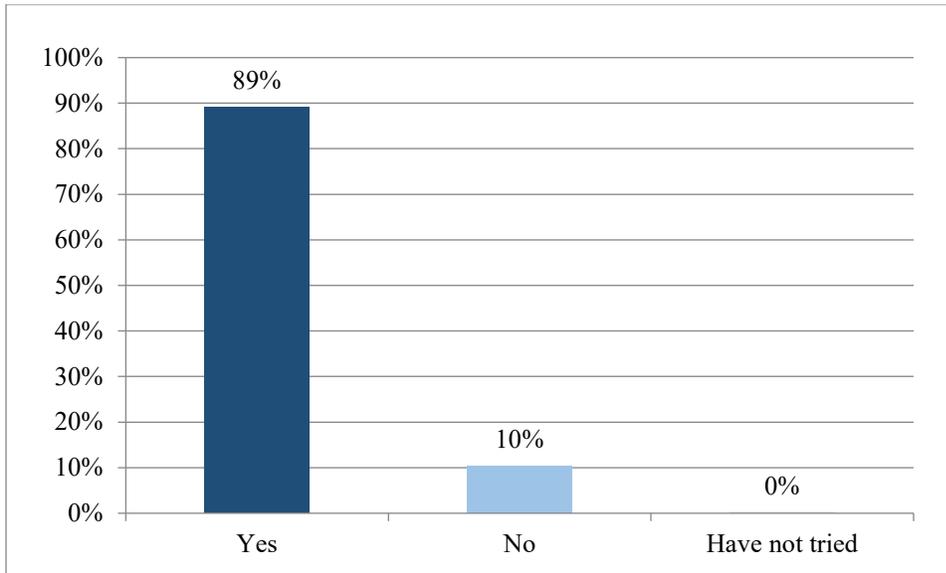
The type of housing available in BOP facilities varies by security level. Minimum and low-security facilities typically have dormitory-style housing, while medium and high-security facilities typically have cell-based housing. Administrative facilities, including medical and transfer facilities, tend to have a variety of housing types.³⁰ Cells can be designed for single-occupancy, double-occupancy, or rarely for housing more than two individuals. “Triple-celled” refers to three people sharing a cell designed to house two people. In some cases, individuals sleep on cots in the common area of units rather than in cells. Three survey respondents said that they were “quad-celled,” two said they were housed in a 6-person cell, and two more said they were in an 8-person cell.

BOP guidance indicated that strategies for accomplishing social distancing should be evaluated, especially in open bay/barracks-style living quarters.³¹

³⁰ https://www.bop.gov/about/facilities/federal_prisons.jsp

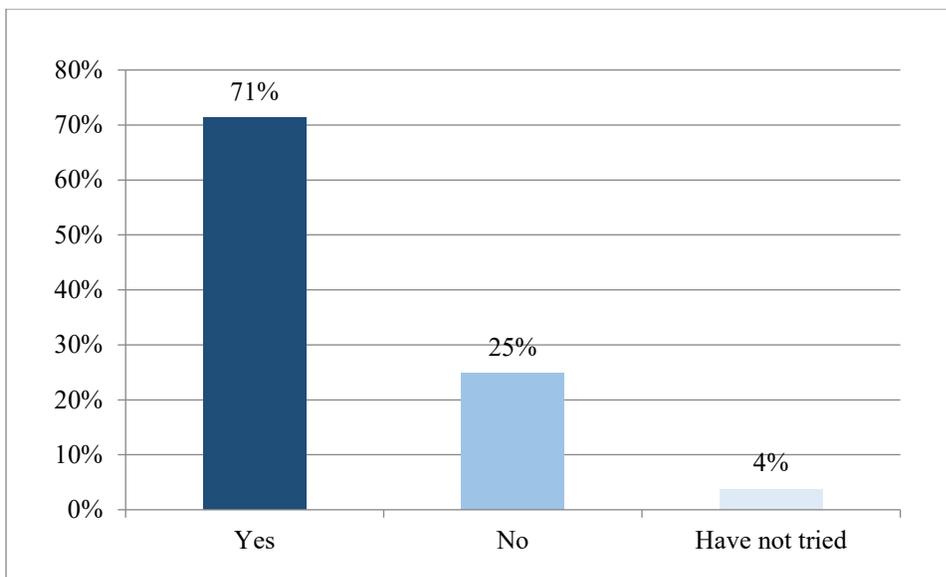
³¹ “BOP Phase Six Action Plan”, p. 5.

Q: Are you able to make phone calls?
N=513



BOP guidance regarding access to phone calls during the period of the survey is vague. The BOP's public website about modified conditions indicated that when social visits were suspended, inmate telephone system minutes were increased to 500 minutes per month. In the BOP's March 31, 2020 guidance, the agency stated that they were allowing limited group gathering "to the extent practicable" to provide access to phones. Most respondents addressed phone and email access together, so these comments are combined below.

Q: Are you able to send emails?
N=515



Guidance provided by the BOP regarding access to email only states that limited group gathering should be allowed “to the extent practicable” to provide access to TRULINCS, the limited email program available to inmates.

Nineteen survey respondents said that they could only use the phone, email and shower during their one hour of out-of-cell time each weekday. An additional sixteen individuals said that they were only allowed to access phone, email, and showers for an hour three to four times a week. Another sixteen respondents said that they could access phones and email fewer than three times a week. Thirteen respondents mentioned difficulty accessing phones with many individuals trying to use a small number of phones (often 4-6) and computer terminals all in one 45-minute or hourlong period. Several individuals stated that this led to conflict and violence between inmates. Five individuals expressed gratitude for the free phone calls, and two said they were not able to benefit from the free minutes because of the short periods of time out of their cells.

Ten individuals in SHU explained that they were restricted to one 15-minute phone call per month and not benefitting from the additional free phone time provided to those in general population. Several individuals pointed out that they had served their SHU time but were being kept in SHU due to the pandemic, or were on administrative segregation status, yet they were still being limited to one phone call per month. Three individuals complained that no provisions had been made at their facility for video visitation.

“Yes, the only positive thing out of this pandemic is we don't have to pay for any phone calls. Lines are a little longer but yes we can [make phone calls].”

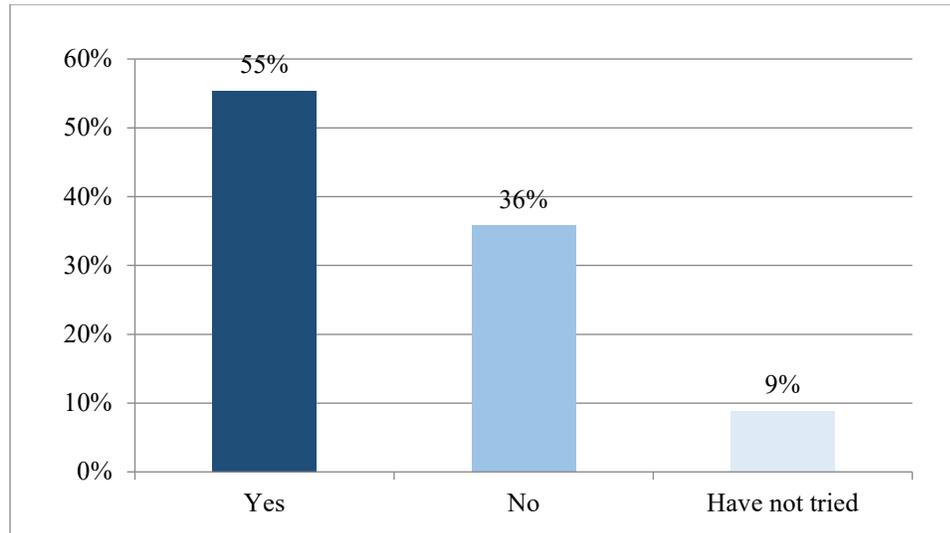
“When we are allowed out of cell time, it is done in 20 cell rotations or close to 40 inmates at one time. During out of cell time we have to get everything done during that time period; this includes taking a shower, using the phone or email, or exercising in the housing unit. So, technically we have access to the phones, but because there are so many inmates trying to use the phone during a 3 hour period, you may not get a chance to use the phone. Our housing unit contains 4 phones, but only 3 phones work; 1 phone has not been working since I came to this facility.”

“There are only 4 computers in unit of over 100 inmates, and at any given time only 2 or 3 of them work. With the short amount of time you are allowed out of your cell, this is a big obstacle to using email.”

“They give people on the yard an extra 200 minutes but the ones in the SHU get no extra minutes. We should be able to get the same as the ones on the yard. Most people in the SHU done their SHU time.”

“We're supposed to come out of our cells an hour a day to take a shower, use the phone and computer, but we only get it sometimes because depending on the officer working, we might only get 40 to 45 minutes.”

“Our phone calls are free and we've been given 200 extra minutes a month. Here's the problem: instead of the usual 15 minute phone calls they have been shortened to 10 minutes. After each phone call there is a 30 minute waiting cycle before the system allows another call. We are allowed 1 hour recreation every Monday, Tuesday.”

Q: Are you able to use the law library?**N=504**

Prior to the BOP's Phase Nine Action Plan, access to law library materials, either electronic or physical, was not discussed in BOP guidance. The Phase Nine Action Plan indicated that wherever possible, inmates "should be permitted access to the Electronic Law Library (ELL) under conditions determined by the Warden at each facility," and recommended that a schedule to permit fair and timely access to this information be established and provided to inmates.³²

Survey respondents shared a wide variety of experiences with access to law library resources. Thirteen respondents said that they were only able to use a law library computer during their hour of daily time outside the cell, and ten respondents noted that because only one computer on their unit was equipped with legal resources, demand for that computer was too high for them to access it. Eight individuals said that their institution's law library was available for limited times, seven other individuals said that they could access the law library by request, and two individuals said that inmates with open cases could access the law library. Six individuals said that the law library at their facility had recently reopened. An additional six individuals said that they could not copy or print law library materials.

"In the housing unit, one email station has been converted into a law research station. And special cases have been allowed to physically go to the law library."

"The Warden tells our Unit team to let us out to use the law library on the computer on Tues, Thurs, the days we don't come out, but they don't adhere to it. We can't do it on the days we come out we only have an hour. Between phone and email it's impossible. I myself has had to write the court for a time extension because I can't get to the law library."

"Law library in the last 30 days has picked up all one has to do is send a (request) and you be put on the list when your unit is called the next week."

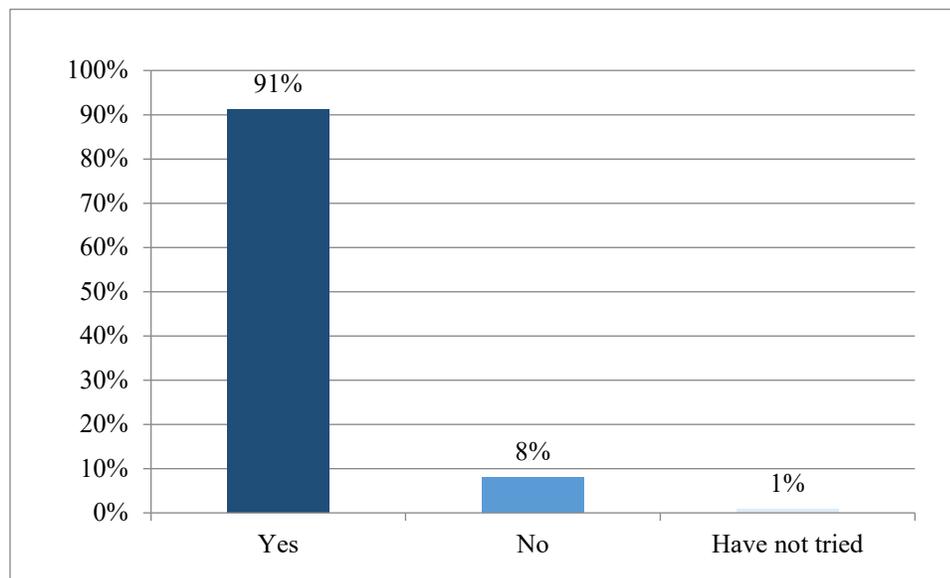
³² "Phase Nine Action Plan", p. 3

“No legal work can be done. Out of the six computers available to us only one gives access to the electronic legal library. Besides, nothing can be accomplished in 1 hour considering the need for showers, phone calls, and cleaning our cells. No copies can be made and there's no typewriter.”

“The administration has limited legal access. For example, my cellie submitted proof that he had an immediate court deadline but was not permitted to use the law computer for additional time, get assistance from jailhouse lawyers nor copier machine access etc.”

Q: Are you able to purchase items from the commissary?

N=509



As with phone and email access, the BOP advised that movement in small numbers was allowed for the purposes of accessing commissary.

Sixty-seven respondents shared comments about their access to commissary during the pandemic. Seventeen respondents said their facility had imposed a \$50 limit on their purchases. Ten respondents said they had to shop from a limited list, four respondents said that they were limited to a certain number of total items, and seven respondents said that they were not allowed to purchase hygiene items, particularly soap. Four individuals said that their facility had very limited stock. Six individuals reported that their access to commissary was inconsistent. Several respondents also noted that without jobs they were unable to purchase items from commissary at all.

“Also, they just got commissary. We went a whole month without it and they only give us a \$50 limit to spend, which is not enough to get hygiene and food - and yes, we need food. They give us 1 hot meal a day.”

“For 3 weeks, we were only allowed to purchase items off of a limited commissary list. Now, we can spend \$50 weekly. Not our regular \$360 monthly limit.”

“At the beginning of the lockdown on April 1, commissary put a \$25/week spending limit so commissary has been limited a lot, plus inventory is very spotty. Since almost everyone lost their jobs due to lockdown, there is no money for commissary anyway.”

“Medical often directs inmates to purchase OTC drugs from the commissary, but often items like ibuprofen and naproxen are not available due to the trust funds failure to keep items in stock.”

“Yes, we were allowed a \$20 limit, hygiene, some food items, but as an African American and this population mainly black, we are lacking products that we need such as lotion, hair grease, combs and two blade razors. Also we were allowed to purchase one Dial soap to last for over a month. We need access to more than one bar.”

Transfers

Eleven individuals shared concerns about the lack of transit between facilities during the pandemic, including three who said they were unable to receive various services because of being in transit status when the BOP stopped movement, and seven people who said they were designated to be transferred to another facility and were not able to move. Several individuals also expressed concern about new inmates arriving at their facility during the pandemic.

In response to a preliminary report, the BOP stated that it “took aggressive action to limit internal and external movement” because of the increased risk of Covid-19 transmission. The agency noted that though it has the authority to control and limit intra-agency movement, it is required by federal statute to accept inmates remanded to its custody.³³

Response: Under modified operations, inmates are limited in their movements within the institution, with inmate movement in small numbers authorized for access to commissary, laundry, showers, telephone and electronic messaging access, medical and mental health care, and some essential work details or work assignments. Just as in communities nationwide who have been required to shelter-in-place, the BOP implemented this course of action to mitigate the spread of the virus.

At the onset of the pandemic, the BOP took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. However, the BOP is required to accept inmates awaiting trial remanded to our custody and must also accept newly-convicted inmates for service of their sentence. This requirement is based in federal statute (see the Bail Reform Act, Title 18 U.S.C. § 3141); if a federal judge orders a pre-trial offender to be detained, the Federal government, which includes BOP facilities, must assume custody and care of the inmate. To be clear, while the BOP can control and limit its intra-agency movements, it has no authority to refuse inmates brought to it by the US Marshals Service. As a more normalized inmate movement pattern resumes, any inmate with a known positive SARS-CoV-2 test, or who has fever or symptoms, or is a close contact (who has not yet been released from quarantine) of a known COVID-19 case, will not be permitted to transfer.

During the pandemic, the BOP has partnered and consulted with the CDC to evaluate and develop procedures for correctional environments to mitigate the spread of SARS-CoV-2. As the agency’s mitigation efforts evolve, the BOP will continue to collaborate with the CDC as an integral part of its best practices to prevent the spread of the virus.

³³ Appendix C BOP Response to CIC Preliminary Covid-19 Report

VI. Additional Comments

Many survey respondents offered additional information about their experiences in areas the survey did not specifically cover. The most common among these were staff treatment, meals, communication about Covid-19, and the special challenges of individuals in Special Housing Units (SHU).

Staff Treatment

The CIC received more than 55 comments regarding staff behavior, both generally and specifically during the pandemic. The most common complaint (12 respondents) was that staff was unresponsive, particularly to grievances and to applications for compassionate release or home confinement. Eight respondents said that staff were rude or disrespectful, and four mentioned that staff were treating the lockdown as a punishment for inmates rather than a health and safety precaution. Seven individuals said staff were assaulting inmates, including individuals at three different facilities who mentioned either experiencing or witnessing staff assaulting inmates who were restrained.

Four survey respondents said that they had experienced retaliation for complaining about staff conduct, and three said they had been threatened by staff. Five individuals expressed concern that staff behavior outside of work was increasing the risk of Covid-19 transmission in the facility. Three individuals submitted positive comments about staff handling of the pandemic.

“Staff treat us as if we're on punishment instead of lockdown because of coronavirus. COs don't really care about our concerns or feelings and being indifferent towards the pandemic. Us inmates are at greater risk because we wonder if the COs are going to bring us the coronavirus any day. They touch our doors, pass out our food, commissary and mail. It's hard not to keep contact with staff. Living conditions are horrible, inmates that meet the requirements of compassionate release are not being released. Every day it's something new with modified lockdown, COs take this stressful time to confiscate things from us with punitive behavior.”

“I'm wondering why they put a memo up saying don't send the Warden no more requests for compassionate release. It is said that the Warden has 30 days to respond to that type of request. I sent one in on 5/14/20, and yesterday they told us not to send the Warden any more requests. It's past my 30-day mark, and I have not gotten a reply from the Warden or my Unit team.”

“No one from the administration come to see us to give the inmates an update and we haven't seen the Warden since the pandemic began. My counselor is never on the block and I don't get access to him, my unit manager is on a different block then I'm on so I don't have access to her and my case manager is also on another block. When you write your unit team, they don't respond to your request. when you want to file an informal resolution for a grievance the counselor tries to discourage you from submitting your grievance. There is no accountability for any of the staff here.”

“Even with the lack of information, staff here have responded quickly to the pandemic and done what was needed to keep Covid-19 out of this institution. We have had zero confirmed inmate cases as of today, 25 June 2020.”

“When the protesting started for George Floyd, the staff here treated us as if we were enemies - they would come by the cells and mock beating blacks with mock sticks. They would say, 'long live Trump' and other racist undertones in their dealings with us.”

Meals

Fifty-three inmates volunteered comments about the food they received. Fifteen individuals commented that they received hot meals once a day. Fourteen individuals mentioned that food that was intended to be hot was cold by the time they received it. Nine respondents expressed concerns about highly processed or sugared foods exacerbating their health conditions. Seven respondents mentioned seeing food being served without masks or gloves, in one case by individuals who were known to have Covid-19. Six individuals reported receiving spoiled food, and three noted the portions were too small.

“Also since April 1, 2020 for breakfast we get cereal, spoiled milk and a cake, a hot lunch, and for dinner 1 slice of meat 1 slice of cheese and four slices of bread and a cake. I really feel that they are putting us at risk for diabetes.”

“But here in SHU we are being treated like wild animals. We're even being fed spoiled food at times and the portions of food are so small it wouldn't be enough for a 7 year old kid.”

“We receive 2 sack lunches per day: at breakfast, cereal, milk, fruit, sweetener, sweet cake of some sort; at lunch and dinner, 8 slices of bread, luncheon meat (either bologna, ham, or turkey), peanut butter packets, and cheese, chips, and 2 fruits. This is given to us no later than 12 PM. There are no hot meals issued.”

“They are not letting us buy food from the store. vitamins or water. We need food from the store because we are starving in here.”

“We are not receiving 2000 calories nor the whole BOP national menu at all times we are lucky if we receive 1400 or 1500 calories. I have lost a lot of weight since I've been in this hole as well as all the other inmates that's in here and food services has sent us spoiled food three different times!”

Communication About Covid-19

The survey the CIC conducted did not specifically ask how well facility leadership has communicated about the response to COVID-19, but ten respondents volunteered comments in this area. Four individuals mentioned memos received from facility leadership or BOP Central Office explaining Covid-19 responses or testing procedures. Three individuals said facility staff or leadership told them testing was occurring, but they only saw temperature screening, no testing. Two individuals stated that facility leadership was not transparent about the number or existence of confirmed coronavirus cases.

“This administration is not transparent. One of their officers working over in the camp three months ago was asymptomatic [and] infected 50 or 60 inmates. The administration waited two months before they informed the general population.”

“If an inmate has tested positive for COVID-19 they're not telling us, and neither are they telling us if a staff member tested positive.”

“Here at [facility] the staff is constantly saying no one here has tested positive for the Covid-19 when that is not true, because for one they don't test us here for Covid-19. They just do temperature checks once a week. Staff members have tested positive and been gone for months due to falling ill to the coronavirus. Inmates at [other facilities] here at the complex have died from the covid-19.”

“[The] Warden specifically announced that he had made a decision to only utilize nasal testing for current infections whereas they are not trying to conduct antibody testing to determine the people who have already been infected at this institution. However, most if not all inmates have not seen any nasal testing either. We cannot confirm but know that our units have not seen any testing of any kind.”

“It has been told to us for months that we are the only facility that has no cases, there have not been any testing, so how do they know?”

“No one from the administration come to see us to give the inmates an update and we haven't seen the Warden since the pandemic began.”

Special Housing Unit

Twenty-two survey respondents mentioned in their comments that they were in a Special Housing Unit (SHU). Individuals in held in these units experience different circumstances than those in general population units, due to increased security and restricted access to programming and privileges. Five individuals complained that they continued to be restricted to one phone call a month during the pandemic, while individuals in general population were provided 500 free minutes of phone time per month. The other top concerns from SHU residents concerned hygiene (3), lack of cleaning supplies (3), and lack of access to newspapers or radios (3).

“Guys are getting frustrated because we are being held in the SHU for an indeterminate amount of time, with limited to no information to what is going on in the world as it pertains to the virus. We cannot communicate with our families; we are only getting one phone call a month. We are supposed to be getting at least 2, but I have not received 2 calls a month since I have been housed in the SHU. We need access to newspapers and/or radio.”

“I am currently being housed in the special housing unit, we are being provided limited sanitation products. Staff rarely wear protective gear, we are rarely allowed to communicate with our families, and this section of the facility is highly infested with insects. Administrative officials here have a limited level of caring for the inmates housed in this unit.”

VII. Conclusion

The findings of this survey reflect a wide variety of resident experiences across the spectrum of BOP institutional settings. Survey responses came from 90 facilities at all different security levels, with a range of population and staff sizes, in locations around the United States. At the time respondents were completing the survey, some were located at facilities with active Covid-19 outbreaks, while

others were at facilities with no confirmed cases yet. Responses were received from individuals in general population units, Special Housing Units, and facilities with specialized populations, including individuals in transit and those with intensive medical needs.

Managing and mitigating the impact of the Covid-19 pandemic throughout the varied institutional settings in the BOP is an incredible challenge. BOP institutions do not easily lend themselves to social distancing, and systems for distributing resources are complex. Nevertheless, the BOP is responsible for the safety and welfare of over 170,000 staff and residents and must meet this challenge. Common concerns raised by DC residents in the BOP suggest serious discrepancies between the BOP's stated policies and DC residents' experiences, particularly with respect to staff wearing cloth masks or PPE inconsistently or incorrectly, insufficient access to soap for handwashing, irregular access to medical and mental health care, and significant challenges accessing phone and email communication during the limited out-of-cell time provided.

The BOP's response to the CIC's preliminary report states that the agency, "has taken swift and effective action in response to Covid-19, and has emerged as a correctional leader in the pandemic." However, the Office of the Inspector General identified a number of failures in the BOP response to Covid-19 at FCC Lumpoc³⁴ and FCC Oakdale,^{35 36} and Congressional representatives,³⁷ advocacy organizations,³⁸ and BOP employees³⁹ have criticized the BOP response to the pandemic throughout 2020. The BOP also states that Covid transmission rates in BOP institutions, "generally mirror those found in local communities."⁴⁰ However, the Covid-19 infection rate in the BOP overall ranged from

³⁴ "Remote Inspection of Federal Correctional Complex Lumpoc," Department of Justice Office of the Inspector General. July 2020. Available at: https://oig.justice.gov/sites/default/files/reports/20-086_0.pdf

³⁵ "Remote Inspection of Federal Correctional Complexes Oakdale and Pollock," Department of Justice Office of the Inspector General. November 2020. Available at: <https://oig.justice.gov/sites/default/files/reports/21-003.pdf>

³⁶ There were five DC residents at FCC Lumpoc and eight DC residents at FCC Oakdale as of the July 2020 roster provided to CIC by the BOP.

³⁷ "Murphy, Blumenthal Demand Answers on BOP's Failure to Respond to Covid-19 Outbreak at FCI-Danbury," Senator Chris Murphy Press Release, May 5, 2020. Available at: <https://www.murphy.senate.gov/newsroom/press-releases/murphy-blumenthal-demand-answers-on-bops-failure-to-respond-to-covid-19-outbreak-at-fci-danbury>;

"Warren, Durbin slam government's 'failing' efforts to contain coronavirus in federal prisons," Washington Post, October 5, 2020. Available at: <https://www.washingtonpost.com/politics/2020/10/05/warren-durbin-bop-letter/>;

"Congressmen Kim and Keller Release Statement on COVID-19 Risks at Bureau of Prisons Facilities," Insider NJ, December 4, 2020. Available at: <https://www.insidernj.com/press-release/congressmen-kim-keller-release-statement-covid-19-risks-bureau-prisons-facilities/>

³⁸ "The COVID-19 Crisis in Federal Detention | December 2020," Sentencing Resource Counsel for the Federal Public Community Defenders, December 1, 2020. Available at:

https://www.fd.org/sites/default/files/covid19/bop_jail_policies_and_information/sentencing_resource_counsel_fact_sheet-december.pdf; "I Begged Them To Let Me Die": How Federal Prisons Became Coronavirus Death Traps," The Marshall Project, June 18, 2020. Available at: <https://www.themarshallproject.org/2020/06/18/i-begged-them-to-let-me-die-how-federal-prisons-became-coronavirus-death-traps>

³⁹ "Prisoners and guards agree about federal coronavirus response: 'We do not feel safe,'" Washington Post, August 24, 2020. Available at: <https://www.washingtonpost.com/nation/2020/08/24/prisoners-guard-agree-about-federal-coronavirus-response-we-do-not-feel-safe/>; "Federal Prison Employees Fear Staff Shortages and Mass Reassignments as COVID-19 Cases Spike," Government Executive, December 1, 2020. Available at: <https://www.govexec.com/workforce/2020/12/federal-prison-employees-fear-staff-shortages-and-mass-reassignments-covid-19-cases-spike/170399/>

⁴⁰ Appendix C BOP Response to CIC Preliminary Covid-19 Report

two to three times the nationwide rate of infection in April 2020⁴¹ to as high as six times the nationwide rate in June⁴², and remained at five times the nationwide rate from August⁴³ through October 2020.⁴⁴

As the pandemic has progressed, the BOP's response has evolved. The CIC is encouraged to hear that the BOP has established Covid-19 Compliance Review Teams, which will visit each facility throughout the pandemic to review and evaluate responses and share recommendations and best practices.⁴⁵ The CIC strongly encourages the BOP to share any updates to its practices that result from these evaluations. The CIC is also encouraged to hear that the BOP has begun offering the Covid vaccines to staff and some inmates.⁴⁶ The CIC plans to continue to survey DC residents in the BOP throughout the duration of the pandemic and compare their reported experiences to the Bureau's stated policies and practices to identify inconsistencies and amplify the voices of incarcerated residents of the District of Columbia.

⁴¹ "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, April 28, 2020. Available at: https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.4.28.pdf

⁴² "Senators Query Prison Officials on COVID-19 Actions," MedPage Today, June 4, 2020. Available at: <https://www.medpagetoday.com/infectiousdisease/covid19/86872>

⁴³ "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, August 10, 2020. Available at: https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.8.10.pdf

⁴⁴ "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, October 6, 2020. Available at: https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.10.6.2020.pdf

⁴⁵ Appendix C BOP Response to CIC Preliminary Covid-19 Report

⁴⁶ "Update on COVID-19 Vaccinations" Federal Bureau of Prisons, January 15, 2021. Available at: https://www.bop.gov/resources/news/pdfs/20210115_press_release_vaccination.pdf

Appendix A: Methodology

The CIC drafted a twenty-question survey focused primarily on institutional hygiene, access to medical care, communication, and movement. The survey was sent to a subset of just over half of DC Code offenders based on a list provided by the Federal Bureau of Prisons (BOP) on May 15, 2020. In order to obtain information from as many facilities as possible as well as limit the sample size to allow the CIC to process and report on data in a timely manner, a subset of survey recipients was chosen. At every facility with less than 30 DC individuals, the CIC mailed a survey to every DC individual. At every facility with more than 30 DC individuals, the CIC mailed a survey to 30 individuals selected at random to represent that facility. The CIC sent 1,750 surveys to individuals at 111 facilities between approximately June 16, 2020 and June 24, 2020. The CIC received 519 completed surveys between June 25, 2020 and August 15, 2020 for a response return rate of 30 percent.

The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result. Twenty-nine of these 35 surveys are from individuals who can be identified as part of the DC population.

The CIC compiled survey responses using SurveyMonkey, a business intelligence tool, with unique identifiers used to protect confidentiality. Data was exported to Microsoft Excel, and CIC analysts applied statistical weights to the responses so that the data would more accurately reflect the full population of DC individuals in the BOP. Analysts counted responses from facilities with less than 30 DC individuals as approximately half of one response, and counted responses from facilities with 30 or more DC individuals as approximately 1.5 responses.

Charts were produced through Microsoft Excel. Charts and other analysis do not include non-responses. Chart totals may not equal 100 due to rounding.

CIC analysts coded qualitative responses using Dedoose, a mixed qualitative/quantitative data analysis tool. Some quotes from survey respondents have been lightly edited for readability.

The CIC produced a preliminary report based only on the quantitative data received from surveys. The CIC provided the BOP with a draft version of the preliminary report for review and comment. Clarifications and additional information provided by the BOP in response to the preliminary report informed the content of the final report.

Without the ability to travel to BOP facilities, CIC staff was unable to confirm the concerns raised by respondents. Throughout the report the CIC included information publically available on the BOP website about the Bureau-wide response alongside survey analysis and direct quotations from survey respondents. Much of the public information available was vague, leaving the details of implementation to individual facility leadership based on their circumstances. While this is understandable, it made it impossible to match inmate feedback directly with facility policies.

The CIC provided the BOP with a draft version of the report for review of factual information and an opportunity to respond to follow-up questions and any other information in the report. The BOP response is included at the end of this report.

Appendix B: Responses by Facility

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ALD	FPC Alderson	3	1	33%	No Info
ALF	FCI Allenwood Low	21	3	14%	Yes
ALI	FCI Aliceville	6	4	67%	Yes
ALM	FCI Allenwood Medium	30	7	23%	Staff Only
ALP	USP Allenwood	30	8	27%	Staff Only
ASH	FCI Ashland	10	5	50%	Yes
ATL	USP Atlanta	30	6	20%	Yes
ATW	USP Atwater	30	12	40%	Yes
BAS	FCI Bastrop	1	0	0%	Yes
BEC	FCI Beckley	30	7	23%	Yes
BEN	FCI Bennettsville	30	14	47%	Yes
BER	FCI Berlin	30	10	33%	Inmates Only
BIG	FCI Big Spring	2	1	50%	Yes
BML	FCI Beaumont Low	4	2	50%	Yes
BMM	FCI Beaumont Medium	8	3	38%	Yes
BMP	USP Beaumont	30	11	37%	Yes
BRO	MDC Brooklyn	7	1	14%	Yes
BSC	CI Big Spring	1	1	100%	No Info
BSY	USP Big Sandy	30	11	37%	Yes
BTF	FCI Butner Medium II	30	20	67%	Yes
BUF	FCI Butner Low	14	10	71%	Yes
BUH	FMC Butner	27	6	22%	Yes
BUT	FCI Butner Medium I	23	4	17%	Yes
CAA	USP Canaan	30	7	23%	Yes
CCC	MCC Chicago	1	0	0%	Yes
CLP	USP Coleman II	30	7	23%	Yes
COL	FCI Coleman Low	11	3	27%	Yes
COM	FCI Coleman Medium	18	9	50%	Yes
COP	USP Coleman I	30	12	40%	Yes
CRW	FMC Carswell	15	6	40%	Yes
CUM	FCI Cumberland	30	4	13%	Yes
DAL	CI Giles W. Dalby	1	0	0%	No Info
DAN	FCI Danbury	13	3	23%	Yes
DEV	FMC Devens	30	10	33%	Yes
DRJ	CI D. Ray James	4	1	25%	No Info
DUB	FCI Dublin	2	3	150% ⁴⁷	Yes
EDG	FCI Edgefield	30	14	47%	Yes

⁴⁷ The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result.

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ELK	FCI Elkton	16	6	38%	Yes
ENG	FCI Englewood	4	1	25%	Yes
ERE	FCI El Reno	3	1	33%	Yes
FAI	FCI Fairton	30	11	37%	Yes
FLF	FCI Florence	2	0	0%	Yes
FLM	USP Florence ADMAX	28	1	4%	No Info
FLP	USP Florence High	30	0	0%	Staff Only
FOM	FCI Forrest City Medium	8	2	25%	Yes
FOR	FCI Forrest City Low	6	0	0%	Yes
FTD	FCI Fort Dix	30	11	37%	Yes
FTW	FMC Fort Worth	4	2	50%	Yes
GIL	FCI Gilmer	30	0	0%	Yes
HAF	FCI Hazelton	30	4	13%	Staff Only
HAZ	USP Hazelton	30	7	23%	Yes
HER	FCI Herlong	4	0	0%	Yes
HOU	FDC Houston	1	0	0%	Yes
JES	FCI Jesup	17	10	59%	Yes
LEE	USP Lee	30	1	3%	Yes
LEW	USP Lewisburg	30	14	47%	Yes
LEX	FMC Lexington	10	4	40%	Yes
LOM	USP Lompoc	6	0	0%	Yes
LOR	FCI Loretto	25	4	16%	Yes
LVN	USP Leavenworth	18	7	39%	Yes
MAN	FCI Manchester	15	5	33%	Yes
MAR	USP Marion	17	9	53%	Yes
MCA	CI McRae	3	0	0%	No Info
MCD	FCI McDowell	30	5	17%	Staff Only
MCK	FCI McKean	25	9	36%	No Info
MCR	USP McCreary	30	4	13%	Yes
MEM	FCI Memphis	8	4	50%	Yes
MEN	FCI Mendota	7	4	57%	Yes
MIL	FCI Milan	1	1	100%	Yes
MRG	FCI Morgantown	4	0	0%	Staff Only
MVC	CI Moshannon Valley	6	3	50%	No Info
NLK	CI North Lake	2	0	0%	No Info
OAD	FCI Oakdale II	2	1	50%	Yes
OAK	FCI Oakdale I	6	5	83%	Yes
OKL	FTC Oklahoma City	22	7	32%	Yes
OTV	FCI Otisville	11	4	36%	Yes
OXF	FCI Oxford	3	2	67%	Yes
PEK	FCI Pekin	2	0	0%	Yes
PEM	FCI Petersburg Medium	30	5	17%	Yes

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
PET	FCI Petersburg Low	28	7	25%	Yes
PHL	FDC Philadelphia	30	7	23%	Yes
PHX	FCI Phoenix	3	2	67%	Yes
POL	USP Pollock	30	9	30%	Yes
POM	FCI Pollock	13	3	23%	Yes
RBK	FCI Ray Brook	17	5	29%	Yes
RCH	FMC Rochester	11	3	27%	Yes
REE	CI Reeves I and II	3	2	67%	No Info
RIV	CI Rivers	30	6	20%	No Info
SCH	FCI Schuylkill	30	8	27%	Yes
SEA	FCI Seagoville	3	0	0%	Yes
SHE	FCI Sheridan	5	3	60%	Inmates Only
SPG	MCFP Springfield	30	13	43%	Yes
SST	FCI Sandstone	1	0	0%	Inmates Only
TAL	FCI Tallahassee	5	2	40%	Yes
TCN	FCI Tucson	1	1	100%	Yes
TCP	USP Tucson	30	8	27%	Yes
TDG	FCI Talladega	16	7	44%	Yes
TEX	FCI Texarkana	2	1	50%	Yes
THA	FCI Terre Haute	4	1	25%	Yes
THP	USP Terre Haute	30	11	37%	Yes
TOM	AUSP Thomson	30	14	47%	Yes
TRM	FCI Terminal Island	1	0	0%	Yes
TRV	FCI Three Rivers	1	0	0%	Yes
VIM	FCI Victorville Medium I	4	0	0%	Yes
VIP	USP Victorville	30	12	40%	Yes
VVM	FCI Victorville Medium II	4	0	0%	Yes
WAS	FCI Waseca	2	0	0%	Yes
WIL	FCI Williamsburg	27	0	0%	Yes
YAM	FCI Yazoo City Medium	19	5	26%	Yes
YAP	USP Yazoo City	5	2	40%	Yes
YAZ	FCI Yazoo City Low	10	6	60%	Yes

Regularly updated information on the number of completed, pending, and positive tests at each BOP facility is available on the BOP's website at <https://www.bop.gov/coronavirus/>.

Appendix C: BOP Reponse to Preliminary Report

BOP COMMENTS TO CIC REGARDING THE ATTACHED REPORT:

Because the BOP has expanded testing and precautionary measures taken since June (when the CIC's report was written), we would like to provide you with more comments than normal so that you have the opportunity to update your current report or another forthcoming report that may discuss more details with respect to qualitative observations provided in your survey as noted on page 13 in the attached report.

As observed in our feedback from prior years, we cannot always speak to a survey respondent's opinion but we can share the following factual information on what the BOP is doing in response to COVID-19.

For **Section II "Institutional Cleaning"** (page 5), we can confirm that all cleaning, sanitation, and medical supplies have been inventoried at the BOP's facilities. Currently, an ample supply is on hand and ready to be distributed or moved to any facility as deemed necessary. As the COVID-19 outbreak continues to evolve, the BOP updates and refines its recommendations based on CDC guidance, and protocols, and will continue to provide helpful information to staff, inmates and federal, state and local partners.

Since the onset of the pandemic, the BOP has maintained an abundance of personal protective equipment (PPE) supplies and is utilizing them in accordance with CDC guidance. As has been made clear by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), supplies of PPE and prudence dictates that equipment is used to optimize the limited supply available in both the private and public sectors. As a nationwide system, we have been able to leverage and transfer resources to correctional institutions with the greatest need.

Soap is available throughout our institutions in cells and in common areas at each facility (e.g., restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers. Inmates have been educated on CDC guidelines for hand washing, coughing/sneezing in a sleeve or tissue, and no physical contact. Additionally, staff, including all executive staff and department heads, are readily available to address any concerns by the inmates, and if an inmate reports feeling ill, he/she is immediately screened by health services personnel. Inmates presenting as symptomatic are isolated in accordance with CDC guidance and public health directives.

In response to the April 3rd updated guidance from the CDC, we issued surgical masks to everyone – staff and inmates – in our prisons. Federal Prison Industries (FPI, or UNICOR) factories began production on cloth face coverings for our staff and inmate population, non-surgical medical gowns for medical facilities, and packaging hand sanitizer for use within the BOP and other agencies. While we are no longer manufacturing PPE or hand sanitizer, we distributed the cloth face coverings as they were produced to preserve surgical masks for quarantine and screening purposes with the goal being, consistent with CDC guidance, to limit transmission of coronavirus by “asymptomatic” or “pre-symptomatic” persons, when social distancing cannot be achieved.

Guidance as to where and when PPE such as N95 masks should be worn have been provided to all sites, is consistent with CDC guidance, and depends on several factors, including whether or not an institution has an active case and each employee's job description. As noted in guidance from the CDC and Occupational Safety and Health Administration (OSHA), there are several types of respiratory masks as well as surgical face masks; certain masks are appropriate and effective in certain scenarios and not in others. Some scenarios would require an employee to wear the N95 mask, whereas it would not be necessary in other cases. Guidance on what types of PPE are necessary and under what circumstances is available here www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Staff working in areas of medical isolation and quarantining are required to wear full PPE.

For **Section III "Medical Care"** (page 7), we would like to point out that the BOP follows CDC guidance the same as community doctors and hospitals with regard to quarantine and medical isolation procedures, along with providing appropriate treatment. The majority of inmates who test positive for COVID-19 are asymptomatic (positive with no symptoms) and do not require the level of care offered in a hospital setting. While a prison setting is unique when addressing a pandemic, the care and treatment of an identified positive COVID-19 case is not.

All inmates who are positive for COVID-19 or symptomatic are isolated and provided medical care in accordance with CDC guidance. Symptomatic inmates whose condition rises to the level of acute medical care will be transferred to a hospital setting; either at a local hospital, or at an institution's hospital care unit, if they have one.

Effective March 26, 2020, the BOP issued guidance that all newly admitted inmates into the BOP are screened and temperature checked by employees wearing PPE, to include surgical masks, face shields/goggles, gloves, and gowns in accordance with CDC guidance.

Effective June 19, 2020, all inmates entering or departing any BOP facility, to include voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system, are screened and tested by medical staff for COVID-19 upon arrival, and placed in quarantine or medical isolation. Quarantine in the context of COVID-19 refers to separating inmates (in an individual room or unit) apart from other incarcerated individuals not in quarantine. If an inmate tests negative and is asymptomatic (with no symptoms), they remain in quarantine for at least 14 days and are observed for symptoms and signs of the illness during the incubation period, and must test negative again with a commercial PCR test prior to being placed in general population. If an inmate tests positive and/or is symptomatic for COVID-19, the inmate is placed in medical isolation until they are considered recovered by medical staff as determined by CDC guidelines listed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. All institutions have areas set aside for quarantine and medical isolation. Inmates are treated at the institution unless medical staff determine they require hospitalization. All inmates are managed per CDC guidelines.

All inmates releasing or transferring from BOP facilities to other BOP facilities or other agencies, or to the community are placed in a test-in/out pre-release quarantine for a minimum of 14 days prior to their scheduled departure from the institution. This includes but is not limited to Full Term releases, Good Conduct Time releases, releases to detainers, furloughs, and transfers to Residential Reentry Centers (RRC's or halfway houses) or home confinement. The only exception to this

guidance are inmates with a history of COVID-19 infection who have met criteria for release from medical isolation; within 90 days of their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases). In these cases, these inmates do not need to be placed in quarantine, and should not be tested. Following the 14-day quarantine period, an inmate who tests negative and is asymptomatic is approved to transfer/release. If the inmate tests positive or becomes symptomatic, the inmate is placed in medical isolation and is not permitted to transfer until they are considered recovered by medical staff as determined by CDC guidelines. If an inmate has active COVID-19 or is in medical isolation on their release date, or is an immediate release because of statutory or judicial requirements, the institution notifies the local health authorities in the location where the inmate is releasing. Institution staff also coordinate with local Health Department authorities to minimize exposure with the public, upon release. Transportation that will minimize exposure is used, with an emphasis on transportation by family and friends, and inmates are supplied a cloth facial covering to wear.

While in general population, any inmate displaying symptoms for COVID-19 will be tested and placed in medical isolation. A contact investigation is conducted per CDC guidance to identify any potential exposures and may include widespread testing, as clinically indicated.

Staff, contractors, and other visitors to the institution also must undergo a COVID-19 screening and temperature check by a staff member or contractor wearing appropriate PPE prior to entering the facility, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the building. As much as possible, staff are being assigned to the same posts and not rotating, as an additional measure to mitigate the spread of the virus.

For those staff who are presenting with symptoms or have been identified as a close contact of a COVID-19 diagnosed individual, given the critical role our staff play with regard to public safety, we have developed a letter for staff who are in close contact of a COVID-19 positive individual to provide to the local Health Department, to ensure such persons receive priority COVID-19 testing. In addition, the BOP has also obtained a national contract to perform staff testing. This contract supplements the testing of staff within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated. Symptomatic or positive staff self-quarantine at their homes.

For more information about COVID-19, to include the BOP's COVID-19 Action Plan, the number of inmates tested, the number of open, positive test, COVID-19 cases for staff and inmates, and the official number of COVID-19 related deaths, please visit the BOP's Coronavirus resource page on our public website here <https://www.bop.gov/coronavirus/index.jsp>. Scroll down to the "Full Breakdown and Additional Details" link under the "COVID-19 Cases" heading for the number of cases at each institution.

Due to the rapidly evolving nature of this public health crisis, the BOP will update the open COVID-19 confirmed-positive test numbers, the number of COVID-19 tests conducted, and the number of COVID-19 related deaths every weekday at 3:00 p.m. The positive test numbers are based on the most recently available confirmed results involving open cases from across the agency as reported by the BOP's Office of Occupational Health and Safety. The number of open positive test cases only reflects current cases that have not been resolved. The total number of open, positive tests, COVID-19 cases fluctuates up and down, as new cases are added and resolved cases are removed.

As testing resources have become more widely available, we are testing our inmate population more broadly, which is helping us to quickly identify and isolate positive cases to rapidly flatten the curve when outbreaks occur. As a result of our expanded testing capabilities and the BOP's robust pandemic plan, we currently have significantly more staff and inmates recovered from COVID-19 than are positive. Also, there has been a steep decline in the number of inmate hospitalizations, inmates requiring the use of a ventilator, and inmate deaths, since early May, 2020.

The BOP continues to provide testing for COVID-19 symptomatic inmates, as recommended by the CDC. The bulk of our testing conducted by the BOP is rRT-PCR testing through commercial labs. Test kits are obtained as necessary from these contract labs. These samples are then sent back to the respective labs (e.g. Quest Diagnostics, Lab Corps, local hospitals) for processing.

The BOP is also utilizing the Abbott ID NOW instrument for Rapid RNA testing. Test results are typically received within 10-15 minutes. Expanding the testing with the Abbott ID NOW instruments on asymptomatic inmates assists in the slowing of transmission by isolating those individuals who test positive and quarantining contacts.

The deployment of these additional resources will be based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers. Currently, the BOP has received 250 Abbott ID NOW instruments, which have been distributed among every BOP facility with some facilities having multiple instruments as deemed necessary. Increased testing of these inmates with the Abbott ID NOW instruments may increase the number of COVID-19 positive cases reflected on the BOP's website.

Please note that COVID-19 transmission rates among staff and inmates in the BOP's correctional institutions generally mirror those found in local communities. Fortunately, the BOP is using critical testing tools to help mitigate the spread of the virus. Like in every community, the number of positive cases reported in prison typically rises with increased testing (not primarily as a result of transfers between prisons). However, the majority of the BOP's positive inmates are asymptomatic and healthy. The efficacy of the BOP's mitigation strategies can be seen in the very low number of hospitalized inmates.

Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates are already a cohort in a single housing unit. In August, 2020, the BOP began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September, 2020, approximately 50,000 inmates were enrolled in First Step Act programs.

For **Section IV "Communication and Movement"** (page 9), all BOP institutions were on enhanced modified operations as of April 1, 2020, under our Phase 5 Action Plan found here https://www.bop.gov/resources/news/pdfs/20200331_press_release_action_plan_5.pdf. This

action was taken as a means to further mitigate exposure and spread of COVID-19 at the facility. Please note that some people, possibly including a number of inmates who responded to your survey, confuse the terms 'lockdown' and 'enhanced modified operations'. Enhanced modified operations are not a lockdown, but rather a means to minimize inmate movement, to minimize congregate gathering, and maximize social distancing among the inmate population. Under enhanced modified operations, inmates are limited in their movements within the institution, with inmate movement in small numbers authorized for access to commissary, laundry, showers, telephone and electronic messaging access, medical and mental health care, and some essential work details or work assignments. Symptomatic inmates are not placed on any work details or work assignments. Just like in communities nationwide who have been required to shelter-in-place, the BOP implemented this course of action to mitigate the spread of the virus.

Phases 6 and 7 generally extended the guidance of the Phase 5 Action Plan. Phase 8 of the COVID-19 Action Plan extended the guidance of the Phase 5 Action Plan, and provided additional guidance to staff to assist with the planning of in-person court appearances, ceasing the use of the quarantine site model for newly arriving inmates into BOP custody, as well as additional guidance to staff in regard to inmate transfers and releases. On Wednesday, August 5, 2020, the Director of the Bureau of Prisons ordered the implementation of Phase 9 of its COVID-19 Action Plan. This phase extended all measures from Phase 8, to include measures to modify and control movement and decrease the spread of the virus. We realize that suspending social visiting has an impact on inmates and their loved ones. Therefore, on August 31, 2020, a modification to the Phase 9 Action Plan was implemented to specifically address reinstating social visiting. The Phase 9 Action Plan, along with this modification guidance, will remain in place until further notice.

At the onset of the pandemic, the BOP took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. However, the BOP is required to accept inmates awaiting trial remanded to our custody. We must also accept newly-convicted inmates for service of their sentence. This requirement is based in federal statute (see the Bail Reform Act, Title 18 U.S.C. § 3141); if a federal judge orders a pre-trial offender to be detained, the Federal government, which includes BOP facilities, must assume custody and care of the inmate. To be clear, while the BOP can control and limit its intra-agency movements, we have no authority to refuse inmates brought to us by the US Marshals Service. As we return to a more normalized inmate movement, movement nationwide can be simple, short-distance transfer, or a complex, multi-day, multi-institution process. However, any inmate with a known positive COVID-19 test, or who has a fever or symptoms, will not be permitted to transfer.

The BOP recognizes the importance for inmates to maintain relationships with friends and family. During modified operations in response to COVID-19, the BOP suspended social visitation; however, inmates were afforded 500 (instead of just 300) telephone minutes per month at no charge to help compensate for the suspension of social visits. As a modification of the BOP's Phase Nine Action Plan, and in accordance with specific guidance designed to mitigate risks, social visits are being reinstated, where possible to maintain the safety of our staff, inmates, visitors, and communities. Each individual institution has made plans consistent with their institutional resources (including physical space) and will continuously monitor their visiting plan, and make prompt modifications, as necessary, to effectively manage COVID-19. Such modification may include limiting or postponing visitation, providing visitation by appointment, or other adjustments as appropriate.

All visits will be non-contact and social distancing between inmates and visitors will be enforced, either via the use of plexiglass, or similar barriers, or physical distancing (i.e., 6 feet apart). Inmates in quarantine or isolation will not participate in social visiting. The number of visitors allowed in the visiting room will be based on available space when utilizing social distancing. The frequency and length of visits will be established to ensure all inmates have an opportunity to visit at least twice a month. Visitors will be symptom screened and temperature checked; visitors who are sick or symptomatic will not be allowed to visit. Both inmates and visitors must wear appropriate face coverings (e.g. no bandanas) at all times and will perform hand hygiene just before and after the visit. Tables, chairs and other high-touch surfaces will be disinfected between visitation groups; all areas, to include lobbies, will be cleaned following the completion of visiting each day.

During the pandemic, access to legal counsel remains a paramount requirement. As such, based on available resources at the local level, in-person attorney-client visitation will be accommodated to the extent possible and will follow preventative protocols (e.g., face coverings required), and confidential legal calls will be allowed in order to ensure inmates maintain access to counsel. When/where possible, we are also facilitating attorney client-visitation, as well as judicial proceedings, via video conference, primarily at our detention centers. Whenever possible and consistent with social distancing protocols and safe institution operations, inmates are permitted access to the Electronic Law Library under conditions determined by the Warden at each facility. For **Section V. "Conclusion"** (page 13), we would like to add that the BOP has taken swift and effective action in response to COVID-19, and has emerged as a correctional leader in the pandemic. As with any type of emergency situation, we carefully assess how to best ensure the safety of staff, inmates and the public. All of our facilities are implementing the BOP's guidance on mitigating the spread of COVID-19. That guidance can be found on our website's Coronavirus resource page at <https://www.bop.gov/coronavirus/index.jsp>. We will continue to evaluate our mitigation strategies and make adjustments, as needed.

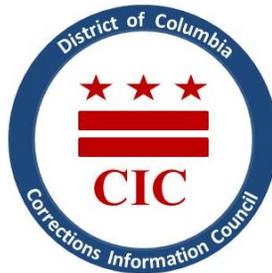
The BOP has instituted a comprehensive management approach that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. The BOP has been coordinating our COVID-19 efforts since January 2020 (six weeks ahead of the declaration of the COVID-19 pandemic), using subject-matter experts both internal and external to the agency, including guidance and directives from the Centers for Disease Control and Prevention (CDC), the Office of Personnel Management (OPM), the Department of Justice (DOJ), and the Office of the Vice President. In particular, the BOP engaged with the CDC in order to assist them with developing guidance specific to the unique nature of correctional environments. The engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published the Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities on March 23, 2020; the subsequent update on July 14, 2020, was also issued with BOP input.

Using the Incident Command System (ICS) framework, we developed and implemented an incident action plan that addressed our Continuity of Operations Program (COOP), supply management, inmate movement, inmate visitation, and official staff travel, as well as other important aspects. Our Central and Regional Offices, and the National Institute of Corrections continue to coordinate planning and guidance with state and local prisons, jails, and health authorities. The first phases of our nationwide action plan were vital steps essential to slowing the spread of the virus. These actions included establishing a task force to begin strategic planning

and building on our already existing procedures for managing pandemics. We started limiting facility-to-facility transfers, and other inmate movement, as well as implementing screening, quarantine and medical isolation procedures. In addition, we suspended social and legal visits, cancelled staff training and travel, limited access for contractors and volunteers, and established enhanced screening for staff and inmates, including temperature checks. We began inventorying sanitation, cleaning, and medical supplies and procuring additional supplies of these items. All of these actions were carried out with the goal of reducing the risk of introducing and spreading the virus inside our facilities.

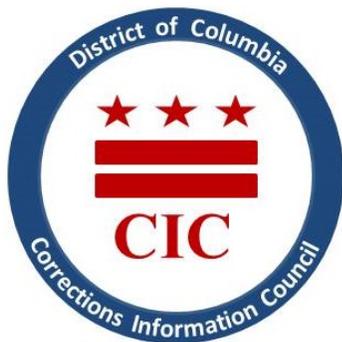
To ensure all of our facilities are in compliance with CDC and BOP guidance and directives related to the management of COVID-19 and the mitigation of disease transmission, COVID-19 Compliance Review Teams were established in August, 2020, as a component of our Program Review Division. These teams will visit every facility throughout the pandemic to conduct a thorough review, evaluating compliance measures, monitoring response techniques, and developing further COVID-19 mitigation strategies. Recommendations and best practices will be shared with and implemented at all of our facilities, as deemed appropriate.

This virus is challenging, as our nation as a whole has seen, and in particular, is even more complex to address given the nature of our correctional environment. Initially, we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and in our institutions nationwide. We remain deeply concerned for the health and welfare of those inmates who are entrusted to our care, and for our staff, their families, and the communities we live and work in. It is our highest priority to continue to do everything we can to mitigate the spread of COVID-19 in our facilities.



**District of Columbia
Corrections Information Council**

The electronic version of this report is
available on the CIC website:
<http://www.cic.dc.gov/>



Corrections Information Council | CIC

Update on Covid-19 testing and early release data from the BOP

Monday, March 8, 2021

Since March 2020, the BOP has shared general information about the number of Covid-19 tests conducted in their institutions. The agency maintains a public dashboard updated daily with the number of tests completed, number of tests pending and the number of positive tests. The BOP also maintains a dashboard with information on the number of inmates and staff with positive tests, number of deaths, and number of inmates and staff who have “recovered” from Covid-19 at each facility. The BOP has recently added another dashboard with information on vaccine doses provided to staff and inmates at BOP facilities. All dashboards with Covid-19 related information are available at <https://www.bop.gov/coronavirus/>.

The BOP dashboards on Covid-19 do not provide data specific to DC individuals in BOP custody. When the CIC requested DC-specific information on Covid-19 tests and cases, the BOP instructed the CIC to file a Freedom of Information Act (FOIA) request.

On February 24, 2021, the CIC received updated information on tests conducted among DC individuals in the BOP as of September 24, 2020. The information is outdated due to the long processing time for FOIA requests.¹

Data on Covid Testing

According to the BOP, as of September 24, 2020, 2,375 Covid-19 tests had been conducted for 1,066 DC individuals. 291 tests were pending, and 123 individuals received positive Covid-19 tests. The BOP stated that none of the Covid-19 related deaths in custody were DC individuals.

According to the most recent roster provided by the BOP, there are currently 3,184 DC individuals in BOP custody (including 139 individuals in halfway houses or on home confinement.) This suggests that more than half of the DC population in BOP custody had not been tested for Covid-19 as of late September 2020.

Data on Releases from BOP Custody

In late March 2020, the Attorney General instructed the BOP to prioritize granting home confinement to individuals as one tool in managing the Covid-19 pandemic. The CIC requested information on the

¹ In April 2020, the CIC asked the BOP to provide information about completed tests, pending tests, and positive tests for DC residents specifically, as well as any deaths among DC residents in BOP custody. The request was forwarded to the BOP Office of Public Information.

In late May 2020 CIC representatives met with BOP leadership and asked if this information could be provided. Shortly after that meeting, BOP leadership shared some information on active Covid-19 cases and positive tests among the DC population.

The CIC continued to request updated information on the number of DC individuals impacted by Covid-19 during the summer of 2020. In September the CIC was informed that the Office of Public Information would not share these numbers and that the CIC should file a FOIA request for this information. The CIC did so, and an expedited processing request was granted on September 24, 2020.

number of individuals released to home confinement between March 2020 and September 2020. In response, the BOP provided two sets of data. The chart on the left reflects the number of individuals released from BOP to either a halfway house or home confinement. The chart on the right reflects the total number of individuals on home confinement during each month.

Potential overlap exists between the charts, since individuals approved for home confinement are released to a halfway house first and then transferred to home confinement over a period of days or weeks. Therefore, those individuals could be counted on both charts in the same month. Some individuals released to halfway houses that do not qualify for home confinement would only be reflected in the chart on the left. Also, the data on home confinement includes some individuals who were on home confinement prior to March 2020 and would only appear in the chart on the right. Periods of home confinement vary, and some individuals also could have finished their sentence of home confinement during this period.

The home confinement numbers do reflect a significant increase from 2019, when the number of individuals on home confinement ranged from three to eleven individuals between March and September.

Month	Number of DC individuals released to community
Mar-20	52
Apr-20	18
May-20	31
Jun-20	52
Jul-20	41
Aug-20	38

Month	DC individuals on home confinement
Mar-20	15
Apr-20	47
May-20	86
Jun-20	79
Jul-20	65
Aug-20	62
Sep-20	58

The CIC will continue to request updated information from the BOP about the number of DC individuals impacted by Covid-19, both in terms of testing, treatment, and vaccination, and the use of early release measures to reduce the overall prison population and allow for safer conditions for those who remain. The CIC also continues to survey DC residents in BOP custody about their personal experiences during the pandemic, including testing and treatment for Covid-19.

District of Columbia
Corrections Information Council



District of Columbia
Department of Corrections

2021 Annual Report



January 25, 2022



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Calvin Woodland Jr., Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

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EXECUTIVE SUMMARY

CENTRAL DETENTION FACILITY PROFILE

Dates of Inspection: May 4, 2021
Location: SE, Washington, DC
Security Level: Minimum, Medium, Maximum

Rated Capacity: 2,164
Population on 5/4/2021: 1,013
Resident-to-Staff Ratio: 2.75 to 1

CENTRAL CELL BLOCK PROFILE

Date of Inspection: May 5, 2021
Location: 400 Indiana Ave NW
Average Length of Stay: 24 hours

Rated Capacity: 107
Population on 5/5/2021: 26
Number of Cells: 57

KEY FINDINGS

The CIC highlights the following programs and facility practices:

- Starting on April 30th, the DOC started allowing two hours of indoor recreation, whereas previously it was only one hour, in addition to one hour of outside recreation.
- 485 inmates were fully vaccinated with both shots from Moderna; 601 inmates have had the first shot, but not the second.
- Central Detention Facility (CDF) is 70% single celled.
- There are no positive cases of COVID-19 at CDF.¹
- Administrative housing residents who participated in Ramadan were not receiving their food on time.
- There were no inmate grievance forms in administrative housing unit North 1.
- There is no air conditioning at the jail.
- Barbering and cosmetology services resumed for residents with upcoming jury trials.
- Central Cell Block (CCB) is understaffed; there are eight officers on each shift.
- There are three handicapped cells in CCB, but only one is operable.
- There is constant flooding at CCB, so staff has to use a sump pump.
- There are no mattresses at CCB; inmates sleep on steel.
- There is no timeline for which maintenance performs repairs in CCB.
- CCB does not accept handicapped women in wheelchairs.
- There are two screens for inmates to attend court while at CCB, but only one is in working condition.

¹ Information subject to constant fluctuations.

- If CCB reaches capacity before MPD brings new lock ups, CCB will not accept those individuals and they are sent back to MPD.
- LGTBQI in CCB custody have the option to be housed with men or women.
- Medical personnel is present to address the mental or physical health needs of CCB arrestees.
- Since March 2020, the DOC altered normal operating procedures due to the COVID-19 pandemic and issued a medical stay-in-place recommended by the Centers for Disease Control and Prevention (CDC) and DC Health.
- The DOC made notable efforts to give the resident population access to educational offerings via ADEPA tablets during the medical-stay-in-place.
- The DOC made notable efforts to extend the ability of the resident population to communicate with their loved ones via GTL tablets.

RECOMMENDATIONS

Based on the inspections of the CDF and CCB, the CIC makes the following recommendations:

- DOC should make sure that all restrictive housing units have access to IGP forms.
- DOC should make sure that all inmates who are observing religious practices receive their meals in a timely fashion.
- DOC should make sure that maintenance is appropriately performed in the cells and shower areas of restrictive housing units.
- DOC should perform maintenance repairs on the air conditioning system.
- DOC should hire more staff for the CDF and CCB.
- DOC should make sure that remote technology used for court at CCB is working.
- DOC should ensure that all cells at CCB are operable, including the handicapped cells. supplies.
- DOC should ensure that all inmates in restrictive housing units have a mattress.
- DOC should develop a plan that allows residents to have consistent outside recreation.
- DOC should develop a system to govern the distribution of GTL tablets so all residents have opportunities to use them.
- DOC needs to implement technology that improves the connectivity of tablets throughout the facility .

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INTRODUCTION

The DC Department of Corrections (hereinafter, DOC) operates two jail facilities: the Correctional Treatment Facility (hereinafter, CTF), and the Central Detention Facility also known as the DC Jail (hereinafter, CDF). The facilities are adjacent to one another and are located in Southeast Washington, D.C. The DOC also operates the Central Cell Block (hereinafter, CCB) which is located at 300 Indiana Avenue Northwest Washington, D.C.

The CDF houses male residents, a majority of whom are held pending adjudication of a criminal case or are sentenced to a period of incarceration following conviction for a misdemeanor offense. Other CDF residents include those held on United States Parole Commission (USPC) warrants, those awaiting transfer to the Federal Bureau of Prisons (BOP), and those held due to a writ or hold typically awaiting transfer to another jurisdiction. The CCB houses male and female residents who have been arrested and are awaiting to see a judge for an initial appearance to determine whether they will be released from the CCB or sent to the CDF to await further proceedings with their criminal case.

Throughout the 2020 fiscal year, the District of Columbia was impacted by the COVID-19 pandemic. The CIC was unable to conduct normal on-site inspections of DOC facilities due to health and safety concerns, but CIC was still able to communicate with residents via written correspondences, and phone calls and emails from families. In fiscal year 2021, the CIC was able to perform an on-site visit and talk with staff and residents about conditions and their experiences both at work and in custody, respectively ². Following the site visit, CIC conducted its onsite inspection of CDF on May 4, 2021, and CCB on May 5, 2021 (the CIC did not inspect CTF).³ For a complete explanation of the report methodology, see Appendix A: Methodology.

DECEMBER 22, 2020 SUMMARY OF SITE VISIT

As part of the DOC site visit and inspection December during fiscal year 2021, the CIC toured areas of both the CDF and CCB, including restrictive housing units in which the CIC received resident concerns.

During the DOC site visit, the CIC learned about the modifications DOC implemented since March 2020 as a response to the COVID-19 pandemic, such as the medical-stay-in-place. Below is an overview of those findings:

MEDICAL STAY IN PLACE

Since March 2020, the DOC implemented a medical-stay-in-place as recommended by the Centers for Disease Control and Prevention (CDC) and DC Health. This process was utilized to limit the movement of residents to help stop the spread of COVID-19 within the facility. Staff and inmates

² See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

³ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

were given personal protective equipment, all social visitation was stopped, legal visitation was modified, most court appearances were conducted remotely via video, and if feasible - residents were placed in single cells as opposed to the normal two-man cell. Staff members were provided COVID-19 educational materials every Wednesday. Nurses were initially placed at entrances to take temperatures as people entered the CDF facility; this process is now done by machine. Residents were allowed out of the cells for one hour daily, but there was no outside recreation, and outside work detail was restricted to the housing unit.⁴

SOCIAL VISITS

Social visitation was suspended. At the time of the site visit, all social visitation was suspended since March of 2020, and there was no definitive information regarding the restoration of those privileges.

LEGAL VISITS

Most legal visits occur virtually. There are four ways in which the DOC conducts non-contact legal visits:

1. There is a designated area on the first floor where residents can visit with their lawyers via video; or
2. If a resident is housed in a single cell, s/he can visit with an attorney via cell phone through a case manager; or
3. Residents can use the regular phone system for a free unmonitored legal call if the attorney calls the facility and registers in the Global Tel Link (GTL) database, which requires them to provide their name, phone number, client's name, and client's DC number; or
4. Residents can visit with their attorneys in person, but in a non-contact fashion behind the glass in the visiting hall.

If necessary, residents can still physically visit meet with their attorney in person, but the resident will quarantine for 14 days before returning to general population.

VIRTUAL COURT DATES

Most residents attend court dates virtually. The DOC erected technology in each of the visiting areas, which allows residents to appear at court via video. Residents who must attend court physically are quarantined for 14 days before returning to their original housing units.

LEAVING THE FACILITY

Residents who physically leave the facility for any reason are quarantined for 14 days before returning to general population.

⁴ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

GLOBAL TEL LINK (GTL) TABLETS

There are 437 Global Tel Link (GTL) tablets. Tablets are loaned to residents for free on a first come first serve basis.

There are several profiles for usage of the tablets, which each contain access to different content⁵:

1. Free
2. Education
3. Promotional
4. Standard
5. Phone Dialer

GTL tablets, also known as entertainment tablets or black tablets, are provided so residents have an additional means of communicating with loved ones, and to provide entertainment while confined to cells for 23 hours a day. There are 437 GTL tablets at the DOC, 285 at the CDF, and 152 at the CTF. The total population of the DOC as of December 18, 2020 was 1,461 residents, which equates to approximately one tablet for every three residents.

AMERICAN PRISON DATA SYSTEM (ADPS) TABLETS

There are 1,189 American Prison Data System (ADPS) tablets. ADPS tablets are available to any resident who wishes to enroll in school and are available from 9 AM to 11 PM. There are 160 different courses on these tablets, including DCPS high school content and religious service content. There are also medical, grievance, and general request forms on these tablets. There is no cost associated with these tablets; they are not for entertainment purposes. There are 1,189 educational tablets for 1,450 residents.

OUTSIDE RECREATION

Since March of 2020 residents have not had any outside recreation. Several residents expressed serious concerns regarding the issue. DOC executive staff expressed awareness of the issue, but did not have a definitive plan at the moment regarding the resumption of outdoor recreational activities.

MAY 4, 2021 INSPECTION SUMMARY OF CDF

The CIC inspected the CDF on May 4, 2021. As part of the inspection, the CIC visited restrictive housing units North 1 and South 1, general population housing unit Southwest 2, and the outside recreation areas⁶.

⁵ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

⁶ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

HOUSING UNIT NORTH 1

North 1 is a restrictive housing unit designed for individuals who have been found guilty of a disciplinary infraction, or those pending review of the adjustment board to determine if they should return to general population. CIC observed empty cells that were flooded and a caving roof in the shower area. Residents did not have access to inmate grievance procedure forms (IGP forms), and some residents did not have mattresses.

HOUSING UNIT SOUTH 1

South 1 is a restrictive housing unit for residents who have been found guilty of a disciplinary infraction, or have been placed in restrictive housing for some other reason by the DOC administration. Residents spoke to CIC staff about not having adequate cleaning supplies for their cells, showering only twice a week, and not having access to education or entertainment tablets.

HOUSING UNIT SOUTHWEST 2

Southwest 2 is a general population unit. Residents in this unit receive two hours of recreation: one hour indoor and one hour outdoor. At the time of the inspection, CIC observed 12 phones in this unit, but only 5 were operable. There were 65 ADEPA tablets, and 15 GTL tablets. Residents also indicated that medical does not respond within 24 hours after submission of a sick call request.

OUTSIDE RECREATION AREA

At the time of CIC's inspection, outside recreation had been canceled from 6 AM-2 PM, Monday through Friday, due to construction, but some residents were still able to participate in outside recreation during the evening time if there was adequate staff and the weather permitted. DOC executive staff informed the CIC that recreation under modified operations is supposed to occur for one hour a week per housing unit. Restrictive housing units do not receive outside recreation. Due to construction and staffing issues, the flow of outside recreation has been slow.

MAY 5, 2021 INSPECTION SUMMARY OF CCB

There are eight staff members on every shift at the Central Cell Block (CCB). Staff indicated that they are understaffed, and they recalled at least 15-20 staff persons per shift when CCB was ran by the Metropolitan Police Department. CCB uses a 15-question assessment form when individuals are admitted to CCB to determine the proper cell placement, as well as mental and physical health needs.

There are 57 cells. Three cells can accommodate men requiring wheelchairs. During the time of CIC inspection, two of the handicapped cells were inoperable. There are no beds. Residents sleep on a metal bunk. The air conditioning is controlled by the building. CCB was hot, and there is regular flooding.

There are two floors within CCB: men on the first floor and women on the second floor. LGBTQIA community members have the option of choosing between either. There are also two cells with cameras for individuals who pose a high risk of hurting themselves or others.

There are two screens for remote court appearances. Only one was working. Video court starts at 1:30 PM and ends at 6 PM, Monday through Friday. Individuals awaiting contact with the United States District Court for the District of Columbia participate in court via telephone.

METHODOLOGY

In October of fiscal year 2021, the CIC and DOC staff discussed the possibility of a site visit at the DOC, since the CIC had not physically inspected the facility since the beginning of the COVID-19 pandemic (March 2020). The DOC granted the CIC a site visit for December 2021⁷.

In accordance with D.C. Code 24-101.01(d)(1)(2019), after the site visit, the Corrections Information Council (CIC) sent a request to tour the Central Detention Facility (CDF), and the Central Cell Block (CCB). The CIC conducted an onsite inspection of the CDF on May 4, 2021, and an onsite inspection of CCB on May 5, 2021⁸.

The CIC will continue to inspect and report on conditions of confinement within DOC facilities, and communicate with executive staff regarding existing circumstances and developments.

⁷ See DOC Site Visit Report, March 18, 2021 <https://cic.dc.gov/node/1528626>.

⁸ See DOC Inspection Report, September 30, 2021 <https://cic.dc.gov/node/1569561>.

UPDATES

MEDICAL STAY IN PLACE

As of December 22, 2021, the DC DOC has proactively decided to move back to the modified medical stay in place. The posture has resulted in a cessation of social visitations; moved programming and educational opportunities back to a virtual space; and reduced recreation in its facilities to maintain social distance and alleviate the spread of COVID-19. There is also facility wide testing and continued education on proper mask wearing and vaccinations. DOC continues to offer a COVID-19 vaccine to all residents and is offering the booster to all residents who are eligible⁹.

SOCIAL VISITS

Starting in June 2021, the DOC began gradually allowing social visits. As of December 22, 2021, social visitation has again been suspended due to a COVID-19 outbreak. Video visitation will resume once all housing units at DOC have been removed from quarantine and isolation status.

LEGAL VISITS

The DOC had begun to allow contact and contactless legal visits without an appointment. As of December 22, 2021, only contactless legal visits are available, except for those residents who have jury trials.

VACCINE EDUCATION

Unity Healthcare medical staff provides vaccine education to residents, which is accomplished through intake interviews and visits to the units.

Vaccines and boosters are available for all residents. All new residents are notified at intake on vaccination services. DOC also provides vaccine education on residents' tablets and physically on housing units, while Unity Healthcare medical staff provides in person information to residents on the benefits of vaccination.

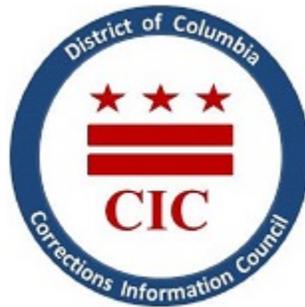
As of December 16, 2021, approximately 45% of the population at CDF was vaccinated.¹⁰

The DC DOC intends to resume normal operations at CTF and CDF once all housing units are cleared from quarantine.

⁹ DC DOC Coronavirus Prevention. January 25, 2022. <https://doc.dc.gov/page/coronavirus-prevention>.

¹⁰ Information subject to fluctuations.

District of Columbia Corrections Information Council



DEPARTMENT OF CORRECTIONS (DOC) SITE VISIT REPORT

March 18, 2021



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member
Calvin Woodland Jr., Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

1400 I Street, NW, Suite 400
Washington, DC 20005
Phone: (202) 478-9211
Email: dccic@dc.gov
Website: <https://cic.dc.gov/>

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I. Introduction

On December 22, 2020, the Corrections Information Council (CIC) visited the Department of Corrections (DOC) for a site visit. This visit was premised upon DOC residents being placed on a “medical stay in-place” since March of 2020. The medical stay in-place is a safety precaution in response to COVID-19, which means inmates are locked in their cells for 23 hours a day to minimize the potential spread of COVID-19. Residents are normally allowed out of their cells several hours a day for recreation, showers, phone calls, and programming, but since the medical stay in-place - residents have been restricted to their cells, and they receive one hour per day to shower and use the phones.

During October of 2020, CIC staff met with the DOC to get a status update on conditions. DOC executive staff stated that residents were receiving accommodations to help with the restrictions of the medical stay in-place. All residents now have access to education tablets in order to attend school virtually and participate in post-secondary educational courses. For a fee, there is also a limited set of tablets that allow residents to communicate with loved ones via phone and text, and contain entertainment options, such as movies and games. Additionally, there are unique virtual provisions for legal and court visits.

II. Statutory Authority

The following section provides the statutory parameters of the CIC’s site visit:

- (a) There is established a Corrections Information Council (“CIC”). The CIC shall be responsible for the inspection of all facilities housing District of Columbia inmates who are under the jurisdiction of either the Bureau of Prisons or the Department of Corrections, and for the monitoring of the conditions and treatment of District of Columbia inmates incarcerated in those facilities.¹

¹ Corrections Information Council, D.C. Code 24-101.01(a)

III. CIC Findings

- A) The DOC has maintained a medical stay in-place since March of 2020.
- B) All social visitation has been suspended.
- C) Most legal visits occur virtually.
- D) Most residents are attending court dates virtually.
- E) Residents who leave the facility are quarantined for 14-days.
- F) There are 437 Global Tel Link (GTL) tablets.
- G) There are 1,189 American Prison Data System (ADPS) tablets.
- H) There has been no outside recreation since March.

IV. Recommendations

1. Develop a plan to allow residents some form of outside recreation.
2. Create a system to govern how GTL tablets are distributed to ensure adequate opportunities for widespread usage.
3. Implement technology that improves connectivity for the tablets throughout the facility.

V. Detailed Findings

- a) The DOC has maintained a medical stay in-place since March of 2020.

Since March 2020, the DOC began making changes regarding normal operating procedures due to the COVID-19 pandemic. One of the modifications was a medical stay in-place recommended by the Centers for Disease Control and Prevention (CDC) and DC Health. The medical stay in-place is a process used to limit the movement of residents to help minimize the spread of COVID-19 within the facility.² As a result, the DOC provided PPE to staff and residents, stopped all visitation, and began placing some residents in single cells, as opposed to double cells. Additionally, staff members are provided COVID-19 educational materials every Wednesday. Nurses were initially placed at entrances to take the temperatures of individuals coming into the facilities, although this process is now done by machine. Residents who work details outside of the housing unit are restricted to their housing units. Residents are allowed out of their cells for an hour

² DC DOC Coronavirus Prevention, Medical Stay In Place, April 4, 2020, available at <https://doc.dc.gov/page/coronavirus-prevention>.

every day. They are limited in their ability to participate in recreational activities, because outdoor recreation is not permitted. The remainder of time, they are confined to their cells.

- b) All social visitation has been suspended.

The DOC has suspended all social visitation privileges due to COVID-19. Visitation was suspended during March of 2020, and there is no definitive information regarding the restoration of those privileges.

- c) Most legal visits occur virtually.

There are four ways in which the DOC conducts non-contact legal visits:

- 1) There is a designated area on the first floor where residents can visit with their lawyers via video; or
- 2) If a resident has a single cell, s/he can visit with an attorney via cell phone through the case manager; or
- 3) Residents can use the regular phone system and have a free unmonitored legal call if the attorney calls the facility and registers in the Global Tel Link (GTL) database, which requires them to provide their name, phone number, client's name, and client's DC number; or
- 4) Residents can visit with their attorneys in person, but in a non-contact fashion behind the glass in the visiting hall.

If necessary, residents can still physically meet with their attorney in person. In person visits occur only on the first floor of the CDF, and afterwards - the resident must be placed in quarantine for 14 days before returning to the general population.

- d) Most residents are attending court dates virtually.

The DOC has set up technology in each of the visiting areas that allows residents to attend court via video. DC Superior Court, the United States District Court, and Maryland's courts each have their own designated areas. Residents who must attend court physically are placed in quarantine for 14 days upon their return before returning to their original housing units within the general population.

- e) Residents who leave the facility are quarantined for 14-days.

All residents who leave DOC facilities for any reason are quarantined for 14 days as a precaution before returning to the general population.

- f) There are 437 Global Tel Link (GTL) tablets.

All tablets are loaned to residents for free. Any damage to a tablet within a resident's custody will be investigated, and a resident may be charged \$350 or more for replacing the tablet. The DOC has not implemented a system governing to whom and how the tablets are issued, so the current system is first come, first serve. There are connectivity issues in certain areas of the facility, but executive staff is trying to minimize the issue.

There are several profiles for usage of the tablets, which each contain access to different content:

1. **Free.** The free profile provides residents with free tools that allow them to check account balances and activity. The free profile is limited to 60 minutes a day per resident.
2. **Education.** The education profile provides residents with access to educational content. There may be educational content of the education profile in the free profile. The cost of this profile is free.
3. **Promotional.** The promotional profile provides residents with tools to message family and friends and has limited games and music. The content in this profile is subject to change without notice. The cost for residents to use this profile is \$0.03 per minute.
4. **Standard.** The standard profile has games residents can play, books, music, and more. Residents have access to news, sports, and a photo album of all received photos for use while residents are in custody at the facility. The cost to use this profile is \$0.05 a minute.
5. **Phone Dialer.** The phone dialer is simply a wall phone on the tablet. The cost is the same as a wall phone and the same rules apply.

GTL tablets, also known as entertainment or black tablets, are provided so residents have an additional means of communicating with loved ones, and to provide entertainment while confined to cells for 23 hours a day. There are 437 GTL tablets at the DOC: 285 at the CDF and 152 at the CTF. The total population at the DOC as of December 18, 2020 was 1,461 residents, which equates to approximately one tablet for every three residents. For a fee, residents can use the phone on these tablets, send and receive text messages, play limited games, and watch movies.

Friends and family can send messages to residents by setting them up as a contact on www.gettingout.com. All messages and photos are subject to review and approval. Inappropriate content will be blocked and is non-refundable.

- g) There are 1,189 American Prison Data System (ADPS) tablets.

ADPS tablets are available to any resident who wishes to enroll in school. They are available from 9 AM to 11 PM. There are 160 different courses on these tablets, including DCPS high school content and religious services content. There are also medical, grievance, and general request forms. The tablets are closed systems and do not connect to the internet. They do not allow for communication with the outside, nor entertainment, but there is no cost to use them. There are 1,189 educational tablets for 1,450 residents; however, not all residents desire to enroll in school.

- h) There has been no outside recreation since March.

Since March of 2020, residents have not had any outside recreation. Several residents expressed serious concerns regarding the issue. DOC executive staff expressed awareness of the issue, but there is no definitive plan regarding the resumption of outdoor activities.

VI. Methodology

The CIC is responsible for the inspection of all facilities housing District of Columbia inmates who are under the jurisdiction of either the Bureau of Prisons or the Department of Corrections, and for the monitoring of the conditions and treatment of District of Columbia inmates incarcerated in those facilities.³ The CIC visited the DOC's Central Detention Facility and walked through units NE 3, SE 2, and the visiting hall on the third floor. The CIC also spoke with staff and residents concerning the American Prison Data System (ADPS) tablets and the Global Tel Link (GTL) tablets.

The CIC visited the Central Treatment Facility (CTF) and the Young Men Emerging (YME) unit. CIC spoke with staff and residents about the medical stay in-place and its effects on residents, as well as the use of tablets and their availability.

³ Corrections Information Council, D.C. Code 24-101.01(a), available at <https://code.dccouncil.us/dc/council/code/sections/24-101.01.html>.

VII. Appendix: BOP Response

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS**



Office of the Director

March 15, 2021

Rev. Donald Isaac
Executive Director
Corrections Information Council
1400 I street, NW Ste 400
Washington DC 20005

Dear Rev. Isaac:

Thank you for the opportunity to provide a response to the draft Corrections Information Council (CIC) FY21 Annual Inspection Report on the Department of Corrections (DOC). We appreciate the ongoing unbiased oversight of the CIC as we both seek improved circumstances and outcomes for District of Columbia residents in our custody the majority of whom will return home. As we continue our current efforts to expand programming, albeit in a radically reimagined manner necessitated by the global pandemic, we will continue to be grateful for the CIC's follow-up and constructive recommendations as we progress towards our shared goal. With that said, DOC would like to add, in its own words, some of the efforts taken to mitigate the spread of the global virus.

DOC prioritizes health, safety and well-being of staff and residents including attention to behavioral health and well-being, including access to and provision of mental health services. It has continued to emphasize these priorities during its response to this never before encountered and unprecedented pandemic. Through service enhancements, residents have been provided an exceptionally high level of access to health and behavioral health care in all housing units at both facilities with urgent care requests generally seen within 2 hours, sick call requests fulfilled within 24 hours, and behavioral needs attended to by facility-based clinicians as needed and upon referral. All of DOC's actions are primarily motivated by these concerns and objectives.

Access to Medical Care and Testing:

DOC residents were initially tested if they presented symptoms associated with COVID-19. Beginning June 9th, 2020 all new intakes received both simultaneous point of care (Abbot Machine) and laboratory-based molecular testing (PHL, DOH or LabCorp) for SARS-CoV-2 at intake. Before release from entry quarantine, persons were tested via laboratory-based polymerase chain reaction (PCR) a second time (Abbot, PHL, DOH or LabCorp). Residents are tested thrice within a fourteen-day post-intake initial quarantine period, at day 1, day 7, and day 14. They are also tested prior to release, after court appearances, and prior to transfer to a federal facility and St. Elizabeths. As of 2/26/2021, 72.8% of all individuals housed at CDF or CTF from 3/18/2020 through 2/26//2021 had been tested for COVID-19.

Residents are issued a disposable mask each day and housing unit staff provide replacement masks upon request or as needed. They are also issued soap to practice frequent hand hygiene and microfiber cloths sprayed with disinfectant daily to disinfect all cell surfaces.

Cell-mates and any resident who may have been exposed to the resident, for example during out of cell time, are tested. If a non-intake resident tests positive in a housing unit the entire housing unit is mass tested to rapidly detect and stem any asymptomatic transmission.

Residents may access health services through six different paths to care. If they have COVID related symptoms, they will be referred to Urgent Care and typically seen within approximately 2 hours. They may also fill out sick-call slips for non-urgent matters and they will be seen by a provider within 24 hours. Providers performing sick call on housing units will do rounds to encourage any resident who is not feeling well to seek care. Many who are served by daily sick call are seen without having previously submitted a sick call request. Residents may also report and be referred for urgent care or sick call through chronic care clinics. On quarantine housing units and enhanced medical observation (intake) units temperature checks are conducted twice daily and residents can request care through this pathway as well. Urgent care and temperature checks have been the most productive paths to identifying symptomatic positive inmates prior to DOC's implementing the triple testing protocols at intake. Most resident positives identified since June 2020 have been through intake testing. DOC is able to offer rapid Abbot tests on-site and also send out for lab-based testing. Residents may be cell restricted to prevent infection transmission if they are patients under surveillance to prevent spreading infection to others. Once residents test negative they will be released from cell restriction. If they test positive they will be moved to an isolation unit until they recover and can be discharged from isolation. If they require higher standards of care, they will be sent to an emergency room at a local hospital for evaluation and may subsequently be admitted for care if medically necessary.

Tablets and Access to Loved Ones:

The DOC Tablet program consists of 1439 American Prison Data System (APDS) tablets, and 437 Global Tek Link (GTL) tablets. The APDS tablets used for discovery (10 tablets) have the capability to communicate with legal counsel. The remaining APDS tablets are used to engage residents in over 300 courses and programs. The GTL tablets provide greater access to

communicating with loved ones through phone (at no additional cost compared to usual phone rates), email, and text messaging for a fee. The GTL tablets have allowed DOC to expand phone service to in-cell based service; more residents are now able to connect to their loved ones as a result. Additionally, the GTL tablets provide numerous options in entertainment and education. All residents are still allowed to use the housing unit telephones when partaking in out of cell time.

Outdoor Recreation:

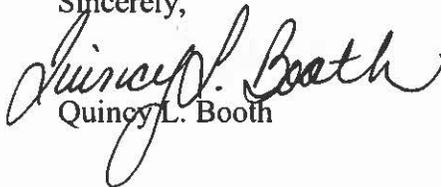
As of March 10th, the DOC has reinstated outdoor recreation in a phased and socially distanced manner with the following requirements:

- properly wearing PPE at all times (masks and gloves)
- proper social distancing
- No basketball
- No football
- No soccer

Upon completion of outdoor recreation and returning into the building, residents are required to sanitize their hands. Staff will sanitize all equipment between usage. The recreation coats are used once daily and after usage they are removed for overnight cleaning and sanitizing.

While the pandemic has posed challenges for DOC operations, DOC has also availed of opportunities to innovate in how it responded to residents' health and behavioral health concerns by expanding both responsiveness and overall access to case; enhanced and deployed technology to facilitate justice system processes, connect residents to legal services, and allow loved ones to remain connected; and, expanded the reach and variety of programming for residents at DOC.

Sincerely,


Quincy L. Booth

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DEPARTMENT OF CORRECTIONS**



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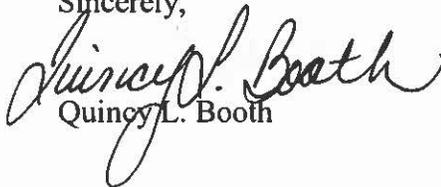
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Sincerely,


Quincy L. Booth



CIC | District of Columbia Corrections Information Council

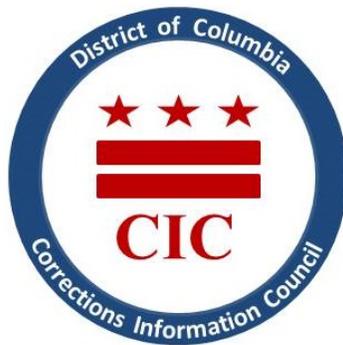
For Immediate Release

Re: Fairview Residential Reentry Center (RRC) Visit on November 20, 2020

CIC Board Chairman Charles Thornton completed a walkthrough of Fairview Residential Reentry Center on November 20, 2020. The goal was to address recent complaints related to images that had been circulating, which displayed improperly working bathrooms and damaged infrastructure. Chairman Thornton spoke to Director McCoy, and was escorted throughout the facility to view the concerns.

He was escorted to the women's bathroom, which displayed a "Shower Out of Order" sign. The third bathroom stall inside of that bathroom was not functioning, due to an overflow. The overflow leaked through the floor and into the drywall below, which caused the ceiling of the dining room area below to collapse. The water in this bathroom had been shut off to prevent further leakage, and the ceiling below had been reinforced with plastic. Director McCoy had already received an estimate to repair the ceiling, but was waiting for another estimate, and assured that the work would be completed by next week.

BOP guidelines require one operable toilet for every eight residents, and there were two operable toilets. At the time of the walkthrough, there were six ladies on the roster staying inside of the facility. The ratio of rest rooms to individuals complies with BOP contract guidelines for residential reentry centers.



FCI Hazelton Inspection Report

District of Columbia
Corrections Information Council



June 18, 2021

District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member
Calvin Woodland Jr., Board Member

About the District of Columbia Corrections Information Council

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

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Facility Demographics

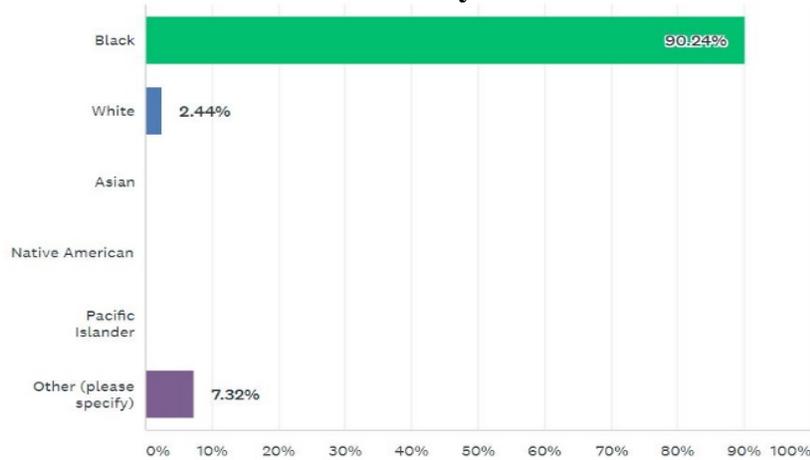
Rated Capacity: 1,261

Respondent Average Age: 41 years old

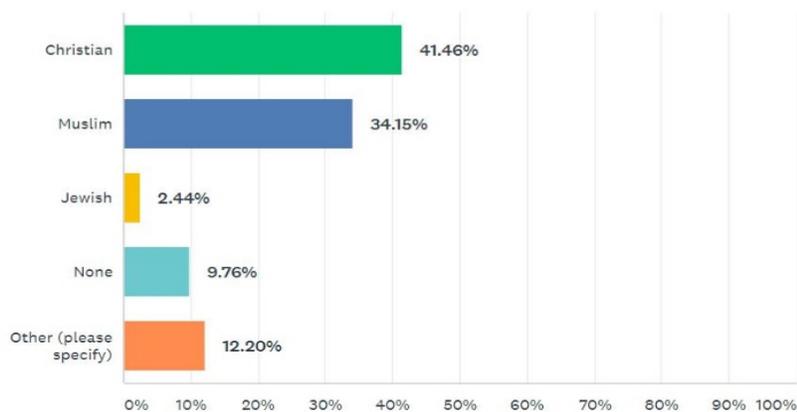
Current Population: 1,450

Respondents: August 2019 – 49 respondents;
November 2019 – 38 respondents

Residents by Race:



Residents by Religious Preference:



During the time August 2019 inspection, 90% of inmate respondents identified their race as Black; under 10% were “other”. Over 41% of the respondents identified their religious preference as Christian, 34% identified as Muslim, and 2% identified as Jewish; less than 20% of the respondents identified as “other” or “none.”

I. Introduction

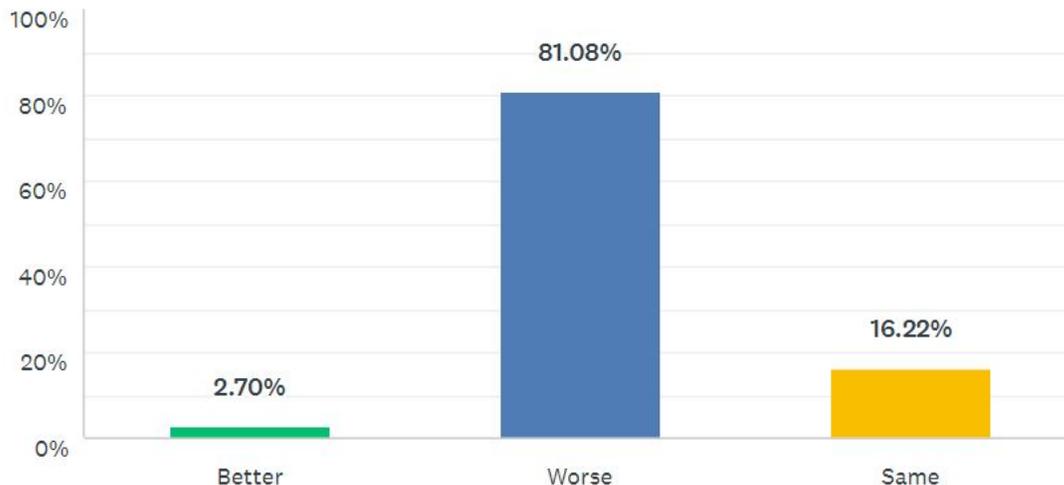
Federal Correctional Institution Hazelton (FCI Hazelton) is a medium security federal prison facility for adult males located in Bruceton Mills, West Virginia. FCI Hazelton is approximately 188 miles from Washington, DC. It is one of the four facilities within the Hazelton Federal Correctional Complex (FCC). The CIC conducted an inspection of FCI Hazelton in August of 2019, and a follow up inspection in November of 2019. Both inspections focused on program availability.

During the CIC’s visit on August 2019 visit, 172 inmates were DC code offenders. During the November 2019 visit, the facility held 1,261 inmates, and the population of DC code offenders was 176.

The CIC conducted the initial onsite inspection of FCI Hazelton on August 14th and August 15th, 2019. The CIC was escorted by the warden and members of the executive staff. CIC toured the facility, spoke with facility staff, and conducted confidential interviews with 49 DC residents. There were considerable concerns raised by the residents during and after this visit, which prompted a request for an additional inspection, scheduled for 90 days later.

The CIC conducted the follow up inspection of FCI Hazelton on November 4th and November 5th, 2019. Prior to the follow-up inspection, the CIC was informed that FCI Hazelton was on lockdown. Despite the lockdown, CIC was able to conduct confidential interviews with 38 DC residents.

Overall Improvement of Conditions at FCI Hazelton since August 2019:



Over 80% of the respondents stated that the conditions have worsened since the August 2019 site visit. Roughly 16% stated that the conditions are the same as August 2019.

II. Recommendations

The CIC recommends that the BOP and FCI Hazelton take the following actions to address the concerns raised by DC residents:

1) Programming:

Facility leadership should conduct an evaluation of why so few residents are participating in programming and address existing issues to facilitate increased participation. It should collaborate with the local college to evaluate the feasibility of adding additional programming options for residents within facility budget constraints. Additionally, it should conduct outreach to solicit volunteers to instruct programming at the facility to give inmates more options for productivity during their incarceration.

2) Staffing and Staff Training:

Executive staff should implement mandatory antiracism training for all personnel. This training should occur at least annually and ideally should occur quarterly. The institution should provide staff training at least once per year on interpersonal interactions and cultural competencies, and forward training materials to the CIC for the next two years. In addition, executive staff should have all staff sign an acknowledgement form after receiving the comprehensive training. The facility should provide a four-hour or half-day staff training on stress management at least once per year. After the comprehensive training, all staff should sign an acknowledgement form. Executive staff should continue to provide regular training on diversity and professionalism.

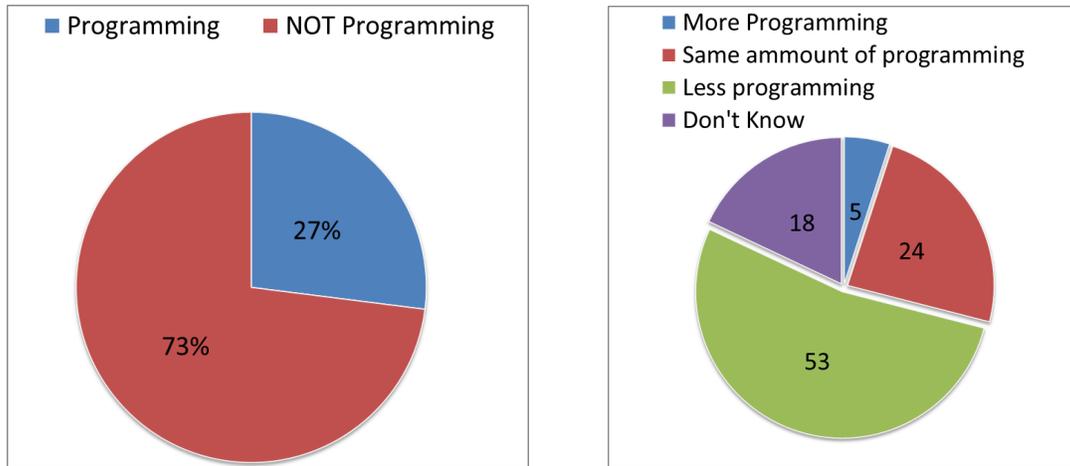
3) Safety and Security:

Executive staff should eliminate mass punishment and continue to offer programming during lockdowns when possible. Explore ways to minimize the impact of lockdowns on the entire facility by locking down individual cells or units where a disciplinary incident occurred rather than locking down the entire facility.

III. Programming

Programming at Hazelton was limited during the CIC's August 2019 inspection. Due to the lockdown during the November 2019 inspection, all programming was canceled. Fifty three percent of the August 2019 respondents stated that they were participating in programs. Programs included, Residential Drug Abuse Program¹ (RDAP), Criminal Minds, GED, and Victim Impact. The 47% of respondents who were not programming stated that there was no access to programs at FCI Hazelton due to unavailability.

¹ RDAP is the BOP's most intensive drug treatment program. Participants live in a unit separate from the general population and engage in half-day programming and half-day work, school, or vocational activities. RDAP is typically nine months in duration. https://www.bop.gov/inmates/custody_and_care/substance_abuse_treatment.jsp

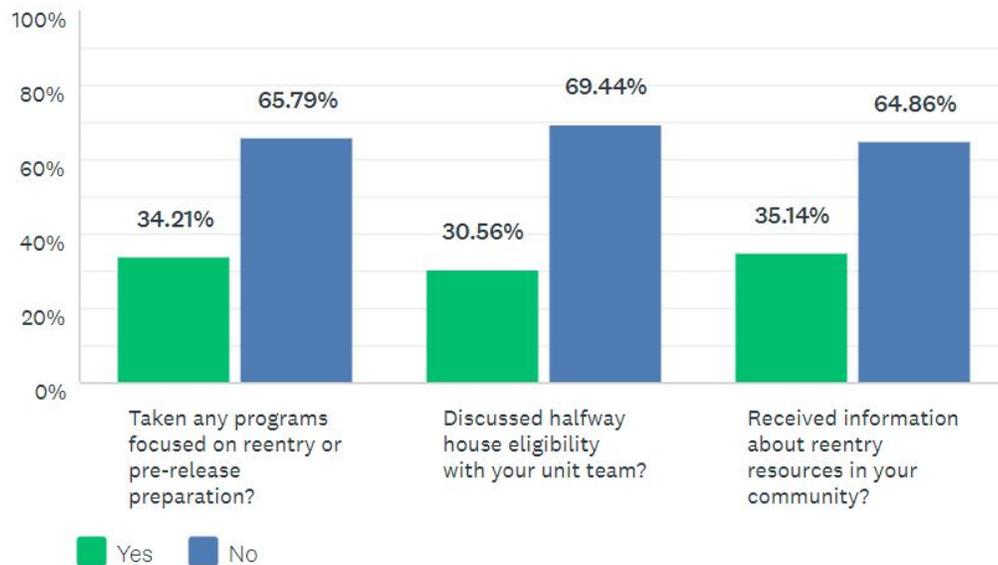


Reentry and Release

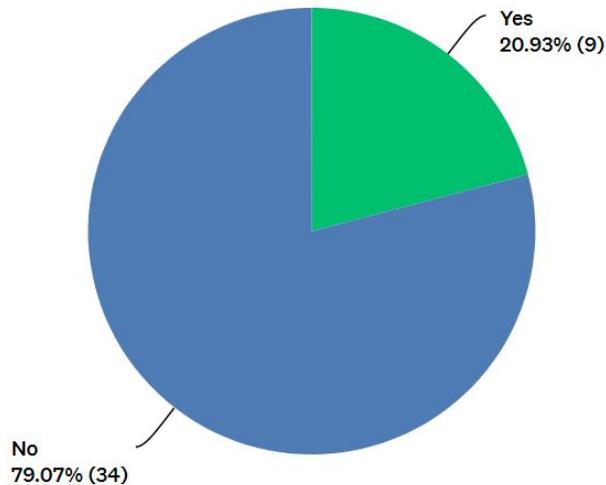
Almost 80% reported that no DC government agencies have contacted them regarding programs, services, and treatments that are available upon their release.

Comments about reentry and release programs included, “This institution has a limited amount of programming available to inmates and none that specialize in vocational or pre-release to help with the success of the returning citizen.”

Engagement in Reentry Activities:



Resident Engagement regarding Programs, Services, and Treatment available upon Release:



Recommendation:

Facility leadership should conduct an evaluation of why so few residents are participating in programming and address existing issues to facilitate increased participation. It should collaborate with the local college to evaluate the feasibility of adding additional programming options for residents within facility budget constraints. Additionally, it should conduct outreach to solicit volunteers to instruct programming at the facility to give residents more options for productivity during their incarceration.

Comments by the Bureau of Prisons:

FCI Hazelton is in compliance with Program Statement 5300.21, Education, Training and Leisure Time Program Standards, and recently added a number of programs to assist all inmates with their transition back into society. The Education Department continues to offer the following programs to ensure all inmates have the opportunity to enhance their skills and prepare for release: Literacy (GED), English as a Second Language (ESL), Adult Continuing Education Classes (ACE), Microsoft Office Vocational Training, Advanced Microsoft Office Vocational Training, Apprenticeships, Post-Secondary Education, Mock Job Fairs, and resume writing. FCI Hazelton has also implemented numerous First Step Act recognized classes that include, National Parenting from Prison Program Phase I and Phase II, Money Smart, Brain Health as You Age, Walk with Ease, Anger Management, Non-Residential Drug Abuse Program, and Drug Education. FCI Hazelton continues to add new classes for the inmate population that are recognized under the First Step Act. Additionally, in May 2021, FCI Hazelton began offering a Core Program that introduces skills in basic safety, construction math, hand tools, power tools, construction drawings, basic rigging, communication skills and material handling in the carpentry field. Upon completion of the Core Program, inmates may enroll into the

Vocational Training Carpentry program. The program is certified by the National Center for Construction Education and Research and provides classroom instruction, as well as hands on training. All inmates participate in the Release Preparation Program (RPP) prior to their release into the community.

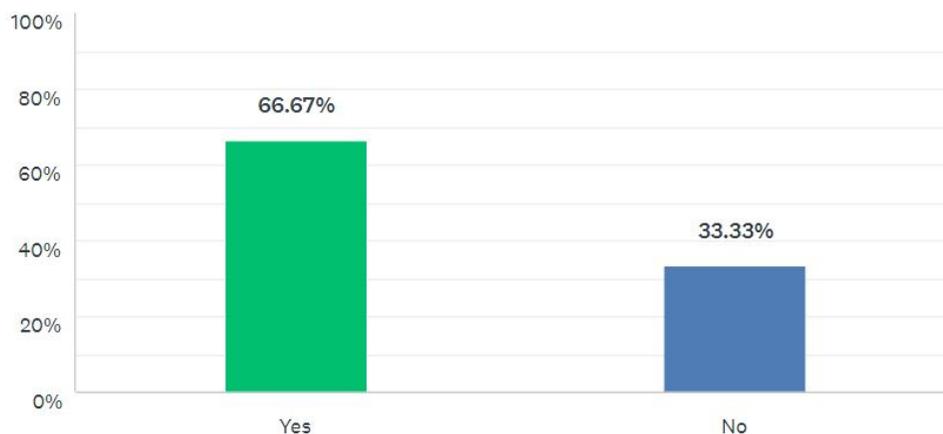
Program recommendations are provided to inmates by staff. However, inmates bear the responsibility of enrolling, actively participating and completing any program offered at FCI Hazelton. FCI Hazelton is amenable to the CIC providing useful re-entry resources specific to District of Columbia inmates to the Bureau Coordinator for review and possible placement in the Re-Entry Resource Center. Additionally, FCI Hazelton encourages volunteers to instruct re-entry programs geared toward District of Columbia inmates.

IV. Staffing and Staff Training

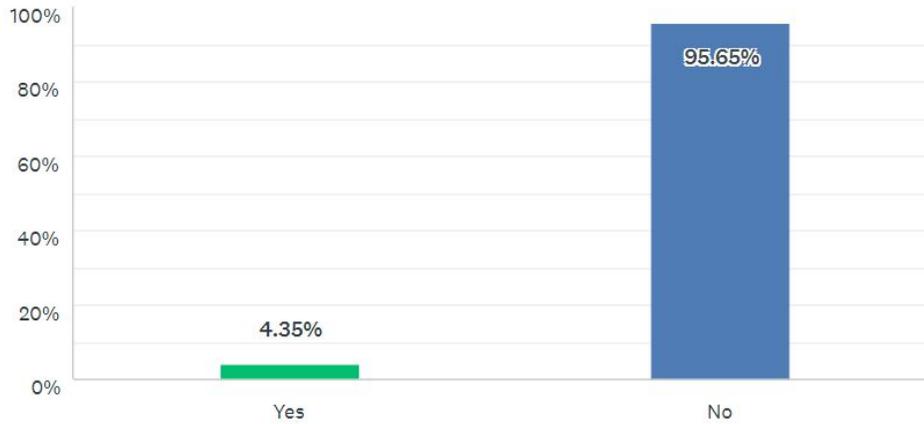
At the time of the August 2019 visit, the institution was under new leadership with a new warden. The leadership stated that there was an existing staff shortage. Staff shortages impact the residents because staff members must perform their assigned duties in addition to the duties of vacant positions. At the time of the November 2019 visit, FCI Hazelton staff stated they had hired 110 new staff members, which increased the staffing of the facility to 95% filled.

Sixty- six percent of respondents expressed that they were harassed by staff. Comments included remarks about verbal harassment, overuse of the SHU, and the intimidating atmosphere. Less than 7% stated that they reported sexual abuse or sexual harassment at FCI Hazelton. Most respondents did not report fear of other residents; only 4% affirmed harassment or abuse by other residents.

Reports Harassment by Staff at FCI Hazelton:

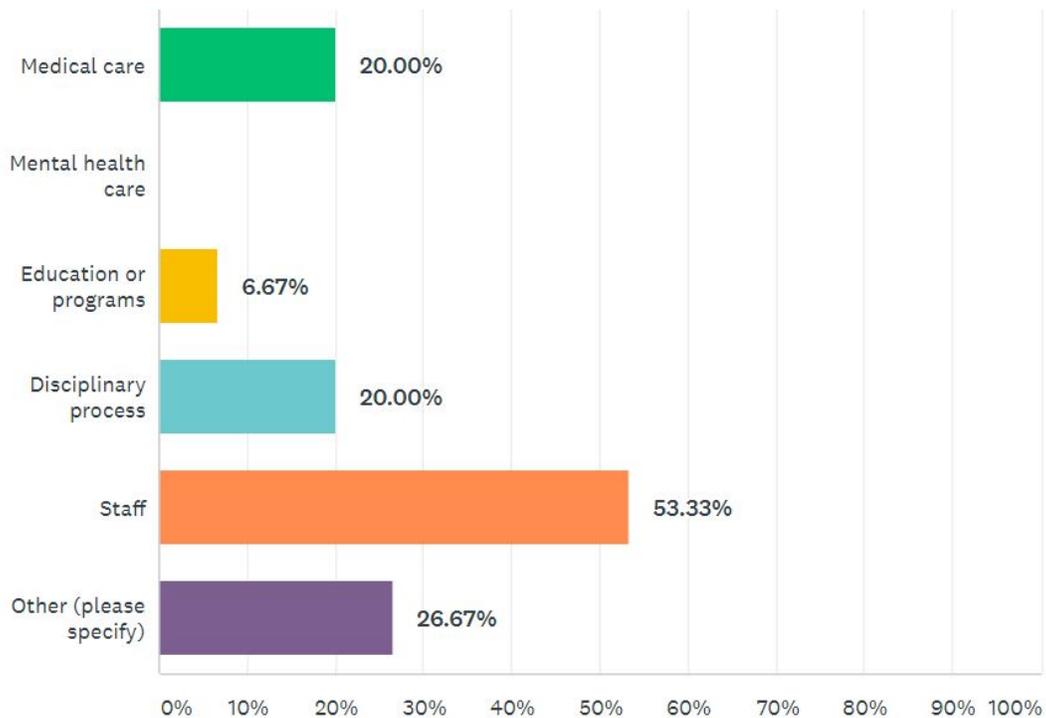


Reports of Harassment by Residents:



Slightly more than 33% of respondents have used the grievance process at FCI Hazelton. More than half of the people who filed a grievance did so to report staff treatment. Other areas of concern were medical care (20%) and the disciplinary process (20%). Survey comments suggested that staff intentionally loses grievance paperwork; therefore, grievances remain unaddressed.

Grievances Filed by Residents at FCI Hazelton:



V.Communication

Communication and Visitation

In August 2019, over 70% of the respondents stated that they have access to writing materials. Over 47% of the respondents stated that they have access to the telephones. Half of the respondents stated that they have access to the library and reading materials. Over 57% of the respondents stated that they do not have access to visitation.

Access to Communication and Recreation:

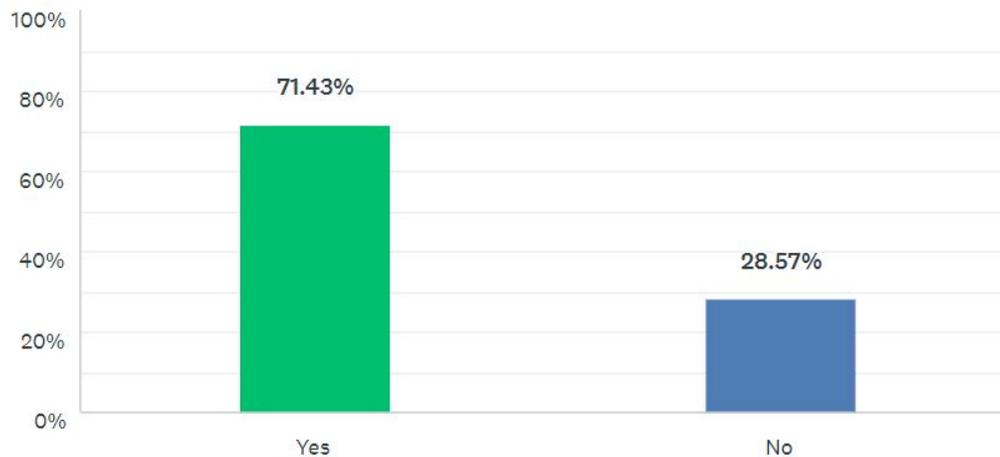


Mail Correspondence

All DC residents at FCI Hazelton expressed concerns about the mail room practices. Residents receive a photocopy and may not receive any correspondence on card stock or construction paper. The Warden stated that the policy was implemented due to a significant increase in attempts to introduce contraband. Residents stated that once their mail is photocopied, portions of the mail contents are missing and mixed up. The residents were particularly concerned about the policy of photocopying and subsequently disposing of highly treasured family photographs.

Over 71% of the respondents stated that they have had legal mail opened at FCI Hazelton before receiving it. Many respondents stated that the facility copies the mail and then destroys it.

Legal Mail Reportedly Open before Given to Residents:



In November 2019, almost 80% of the respondents stated that they had not had any visitation since August 2019, due to lockdowns. Many of the respondents shared that the lack of visitation is “stressful” and “inconvenient.” Respondents who did experience visits stated that there is no longer access to vending machines, food must be placed on the floor, and there is no touching visitors.

Recommendation:

Executive staff should implement mandatory antiracism training for all personnel. This training should occur at least annually and ideally should occur quarterly. The institution should provide staff training at least once per year on interpersonal interactions and cultural competencies, and forward training materials to the CIC for the next two years. In addition, executive staff should have all staff sign an acknowledgement form after receiving the comprehensive training. The facility should provide a four-hour or half-day staff training on stress management at least once per year. After the comprehensive training, all staff should sign an acknowledgement form. Executive staff should continue to provide regular training on diversity and professionalism.

Comment by the Bureau of Prisons:

All current and newly hired staff at FCC Hazelton, receive mandatory annual training on Diversity Management, the Employee Assistance Program (EAP), Communication Skills, and Core Values. The training includes sections on interpersonal interactions, working in an inclusive environment and stress management. The Human Resources Department documents all staff training participation.

VI. Safety and Security

Lockdowns

On August 24, 2019, respondents provided data about how many times FCI Hazelton had been locked down during the past 12 months. The most frequent responses stated the facility had been locked down “over 10 times” and “too many times to count”. When asked to comment about the lockdowns, respondents focused on the fact that there was no hot food during lockdowns and that there was a lack of clear justification for lockdowns.

Many residents expressed displeasure regarding the use of “mass punishment”—the practice of holding all residents responsible for the behaviors of a few. They believe that infractions credited to an individual should warrant individual consequences. One inmate stated in August, “I’m very frustrated from being penalized and locked down for other inmates’ infractions. I have worked too hard to get to a medium security from a United States Penitentiary only to be treated worse than those inmates on max security status. I am in fear to talk to staff here due to them all being so confrontational and disrespectful.”

Significant Incidents (12 month period from September 2018 – August 2019)

During the 12 month period spanning from September 2018 -August 2019, there were 7 lockdowns, 35 incidents with “use of force”, 59 incidents with “use of restraints”, 26 incidents where “chemicals [were] used”, and one hundred and thirty – five “Form 583’s” filed. Form 583 contains fields to enter the date and time of the incident; inmates and staff involved; injuries; medical reports; a description of the incident; and other information, such as the existence of video of the incident. The form is to be completed by the lieutenant on duty at the time of the incident, and forwarded to the captain, assistant warden, warden, and regional office for review.

SHU

The Special Housing Unit (SHU), also referred to as segregated or restrictive housing, is designed to securely separate inmates from the general inmate population. In the BOP, inmates placed in the SHU are housed in two-person cells. The two categories of Special Housing are Administrative Detention² and Disciplinary Segregation.³ According to BOP policy, an inmate may be placed in administrative detention for the following reasons:

1. Pending classification or reclassification of custody level;
2. Holdover status while awaiting redesignation to another facility;
3. Investigation of alleged violation of agency regulation or criminal law;
4. Awaiting transfer to another facility;
5. Administrative detention for the inmate’s own protection; or
6. Post-disciplinary detention.

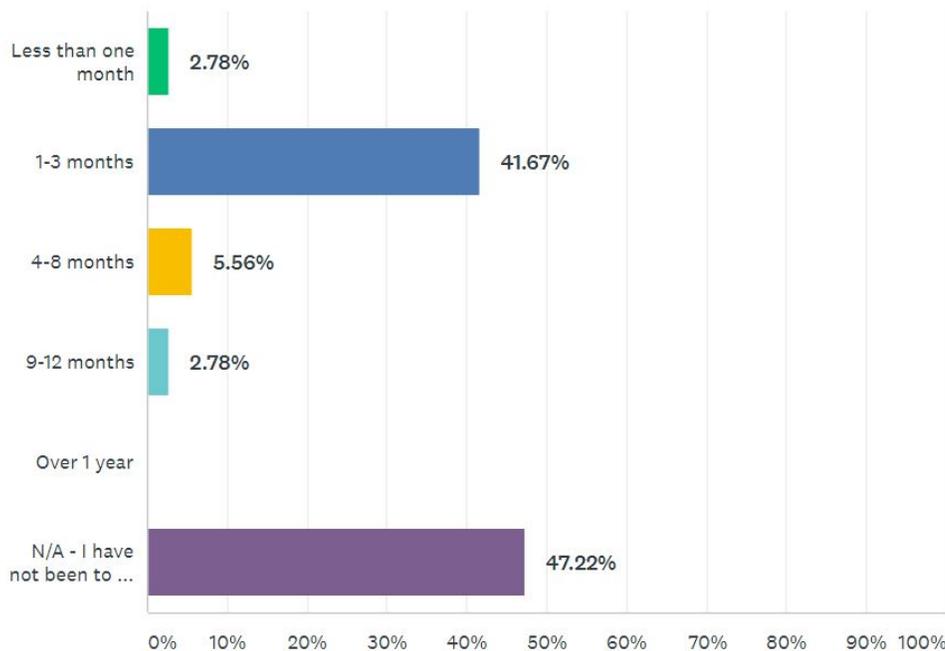
² Fed. Bureau of Prisons, U.S. Dep’t of Justice, Program Statement No. 5270.10, Special Housing Units (Nov. 23, 2016). https://www.bop.gov/policy/progstat/5270_009.pdf

³ Disciplinary segregation is imposed as a sanction for violations of BOP rules and regulations.

Disciplinary segregation is a form of separation from the general population for a specified period of time. The Discipline Hearing Officer (DHO) orders disciplinary segregation for inmates who commit serious violations of BOP rules. The DHO can impose the sanction of disciplinary segregation if she or he determines that no other available course of action will adequately punish that inmate to deter her or him from violating BOP rules again. An inmate may be placed in disciplinary segregation only by the order of the DHO following a hearing in which it was found that the inmate violated a BOP rule in the Greatest, High, or Moderate categories, or a repeated offense in the Low Moderate category.⁴

Residents in the SHU are generally confined to their cells for 23 to 24 hours a day. BOP policy provides for five hours of recreation time per week, which ordinarily should occur in one-hour periods on separate days.⁵ Plans to increase recreation time are developed locally at each institution.⁶ Inmates are also permitted to receive one non-contact visit⁷ per month and make one 15-minute phone call per month. Residents may be allowed to make additional calls in the event of an emergency or death.

Length of Time in SHU:



Twenty-two people responded to the question about access to needs/services provided while they were in the SHU. The greatest lacks were recreation (61.9%) and visitation (57.14%). The

⁴ Washington Lawyers’ Committee. Guide to Segregation in Federal Prisons.

http://www.washlaw.org/pdf/Guide_to_Segregation_in_Federal_Prisons.pdf

⁵ Fed. Bureau of Prisons, U.S. Dep’t of Justice, Program Statement No. 5270.11, Special Housing Units (Nov. 23, 2016). https://www.bop.gov/policy/progstat/5270_009.pdf

⁶ Id.

⁷ Non-contact visits could be defined as face to face, through glass, or via video.

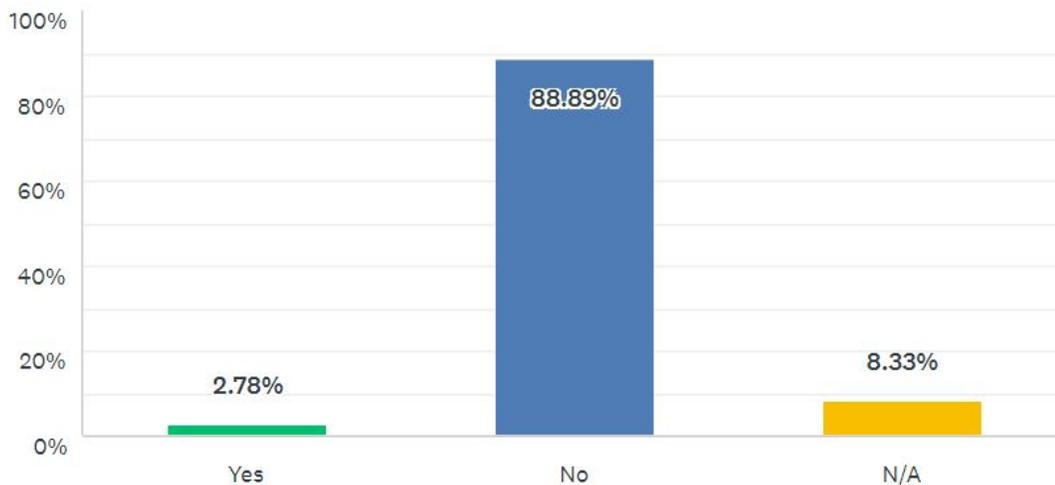
respondents were equally divided when asked about the availability of library/reading materials. More than 90% said they had access to shower while in SHU.

Commissary

In November 2019, respondents were asked about commissary limits at FCI Hazelton during the lockdown. Although the answers varied, over 64% of the respondents stated that the commissary was \$25 per week. The remaining respondents providing commissary limits that ranged from \$25 per week to \$90 per week to \$125 per week.

BOP policy permits the imposition of spending limits as a method of lessening any disparities; however, it only addresses using spending limits as a disciplinary measure to restrict gambling and other activities involving payoffs.⁸ Over 88% of the respondents to the November survey stated that they were not able to purchase items from commissary since August 2019. Many respondents stated that the constant fluctuation of the commissary limit can be “stressful.” Respondents also stated that a \$25 per week spending limit is not enough to purchase proper hygiene.

Ability to Purchase Commissary during Lockdowns since August 2019:



Recommendation:

The facility should continue to offer programming during lockdowns when possible by limiting lockdowns to specific areas or units. The facility should explore ways to minimize the impact of lockdowns on the entire facility, including allowing inmates to be locked down to their units rather than their individual cells, and locking down only the unit where a disciplinary incident occurs, rather than the entire facility.

Comment by the Bureau of Prisons:

⁸ US DOJ BOP Program Statement Number 4500.12 Trust Fund/Deposit Fun Manual issued March 14, 2018. <https://www.bop.gov/policy/progstat/4500.12.pdf>

The decision to modify institution operations and/or secure an institution is one that is never taken lightly. It is only done when absolutely necessary to maintain the orderly operations of the institution, while maintaining the safety and security of staff and inmates. The primary objective is to investigate what caused an event and to determine how best to prevent it from happening in the future. Institution operations are dictated by the nature, duration and magnitude of each situation. The goal remains to return to normal operating procedures as expeditiously as possible following the conclusion of any necessitating event.

VII. Conclusion

The inspection of FCI Hazelton focused on three concerns: lack of programming; tension between DC residents and staff of the facility; and the over-use of mass punishment, including lockdowns.

Only slightly more than half (53%) of DC residents who completed the August 14-15 survey indicated they were involved in programming at FCI Hazelton. During the November 4-5, 2020 follow up visit, only 27% of the respondents stated they were involved in programming. During both visits, residents complained about the lack of programs focused on re-entry or pre-release. Conducting an evaluation of why so few inmates are participating in programming, collaborating with a local college, and recruiting volunteers are the first steps to address the need for additional programming.

In August 2019, more than 60% of the survey respondents stated they were harassed by staff at Hazelton. While only 15 residents had filed a formal grievance, more than half of the grievances were complaints about staff behavior. The lack of use for the formal grievance process may be due in part to resident distrust and discouragement because several respondents noted that grievances remain unaddressed. Providing on-going staff training focused on interpersonal interactions, cultural competencies, and professionalism may begin to reduce the tension between residents and staff while addressing concerns of environmental intimidation.

Residents during both visits expressed concerns regarding the use of mass punishment, especially excessive lockdowns. Residents complained about the staff holding all residents responsible for the behaviors of a few and felt that discipline would be more appropriate and effective if individual, rather than group, consequences were instituted. During the 12-month period spanning from September 2018 - August 2019, there were 7 lockdowns. FCI Hazelton was on lockdown during the November 2019 site visit. During a lockdown, all programming ceases, which further exacerbates the residents' concerns regarding the lack of programming. By limiting the use of facility-wide lockdowns or limiting lockdowns to specific areas or units, disciplinary concerns could be more directly addressed, and programming could continue for those not directly involved in the incidents. Executive staff should eliminate mass punishment and continue to offer programming during lockdowns when possible.

Appendix A: Methodology

In accordance with the Memorandum of Understanding (MOU) between the CIC and the BOP, the CIC notified the BOP on August 1, 2019 of its request to inspect FCI Hazelton. Prior to the onsite inspection, the CIC communicated with DC inmates at Hazelton, informing them of the upcoming inspection and offering them the opportunity for a confidential interview with a member of the CIC.

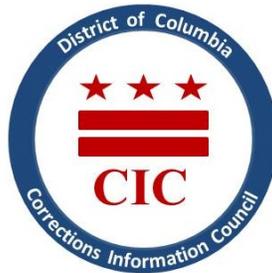
While planning for the onsite inspection, the CIC reviewed general inmate and facility data related to inmate population and demographics, facility staffing, significant incidents, and disciplinary records along with background materials, including an education report, dining menus, commissary lists, the Admissions and Orientation Handbook, the most recent ACA audit, the most recent Prison Rape Elimination Act (PREA) report, and administrative remedy filings and responses at the facility, regional office, and central office levels.

The CIC conducted an onsite inspection of FCI Hazelton on August 14-15, 2019 concurrent to the site visit to SFF Hazelton. The itinerary consisted of a tour of all areas to which inmates have access, discussions with staff, and confidential interviews with DC inmates. At the end of the August 2019 tour, the CIC spoke with DC inmates to offer everyone an opportunity to fill out a survey and speak with a member of the CIC. The CIC interviewed forty-nine (49) DC inmates between August 14th and 15th.

Due to concerns raised during several of the interviews with the residents, the CIC notified the BOP on September 1, 2019 of its request for a follow-up inspection to the FCI. The CIC conducted a follow-up site visit on November 4 -5, 2019. The CIC interviewed thirty-eight (38) DC inmates. Nine of the people who completed the November 2019 survey had also completed the August 2019 survey.

The analysis of the survey data and production of this report were delayed due to unforeseen staff changes at the CIC. Subsequently, CIC staff compiled the surveys from both the August and November site visits using SurveyMonkey, a business intelligence tool, with unique identifiers used instead of individual names to protect confidentiality. Charts and other analysis do not include non-responses, and the total number of respondents for a particular question is noted on each chart. Extended responses from the surveys were combined with comments from other forms of communications with DC inmates at the facility and were used to inform analysis and provide context in applicable sections.

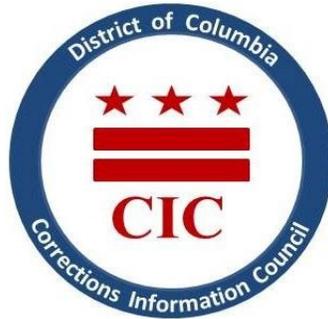
The CIC provided the BOP with a draft of this report for a review of factual information and an opportunity to respond. The BOP responses are included in the appropriate sections of the report.



**District of Columbia
Corrections Information Council**

The electronic version of this report is
available on the CIC website:
<http://www.cic.dc.gov/>

**District of Columbia
Corrections Information Council**



Thematic Report:

**The Implementation of DC Code 24-403.04
Motions for Compassionate Release
As of March 16, 2021**

April 23, 2021



District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Calvin Woodland Jr., Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

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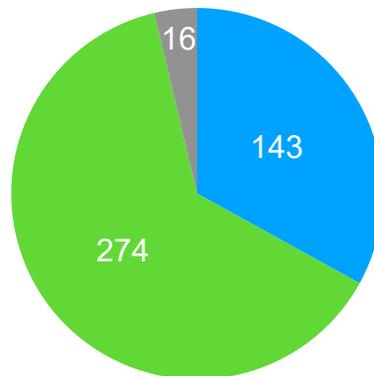
I. Introduction

On April 7, 2020, the DC Council passed emergency legislation which expanded the eligibility of DC Code Offenders to apply to the Superior Court for compassionate release. This legislation became permanent on January 13, 2021. The most recent data obtained by the DC CIC shows that as of March 16, 2021, the DC Compassionate Release Clearinghouse House had received and partially processed 824 questionnaires. Of the 824 requests, 693 cases have been assigned to judges. Of the 693 petitions, 433 have been decided.

Thirty-three percent of the decided cases have resulted in compassionate release. Of 433 cases that have been decided, 143 have resulted in compassionate releases, 274 motions have been denied, and 16 cases were noted as *other* result. Half of the *other* category (i.e. 8 of the 16) were motions that were withdrawn for a variety of reasons. One quarter of the *other* (4 of 16) were deemed moot since the person was already released. No deaths were reported for people awaiting a decision about compassionate release.

Number of Cases Granted and Denied

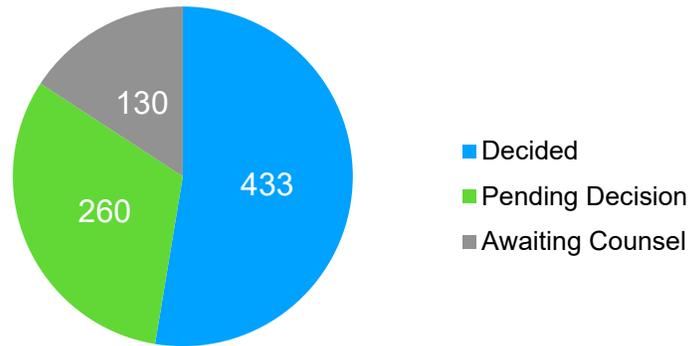
■ Granted ■ Denied ■ Other



There are 260 cases which have been filed and are awaiting a judge's decision, and at least another 130 requests for legal representation and ultimately a judge's decision.

A year after passage of the legislation, only half of the cases have been decided.

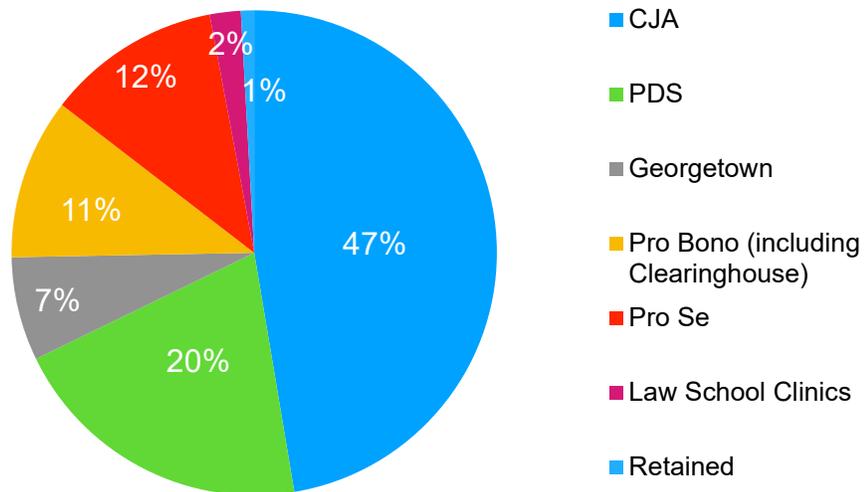
Number of Cases Decided, Pending Decision, and Awaiting Counsel



II. Legal Process

Through the Clearinghouse, various legal entities assembled training manuals and webinars, and developed resources and sample petitions to recruit, train, and assign lawyers to cases. These materials have helped with recruitment and training of attorneys, which is an on-going process because additional attorneys are still needed to address the number of applications.

Percentage of Cases Handled by Type of Counsel



Almost half of the cases (322 of 680)¹ are being handled by CJA attorneys.² The Public Defender Service is counsel on 139 of the cases. Seventy-nine motions were filed pro-se. Seventy-three were handled by pro bono attorneys, many of whom were recruited by the DC Clearinghouse for Compassionate Release. Fourteen cases have been represented by local law school clinics. Only six people retained paid counsel to handle their motions for compassionate release.

The collaborative effort provides guidance and collegial support to attorneys facing dilemmas created by the system. For example, attorneys must weigh the benefits and consequences of gaining freedom via compassionate release for people facing immigration detainees. If the candidate for compassionate release is successful, they may face deportation or more harsh confinement while waiting for a decision about deportation. Also, collaboration is needed when clients are seeking release through the compassionate release legislation and the existing parole system. Like the process for compassionate release, the process of seeking parole involves seeking and securing documentation about program participation. While precise figures are not available on the number of people seeking compassionate release who are also eligible for parole, the issue of the interplay between these two processes has been discussed in the legal community. It is agreed that the system is smoothest when the same attorney is handling both parole and compassionate release matters, so that the acquisition of documentation is not duplicative or confusing. In some cases, since parole release was not immediate, attorneys did not withdraw compassionate release cases for people who have been granted parole.

Recommendation

Consider funding incentives for the successful recruitment of additional attorneys willing to represent compassionate release candidates.

III. Role of Candidates for Compassionate Release

Rather than relying on specific criteria on which the courts can identify all eligible people, the process relies on inmate initiative and intellect to begin the process by completing the questionnaire. Completing the questionnaire may serve as a barrier, especially to the most frail and fragile - the very people the legislation is intended to address. Those who are very ill may be physically unable to complete the questionnaire or have the stamina to track down and collect the related paperwork.

¹ Data on legal counsel was available for only 680 of the 693 cases.

² DC Courts. REPORT OF THE SUPERIOR COURT COMMITTEE ON CRIMINAL JUSTICE ACT PANEL ATTORNEYS TO CHIEF JUDGE ROBERT E. MORIN. May 11, 2018. <https://www.dccourts.gov/sites/default/files/2018-05/18-04-ATTACHMENT-2018-CJA-Report-May-11-2018-Final.pdf> (“The Criminal Justice Act of the D.C. Code § 11-2601 et seq. (2001) and the Plan for Furnishing Representation to Indigents Under the District of Columbia Criminal Justice Act (“CJA Plan”) requires the D.C. Superior Court to develop and maintain panels of attorneys from which appointments are made for defendants found eligible for counsel under the Criminal Justice Act in connection with criminal cases prosecuted by the United States and the District of Columbia.”)

The issue of inmate initiative was exemplified when several inmates contacted the DC CIC to inquire about their status for compassionate release. Several people believed that the process was similar to IRAA, and cases were “automatically” reviewed by their sentencing judge. Others believed that the DC process was like the federal compassionate release process, which requires action by BOP staff - including the warden. Others stated they had difficulty in completing the questionnaire and hoped to be assigned an attorney who would complete the necessary paperwork. When the CIC discovered that several of the potential candidates for compassionate release had not completed the questionnaire and were housed in a medical facility, the CIC reached out to a staff member at the facility to request that staff assist these individuals. With the assistance of staff, several of the individuals completed the questionnaire while staff obtained the related paperwork.

Recommendation

Provide educational materials to each of the BOP facilities about the DC Compassionate Release legislation, including the step-by-step planning booklet created by PDS to mitigate the possibility that the most fragile and frail potential candidates for compassionate release are overlooked. Additionally, develop a process for comparing BOP records and the court’s tracking system on cases that have been filed, so that candidates’ status is clear and can be easily communicated.

IV. Communication with Clients

Communication between the candidate and people outside the BOP is desired or required throughout the process, including completion of the initial questionnaire; assignment of an attorney; accessing records from BOP and elsewhere; re-entry planning with family, MORCA, and community based organizations; and arranging for continued supervision by CSOSA. While some communication can be done by public phone or Corrlinks, neither safeguards the candidate’s privacy or confidentiality. Several compassionate release candidates indicated a desire to talk with the judge to provide in-depth, heart-felt testimony about their personal transformations and hopes for the future; however, many of the cases are decided without a hearing, and the presence of a candidate for compassionate release is not required during hearings.

The recommended time frames and procedures developed by the courts for compassionate release motions detail the process for expediting litigation, including the US Attorneys Office’s (USAO) role in contacting the BOP for the candidate’s electronic medical and institutional records.

CSOSA is engaged in pre-and post-release planning for candidates for compassionate release, especially since judges are often requiring supervision as a condition of compassionate release. In spite of CSOSA’s status as a federal sister agency to the Bureau of Prisons, staff of CSOSA noted that because of the expedited timeframe for compassionate release, it is difficult to engage in planning for re-entry that normally takes place six months prior to release. In some cases, CSOSA has worked with the Court to delay a compassionate release until a proper plan is developed.

Several people involved in the compassionate release process suggested implementing video calls because sometimes telephone calls are ineffective. Video connections could be used for communication between clients, attorneys, judges, and various agencies, including MORCA and CSOSA.

Recommendation

Facilitate consistent access to telephone or videos calls between candidates for compassionate release and their attorneys, as well as organizations and agencies assisting with re-entry planning.

V. Release and Reentry

The Public Defender Service of DC has created a handbook for attorneys and others guiding compassionate release candidates through the process of request and release. Recognizing that housing is a major concern for candidates for compassionate release, the Public Defender Service included a chapter about developing a housing plan and resources for housing special populations.

Organizations and agencies have also collaborated to assist with reentry needs. For example, MORCA, RAN, and CSOSA have worked together to – respectively - find, provide, and pay for some temporary housing. According to CSOSA, between March 1, 2020 and March 22, 2021, 128 people who had been granted compassionate release transitioned to supervised release. This is 6% of CSOSA’s current caseload. CSOSA noted that half of the people granted compassionate release are expected to serve between 137 and 1,917 days. Some people granted compassionate release are required to be on supervised release for up to 11 ½ years. The 128 new cases created by compassionate release have not created an impact on CSOSA’s programming, operations, or expenditures. CSOSA noted that people granted compassionate release tend to be older, have served extended periods of incarceration, and are medically or physically fragile.

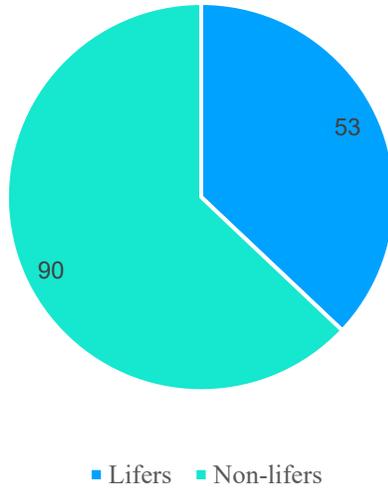
Recommendation

Create needed services, especially easy-access housing, and increase accessibility to reentry resources for newly released individuals.

VI. Compassionate Release for Life Sentences

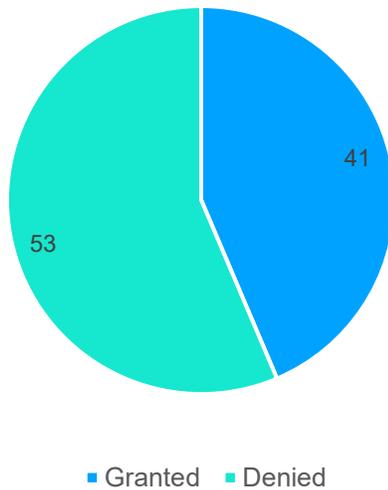
Re-entry services are usually not provided by the Bureau of Prisons to people serving a life sentence. Therefore, people who have been sentenced to life are the least prepared for re-entry if granted compassionate release. Thirty-seven percent of those who have been granted release (143) were committed to a life sentence (53).

Total Number of Compassionate Releases Granted to Lifers (53) and Non-lifers (90)

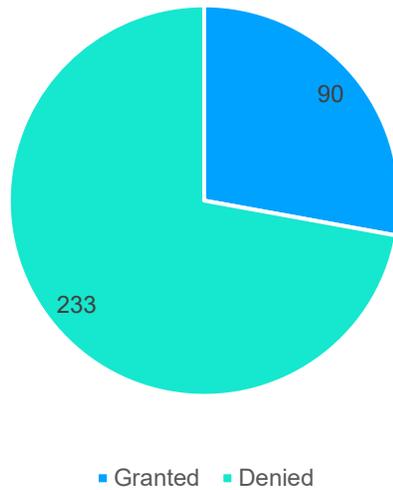


As of March 16, 2021, ninety-four (94) cases brought by people serving a life sentence have been decided. Fifty-three (53) were granted compassionate release, and 41 were denied.

Number of Lifers Granted (41) or Denied (53) Compassionate Release



**Number of Non-Lifers Granted (90) or Denied (233)
Compassionate Release**



Proportionally, those who sought compassionate release and were serving a life sentence benefited more from the compassionate release legislation than those not serving life sentences. Almost 33% of non- lifers were granted compassionate release, as compared to 56% of lifers. People serving life sentences tend to be older and may be more medically frail and fragile.

Recommendation

Continue developing services, especially easy-access housing, and increase accessibility to people upon release. Housing is especially needed for those persons who have served long sentences and have fewer family or community members on whom they can rely for housing.

Methodology

To determine the progress regarding the implementation of the compassion release legislation,³ CIC staff contacted participants in the process, including a variety of representatives from local organizations, agencies, and Superior Court. The CIC also reviewed data collected by Superior Court as cases are filed. Additionally, CIC received information from CSOSA about people granted compassionate release who are now under supervision.

The DC CIC conducted an initial analysis of the data collected by Superior Court with regard to grants or denials of requests from people serving life and non-life sentences. In comparing rate of success (“grants” as compared to “denials”), it appears that the rate of success increases with age. The court also provided data on age at sentencing. Interestingly, the age at sentence seemed to be almost inversely related to success i.e. People sentenced at younger ages had less success of being granted compassionate release. The DC CIC will continue to follow the implementation of the legislation and report on the characteristics of the candidates for compassionate release as information becomes available from Superior Court and other sources.

³ D.C. Code § 24–403.04. Motions for compassionate release for individuals convicted of felony offenses. <https://code.dccouncil.us/dc/council/code/sections/24-403.04.html>.



Transfers and Conditions of Confinement at DOC

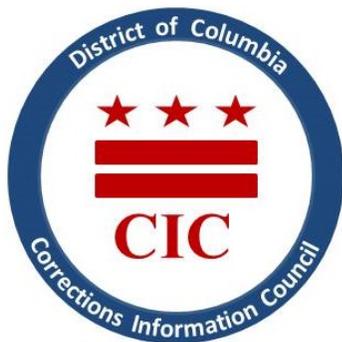
January 28, 2022

Following the US Marshals Service (USMS) inspection of the Central Detention Facility (CDF), the USMS issued a memo to the Department of Corrections (DOC) deeming the conditions at the CDF unacceptable. Due to these findings, hundreds of D.C. code offenders were transferred to a Bureau of Prisons' facility located in Lewisburg, Pennsylvania. D.C.'s Deputy Mayor for Public Safety and Justice issued a statement outlining how the administration will be handling the issues going forward. As a result, James R. "Chip" Coldren Jr. of the research firm CNA has been appointed by the mayor to monitor conditions at the D.C. jail. In addition, the USMS has also appointed an entity that will continue to oversee the situation. Lastly, the D.C. DOC expressed that they would cooperate in unannounced inspections by the CIC to monitor any recommendations or concerns expressed by the CNA, the USMS, or any other external oversight agencies.

Regarding the transfers of D.C. residents to Lewisburg, Pennsylvania, the USMS initially stated that the approximately 400 people in CDF custody would be transferred to the federal facility in Pennsylvania. As of December 2021, around 200 residents have been transferred to Lewisburg. The CIC is currently planning an inspection to correspond with D.C. transferred residents and to monitor the conditions of the facility.

As a follow-up to the October letter issued by the USMS, a letter drafted by Councilmember Charles Allen on December 22, 2021, addressed major concerns with the handling of the COVID-19 crisis in the DOC's three facilities. Councilmember Allen urged City Administrator Donahue and Deputy Mayor Geldart to communicate more openly and be proactive in relaying information between the DOC and Councilmember Allen's office. It was also requested that the DOC begin to relay the number of residents and staff who have tested positive, as well as their vaccination status; the policy for requiring employees to report to work if they have been exposed to COVID-19; and to report whether and for how long DOC facilities are under lockdown. These are just a few of the concerns raised that will hopefully be addressed in the coming weeks by the DOC.

The CIC will continue to monitor conditions regarding the D.C. jail and Lewisburg transfers, in addition to communicating with external oversight agencies.



Corrections Information Council | CIC

Update on Covid-19 testing and early release data from the BOP

Monday, March 8, 2021

Since March 2020, the BOP has shared general information about the number of Covid-19 tests conducted in their institutions. The agency maintains a public dashboard updated daily with the number of tests completed, number of tests pending and the number of positive tests. The BOP also maintains a dashboard with information on the number of inmates and staff with positive tests, number of deaths, and number of inmates and staff who have “recovered” from Covid-19 at each facility. The BOP has recently added another dashboard with information on vaccine doses provided to staff and inmates at BOP facilities. All dashboards with Covid-19 related information are available at <https://www.bop.gov/coronavirus/>.

The BOP dashboards on Covid-19 do not provide data specific to DC individuals in BOP custody. When the CIC requested DC-specific information on Covid-19 tests and cases, the BOP instructed the CIC to file a Freedom of Information Act (FOIA) request.

On February 24, 2021, the CIC received updated information on tests conducted among DC individuals in the BOP as of September 24, 2020. The information is outdated due to the long processing time for FOIA requests.¹

Data on Covid Testing

According to the BOP, as of September 24, 2020, 2,375 Covid-19 tests had been conducted for 1,066 DC individuals. 291 tests were pending, and 123 individuals received positive Covid-19 tests. The BOP stated that none of the Covid-19 related deaths in custody were DC individuals.

According to the most recent roster provided by the BOP, there are currently 3,184 DC individuals in BOP custody (including 139 individuals in halfway houses or on home confinement.) This suggests that more than half of the DC population in BOP custody had not been tested for Covid-19 as of late September 2020.

Data on Releases from BOP Custody

In late March 2020, the Attorney General instructed the BOP to prioritize granting home confinement to individuals as one tool in managing the Covid-19 pandemic. The CIC requested information on the

¹ In April 2020, the CIC asked the BOP to provide information about completed tests, pending tests, and positive tests for DC residents specifically, as well as any deaths among DC residents in BOP custody. The request was forwarded to the BOP Office of Public Information.

In late May 2020 CIC representatives met with BOP leadership and asked if this information could be provided. Shortly after that meeting, BOP leadership shared some information on active Covid-19 cases and positive tests among the DC population.

The CIC continued to request updated information on the number of DC individuals impacted by Covid-19 during the summer of 2020. In September the CIC was informed that the Office of Public Information would not share these numbers and that the CIC should file a FOIA request for this information. The CIC did so, and an expedited processing request was granted on September 24, 2020.

number of individuals released to home confinement between March 2020 and September 2020. In response, the BOP provided two sets of data. The chart on the left reflects the number of individuals released from BOP to either a halfway house or home confinement. The chart on the right reflects the total number of individuals on home confinement during each month.

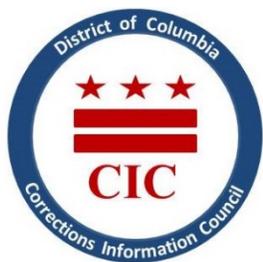
Potential overlap exists between the charts, since individuals approved for home confinement are released to a halfway house first and then transferred to home confinement over a period of days or weeks. Therefore, those individuals could be counted on both charts in the same month. Some individuals released to halfway houses that do not qualify for home confinement would only be reflected in the chart on the left. Also, the data on home confinement includes some individuals who were on home confinement prior to March 2020 and would only appear in the chart on the right. Periods of home confinement vary, and some individuals also could have finished their sentence of home confinement during this period.

The home confinement numbers do reflect a significant increase from 2019, when the number of individuals on home confinement ranged from three to eleven individuals between March and September.

Month	Number of DC individuals released to community
Mar-20	52
Apr-20	18
May-20	31
Jun-20	52
Jul-20	41
Aug-20	38

Month	DC individuals on home confinement
Mar-20	15
Apr-20	47
May-20	86
Jun-20	79
Jul-20	65
Aug-20	62
Sep-20	58

The CIC will continue to request updated information from the BOP about the number of DC individuals impacted by Covid-19, both in terms of testing, treatment, and vaccination, and the use of early release measures to reduce the overall prison population and allow for safer conditions for those who remain. The CIC also continues to survey DC residents in BOP custody about their personal experiences during the pandemic, including testing and treatment for Covid-19.



Corrections Information Council | CIC

Recent Covid-19 Concerns at Volunteers of America Re-entry Center

Thursday, May 13, 2021

The CIC has received a number of concerns about Covid-19 outbreaks at the Volunteers of America Halfway House (VoA) in Baltimore over the last two months. The most recent reports suggest that some individuals who have tested positive for Covid-19 have been transferred to local hotels to quarantine, while other individuals have been furloughed out of the facility. It was not clear if the furloughs would be temporary and the residents would be required to return to VoA or if they would be allowed to transition to home confinement. The CIC also received reports that two individuals located at VoA died at the end of March, and that at least one of those individuals died from Covid-19 complications. Reportedly, neither of the deceased men was from Washington DC.

The CIC contacted the BOP regarding these concerns and asked for information about the Covid-19 situation at VoA, including where DC individuals are currently located, the number of Covid-19 cases in recent months, and the current protocols for addressing outbreaks of the virus.¹

Population and Location

The BOP indicated that 20 DC individuals are currently housed at the VoA facility. Another 107 DC individuals are on home confinement under the supervision of VoA staff. The BOP stated that 14 DC residents are currently on furlough from the facility, and that no DC individuals are currently being housed in hotels.

Covid-19 cases

The BOP informed the CIC that 6 DC individuals at VoA have tested positive for Covid-19 since March 1, 2021. The BOP stated that no DC individuals have died from Covid-19 or related complications during 2021.

Safety Protocols

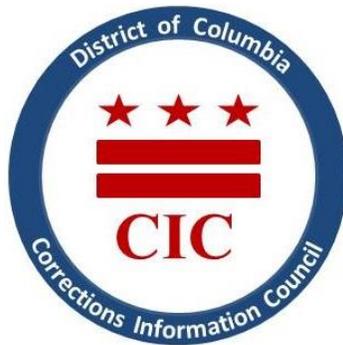
The BOP stated that it has “temporarily slowed intake to allow the facility population to stay low.” The BOP did not provide details on how slowing intake is being implemented. The facility is requiring that all intakes have quarantined for at least 14 days prior to arrival at the facility and tested negative for Covid-19.²

¹ Volunteers of America RRC is contracted to provide re-entry services through the Bureau of Prisons Re-Entry Services Division. The CIC’s Memorandum of Understanding with the Bureau of Prisons requires that the CIC direct concerns to our liaison at BOP Central Office, rather than to the RRC directly.

² This matches the most recent guidance published by BOP for all transfers. See “Movement” section at https://www.bop.gov/coronavirus/covid19_status.jsp for details.

The BOP indicated that two women in the female dorm have been relocated, one to Fairview RRC and the other to home confinement. This is allowing the female dorm to be used as a quarantine area. A classroom has been designated as a waiting area for individuals entering the facility for new intakes, urinalysis, or transfer to hospital. Residents are on “modified movement” to and from the facility to minimize exposure.

Within the facility, the BOP stated that dorm rooms are limited to 5 or 6 residents to allow for distancing. The CIC’s understanding is that the capacity of each dorm room is 16 individuals. The computer room is also being limited to 5 people at a time to allow for distancing. Residents and staff are encouraged to wear masks at all times and to wash their hands frequently, and hand sanitizer stations have been placed around the facility. Staff and residents are having their temperatures checked daily, including individuals coming to VoA for urinalysis.



Volunteers of America RRC

**District of Columbia
Corrections Information Council**

May 26, 2021

District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member
Calvin Woodland Jr., Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

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Facility Demographics

Rated Capacity: 148

Current Population: 102

DC Residents in Population: 51

DC Residents Supervised on Home Confinement: 37

Survey Respondents: 15

Average Length of Stay: 4 months

Security/Custody Level:

Minimum/community

The CIC conducted virtual visitation with the residents of VOA on November 19, 2020 based on a survey regarding their RRC experience during the COVID-19 pandemic. Fourteen respondents provided information about their length of stay in the federal system, which ranged from 15 months to 34 years. The total time served by the 14 men was almost 116 years. One of the men had served 34 years. The others served an average of 6 ¼ years. Half of the men served five or fewer years.

Introduction

Background

Volunteers of America (VOA) is a Residential Re-entry Center (RRC) located at 5000 E. Monument Street in Baltimore, Maryland. Volunteers of America has provided re-entry services for more than forty (40) years. The mission statement of VOA states: “Volunteers of America Chesapeake empowers self-reliance and inspires hope. As a church without walls we do this through personalized housing, ministry, health and human services that benefit vulnerable individuals, their families, and the community.” VOA also contracts for mental health and addiction treatment services, including sex-offender treatment programming from Royal Minds, which is located walking distance from the facility. According to Director Solomon Hejirika (subsequently referred to as “the Director”), VOA makes sure resources from community providers are available for re-entry, obtaining identification, and building employment skills and opportunities.

The RRC in Baltimore re-located to its current site in 2013. The facility has 148 beds total: 20 are reserved for women, 128 are reserved for men; and the facility may accommodate 50 individuals on home confinement. According to the Director, there are approximately 42-45 staff members, which includes eight case managers, two employment specialists, and one person to manage the GPS for those on home confinement. When providing information about staffing, the Director did not include food service workers since they are contractors. At the time of the visit, there were several security positions that were vacant.

According to the Director, VOA normally relies on the provision of programming from community-based organizations. In response to concerns about COVID-19, almost all programming was suspended or terminated. On November 19, 2020 the only programs available to residents were Royal Minds, which is an off-site treatment program (one block from VOA) that has a contract with the BOP, and Voices for a Second Chance (VSC), which is an on-site first-responder¹ program occurring weekly on Tuesdays from 10 AM to 4 PM.

According to the Director, with the advent of COVID-19, the RRC (with approval from the BOP) has tried to transition people from on-site residential accommodations to home confinement as quickly as possible. The CIC is still awaiting previously requested information explaining the BOP’s contract revision, which increased the number of people on home confinement to depopulate the residential program.

Comment from the Federal Bureau of Prisons:

The BOP did not execute contract modifications as a result of the CARES Act, however they did issue technical direction. This information is available on the BOP public website at the following link: <https://www.bop.gov/coronavirus/index.jsp>. Guidance and technical direction for RRC and HC providers can be located at the bottom of the page.

¹ “First Responder Services” assist people during and after incarceration by connecting people with services and resources while providing guidance. VSC staff works with individuals to design a reintegration plan.

The RRMB requests the CIC coordinate their requests for follow-up information through the Bureau of Prisons Coordinator, rather than directly to a RRC.

Residential Program

VOA has a contract with the Federal Bureau of Prisons (BOP).

The BOP contracts with residential reentry centers (RRCs), also known as halfway houses, to assist inmates who are nearing release. RRCs provide a safe, structured, supervised environment, as well as employment counseling, job placement, financial management assistance, and other programs and services. RRCs help returning citizens gradually rebuild their ties to the community and facilitate the supervision of activities during their readjustment phase.²

VOA previously served some pretrial residents but stopped because of COVID-19. Upon arrival, residents meet with the intake coordinator who initiates an interview, screens temperatures, creates an ID photo, assigns resident to room, provides linens, and conducts a tour of facility. The facility contains 16 male dorms consisting of eight beds each: four on each side of a partition. The female side contains two dorms with 10 beds each, but the female units are currently locked because all women are on home confinement. Common areas include two gyms and 10 laundry machines. The gyms and basketball courts are currently closed due to COVID-19.

According to the Director, VOA has instituted additional health and safety measures in response to concerns about COVID-19. Resident roll call is conducted five times per day. Masks must be worn in common areas, staff is instructed to stay home if sick, temperature screenings are conducted when staff or residents return to the facility.

On November 19, 2020, there were 102 residents. Fifty-one of the 102 men receiving residential services are DC residents. The BOP controls the assignment of people to Residential Re-Entry Services, as well as home confinement. According to the Director, VOA has tried to transition people as quickly as possible from residential services to home confinement so that short stays are - to some degree- a measure of success. The length of stay is not specified by any document, but - according to the Director - since the onset of the pandemic, a residential stay is generally no longer than 90 days. The DC Corrections Information Council received previously completed questionnaires from 15 of the 51 men from DC. Of the fifteen men who completed surveys, eleven had resided at VOA for less than a month. People with a housing plan approved by the BOP are quickly placed on home confinement. Three of the four men who had resided at VOA for more than a month noted that they lacked permanent housing and believed they would be staying until their release date. Of the eleven men who were at VOA for less than a month; four (4) indicated they had permanent housing; five (5) said they needed permanent housing; and two (2) did not indicate one way or the other.

Several of the men expressed that the process of re-integration was rushed because they were not designated for residential re-entry services until they had only a few months remaining on their sentences. People most concerned about feeling rushed were those who had served sentences that exceeded ten years. According to the Director, the greatest challenges in serving DC

² FBOP, About Our Facilities, *Completing the Transition*, available at https://www.bop.gov/about/facilities/residential_reentry_management_centers.jsp.

residents involve finding employment and housing, especially for sex offenders. The men expressed concerns about the transition from the BOP to VOA, and stated they were forced to rely upon their own resources instead of reliable connections to programs and services designed to help their transition in an orderly manner. Residents also stated that they are not permitted to assist with preparation of meals and must rely on vending machine snacks for the 12-hour period between dinner and breakfast the next morning. Additionally, men in the residential program discussed the lack of natural light, since there are no windows in the male sleeping area.

Comment from the Federal Bureau of Prisons:

The District of Columbia has not had a designated RRC for offenders returning to the district since May 2020. VOA Baltimore has been providing critical re-entry services to returning citizens releasing to the District. It is not the intent of the VOA Baltimore RRC contract to be the main service provider for this population nor was it contemplated in the contract.

Home Confinement Program

Volunteers of America provides supervision for people on home confinement. The BOP states that “home confinement is a time of testing and an opportunity for inmates to assume increasing levels of personal responsibility while providing sufficient restriction to promote community safety and continue the sanction of the sentence.³” Some returning citizens are granted direct home confinement, meaning they are released from a secure institution to the VOA in order to receive an electronic monitoring device, then are released to the community the following day. Others reside at VOA for a period, then move to home confinement. The Director noted that VOA is trying to send folks with disabilities or major health issues to home confinement

To qualify for home confinement, a person is generally required to have served the shorter of all but six months or nine-tenths of their sentence. Prior to the pandemic, an in-person home visit by VOA staff and a landline were also required. However, in the interest of efficiency and public health, alternative means of home verification were employed, such as phone communication. . On November 19, 2020, there were 37 DC people on home confinement.

Recommendations

- **Medical issues:** Provide information and direct connections to DC medical services, including Unity Health Care and the DC Department of Behavioral Health.
- **Home Confinement:** Provide clear eligibility information regarding the process of transitioning to home confinement, especially all requirements about suitable housing.
- **Movement:** Provide safe and appropriate means of transportation for residents to attend appointments and family reunification events in the District of Columbia.

³ BOP, *Home Confinement*, Program Statement 7320.01, Aug. 1, 2016, at 1, available at https://www.bop.gov/policy/progstat/7320_001_CN-1.pdf.

- **Programs and Services:** Develop and maintain strong, collaborative relationships with DC agencies and organizations and ensure that DC residents are directly connected to services.

Medical

Background

A smooth transition from a secure facility to the community requires continuous medical care. The Director stated that a smooth transition of medical services, including medical records, is facilitated by Naphcare. Naphcare is the largest third-party administrator for the BOP, and it manages the medical process, including scheduling appointments and processing claims. During the process of BOP transfers, an exit summary, medical records (paper or electronic), and medications are transferred with the designated inmate.⁴ The Director stated that if residents arrive without medication, the intake coordinator has the medication overnighted from the facility to VOA. Seven out of fourteen survey respondents indicated that they received medications upon their departure from the BOP, and seven indicated they did not⁵. Five survey respondents indicated that they were currently receiving needed medications while at VOA.

When a resident seeks medical care, the resident consults a case manager, who then submits a request to Naphcare. Naphcare usually approves requests within one day. Then, the resident goes to the hospital, which bills Naphcare directly. If there is an emergency and 911 is contacted, VOA contacts Naphcare the following day. There are five hospitals in close proximity to VOA.

In order to refill a prescription prior to the pandemic, residents would request a pass to retrieve medication from CVS or Walmart. However, medications are now retrieved by staff on a daily basis.

The arrangement with Naphcare creates unique difficulties for DC residents. People in the custody of VOA are required to have Naphcare. Since multiple health insurances are not permitted, they cannot apply for Medicaid. This means that Voices for a Second Chance cannot arrange re-entry services through Medicaid, which has more DC based resources for primary medical care, behavioral health, or substance abuse services. Continuity of services is important upon an individual's release, and residents expressed frustration with eligibility restrictions and the logistics of switching insurance. They must wait until they are no longer in the custody of VOA before applying for Medicaid. If there are any delays during the Medicaid application process, individuals are unable to access medications, and they encounter long waits to access care providers and detox or substance abuse services through the DC Department of Behavioral Health.

⁴ BOP, *Pharmacy Services*, Program Statement 6360.01, Jan. 15, 2005, at 32, available at https://www.bop.gov/policy/progstat/6360_001.pdf.

⁵ It is possible that some people who did not receive medication upon their departure may not have required it.

Comment from the Federal Bureau of Prisons:

Residents of RRCs are encouraged to apply for Medicare and Medicaid. While they may not be eligible to receive the benefits until they are transferred to home confinement, the application process can begin up to 90 days prior to the anticipated transfer. The BOP does not determine eligibility for Medicare or Medicaid. These programs and their eligibility requirements are regulated by other agencies.

Comments from Residents

Several residents spoke about the lack of medical services at VOA and the need for on-site medical services upon release. Returning citizens are accustomed to the on-site medical and pharmacy services provided at BOP institutions, and some, especially those who have served lengthy sentences, possess limited knowledge of how to independently navigate those services. Survey comments included:

“They don’t have a medical staff here period. Whatever medication I received I have to go through [outside medical providers and pharmacies] to get my psych medication. No medical staff here at all.”

“Not even a regular nurse or a PA to deal with medical issues, never seen anybody checking guys’ blood pressure, don’t test for COVID, no physical when you arrive.”

Residents also noted that they had to pay for their own medical devices including heart monitors. Others complained about laxity in getting medical appointments or medication refills. Two residents contrasted the lack of medical care and the difficulties of navigating the process through Naphcare with the ease of walking a few blocks from the now closed Hope Village RRC to Unity Health Care, which would provide immediate medical care while completing the insurance enrollment process.

Comment from the Federal Bureau of Prisons:

Our contracts with RRC services does not require the RRC Contractor to have medical staff at the RRC. All medical services are handled through a separate contract, and Naphcare is the only third-party administrator that is used for RRC medical care.

Recommendation

Provide information and direct connections to DC medical services, including Unity Health Care and the DC Department of Behavioral Health.

Comment from the Federal Bureau of Prisons in response to the recommendation:

It was not the intent of the VOA Baltimore RRC Contract to be the main service provider to the returning citizens for the District. As such, they are much better suited to provide information and direct connections to medical and mental health providers closer to the area in which they are located and in the area of which it was intended for them to provide services.

Home Confinement

Background

VOA supervises people on home confinement in addition to providing residential services. In response to the pandemic, during the spring/summer of 2020 - the BOP's contract with VOA increased from 148 individuals to 291 individuals, and 189 of those slots were allocated for supervising people on home confinement. There were no women currently in the residential program at VOA, and 14 women were on supervised home confinement⁶. According to the Director, the number of people on home confinement increased to depopulate the residential program in response to concerns about COVID-19. Despite this rapid increase, there is only one staff member assigned to supervise the GPS devices used by people on home confinement.

Some people arrive from a secure facility to VOA already approved by the BOP for direct home confinement. If there is an electronically monitored program available, an inmate who does not require CCC transitional services may be placed directly on home confinement from an institution.⁷ Generally, an inmate may be considered eligible for direct placement on home confinement if he or she has no public safety factors; had excellent institutional adjustment; has a stable residence with a supportive family; has confirmed employment (if employable); and has little or no need for the services of a CCC.⁸ A person's stay may be as brief as a few hours, which is long enough to obtain an ankle bracelet and set up a supervision schedule.

People assigned to the residential program may also "graduate" to home confinement once they have completed the requirements, including securing appropriate housing. When an inmate has employment and a place to live and has demonstrated that s/he no longer requires the level of accountability and services the CCC provides, the inmate may be placed on home confinement.⁹ The housing arrangements are generally made with family members who complete the necessary paperwork, which is then forwarded to the BOP for approval. For various reasons, some inmates may never progress to a level of responsibility which would warrant placement on home confinement.¹⁰ Due to concerns about COVID-19, VOA is relying on telephone communication with family members rather than conducting on-site home inspections for home confinement placements. Also, if a person's sentence requires supervision by another jurisdiction after home confinement with VOA is complete, VOA must first locate the proper entity in that supervising jurisdiction to also secure their approval of the home confinement location before VOA can transition them to their home confinement location. Because of the several steps involved, the BOP approval process can take several days. Once assigned to home confinement, people must continue to see their case manager biweekly and provide a urine sample for drug testing.

Prior to the adjustments due to COVID-19, people on home confinement were required to return to VOA four times a month, if participating in drug treatment programs, and talk with case

⁶ These numbers are subject to regular fluctuations.

⁷ BOP, *Home Confinement*, Program Statement 7320.01, Aug. 1, 2016, at 8, available at https://www.bop.gov/policy/progstat/7320_001_CN-1.pdf.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

managers to monitor progress. That requirement was modified to twice a month by the BOP on Nov. 12, 2020.

Voices for a Second Chance (VSC) stated that home confinement services are the same as residential program services. However, once people return to their communities, VSC case managers can complete more comprehensive intakes and facilitate connections to medical and mental health care, housing, and employment services. The case managers can employ a holistic approach that considers the entire family and community during the transition process.

Comment from the Federal Bureau of Prisons:

The BOP has Community Treatment Services (CTS) in DC as well as Baltimore. Services can be transferred from one contracted provider to another once they are approved for HC.

Comments from Residents

Residents' comments about home confinement varied based upon experiences. The following comments reflect a range of outlooks regarding the process:

"Paperwork and everything has been done, already been approved to go, so just waiting to get the monitor on and leave."

"I've been here since end of September and home confinement date coming up and they haven't done process of home visit etc to see if address is valid or not."

"Some inmates [are] here past their [eligibility]date because family doesn't want to take us."

Some residents expressed confusion about the eligibility requirements and transition process for home confinement. Ten out of 15 survey respondents stated they were eligible for home confinement. Of the ten, only four stated that they had permanent housing. Therefore, some residents were unaware of the permanent housing requirement for home confinement eligibility. Residents are free to reside in a shelter upon release (i.e. completion of their sentence); however, they are not permitted to reside in a shelter while on home confinement. Some residents feel like BOP guidance conflicts with VOAs role since VOA does not provide the transitional housing. One respondent remarked, "If a federal institution is putting you down for transitional housing, staff at VOA is not helping to get you into transitional housing."

Former VOA residents noted that they are still highly involved with case managers and parole officers during their home confinement. They expressed that continual check-in requirements and approval requests serve as hindrances to reintegration for people already subject to the stigma of wearing a GPS monitor.

Comment from the Federal Bureau of Prisons:

The supervising district must approve an inmate's home plan. Regardless of the housing plans assisted and developed by the RRC, the USPO/CSOSA must approve the plan and/or may make other recommendations.

Recommendation

Provide clear eligibility information regarding the process of transitioning to home confinement, especially all requirements about suitable housing.

Comment from the Federal Bureau of Prisons in response to the recommendation:

Information regarding the home confinement program and eligibility is outlined in the VOA Baltimore RRC resident handbook. Each resident is counseled regarding the home confinement program during orientation and subsequent case management meetings. Finding suitable housing in the DC area has been difficult at times. The VOA Baltimore has made a tremendous effort to become familiar with services in the DC area which would assist each resident in finding housing in the District.

Movement

Background

While transitioning from a secure institution to the community, residents value the freedom and flexibility of “being halfway back” and having the ability to make and keep appointments for needed services, such as obtaining identification and securing employment. Nine survey respondents stated that they had a job promised to them upon release. None of those men were currently able to use those employment opportunities due to COVID-19 restrictions, which prevented them from leaving the facility.

While the residents held the administration of VOA responsible for the constraints, the administration stated that lack of movement was primarily in response for concerns about the spread of COVID-19. The Director stated that VOA conforms with COVID-19 restrictions for Baltimore, Maryland. On November 19, 2020, the state of Maryland reverted to Phase I of COVID-19 restrictions. Therefore, residents and people on home confinement, even those physically residing in the District of Columbia (DC), were required to comply with Baltimore restrictions.

The Director noted that during October while in Phase 2 residents could move about more freely. For example, residents were permitted to go to DC for appointments, programming, and employment. Prior to the onset of the pandemic, residents were also permitted leisure time and time to visit family Monday through Friday, using ten-hour passes to accommodate travel to and from DC.

Since Maryland was currently in Phase I of restrictions, visitation and programming were restricted (essentially eliminated), as well as all travel to DC. The Director stated that most residents were not allowed to travel to DC for job searches or visits, and leisure had been cancelled to minimize community spread of COVID-19. He stated that only residents with a verified DC address were allowed to travel to DC for appointments with the Department of Motor Vehicles, or to get birth certificates and Social Security cards. Eleven survey respondents needed a current, valid form of identification.

Residents are permitted to own smart phones to talk to family and set up employment, and ten survey respondents indicated ownership. Residents must acquire the phone, then register it with VOA, and people convicted of sex offenses have restrictions on their phone and internet usage, which is monitored by security staff. Nine respondents noted that no DC government agency had attempted to contact them; however, five respondents stated they had been contacted by DC non-profit organizations.

Approximately 60% of survey respondents indicated they had permanent housing, regardless of whether or not located in DC. Residents without an approved DC address noted the difficulty in obtaining identification. VOA has a policy stating that DC residents without an approved home address must obtain ID using VOA's address. The Director noted that due to the proximity of DC and MD, some residents desire two sets of identification. He noted that if the Mayor's Office on Returning Citizens Affairs (MORCA) was open, residents could use that address to obtain DC identification; however, since the MORCA office was under renovation at the time, it was unable to serve as a person's mailing address.

Voices for a Second Chance (VSC), which provides on-site case management services every Tuesday, noted that transportation is challenging for their clients. VSC stated that clients would benefit from transportation to specific organizations that assist with housing and employment needs.

Comments from Residents

Several respondents provided comments explaining that they felt geographically isolated and immobilized. All residents' comments focused on the frustration of being unable to go to DC for appointments or family visits.

Other residents stated that caseworkers needed to provide more information about available DC resources. 60% expressed that their case managers are very helpful; 20% expressed that their case managers are somewhat helpful; and 20% noted they were not helpful.

Recommendation

Provide safe and appropriate means of transportation for residents to attend appointments and family reunification events in the District of Columbia.

Comment from the Federal Bureau of Prisons in response to the recommendation:

VOA Baltimore provides access to transportation vouchers and assist with making arrangements for offenders releasing to the District.

Programs and Services

Background

In response to concerns about COVID-19, almost all programming was suspended or terminated. On November 19, 2020 the only programs available to residents were Royal Minds, which is an off-site treatment program (one block from VOA) that has a contract with the BOP, and Voices for a Second Chance (VSC), which is an on-site program occurring weekly on Tuesdays from 10 AM to 4 PM.

Voices for a Second Chance is a DC- based non-profit that provides “first responder services”, which includes assisting clients with obtaining birth certificates, drivers’ licenses, identification, social security cards, and housing information, as well as links to support services for clothing, shoes, coats, personal protective equipment, and toiletries. Voices for a Second Chance also supplies writing materials for residents to communicate with family. The DC Office of Victim Services and Justice Grants (OVSJG) provides grant funding that supports some of VSC’s work at VOA. VSC would like more resources for individuals with cognitive challenges and more on-site wellness programs. Residents of VOA and staff of VSC also noted the special needs of people who have served long sentences, which means they are returning to different family and neighborhood dynamics, and their support systems may also need additional resources, such therapy and subsidies.

Through an MOU with VOA, VSC is permitted to conduct on-site intake and conduct assessments in the visitation room. During that time, no VOA staff is present, so residents may confidentially communicate. In addition to the on-site services, residents are provided with the contact information for VSC staff, and may call and email them as needed.

Royal Minds offers group and individual counseling, as well as alcohol and drug addiction treatments and psychosocial rehabilitation. The staff includes professional and licensed counselors.

Comments from Residents

Both residents and staff provided positive feedback about the work of VSC. However, residents and staff noted that VOA needs greater knowledge and coordination of DC-based resources and services.

Most resident comments about programming expressed frustration with the lack of programming and the attitudes of VOA staff when residents request assistance:

“[VOA] staff is disrespectful, case managers not doing anything for me.”

“Communication between [VOA]staff and us here is not productive to say the least.”

“I haven’t seen nobody yet, haven’t seen my caseworker yet, so I don’t know what’s going on.”

"[There is] no orientation where they sit in a room together and hear how things are supposed to go."

Other residents expressed their appreciation for current efforts by VSC:

"VSC there every week, really trying to help people get IDs, really are trying, certainly helping individuals from DC who need help bringing clothes or other stuff."

"VSC when they come they have so much stuff to do it's too much for them."

Several residents also expressed concerns about the links to mandatory services:

"I thought once we get here we'd be entitled to parole officer, I don't even know who my parole officer is, we should be able to get in touch with our parole officer."

"I haven't been in touch with parole or CSOSA."

"72 hours after my release from VOA I guess I have to call CSOSA and try to find out going on and where they are and who[I] have to report to."

Recommendation

Develop and maintain strong, collaborative relationships with DC agencies and organizations and ensure that DC residents are directly connected to services.

Comment from the Federal Bureau of Prisons in response to the recommendation:

VOA Baltimore places emphasis on developing and maintaining strong, collaborative relationships with re-entry agencies and organizations. Their goal is to ensure all residents releasing to communities serviced by the VOA Baltimore RRC are connected to the appropriate re-entry services. The RRMB encourages the CIC to coordinate any additional information pertaining to re-entry services available to DC offenders with the Bureau of Prisons Coordinator.

Conclusion

The BOP contracts with Residential Re-Entry Centers to assist inmates who are nearing release. In addition to providing a safe, structured, supervised environment, RRCs provide programs and services to help returning citizens rebuild their ties to the community. Many residents from DC feel that the VOA needs improvement regarding how to effectively serve its DC population. Returning citizens expressed disappointment and frustration with the lack of programming and limited re-entry supports, especially while living apart from their families and communities. Due to both restrictions in response to the pandemic and the distance from DC, residents desire improvements on issues regarding medical and insurance services, home confinement eligibility, access to transportation, and DC -specific programs and services. However, improvements in those areas are beneficial to the DC population, regardless of the existence of a pandemic.

Appendix A: Methodology

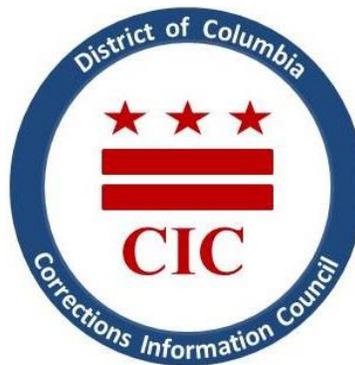
The CIC conducted virtual interviews at the Volunteers of America Residential Reentry Center during the pandemic due to the prohibition of in-person visits. The DC CIC initially mailed a paper survey to approximately 40 VOA residents on September 20, 2020. Only one resident mailed a completed survey back to the CIC, and several surveys were returned as undeliverable because those people were released from VOA. Subsequently, the CIC contacted VOA leadership and arranged to conduct interviews with residents via video.

On November 19, 2020, CIC analysts conducted two group interviews. VOA staff set up the facility visiting room with approximately twelve desks spaced apart from each other, and a computer monitor equipped to allow residents to speak with CIC staff via Zoom meeting. When the men arrived for the group sessions, they were provided a printed survey to complete. The group sessions began with an introduction of the CIC by staff and general inquiries about conditions and concerns. The initial group session, which contained ten residents, lasted approximately 45 minutes, and the second group session, which contained five residents, lasted approximately 20 minutes. At the conclusion of each session, the men provided their completed surveys to VOA staff, who then scanned and emailed the surveys to the CIC.

On November 20, 2020, a close-out meeting was held via Zoom with VOA Director. The CIC also met with staff from Voices for a Second Chance via Zoom on December 3, 2020.

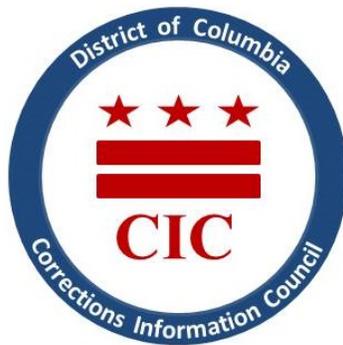
Appendix B: BOP Response

Responses from the Federal Bureau of Prisons are embedded throughout the report.



**District of Columbia
Corrections Information Council**

The electronic version of this report is
available on the CIC website:
<http://www.cic.dc.gov/>



COVID-19 Survey Preliminary Findings

**District of Columbia
Corrections Information Council**

January 7, 2021

District of Columbia Corrections Information Council

Charles Thornton, Board Chair
Katharine A. Huffman, Board Member
Nkechi Taifa, Board Member
Charlie Whitaker, Board Member
Calvin Woodland Jr., Board Member

About the District of Columbia Corrections Information Council

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

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

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

DC Corrections Information Council

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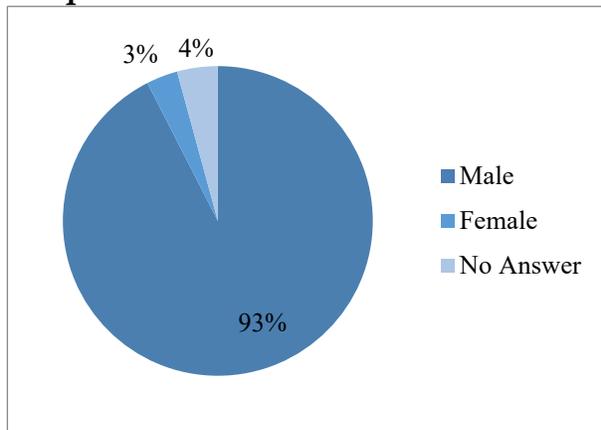
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Survey Respondent Demographics

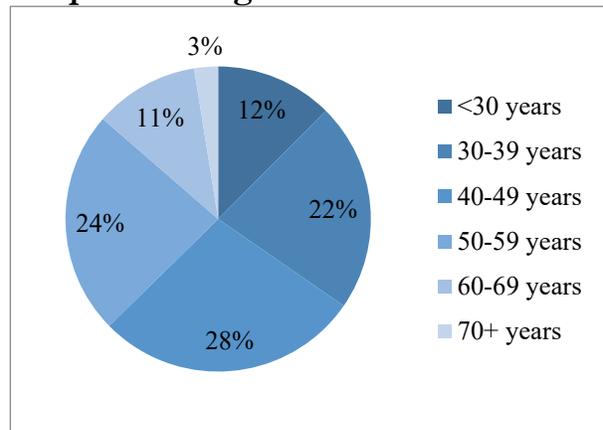
Surveys Sent: 1,750 to 111 facilities
Respondents: 519 from 90 facilities

Respondent Average Age: 44.9

Respondent Gender:



Respondent Age:



I. Introduction

In March 2020, the SARS Cov-2 pandemic (Covid-19) began impacting Federal Bureau of Prisons (BOP) facilities where DC individuals are held. On March 13, 2020, the BOP suspended visitation to all BOP facilities, including the CIC's on-site inspections. The CIC continued to receive email and letters from individuals inside facilities, though individuals reported that access to phones and/or email and their ability to send postal mail was limited to varying degrees due to partial or complete lockdowns at facilities. The BOP provided general information about high-level policies responding to Covid-19, but indicated that many implementation decisions were made at the facility level due to variations in facility layout, population, and local conditions. The communications CIC received from incarcerated individuals during March and April indicated that there were significant differences in the Covid-19 response across different facilities.

In order to get a clearer picture of conditions in all the facilities where DC individuals are held, the CIC created a 20-question survey focusing on four areas: institutional cleaning, access to medical care, movement, and communication. The survey was sent to 1,750 DC individuals across 111 facilities in June 2020.¹ Five hundred nineteen survey responses were received from 90 different facilities through August 15, 2020. The CIC applied statistical weighting to the quantitative responses in order to make the data more representative of the full DC population in the BOP. These results are reported below. The CIC is continuing to analyze the qualitative data received, and will provide that information in a forthcoming report. Information from BOP resources is included below each chart to provide context.

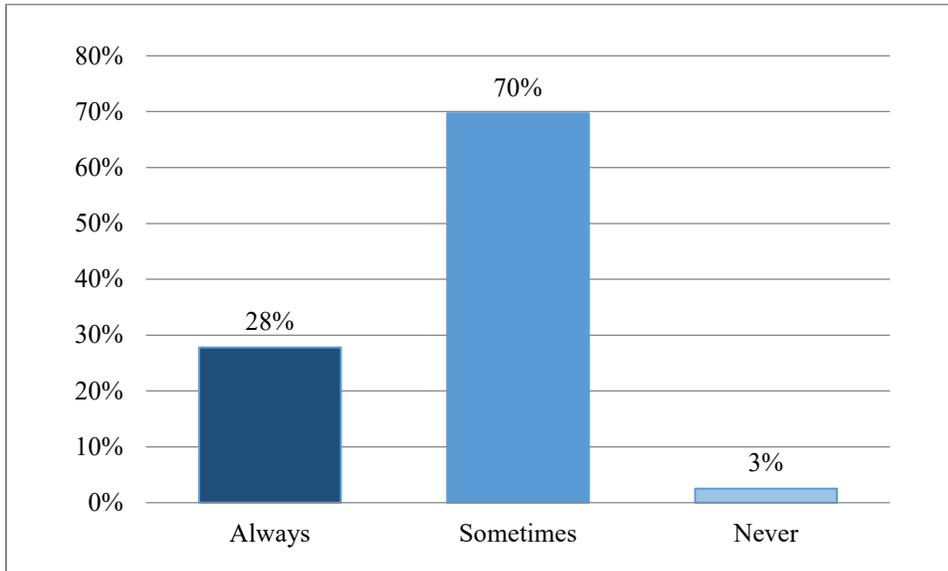
Per the CIC's Memorandum of Understanding with the BOP, this report was provided to the BOP in advance of publication for comment. Information provided by the BOP in response to the report draft is included in the text of the report, and the full text of the agency's response is included as Appendix C.

¹ For more information on survey methodology, see Appendix A.

II. Institutional Cleaning

Q: Do staff wear masks and gloves at your institution?

N=517



The BOP stated that all BOP staff and inmates were issued cloth masks to wear, and that any staff working in a quarantine unit with asymptomatic inmates are required to wear masks and gloves. Staff are not required, but can opt to wear masks while walking on the compound.²

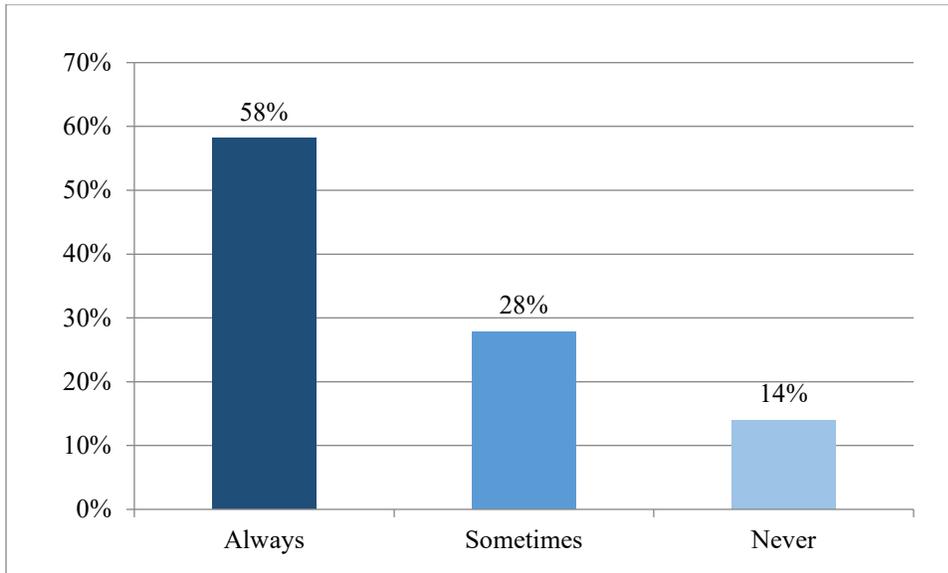
In response to a draft version of this report, the BOP stated that surgical masks were issued to staff and inmates at all facilities on April 3rd, and cloth face coverings were distributed as well. The BOP response added that guidance as to where and when to wear PPE, and which type to wear was provided to all sites and is consistent with CDC guidance.³

² "Correcting Myths and Misinformation About BOP and Covid-19", p. 1. May 6, 2020.

Available at https://www.bop.gov/coronavirus/docs/correcting_myths_and_misinformation_bop_covid19.pdf

³ Appendix C, BOP Response to CIC Preliminary Report.

Q: Do you have soap to wash your hands when leaving and returning to your cell?
N=513



BOP guidance states that hand and health hygiene practices are strongly encouraged including washing hands regularly with soap and water for 20 seconds,⁴ but the CIC could not locate any information about the BOP ensuring that individuals have access to sufficient soap for frequent handwashing. BOP information also stated that BOP sites have posted hygiene signage (handwashing and etc.) throughout facilities.⁵

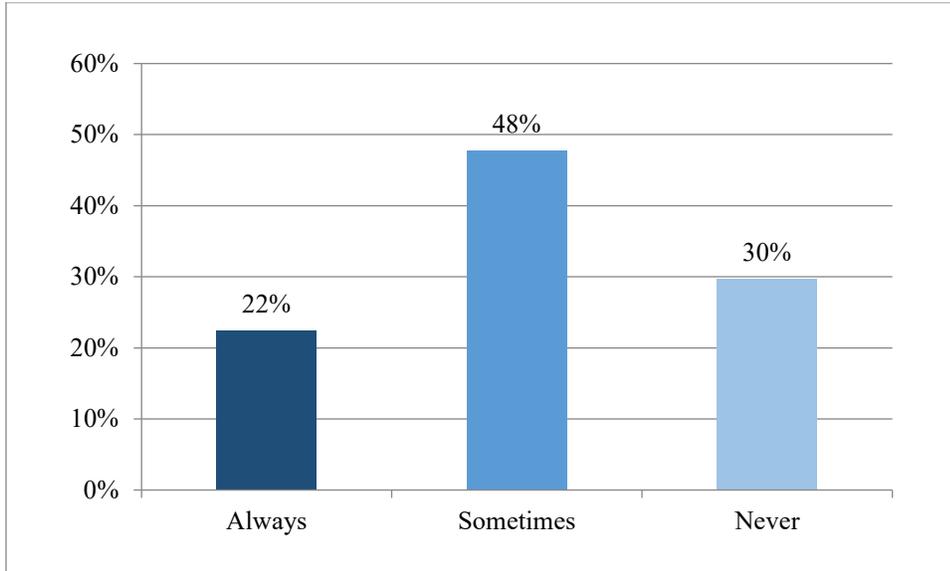
In response to a draft version of this report, the BOP stated that “soap is available throughout our institutions in cells and common areas at each facility (e.g. restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers.”⁶

⁴ “BOP Coronavirus (Covid-19) Phase Six Action Plan” p. 5. April 13, 2020. Available at https://www.prisonlegalnews.org/media/publications/BOP_Memo_Phase_6_COVID-19_Action_Plan_2020.pdf

⁵ “Correcting Myths” p. 3

⁶ Appendix C, BOP Response to CIC Preliminary Report.

Q: Are computers, phones, and other common area items cleaned in between uses?
N=508



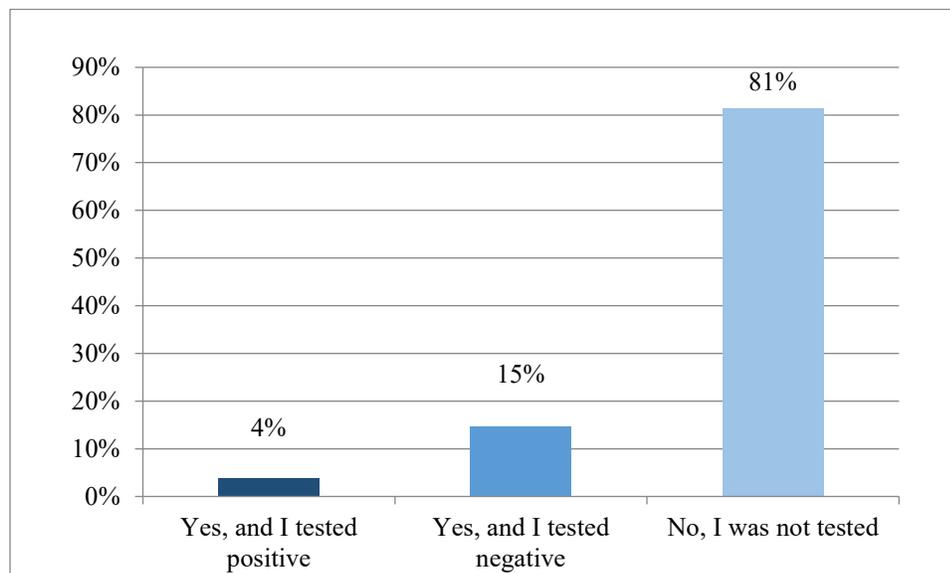
BOP guidance states that regular cleaning and disinfecting of high-touch surfaces should be emphasized to the inmate population, and that wardens must ensure cleaning supplies are readily available for all inmates.⁷

⁷ “BOP Phase Six Action Plan”, p. 5.

III. Medical Care

Q: Have you been tested for Covid-19?

N= 514



Throughout the pandemic, the BOP has indicated that it would test individuals on arrival into BOP custody and before moving individuals to their designated BOP facility.⁸ The BOP stated that effective March 26, 2020, all newly admitted inmates are screened and temperature checked by employees wearing PPE.⁹ In a press release dated April 23, 2020, the BOP reported that they were expanding Rapid RNA testing of symptomatic individuals at selected facilities with widespread Covid-19 transmission.¹⁰ The release also stated that the BOP expected to receive additional testing instruments which would be deployed based on facility need, including to facilities with high numbers of at-risk inmates, and could be used to expand testing of asymptomatic individuals.

In early June 2020, the BOP provided the CIC data on the number of DC individuals who had tested positive or recovered from Covid-19 as of May 27, 2020. At that time, the BOP indicated that fifteen DC individuals at eight facilities had a positive Covid-19 test, and that a further twenty-nine DC individuals at twelve facilities had recovered from Covid-19. The BOP has not provided updated information as of the publication of this report.¹¹

The BOP stated that effective June 19, 2020, all inmates entering any BOP facility are screened and tested by medical staff for Covid-19 upon arrival, and placed in quarantine or medical isolation as appropriate. Inmates releasing or transferring from BOP facilities are placed in a pre-release quarantine for a minimum of 14 days prior to their scheduled release.¹²

⁸ “BOP Implementing Modified Operations” Accessed September 16, 2020. Available at https://www.bop.gov/coronavirus/covid19_status.jsp

⁹ Appendix C, BOP Response to CIC Preliminary Covid-19 Report

¹⁰ “Bureau of Prisons Expands COVID-19 Testing”, April 23, 2020. Available at https://www.bop.gov/resources/news/pdfs/20200423_press_release_covid19_testing.pdf

¹¹ The CIC requested updated data on August 24, 2020. After repeated unanswered requests, on September 16, 2020 the CIC was instructed to file a FOIA request for the information. The FOIA request is currently pending.

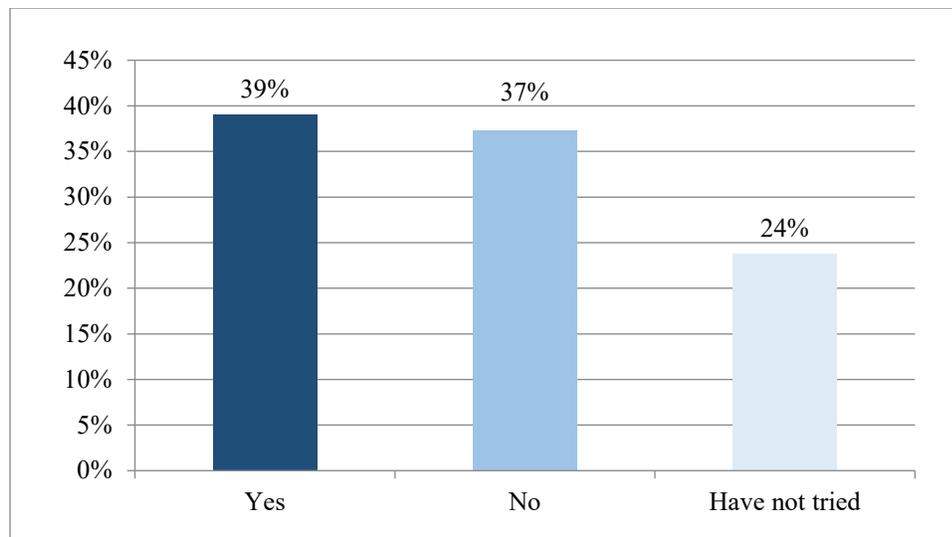
¹² Appendix C BOP Response to CIC Preliminary Covid-19 Report

The latest BOP guidance, which was updated November 25, 2020, reinforces the October 8, 2020 guidance stating that “all new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system are screened by medical staff for COVID-19 - including a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab.¹³” Those who test positive or display symptoms are held in a Medical Isolation unit, while those who are asymptomatic must quarantine for at least 14 days and require negative results on their day 14 or later follow-up test before they are admitted into the general population.¹⁴

The BOP also indicated that its testing capabilities have expanded as testing resources have become more widely available, and that the inmate population is now tested more broadly as compared to during the survey period in June 2020.¹⁵

Q: Have you been able to obtain medical care in the past 60 days?

N=508



BOP publications from early in the pandemic stated that Health Services staff throughout the BOP conducted rounds and checked inmate temperatures at least once a day, with twice-daily rounds in locations where inmates were in quarantine or isolation.¹⁶ Outside health care has been limited to urgent and emergent conditions, with routine outside healthcare postponed when clinically appropriate.¹⁷ As of November, “inmate movement is still expected to allow, when necessary, for the provision of required mental health or medical care, including continued Sick Call.”¹⁸

¹³ BOP, BOP Modified Operations, November 25, 2020: https://www.bop.gov/coronavirus/covid19_status.jsp

¹⁴ BOP Modified Operations, November 25, 2020.

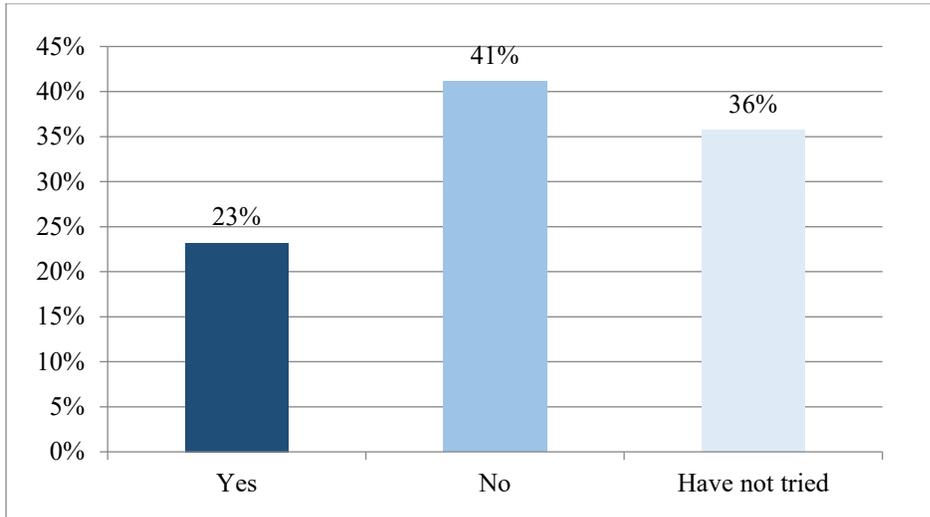
¹⁵ Appendix C BOP Response to CIC Preliminary Covid-19 Report

¹⁶ "Correcting Myths", p.1

¹⁷ "BOP Phase Six Action Plan", p. 4

¹⁸ BOP Modified Operations: https://www.bop.gov/coronavirus/covid19_status.jsp

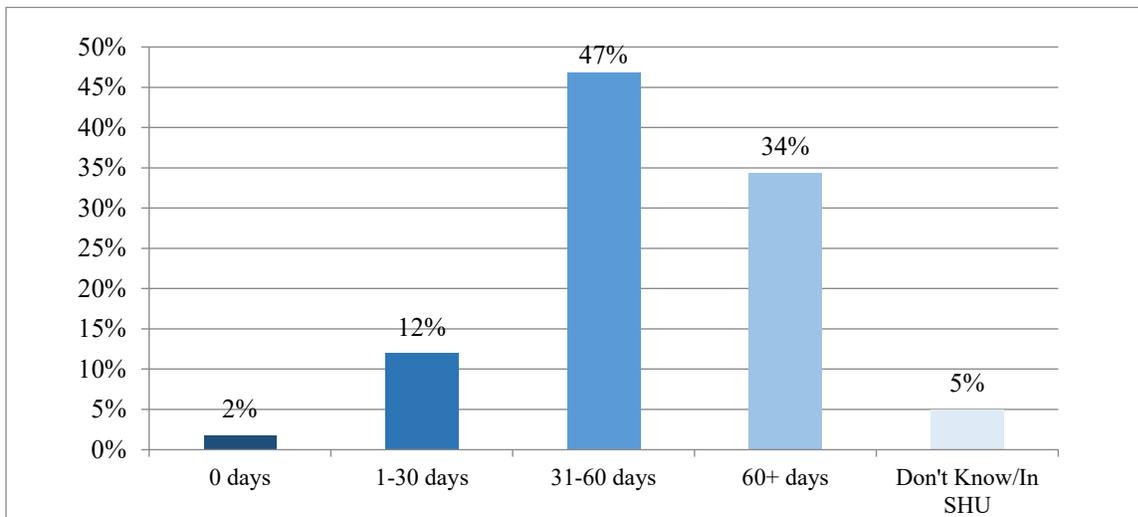
Q: Have you been able to obtain mental health care in the past 60 days?
N=514



BOP guidance states that mental health treatment should continue to be offered to the extent practicable during Covid-19-related lockdowns.¹⁹ In response to the preliminary version of this report, the BOP stated that, “critical services such as mental health care...have continued unabated throughout the pandemic.”²⁰

IV. Communication and Movement

Q: How many days has your facility been on lockdown in the past 60 days?
N=403²¹



¹⁹ “COVID-19 Action Plan: Phase Five”, March 31, 2020. Available at: https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp

²⁰ Appendix C BOP Response to CIC Preliminary Covid-19 Report

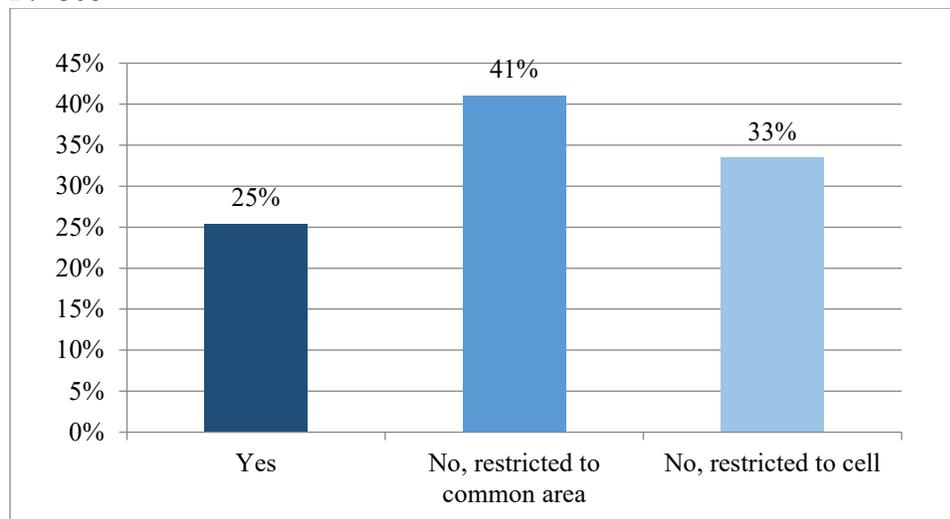
²¹ Due to question design, this question had a large number of invalid answers.

Many respondents shared that their facility had been on lockdown for longer than the last 60 days. Forty-one respondents said their facility had been on lockdown 90 days or more, a further 38 respondents said 120 days or more, and an additional 32 respondents said 150 days or more. Sixteen respondents indicated either that they did not know how long their facility had been on lockdown because they were currently in solitary confinement, or that their facility is a “lockdown facility”, meaning that residents are typically confined to their cells for 23 hours a day.

Thirty individuals answered that their facility was on modified lockdown, and described what modifications were in place, but did not provide the duration of the modified lockdown.

Q: Are you currently able to leave your housing unit?

N=508



BOP information regarding the level and duration of the lockdown has fluctuated during the pandemic. In the BOP’s Phase Five guidance dated March 31, 2020, the agency instituted a 14-day full “lockdown”, requiring inmates to stay in their cells with “limited group gatherings...afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Inmate Computer System (TRULINCS) access.”²² Subsequent BOP Phase memos extended this guidance through July 2020. The BOP’s Phase Nine memo, dated August 5, 2020, described policies for resuming legal visits, recreation access, modified residential programming (e.g. RDAP, BRAVE), and limited non-residential programming (e.g. GED, Anger Management.)²³

In response to the preliminary version of this report, the BOP noted possible confusion between the terms “lockdown” and “enhanced modified operations.” The BOP stated that all facilities have been on enhanced modified operations since April 1, 2020, which limited inmate movement in order to mitigate the spread of the virus. The BOP specified that movement limitations were imposed to “mitigate exposure and spread of Covid-19,” not as punishment.²⁴

²² “Action Plan: Phase Five”.

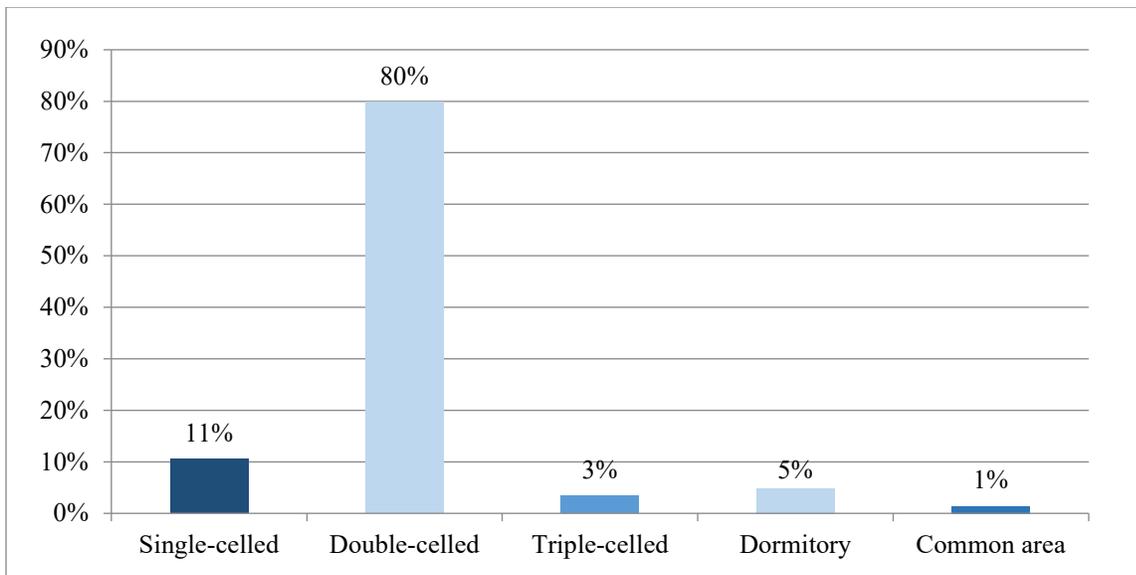
²³ “Coronavirus (Covid-19) Phase Nine Action Plan”, p. 3. August 5, 2020. Available at <https://www.themarshallproject.org/documents/7016444-BOP-Phase-9-COVID-Action-Plan>

²⁴ Appendix C BOP Response to CIC Preliminary Covid-19 Report

Survey respondents used “lockdown” and “modified lockdown” as general terms for significant restrictions to movement and programming access. Respondents expounded on the terms using additional comments to describe the various levels of restrictions experienced, which will be included in a forthcoming report.

Q: What is your current housing?

N=503



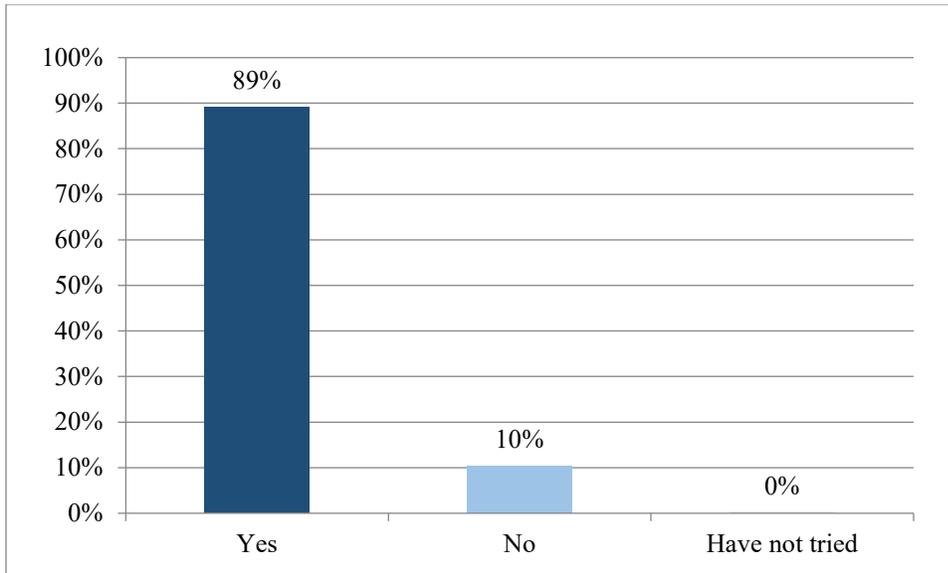
The type of housing available in BOP facilities varies by security level. Minimum and low-security facilities typically have dormitory-style housing, while medium and high-security facilities typically have cell-based housing. Administrative facilities, including medical and transfer facilities, tend to have a variety of housing types.²⁵ Cells can be designed for single-occupancy, double-occupancy, or rarely for housing more than two individuals. “Triple-celled” refers to three people sharing a cell designed to house two people. In some cases, individuals sleep on cots in the common area of units rather than in cells.

BOP guidance indicated that strategies for accomplishing social distancing should be evaluated, especially in open bay/barracks-style living quarters.²⁶

²⁵ https://www.bop.gov/about/facilities/federal_prisons.jsp

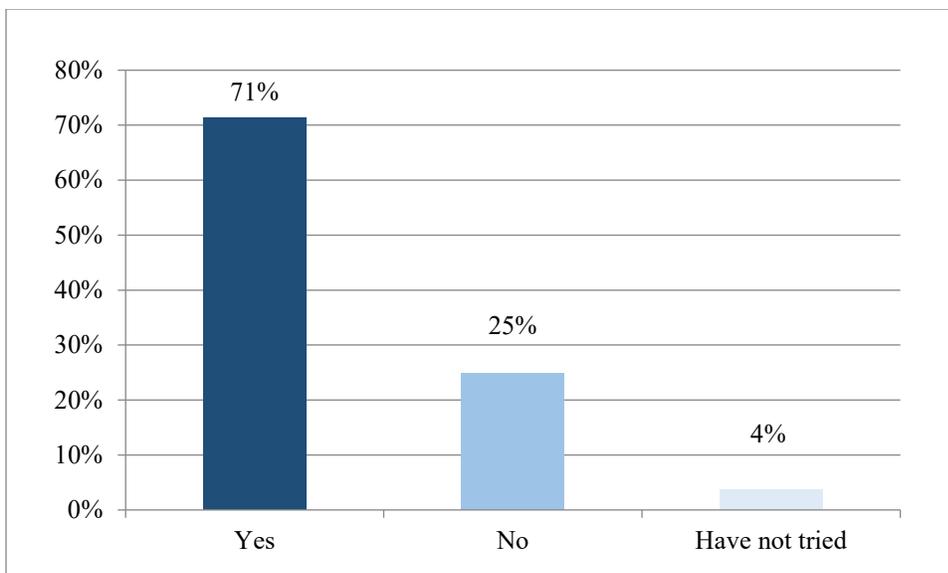
²⁶ “BOP Phase Six Action Plan”, p. 5.

Q: Are you able to make phone calls?
N=513



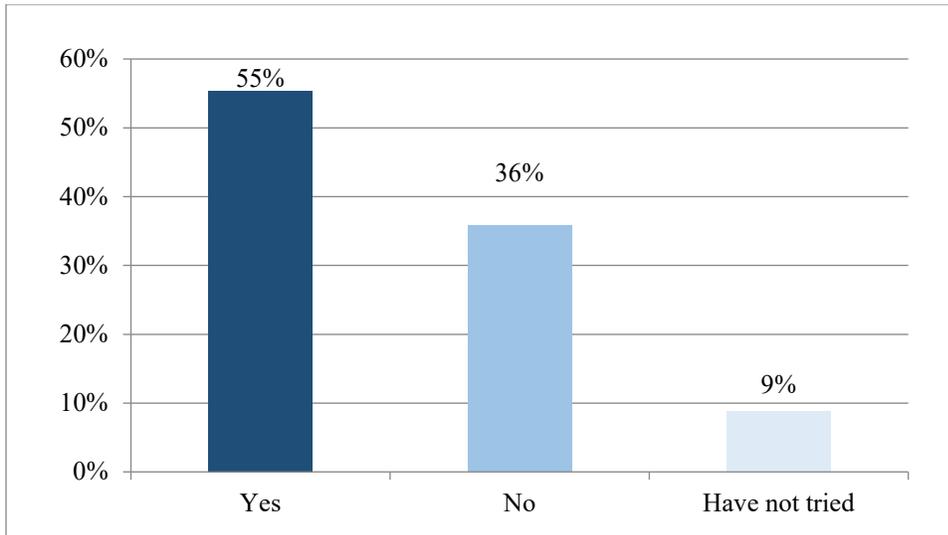
BOP guidance regarding access to phone calls during the period of the survey is vague. The BOP's public website about modified conditions indicated that when social visits were suspended, inmate telephone system minutes were increased to 500 minutes per month. In the BOP's March 31, 2020 guidance, the agency stated that they were allowing limited group gatherings "to the extent practicable" to provide access to phones.

Q: Are you able to send emails?
N=515



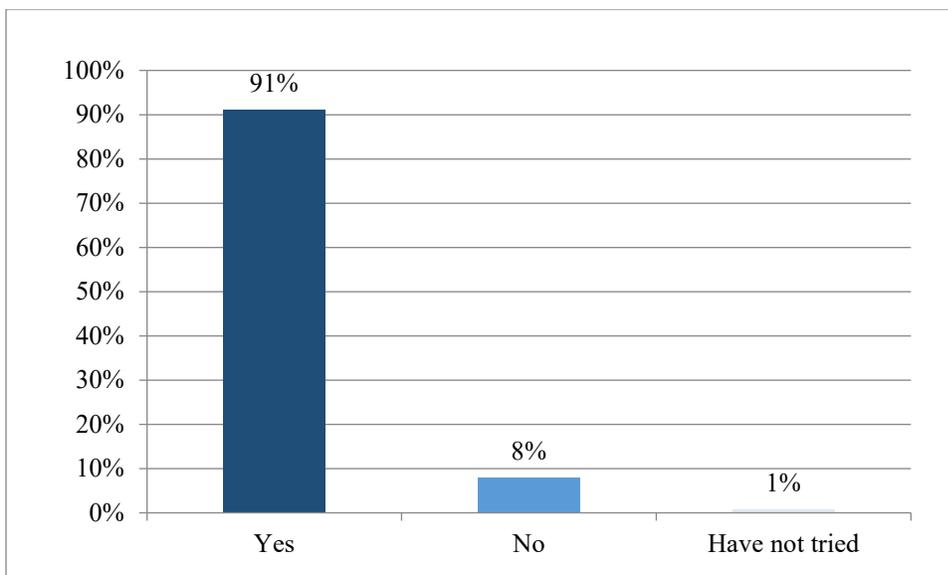
Guidance provided by the BOP regarding access to email only states that limited group gatherings should be allowed "to the extent practicable" to provide access to TRULINCS, the limited email program available to inmates.

Q: Are you able to use the law library?
N=504



Prior to the BOP's Phase Nine Action Plan, access to law library materials, either electronic or physical, was not discussed in BOP guidance. The Phase Nine Action Plan indicated that wherever possible, inmates "should be permitted access to the Electronic Law Library (ELL) under conditions determined by the Warden at each facility," and recommended that a schedule to permit fair and timely access to this information be established and provided to inmates.²⁷

Q: Are you able to purchase items from the commissary?
N=509



As with phone and email access, the BOP advised that movement in small numbers was allowed for the purposes of accessing commissary.

²⁷ "Phase Nine Action Plan", p. 3

V. Conclusion

The respondents to this survey are from 90 facilities with different security levels, population and staff sizes, and locations around the United States. The CIC received responses from facilities with a wide variety of Covid-19 exposure ranging from those with only a few positive Covid-19 tests to facilities where significant outbreaks have occurred or were occurring at the time the responses were sent. Responses were also received from facilities with specialized populations, including individuals in transit and those with intensive medical needs.

Survey respondents provided a wealth of additional qualitative information about their daily experiences during the months in which the BOP has been responding to the threat and/or presence of Covid-19 in its facilities. This preliminary report aims to capture a very broad snapshot of the experience of DC individuals in the BOP during Covid-19. The forthcoming final report of the results of this survey will include analysis of the qualitative information, as well as direct quotations from survey responses.

This survey reflects a snapshot of the experiences of DC residents in the BOP between late June and early August 2020. The CIC is in the process of conducting a follow-up survey asking about current experiences of DC residents in the BOP as the agency's response to the pandemic has changed.

Appendix A: Methodology

The CIC drafted a twenty-question survey focused primarily on institutional hygiene, access to medical care, communication, and movement. The survey was sent to a subset of just over half of DC Code offenders based on a list provided by the Federal Bureau of Prisons (BOP) on May 15, 2020. In order to obtain information from as many facilities as possible, while limiting the sample size to allow the CIC to process and report on data in a timely manner, a subset of survey recipients was chosen. At every facility with less than 30 DC individuals, every DC individual was mailed a survey. At every facility with more than 30 DC individuals, surveys were mailed to 30 individuals selected at random to represent that facility. The CIC sent 1,750 surveys to individuals at 111 facilities between approximately June 16, 2020 and June 24, 2020. The CIC received 519 completed surveys between June 25, 2020 and August 15, 2020 for a response return rate of 30 percent.

The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result. Twenty-nine of these 35 surveys are from individuals who can be identified as part of the DC population.

The surveys were compiled using SurveyMonkey, a business intelligence tool, with unique identifiers used to protect confidentiality. Data was exported to Microsoft Excel, and CIC analysts applied statistical weights to the responses so that the data would more accurately reflect the full population of DC individuals in the BOP. Responses from facilities with less than 30 DC individuals were counted as approximately half of one response, while responses from facilities with 30 or more DC individuals were weighted as approximately 1.5 responses.

Charts were produced through Microsoft Excel. Charts and other analysis do not include non-responses. Chart totals may not equal 100 due to rounding. In the interests of timeliness, only quantitative responses have been included in this preliminary report. Qualitative responses from the surveys are being compiled and analyzed by the CIC and will be included to provide context in the CIC's final report on this survey.

The CIC provided the BOP with a draft version of the report for review of factual information and an opportunity to respond to follow-up questions and any other information in the report. The BOP responses to the CIC preliminary report are included at the end of this report.

Appendix B: Responses by Facility

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ALD	FPC Alderson	3	1	33%	No Info
ALF	FCI Allenwood Low	21	3	14%	Yes
ALI	FCI Aliceville	6	4	67%	Yes
ALM	FCI Allenwood Medium	30	7	23%	Staff Only
ALP	USP Allenwood	30	8	27%	Staff Only
ASH	FCI Ashland	10	5	50%	Yes
ATL	USP Atlanta	30	6	20%	Yes
ATW	USP Atwater	30	12	40%	Yes
BAS	FCI Bastrop	1	0	0%	Yes
BEC	FCI Beckley	30	7	23%	Yes
BEN	FCI Bennettsville	30	14	47%	Yes
BER	FCI Berlin	30	10	33%	Inmates Only
BIG	FCI Big Spring	2	1	50%	Yes
BML	FCI Beaumont Low	4	2	50%	Yes
BMM	FCI Beaumont Medium	8	3	38%	Yes
BMP	USP Beaumont	30	11	37%	Yes
BRO	MDC Brooklyn	7	1	14%	Yes
BSC	CI Big Spring	1	1	100%	No Info
BSY	USP Big Sandy	30	11	37%	Yes
BTF	FCI Butner Medium II	30	20	67%	Yes
BUF	FCI Butner Low	14	10	71%	Yes
BUH	FMC Butner	27	6	22%	Yes
BUT	FCI Butner Medium I	23	4	17%	Yes
CAA	USP Canaan	30	7	23%	Yes
CCC	MCC Chicago	1	0	0%	Yes
CLP	USP Coleman II	30	7	23%	Yes
COL	FCI Coleman Low	11	3	27%	Yes
COM	FCI Coleman Medium	18	9	50%	Yes
COP	USP Coleman I	30	12	40%	Yes
CRW	FMC Carswell	15	6	40%	Yes
CUM	FCI Cumberland	30	4	13%	Yes
DAL	CI Giles W. Dalby	1	0	0%	No Info
DAN	FCI Danbury	13	3	23%	Yes
DEV	FMC Devens	30	10	33%	Yes
DRJ	CI D. Ray James	4	1	25%	No Info
DUB	FCI Dublin	2	3	150% ²⁸	Yes
EDG	FCI Edgefield	30	14	47%	Yes

²⁸ The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result.

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ELK	FCI Elkton	16	6	38%	Yes
ENG	FCI Englewood	4	1	25%	Yes
ERE	FCI El Reno	3	1	33%	Yes
FAI	FCI Fairton	30	11	37%	Yes
FLF	FCI Florence	2	0	0%	Yes
FLM	USP Florence ADMAX	28	1	4%	No Info
FLP	USP Florence High	30	0	0%	Staff Only
FOM	FCI Forrest City Medium	8	2	25%	Yes
FOR	FCI Forrest City Low	6	0	0%	Yes
FTD	FCI Fort Dix	30	11	37%	Yes
FTW	FMC Fort Worth	4	2	50%	Yes
GIL	FCI Gilmer	30	0	0%	Yes
HAF	FCI Hazelton	30	4	13%	Staff Only
HAZ	USP Hazelton	30	7	23%	Yes
HER	FCI Herlong	4	0	0%	Yes
HOU	FDC Houston	1	0	0%	Yes
JES	FCI Jesup	17	10	59%	Yes
LEE	USP Lee	30	1	3%	Yes
LEW	USP Lewisburg	30	14	47%	Yes
LEX	FMC Lexington	10	4	40%	Yes
LOM	USP Lompoc	6	0	0%	Yes
LOR	FCI Loretto	25	4	16%	Yes
LVN	USP Leavenworth	18	7	39%	Yes
MAN	FCI Manchester	15	5	33%	Yes
MAR	USP Marion	17	9	53%	Yes
MCA	CI McRae	3	0	0%	No Info
MCD	FCI McDowell	30	5	17%	Staff Only
MCK	FCI McKean	25	9	36%	No Info
MCR	USP McCreary	30	4	13%	Yes
MEM	FCI Memphis	8	4	50%	Yes
MEN	FCI Mendota	7	4	57%	Yes
MIL	FCI Milan	1	1	100%	Yes
MRG	FCI Morgantown	4	0	0%	Staff Only
MVC	CI Moshannon Valley	6	3	50%	No Info
NLK	CI North Lake	2	0	0%	No Info
OAD	FCI Oakdale II	2	1	50%	Yes
OAK	FCI Oakdale I	6	5	83%	Yes
OKL	FTC Oklahoma City	22	7	32%	Yes
OTV	FCI Otisville	11	4	36%	Yes
OXF	FCI Oxford	3	2	67%	Yes
PEK	FCI Pekin	2	0	0%	Yes
PEM	FCI Petersburg Medium	30	5	17%	Yes

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
PET	FCI Petersburg Low	28	7	25%	Yes
PHL	FDC Philadelphia	30	7	23%	Yes
PHX	FCI Phoenix	3	2	67%	Yes
POL	USP Pollock	30	9	30%	Yes
POM	FCI Pollock	13	3	23%	Yes
RBK	FCI Ray Brook	17	5	29%	Yes
RCH	FMC Rochester	11	3	27%	Yes
REE	CI Reeves I and II	3	2	67%	No Info
RIV	CI Rivers	30	6	20%	No Info
SCH	FCI Schuylkill	30	8	27%	Yes
SEA	FCI Seagoville	3	0	0%	Yes
SHE	FCI Sheridan	5	3	60%	Inmates Only
SPG	MCFP Springfield	30	13	43%	Yes
SST	FCI Sandstone	1	0	0%	Inmates Only
TAL	FCI Tallahassee	5	2	40%	Yes
TCN	FCI Tucson	1	1	100%	Yes
TCP	USP Tucson	30	8	27%	Yes
TDG	FCI Talladega	16	7	44%	Yes
TEX	FCI Texarkana	2	1	50%	Yes
THA	FCI Terre Haute	4	1	25%	Yes
THP	USP Terre Haute	30	11	37%	Yes
TOM	AUSP Thomson	30	14	47%	Yes
TRM	FCI Terminal Island	1	0	0%	Yes
TRV	FCI Three Rivers	1	0	0%	Yes
VIM	FCI Victorville Medium I	4	0	0%	Yes
VIP	USP Victorville	30	12	40%	Yes
VVM	FCI Victorville Medium II	4	0	0%	Yes
WAS	FCI Waseca	2	0	0%	Yes
WIL	FCI Williamsburg	27	0	0%	Yes
YAM	FCI Yazoo City Medium	19	5	26%	Yes
YAP	USP Yazoo City	5	2	40%	Yes
YAZ	FCI Yazoo City Low	10	6	60%	Yes

Regularly updated information on the number of completed, pending, and positive tests at each BOP facility is available on the BOP's website at <https://www.bop.gov/coronavirus/>.

Appendix C: BOP Reponse to Draft Report

BOP's COMMENTS TO CIC REGARDING THE ATTACHED REPORT:

Because the BOP has expanded testing and precautionary measures taken since June (when the CIC's report was written), we would like to provide you with more comments than normal so that you have the opportunity to update your current report or another forthcoming report that may discuss more details with respect to qualitative observations provided in your survey as noted on page 13 in the attached report.

As observed in our feedback from prior years, we cannot always speak to a survey respondent's opinion but we can share the following factual information on what the BOP is doing in response to COVID-19.

For **Section II "Institutional Cleaning"** (page 5), we can confirm that all cleaning, sanitation, and medical supplies have been inventoried at the BOP's facilities. Currently, an ample supply is on hand and ready to be distributed or moved to any facility as deemed necessary. As the COVID-19 outbreak continues to evolve, the BOP updates and refines its recommendations based on CDC guidance, and protocols, and will continue to provide helpful information to staff, inmates and federal, state and local partners.

Since the onset of the pandemic, the BOP has maintained an abundance of personal protective equipment (PPE) supplies and is utilizing them in accordance with CDC guidance. As has been made clear by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), supplies of PPE and prudence dictates that equipment is used to optimize the limited supply available in both the private and public sectors. As a nationwide system, we have been able to leverage and transfer resources to correctional institutions with the greatest need.

Soap is available throughout our institutions in cells and in common areas at each facility (e.g., restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers. Inmates have been educated on CDC guidelines for hand washing, coughing/sneezing in a sleeve or tissue, and no physical contact. Additionally, staff, including all executive staff and department heads, are readily available to address any concerns by the inmates, and if an inmate reports feeling ill, he/she is immediately screened by health services personnel. Inmates presenting as symptomatic are isolated in accordance with CDC guidance and public health directives.

In response to the April 3rd updated guidance from the CDC, we issued surgical masks to everyone – staff and inmates – in our prisons. Federal Prison Industries (FPI, or UNICOR) factories began production on cloth face coverings for our staff and inmate population, non-surgical medical gowns for medical facilities, and packaging hand sanitizer for use within the BOP and other agencies. While we are no longer manufacturing PPE or hand sanitizer, we distributed the cloth face coverings as they were produced to preserve surgical masks for quarantine and screening purposes with the goal being, consistent with CDC guidance, to limit transmission of coronavirus by “asymptomatic” or “pre-symptomatic” persons, when social distancing cannot be achieved.

Guidance as to where and when PPE such as N95 masks should be worn have been provided to all sites, is consistent with CDC guidance, and depends on several factors, including whether or not an institution has an active case and each employee's job description. As noted in guidance from the CDC and Occupational Safety and Health Administration (OSHA), there are several types of respiratory masks as well as surgical face masks; certain masks are appropriate and effective in certain scenarios and not in others. Some scenarios would require an employee to wear the N95 mask, whereas it would not be necessary in other cases. Guidance on what types of PPE are necessary and under what circumstances is available here www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Staff working in areas of medical isolation and quarantining are required to wear full PPE.

For **Section III "Medical Care"** (page 7), we would like to point out that the BOP follows CDC guidance the same as community doctors and hospitals with regard to quarantine and medical isolation procedures, along with providing appropriate treatment. The majority of inmates who test positive for COVID-19 are asymptomatic (positive with no symptoms) and do not require the level of care offered in a hospital setting. While a prison setting is unique when addressing a pandemic, the care and treatment of an identified positive COVID-19 case is not.

All inmates who are positive for COVID-19 or symptomatic are isolated and provided medical care in accordance with CDC guidance. Symptomatic inmates whose condition rises to the level of acute medical care will be transferred to a hospital setting; either at a local hospital, or at an institution's hospital care unit, if they have one.

Effective March 26, 2020, the BOP issued guidance that all newly admitted inmates into the BOP are screened and temperature checked by employees wearing PPE, to include surgical masks, face shields/goggles, gloves, and gowns in accordance with CDC guidance.

Effective June 19, 2020, all inmates entering or departing any BOP facility, to include voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system, are screened and tested by medical staff for COVID-19 upon arrival, and placed in quarantine or medical isolation. Quarantine in the context of COVID-19 refers to separating inmates (in an individual room or unit) apart from other incarcerated individuals not in quarantine. If an inmate tests negative and is asymptomatic (with no symptoms), they remain in quarantine for at least 14 days and are observed for symptoms and signs of the illness during the incubation period, and must test negative again with a commercial PCR test prior to being placed in general population. If an inmate tests positive and/or is symptomatic for COVID-19, the inmate is placed in medical isolation until they are considered recovered by medical staff as determined by CDC guidelines listed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. All institutions have areas set aside for quarantine and medical isolation. Inmates are treated at the institution unless medical staff determine they require hospitalization. All inmates are managed per CDC guidelines.

All inmates releasing or transferring from BOP facilities to other BOP facilities or other agencies, or to the community are placed in a test-in/out pre-release quarantine for a minimum of 14 days prior to their scheduled departure from the institution. This includes but is not limited to Full Term releases, Good Conduct Time releases, releases to detainers, furloughs, and transfers to Residential Reentry Centers (RRC's or halfway houses) or home confinement. The only exception to this

guidance are inmates with a history of COVID-19 infection who have met criteria for release from medical isolation; within 90 days of their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases). In these cases, these inmates do not need to be placed in quarantine, and should not be tested. Following the 14-day quarantine period, an inmate who tests negative and is asymptomatic is approved to transfer/release. If the inmate tests positive or becomes symptomatic, the inmate is placed in medical isolation and is not permitted to transfer until they are considered recovered by medical staff as determined by CDC guidelines. If an inmate has active COVID-19 or is in medical isolation on their release date, or is an immediate release because of statutory or judicial requirements, the institution notifies the local health authorities in the location where the inmate is releasing. Institution staff also coordinate with local Health Department authorities to minimize exposure with the public, upon release. Transportation that will minimize exposure is used, with an emphasis on transportation by family and friends, and inmates are supplied a cloth facial covering to wear.

While in general population, any inmate displaying symptoms for COVID-19 will be tested and placed in medical isolation. A contact investigation is conducted per CDC guidance to identify any potential exposures and may include widespread testing, as clinically indicated.

Staff, contractors, and other visitors to the institution also must undergo a COVID-19 screening and temperature check by a staff member or contractor wearing appropriate PPE prior to entering the facility, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the building. As much as possible, staff are being assigned to the same posts and not rotating, as an additional measure to mitigate the spread of the virus.

For those staff who are presenting with symptoms or have been identified as a close contact of a COVID-19 diagnosed individual, given the critical role our staff play with regard to public safety, we have developed a letter for staff who are in close contact of a COVID-19 positive individual to provide to the local Health Department, to ensure such persons receive priority COVID-19 testing. In addition, the BOP has also obtained a national contract to perform staff testing. This contract supplements the testing of staff within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated. Symptomatic or positive staff self-quarantine at their homes.

For more information about COVID-19, to include the BOP's COVID-19 Action Plan, the number of inmates tested, the number of open, positive test, COVID-19 cases for staff and inmates, and the official number of COVID-19 related deaths, please visit the BOP's Coronavirus resource page on our public website here <https://www.bop.gov/coronavirus/index.jsp>. Scroll down to the "Full Breakdown and Additional Details" link under the "COVID-19 Cases" heading for the number of cases at each institution.

Due to the rapidly evolving nature of this public health crisis, the BOP will update the open COVID-19 confirmed-positive test numbers, the number of COVID-19 tests conducted, and the number of COVID-19 related deaths every weekday at 3:00 p.m. The positive test numbers are based on the most recently available confirmed results involving open cases from across the agency as reported by the BOP's Office of Occupational Health and Safety. The number of open positive test cases only reflects current cases that have not been resolved. The total number of open, positive tests, COVID-19 cases fluctuates up and down, as new cases are added and resolved cases are removed.

As testing resources have become more widely available, we are testing our inmate population more broadly, which is helping us to quickly identify and isolate positive cases to rapidly flatten the curve when outbreaks occur. As a result of our expanded testing capabilities and the BOP's robust pandemic plan, we currently have significantly more staff and inmates recovered from COVID-19 than are positive. Also, there has been a steep decline in the number of inmate hospitalizations, inmates requiring the use of a ventilator, and inmate deaths, since early May, 2020.

The BOP continues to provide testing for COVID-19 symptomatic inmates, as recommended by the CDC. The bulk of our testing conducted by the BOP is rRT-PCR testing through commercial labs. Test kits are obtained as necessary from these contract labs. These samples are then sent back to the respective labs (e.g. Quest Diagnostics, Lab Corps, local hospitals) for processing.

The BOP is also utilizing the Abbott ID NOW instrument for Rapid RNA testing. Test results are typically received within 10-15 minutes. Expanding the testing with the Abbott ID NOW instruments on asymptomatic inmates assists in the slowing of transmission by isolating those individuals who test positive and quarantining contacts.

The deployment of these additional resources will be based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers. Currently, the BOP has received 250 Abbott ID NOW instruments, which have been distributed among every BOP facility with some facilities having multiple instruments as deemed necessary. Increased testing of these inmates with the Abbott ID NOW instruments may increase the number of COVID-19 positive cases reflected on the BOP's website.

Please note that COVID-19 transmission rates among staff and inmates in the BOP's correctional institutions generally mirror those found in local communities. Fortunately, the BOP is using critical testing tools to help mitigate the spread of the virus. Like in every community, the number of positive cases reported in prison typically rises with increased testing (not primarily as a result of transfers between prisons). However, the majority of the BOP's positive inmates are asymptomatic and healthy. The efficacy of the BOP's mitigation strategies can be seen in the very low number of hospitalized inmates.

Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates are already a cohort in a single housing unit. In August, 2020, the BOP began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September, 2020, approximately 50,000 inmates were enrolled in First Step Act programs.

For **Section IV "Communication and Movement"** (page 9), all BOP institutions were on enhanced modified operations as of April 1, 2020, under our Phase 5 Action Plan found here https://www.bop.gov/resources/news/pdfs/20200331_press_release_action_plan_5.pdf. This

action was taken as a means to further mitigate exposure and spread of COVID-19 at the facility. Please note that some people, possibly including a number of inmates who responded to your survey, confuse the terms 'lockdown' and 'enhanced modified operations'. Enhanced modified operations are not a lockdown, but rather a means to minimize inmate movement, to minimize congregate gathering, and maximize social distancing among the inmate population. Under enhanced modified operations, inmates are limited in their movements within the institution, with inmate movement in small numbers authorized for access to commissary, laundry, showers, telephone and electronic messaging access, medical and mental health care, and some essential work details or work assignments. Symptomatic inmates are not placed on any work details or work assignments. Just like in communities nationwide who have been required to shelter-in-place, the BOP implemented this course of action to mitigate the spread of the virus.

Phases 6 and 7 generally extended the guidance of the Phase 5 Action Plan. Phase 8 of the COVID-19 Action Plan extended the guidance of the Phase 5 Action Plan, and provided additional guidance to staff to assist with the planning of in-person court appearances, ceasing the use of the quarantine site model for newly arriving inmates into BOP custody, as well as additional guidance to staff in regard to inmate transfers and releases. On Wednesday, August 5, 2020, the Director of the Bureau of Prisons ordered the implementation of Phase 9 of its COVID-19 Action Plan. This phase extended all measures from Phase 8, to include measures to modify and control movement and decrease the spread of the virus. We realize that suspending social visiting has an impact on inmates and their loved ones. Therefore, on August 31, 2020, a modification to the Phase 9 Action Plan was implemented to specifically address reinstating social visiting. The Phase 9 Action Plan, along with this modification guidance, will remain in place until further notice.

At the onset of the pandemic, the BOP took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. However, the BOP is required to accept inmates awaiting trial remanded to our custody. We must also accept newly-convicted inmates for service of their sentence. This requirement is based in federal statute (see the Bail Reform Act, Title 18 U.S.C. § 3141); if a federal judge orders a pre-trial offender to be detained, the Federal government, which includes BOP facilities, must assume custody and care of the inmate. To be clear, while the BOP can control and limit its intra-agency movements, we have no authority to refuse inmates brought to us by the US Marshals Service. As we return to a more normalized inmate movement, movement nationwide can be simple, short-distance transfer, or a complex, multi-day, multi-institution process. However, any inmate with a known positive COVID-19 test, or who has a fever or symptoms, will not be permitted to transfer.

The BOP recognizes the importance for inmates to maintain relationships with friends and family. During modified operations in response to COVID-19, the BOP suspended social visitation; however, inmates were afforded 500 (instead of just 300) telephone minutes per month at no charge to help compensate for the suspension of social visits. As a modification of the BOP's Phase Nine Action Plan, and in accordance with specific guidance designed to mitigate risks, social visits are being reinstated, where possible to maintain the safety of our staff, inmates, visitors, and communities. Each individual institution has made plans consistent with their institutional resources (including physical space) and will continuously monitor their visiting plan, and make prompt modifications, as necessary, to effectively manage COVID-19. Such modification may include limiting or postponing visitation, providing visitation by appointment, or other adjustments as appropriate.

All visits will be non-contact and social distancing between inmates and visitors will be enforced, either via the use of plexiglass, or similar barriers, or physical distancing (i.e., 6 feet apart). Inmates in quarantine or isolation will not participate in social visiting. The number of visitors allowed in the visiting room will be based on available space when utilizing social distancing. The frequency and length of visits will be established to ensure all inmates have an opportunity to visit at least twice a month. Visitors will be symptom screened and temperature checked; visitors who are sick or symptomatic will not be allowed to visit. Both inmates and visitors must wear appropriate face coverings (e.g. no bandanas) at all times and will perform hand hygiene just before and after the visit. Tables, chairs and other high-touch surfaces will be disinfected between visitation groups; all areas, to include lobbies, will be cleaned following the completion of visiting each day.

During the pandemic, access to legal counsel remains a paramount requirement. As such, based on available resources at the local level, in-person attorney-client visitation will be accommodated to the extent possible and will follow preventative protocols (e.g., face coverings required), and confidential legal calls will be allowed in order to ensure inmates maintain access to counsel. When/where possible, we are also facilitating attorney client-visitation, as well as judicial proceedings, via video conference, primarily at our detention centers. Whenever possible and consistent with social distancing protocols and safe institution operations, inmates are permitted access to the Electronic Law Library under conditions determined by the Warden at each facility. For **Section V. "Conclusion"** (page 13), we would like to add that the BOP has taken swift and effective action in response to COVID-19, and has emerged as a correctional leader in the pandemic. As with any type of emergency situation, we carefully assess how to best ensure the safety of staff, inmates and the public. All of our facilities are implementing the BOP's guidance on mitigating the spread of COVID-19. That guidance can be found on our website's Coronavirus resource page at <https://www.bop.gov/coronavirus/index.jsp>. We will continue to evaluate our mitigation strategies and make adjustments, as needed.

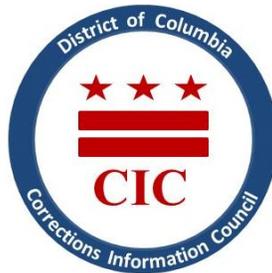
The BOP has instituted a comprehensive management approach that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. The BOP has been coordinating our COVID-19 efforts since January 2020 (six weeks ahead of the declaration of the COVID-19 pandemic), using subject-matter experts both internal and external to the agency, including guidance and directives from the Centers for Disease Control and Prevention (CDC), the Office of Personnel Management (OPM), the Department of Justice (DOJ), and the Office of the Vice President. In particular, the BOP engaged with the CDC in order to assist them with developing guidance specific to the unique nature of correctional environments. The engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published the Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities on March 23, 2020; the subsequent update on July 14, 2020, was also issued with BOP input.

Using the Incident Command System (ICS) framework, we developed and implemented an incident action plan that addressed our Continuity of Operations Program (COOP), supply management, inmate movement, inmate visitation, and official staff travel, as well as other important aspects. Our Central and Regional Offices, and the National Institute of Corrections continue to coordinate planning and guidance with state and local prisons, jails, and health authorities. The first phases of our nationwide action plan were vital steps essential to slowing the spread of the virus. These actions included establishing a task force to begin strategic planning

and building on our already existing procedures for managing pandemics. We started limiting facility-to-facility transfers, and other inmate movement, as well as implementing screening, quarantine and medical isolation procedures. In addition, we suspended social and legal visits, cancelled staff training and travel, limited access for contractors and volunteers, and established enhanced screening for staff and inmates, including temperature checks. We began inventorying sanitation, cleaning, and medical supplies and procuring additional supplies of these items. All of these actions were carried out with the goal of reducing the risk of introducing and spreading the virus inside our facilities.

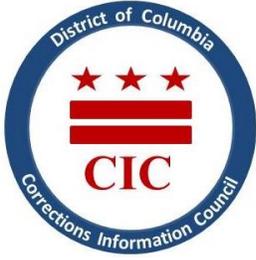
To ensure all of our facilities are in compliance with CDC and BOP guidance and directives related to the management of COVID-19 and the mitigation of disease transmission, COVID-19 Compliance Review Teams were established in August, 2020, as a component of our Program Review Division. These teams will visit every facility throughout the pandemic to conduct a thorough review, evaluating compliance measures, monitoring response techniques, and developing further COVID-19 mitigation strategies. Recommendations and best practices will be shared with and implemented at all of our facilities, as deemed appropriate.

This virus is challenging, as our nation as a whole has seen, and in particular, is even more complex to address given the nature of our correctional environment. Initially, we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and in our institutions nationwide. We remain deeply concerned for the health and welfare of those inmates who are entrusted to our care, and for our staff, their families, and the communities we live and work in. It is our highest priority to continue to do everything we can to mitigate the spread of COVID-19 in our facilities.



**District of Columbia
Corrections Information Council**

The electronic version of this report is
available on the CIC website:
<http://www.cic.dc.gov/>



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CIC Ongoing Monitoring of Covid-19 Outbreaks at FCI Fort Dix

Wednesday, February 10, 2021

Over the last year, the CIC has continued to monitor conditions at BOP facilities, particularly the BOP's response to the Covid-19 pandemic. Several facilities have experienced serious Covid-19 outbreaks, including recently at FCI Fort Dix in New Jersey. Fort Dix has the highest total number of individuals who have tested positive for Covid-19 of any BOP facility. This includes individuals who tested positive but have since been marked as "recovered." The facility has 2,700 residents, and 1,664 have tested positive since the BOP began testing and tracking coronavirus in March 2020 (note: some individuals who tested positive may have been released or transferred from Fort Dix since receiving their positive test.) According to the most recent roster provided to the CIC in early January 2021, there are 69 DC individuals currently at Fort Dix. The CIC has no information about how many DC individuals at the facility have tested positive for Covid-19.

In early October 2020, the BOP transferred more than 150 individuals from FCI Elkton in Ohio to Fort Dix. Elkton had been severely affected by Covid-19, and several individuals who were transferred tested positive for Covid-19. Shortly after the transfer, Fort Dix had a large increase in Covid-19 positive tests. By November 9, 2020 there were at least 228 active cases among incarcerated individuals at Fort Dix. In response, the BOP instituted a moratorium on transfers to Fort Dix. The BOP stated that there was "no evidence" the outbreak was connected to the transfer of individuals from Elkton to Fort Dix.

Members of the New Jersey congressional delegation, including Senators Cory Booker and Robert Menendez and eight members of Congress, repeatedly called on the BOP to provide information about its plan for addressing the outbreak at Fort Dix, including testing, treatment, and a breakdown of how the facility used funds from the CARES Act. The delegation wrote to BOP Director Carvajal in November 2020 requesting that the BOP implement regular testing and an effective plan to address the Covid-19 outbreak at Fort Dix. The number of Covid-19 cases among inmates and staff spiked to more than 300 during the month of November. On November 24, 2020, the BOP lifted the moratorium on transfers to Fort Dix. The congressional delegation wrote again in December expressing concern about these developments and asking for updated information on the facility response. The Congressional delegation also asked

whether the facility was releasing individuals to home confinement and raised concerns about the insufficient provision of medical care to individuals infected with Covid-19.

As of January 6, 2021, nearly 600 inmates out of the 2,700 at Fort Dix were listed as having active Covid-19 cases.

On January 12, 2021, the Senators from New Jersey wrote to the Warden of Fort Dix, David Ortiz, expressing ongoing concern about the use of home confinement, the provision of PPE and social distancing, and medical care for individuals with Covid-19 at the facility. On January 15, Senators Booker and Menendez and eight members of Congress from New Jersey sent a letter to the Inspector General asking that his office investigate the pandemic response at Fort Dix.

On January 14, 2021, the CIC learned that individuals incarcerated in Unit 5812 at Fort Dix had shared documents about their experience in a public Dropbox folder during early January. The information released inside of that folder included a letter summarizing the situation, a detailed timeline going back to mid-October listing Covid-related events, memos from the facility administration to inmates, administrative remedy forms, and a few legal pleadings. The CIC has not been able to determine whether any of the individuals on the unit or listed in the shared documents are DC residents.

The CIC reached out to the BOP for information regarding the current situation at Fort Dix. The BOP responded with the statement below, noting that “a review team from the BOP’s Program Review Division...recently traveled to Fort Dix to evaluate compliance with Covid-19 protocols,” and that the first dose of vaccines was delivered to Fort Dix on January 19, 2021. As of today, the BOP vaccine website lists that 174 staff members at Fort Dix have been fully inoculated, and zero inmates have been fully inoculated. The BOP website currently lists 54 active Covid-19 cases among inmates at Fort Dix, and 36 active Covid-19 cases among staff at the facility.

On February 1, 2021, Warden David Ortiz was temporarily reassigned to the BOP’s regional administrative office in Philadelphia. The CIC will continue to monitor the situation at Fort Dix. The CIC gratefully welcomes any information about the situation at Fort Dix, particularly from individuals who are in contact with family or friends currently incarcerated at that institution.

Our staff can be reached by phone at (202) 478-9211 (TTY: 711) or by email: dccic@dc.gov

BOP Response to CIC Inquiries Regarding Management of Covid-19 Outbreaks at FCI Fort Dix
Received Feb 3, 2021:

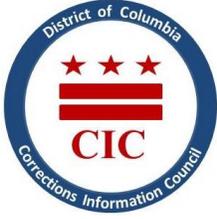
“The Bureau of Prisons (BOP) is committed to ensuring the safety of all inmates in our population, our staff, and the public. Over the past year, the BOP has worked hard to prevent, contain, and mitigate the spread of the global pandemic.

The BOP has taken swift and effective action in response to the Coronavirus Disease 2019 (COVID-19) and has emerged as a correctional leader in the pandemic. As with any type of emergency situation, we carefully assess how to best ensure the safety of institutions. All of our facilities, including FCI Fort Dix, are required to implement the BOP's guidance on mitigating the spread of COVID-19. That guidance can be found on our website here <https://www.bop.gov/coronavirus/index.jsp>.

In response to COVID-19, the BOP has instituted a comprehensive management approach that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. We have continually evaluated our correctional settings and made adjustments to safety precautions and personnel as needed in order to best serve our staff, the inmate population, partner agencies, and the public.

In fulfillment of this mission, the BOP has been proactive in establishing internal review teams that have been systematically reviewing our correctional institutions nationwide to ensure compliance with our COVID-19 protocols. These audits are done without prior notification to our institutions to ensure a thorough and accurate assessment of our facilities. Toward this end, a review team from the BOP's Program Review Division - not the Office of Inspector General - recently traveled to FCI Fort Dix to evaluate compliance with COVID-19 protocols.

As of Tuesday, January 19, 2021, the first dose of vaccine had been delivered to FCI Fort Dix. More information on the BOP's COVID-19 vaccine implementation can be located here: <https://www.bop.gov/coronavirus/index.jsp>."



CIC | Corrections Information Council

BOP Response to Winter Weather Emergency in Texas

Friday, February 19, 2021

Over the past week, historic sub-freezing temperatures and snow fell in the state of Texas. There are seventeen BOP facilities in the state of Texas, including a US Penitentiary, seven medium or low-security prisons, two federal medical centers, and two office complexes. The BOP also contracts with four additional private facilities located in Texas. There are 74 DC individuals incarcerated at facilities in Texas. The vast majority are held at USP Beaumont (41) and FMC Carswell (13).

Over the last few days, the CIC received concerns from individuals at USP Beaumont and FMC Carswell about their experiences during this emergency. Individuals from USP Beaumont said they were locked down since Sunday and have not been able to shower, and toilets are not working. They also reported receiving daily rations of bottled water. Individuals from FMC Carswell said that portions of the facility do not have working heat and residents had to take cold showers.

In response to the CIC's inquiries about these concerns, the BOP Public Affairs office stated that backup power and water systems, "are in place at [FMC Carswell and FCC Beaumont] and are functioning as designed." The BOP also stated that potable water is available to all inmates (though they did not specify quantity), and that staff provided additional blankets to residents. The full response from the BOP is included below.

**As of February 22, 2021, various news sources indicate that power and water have been restored in most of Texas, and power outage maps do not list current outages near Carswell or Beaumont.*

Statement from the BOP Office of Public Affairs:

Similar to many of those in the surrounding community and across the state of Texas dealing with heat and water issues during the recent winter storm, the Federal Medical Center (FMC) Carswell and the Federal Correctional Complex (FCC) Beaumont have experienced minor power, heat, and hot water issues that affected the main supply channels. Many of these issues were a result of power outages or water line breaks in the local community. However, back-up systems are in place at both facilities and are functioning as designed. Temperatures are monitored daily throughout the facilities and adjustments are made to equipment as deemed necessary.

Potable water is available to all inmates and, in an abundance of caution, staff provided additional blankets to the inmate population as an additional step to mitigate the cold temperatures affecting this region of the country.

All of our facilities affected by this most recent storm are monitored daily to ensure the safety and well-being of all the inmates entrusted into our care.

1. Summary of Conversation with VOA leadership

The CIC's Memorandum of Understanding with the Bureau of Prisons requires that the CIC direct concerns to our liaison at BOP Central Office, rather than to the RRC directly.

2. Full description of current VOA COVID protocol

The BOP stated that it has "temporarily slowed intake to allow the facility population to stay low." The BOP did not provide details on how slowing intake is being implemented. The facility is requiring that all intakes have quarantined for at least 14 days prior to arrival at the facility and tested negative for Covid-19.²

Within the facility, the BOP stated that dorm rooms are limited to 5 or 6 residents to allow for distancing. The CIC's understanding is that the capacity of each dorm room is 16 individuals. The computer room is also being limited to 5 people at a time to allow for distancing. Residents and staff are encouraged to wear masks at all times and to wash their hands frequently, and hand sanitizer stations have been placed around the facility. Staff and residents are having their temperatures checked daily, including individuals coming to VoA for urinalysis.

The BOP indicated that two women in the female dorm have been relocated, one to Fairview RRC and the other to home confinement. This is allowing the female dorm to be used as a quarantine area. A classroom has been designated as a waiting area for individuals entering the facility for new intakes, urinalysis, or transfer to hospital. Residents are on "modified movement" to and from the facility to minimize exposure.

3. Full description of outbreak response.

The CIC has received a number of concerns about Covid-19 outbreaks at the Volunteers of America Halfway House (VoA) in Baltimore over the last two months. The most recent reports suggest that some individuals who have tested positive for Covid-19 have been transferred to the Lord Baltimore Hotel (see details about Lord Baltimore Hotel in section 5) to quarantine, while other individuals have been furloughed out of the facility. It was not clear if the furloughs would be temporary and the residents would be required to return to VoA or if they would be allowed to transition to home confinement. The CIC also received reports that two individuals located at VoA died at the end of March, and that at least one of those individuals died from Covid-19 complications. Reportedly, neither of the deceased men was from Washington DC.

The CIC contacted the BOP regarding these concerns and asked for information about the Covid-19 situation at VoA, including where DC individuals are currently located, the number of Covid-19 cases in recent months, and the current protocols for addressing outbreaks of the virus.¹

4. Full description of quarantine and isolation numbers

The BOP informed the CIC that 6 DC individuals at VoA have tested positive for Covid-19 since March 1, 2021. The BOP stated that no DC individuals have died from Covid-19 or related complications during 2021.

The BOP indicated that 20 DC individuals are currently housed at the VoA facility. Another 107 DC individuals are on home confinement under the supervision of VoA staff. The BOP stated that 14 DC residents are currently on furlough from the facility, and that no DC individuals are currently being housed in hotels.

5. Baltimore Department of Health posture and response

The Lord Baltimore Hotel has been established as a Triage, Respite, and Isolation (TRI) Center intended to support residents with known or suspected COVID-19 who do not require hospitalization and are unable to self-isolate where they live. Through a partnership with the Baltimore City Mayor's Office, Baltimore City Health Department, University of Maryland Medical System, and the Lord Baltimore Hotel, the TRI Center has a public health mission to prevent the spread of disease amongst vulnerable populations.

Note: A Community Referral Form is required for each person referred to the Lord Baltimore Hotel. The form <https://coronavirus.baltimorecity.gov/sites/default/files/LBTC%20Community%20Based%20Referral%20Form%20UPDATED%202.19.21.pdf> is to be completed by staff of the referring organization including congregate settings (e.g. VOA).

For additional information see: <https://coronavirus.baltimorecity.gov/isolation-assistance-tri-center-lord-baltimore-hotel-0>

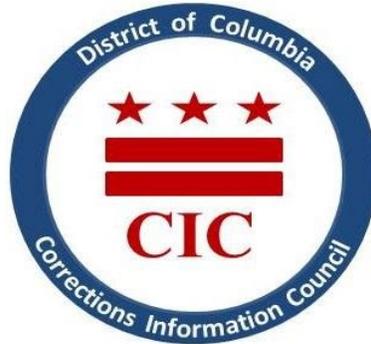
6. Notification of DC Health as to the outbreak

Staff of DC CIC telephoned staff of the TRI Center at the Lord Baltimore Hotel to ask about the communication between the Center and the DC Department of Health. Nurse Shada McLean stated that information was shared with Volunteers of America who in turn relayed information to the Federal Bureau of Prisons. She was not aware of any communication with the DC Department of Health as the men at Volunteers of America were considered residents of Baltimore as they were residing at the time at Volunteers of America.

Additional Information:

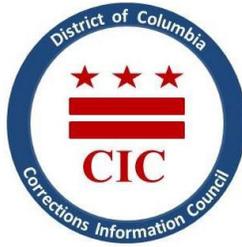
Coverage in Baltimore Sun (newspaper) March 27, 2020: <https://www.baltimoresun.com/coronavirus/bs-md-ci-cr-halfway-house-coronavirus-20200327-cuvlun2rzjgqxc5nwvxpaadhcm-story.html>

**District of Columbia
Corrections Information Council**



**District of Columbia
Youth Rehabilitation Act Report**

June 4, 2021



About the District of Columbia Corrections Information Council

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

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

Additionally, in accordance with the CIC statutory mandate §24-101.01 (f)(1)(C). The CIC is responsible for publishing an annual report on the conditions of confinement and programming provided to District of Columbia youth offenders, as that term is defined in § 24-901(6), in the custody of the Bureau of Prisons.

DC Corrections Information Council

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Introduction

In the 2018 amendment of the Youth Rehabilitation Act (YRA), the Mayor of the District of Columbia was required to develop and submit a strategic plan for providing facilities, treatment, and services for YRA offenders [in the care and custody of the DOC] by September 30, 2019¹. The statute also specified that the BOP is authorized to provide these services for (YRA) offenders in their custody². At the conclusion of fiscal year 2020, the development of a strategic plan for YRA offenders was not yet finalized.

In May 2019, the Justice Policy Institute (JPI) was awarded the contract to develop the Mayor's strategic plan for YRA offenders. The DC Emerging Adult Justice Action Collaborative (DC Action Collaborative) was formed as an initial workgroup on behalf of the Justice Policy Institute (JPI) in partnership with the Office of the Deputy Mayor for Public Safety and Justice - and the Department of Youth Rehabilitation Services (DYRS).

The "DC Action Collaborative is an initiative supported by the Public Welfare Foundation comprised of system stakeholders, advocates, and impacted community members working to build a robust community-based continuum of services, supports and opportunities to respond to the needs of DC's emerging adult population (18-24 years of age). Specifically, the collaborative will finalize, help implement, and monitor the city's strategic plan to serve justice involved young adults, a requirement of the Youth Rehabilitation Amendment Act of 2018."³

Youth Act Offender Definition

Youth offender means a person 24 years of age or younger at the time that the person committed a crime other than murder, first degree murder that constitutes an act of terrorism, second degree murder that constitutes an act of terrorism, first degree sexual abuse, second degree sexual abuse, and first degree child sexual abuse.⁴

¹ Youth Rehabilitation Amendment Act of 2018, D.C. Code § 22-197 (2018), <https://code.dccouncil.us/dc/council/laws/22-197.html>.

² Youth Rehabilitation Amendment Act of 2018, D.C. Code 22-197 (2018), Sec. 301. (E)(5)(c).

³ Justice Policy Institute. Strategic Plan. p 51.

⁴ Youth Rehabilitation Amendment Act of 2018, D.C. Code 22-197 (2018), Sec. 102. (a)(6).

Population and Placement of Youth Act Offenders

There are currently 154 DC YRA offenders housed in different BOP facilities throughout the United States, and there are 12 DC YRA offenders housed in the DC Department of Corrections (DOC)⁵:

- 81 housed in Federal Correctional Institutions (medium)
- 4 housed In Federal Correctional Institutions (low)
- 30 housed in United States Penitentiaries (high)
- 6 housed in Administrative United States Penitentiaries (max)
- 1 housed in Federal Medical Facility
- 3 housed in Federal Transit Centers
- 20 housed in Residential Reentry (halfway house)
- 12 housed in the DOC

Bureau of Prisons (BOP) institutions are classified into one of five security levels: minimum, low, medium, high, and administrative - based on the level of security and staff supervision the institution can provide. The Bureau of Prisons (BOP) designates the place of the prisoner's imprisonment, and shall - subject to bed availability, the prisoner's security designation, the prisoner's programmatic needs, the prisoner's mental and medical health needs, any request made by the prisoner related to faith-based needs, recommendations of the sentencing court, and other security concerns of the Bureau of Prisons - place the prisoner in a facility as close as practicable to the prisoner's primary residence, and to the extent practicable, in a facility within 500 driving miles of that residence.⁶

Initial designations to BOP institutions are initiated, in most cases, by staff at the Designation and Sentence Computation Center (DSCC), Grand Prairie, Texas, who assess and enter information from the sentencing court, U.S. Marshals Service, U.S. Attorney's Office or other prosecuting authority, and the U.S. Probation Office about the inmate into a computer database (SENTRY). SENTRY then calculates a point score for that inmate, which is then matched with a corresponding security level institution.⁷ There are no special accommodations provided to YRA offenders regarding where they will be housed in the BOP. YRA offenders are held to the same process and point system as everyone else in BOP custody.

⁵ Numbers are subject to fluctuations.

⁶ U.S. Dept of Justice Federal Bureau of Prisons Program Statement 5100.08.

⁷ U.S. Dept of Justice Federal Bureau of Prisons Program Statement 5100.08 ch.1 p.2.

Strategic Plan Development

Under the current YRA legislation, the mayor was charged with the task of constructing a plan for YRA offenders by September 2019. JPI was awarded the contract and conducted a series of meetings to discuss the strategic plan and solicited input from a variety of stakeholders, including government agencies, community service providers, advocates, and impacted individuals. Subsequently, JPI formed the DC Action Collaborative, which consists of subcommittees comprised of the following organizations:

- DC Young Men Emerging Unit
- Free Minds
- DC Gun Violence Prevention Initiative
- School Justice Project
- Office for Students in the Care of DC
- DC Department of Corrections
- CSOSA
- Office of the Deputy Mayor of Public Safety and Justice
- Counsel for Councilmember Charles Allen
- DC Justice Lab
- DC Office of the Attorney General
- Public Welfare Foundation
- National Reentry Network
- Voices for a Second Chance and DC Reentry Action Network
- Department of Youth Rehabilitation Services

In accordance with the Mayor's strategic plan in development, JPI developed a list of goals and objectives to bring this plan to fruition for YRA offenders. Subcommittees each focus on a specific area for developing ideas. There are three goals, and each goal has its own objectives.

Goal Number One: increase District agencies providing services that are developmentally-appropriate, trauma-informed, and healing-centered and restorative.

Objectives

- 1) The District's Mayor Office must engage in a process to develop District-wide guiding principles that are trauma-informed, healing centered, and restorative.
- 2) District agencies must adopt these principles within a certain time frame.
- 3) The District's Office of the Deputy Mayor for Public Safety and Justice (DMPSJ) must provide guidance and support to District agencies and partners to develop initiatives, programs, and responses to ensure compliance of the YRA.

Goal Number Two: build a community-based continuum of care.

Objectives

- 1) Build diversion programming and opportunities for emerging adults. Diversion programs are intervention programs that “seek to offer individuals who have entered the criminal justice system, such as through arrest, and opportunity to avoid prosecution or sentencing by taking part in treatment, education, community service or other pro-social activities.”⁸
- 2) Build restorative justice programming and opportunities for emerging adults. Restorative Justice is an approach and set of practices that engages a community in building relationships and repairing harm through mutual, inclusive dialogue, understanding and cooperation.⁹ As opposed to punitive punishment and isolation, this approach emphasizes that the path of justice lies problem solving and healing between the person who was responsible for harming others and those affected by the harm done.¹⁰
- 3) Build housing programming and opportunities for emerging adults. Stable affordable housing is a key ingredient to basic stability and overall success for any person. In the District of Columbia, affordable housing options are still a significant challenge that impact all age demographics.
- 4) Build behavioral, mental, and physical health programming and opportunities for emerging adults. Behavioral health is a measure of how aptly one acts and responds to stimuli in their daily life. Someone with strong behavioral health will likely have strong mental and physical health, since the capacity to respond “appropriately” relies on the physical and psychological ability to navigate the social world.¹¹

Mental health is a measure of one’s psychological and emotional well- being.¹² It includes questions of one’s cognitive functioning, everyday mood, impulse control, etc..¹³ Someone with poor mental health may have or develop a psychiatric disorder that inhibits their ability to think, feel, and operate as they normally would.¹⁴

⁸ “Brief: Diversion and Deflection in the District of Columbia,” *District of Columbia Statistical Analysis Center*. https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/page_content/attachments/DIVERSION%20AND%20DEFLECTION%20IN%20THE%20DISTRICT%20OF%20COLUMBIA.pdf

⁹ “Restorative Justice Trainings and Resources,” *Office of the State Superintendent of Education*, Accessed September 25, 2019. <https://osse.dc.gov/page/restorative-justice-trainings-and-resources>.

¹⁰ “DC Alliance for Restorative Justice Practices Policy Platform on Restorative Practices for Youth,” *DC Alliance for Restorative Practices*, Accessed September 25, 2019.

¹¹ “Defining Behavioral Health,” *Insight*, Accessed August 19, 2019. <http://insighttelepsychiatry.com/defining-behavioral-health/>.

¹² “Mental Health,” *Lexco*, Accessed August 19, 2019. <http://english.oxforddictionaries.com/mental%20health>.

¹³ “What is Mental Health?” *Mentalhealth.gov*, Accessed 2019, 2020. <https://www.mentalhealth.gov/basics/what-is-mental-health>.

¹⁴ “What is Mental Health?”

Physical health measures the condition of one's body, considering the functionality and fitness of a variety of life-sustaining processes and body parts.¹⁵ Someone with optimal physical health will not have a disease or illness, will be physically active multiple times a week, will have access to clear water and air, and will have a sufficiently sizable nutritious diet.¹⁶ Many also consider having reliable housing and weather appropriate clothing to be pillars of optimal physical health.¹⁷

- 5) Build educational programming and opportunities for emerging adults. Education in this context are legal-involved emerging adults who are trying to obtain, or need support in, obtaining one or more of the following education options:

High School Diploma: In order to receive a high school diploma, students are required to finish the District of Columbia's 5-A DCMR § 2203 academic requirements. The academic requirements include coursework in English, Mathematics, Science, Social Studies, World Language, Music, Physical Education/Health, and selected electives.¹⁸ Students with special education needs may remain in high school, receiving services and working toward their diploma, until age twenty-two.¹⁹ Older students can enroll in DCPS' alternative high school programs.

General Education Development (GED): The GED is a four-subject high school equivalency test administered by the District's General Education Development Program Office. The exam covers science, social studies, mathematical reasoning, and reasoning through language arts. This exam is available for DC residents age 18 or older who have not completed high school. Applicants under 18 must provide documentation of being withdrawn from school for at least six months, as well as consent from a guardian, government agency, or court.²⁰

Vocational Certification: Organized educational programs offering a sequence of courses which are directly related to the preparation of individuals employment in current or emerging occupations requiring other than a baccalaureate or advanced degree.²¹

¹⁵ "Physical Health," *Eupati*, Accessed August 19, 2019. <https://www.eupati.eu/glossary/physical-health/>.

¹⁶ "Physical Health."

¹⁷ "How does housing influence our health?" *The Health Foundation*, Accessed August 19, 2019.

<https://www.health.org.uk/infographic/how-does-housing-influence-our-health>.

¹⁸ "203 Academic Requirements," *Office of the State Superintendent of Education*, Accessed October 23, 2019.

¹⁹ See D.C. Mun. Reg. Tit. 5-E §3000.1.

²⁰ "The GED Tests," *Office of the State Superintendent of Education*, Accessed October 23, 2019.

<https://osse.dc.gov/service/ged-tests>.

²¹ "Vocational Education," *National Center for Education Statistics*, Accessed October 23, 2019.

<https://nces.ed.gov/pubs/web/95024-2.asp>.

- 6) Build workforce development programming and opportunities for emerging adults. Workforce development strategies aim to strengthen skill sets and gain experience to meet the needs of potential employers. This can include hard and soft skill training, financial literacy, resume and cover letter development, interviewing skills, workplace etiquette, etc. Programs may also have a specific focus to develop skills for in-demand labor. Programmers shall work with participants to identify barriers to employment and assess proper strategy to overcome them to create attainable career goals.
- 7) Build family support programming and opportunities for emerging adults. Family engagement opportunities involve establishing a collaborative relationship in which families or caregivers are partners in both treatment and in developing the policies, programs, and practices that are use within the system.²²

Family centered services are generally for “incarcerated parents, their children, and families” which include “parenting programs, family strengthening activities, nurturing of family relationships, community supports for families during incarceration and following release, and gender-specific interventions.”²³

Goal Number Three: build a system-based continuum of care.

Objectives

- 1) Build specialized court programming and opportunities for emerging adults. Specialty Courts are problem-solving courts that “bring together criminal justice and community partners and corresponding resources to respond to crime and safety issues, hold defendants accountable, address defendants’ needs and the underlying causes of their criminal behavior, improve the quality of life in communities, and administer justice.”²⁴
- 2) Build specialized probation programming and opportunities for emerging adults. Specialized probation is alternative probation programs that aim to meet the particular needs of a specific community that traditional probation programs do not adequately address such as young adults, sex offenders, and women.

²² This definition is modified to reflect family engagement in a broader justice involved population beyond the juvenile justice system. Development Services Group, Inc, Family Engagement in Juvenile Justice (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2018) <https://www.ojjdp.gov/mpg/litreviews/Family-Engagement-in-Juvenile-Justice.pdf>.

²³ “Supporting Children and Families Affected by Parental Incarceration”. *Child Welfare*, Accessed November 4th, 2019. <https://www.childwelfare.gov/topics/supporting/support-services/incarceration/>.

²⁴ “Community Courts and Problem Solving Courts,” *District of Columbia Courts*, Accessed September 17, 2019. <https://www.dccourts.gov/services/criminal-matters/community-court-and-problem-solving-courts>.

- 3) Build specialized unit programming and opportunities for emerging adults. Specialized units can offer services and supports targeting the unique needs of emerging adults offer space for individuals to mature, learn new skills, and develop prosocial behaviors among their peers.”
- 4) Build Reentry Programming and opportunities for emerging adults. Reentry diversion programs offer legal-involved individuals a pathway to prosocial activities including treatment, education, or community service as an alternative to prosecution or sentencing. The outcomes sought by diversion programs include reducing the likelihood of reoffending while providing individuals with the opportunity to change behaviors that have led to legal involvement.²⁵

All aforementioned information is in the developmental stage of the Mayor’s strategic plan that was mandated by statute. Once these ideas are fully developed and brought into fruition, absent the cooperation of the BOP, the only way that YRA offenders will reap the full benefits of the current YRA legislation would be to remain in DOC custody where all these possibilities would be accessible to them.

BOP Programs for Youth Act Offenders

After a YRA offender is sentenced, if he is not released, he will be sent to the Federal Bureau of Prisons (BOP) where he/she may end up anywhere in the United States that has a BOP facility. Depending on the individual’s custody level, he/she may end up in a high, medium, or low security level federal facility. The District of Columbia does not currently have its own prison; therefore, they are subject to end up anywhere in the United States in federal custody.

The BOP is not suited nor obligated to provide specialized programming or a continuum of care for DC YRA offenders. The BOP has expressed that it does not accommodate specialized populations, but it allows everyone in their custody access to the same universal BOP programs.

Below is a list of the programs that are universal throughout the BOP:

- Literacy Program is a program designed to prepare inmates to get a General Equivalency Development (GED) credential.

²⁵ “Brief: Diversion and Deflection in the District of Columbia,” *District of Columbia Statistical Analysis Center*, Accessed July 31, 2019.
https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/page_content/attachments/DIVERSION%20AND%20DEFLECTION%20IN%20THE%20DISTRICT%20OF%20COLUMBIA.pdf

- English – as – a Second Language (ESL) Program is for inmates who are not proficient at speaking English. Inmates are enrolled in this program until they can function at the equivalency of the eighth-grade level in listening and reading comprehension.
- Federal Prison Industries (FPI) Inc. Program, also known as UNICOR, is a critical component of the bureau’s effort to improve reentry.
- Occupational Education Programs are designed to help inmates acquire marketable skills in a wide variety of trades. Programs which vary from institution to institution are provided by either career civil-service vocational training instructors or through contracts with colleges and technical schools.
- Parenting Program provides inmates information and counseling through direct classes on how to enhance their relationship with their children while incarcerated.
- Bureau Rehabilitation and Values Enhancement Program (BRAVE) is a cognitive-behavioral, residential treatment program for young males, serving their first federal sentence.
- Challenge Program is a cognitive-behavioral, residential treatment program developed for male inmates in penitentiary settings.
- Drug Abuse Education is a program designed to encourage inmates with a history of drug use to review the consequences of their choice to use drugs and the physical, social, and psychological impacts of that choice.
- Mental Health Step Down Unit Program is a residential treatment program offering an intermediate level of care for inmates with serious mental illnesses.
- Nonresidential Drug Abuse Program is a flexible, moderate intensity cognitive-behavioral treatment program.
- Residential Drug Abuse Program (RDAP) is designed to provide intensive cognitive-behavioral, residential drug abuse treatment.
- Resolve Program is a cognitive-behavioral program designed to address the trauma related mental health needs of inmates.
- Sex Offender Treatment Program – Nonresidential (SOTP-NR) is a moderate intensity program designed for low to moderate risk sexual offenders.

- Sex Offender Treatment Program – Residential (SOTP-R) is a high intensity program designed for high risk sexual offenders.
- Skills Program is a residential treatment program designed to improve the institutional adjustment of inmates with intellectual disabilities and social deficiencies.
- Steps Towards Awareness, Growth, and Emotional Strength Program (STAGES) is a residential treatment program for inmates with serious mental illnesses and a primary diagnosis of Borderline Personality Disorder.
- Life Connections Program (LCP) is a residential faith-based program offered to inmates of all faith traditions, including for those who do not hold to a religious preference.

None of the programs offered by the BOP are designed specifically with DC YRA offenders in mind, nor address the specific needs of this population. The only way at the present moment for DC YRA offenders to receive the treatment and care that they need as an emerging adult population is to be housed in the District of Columbia where the continuum of care, facilities, resources, treatment, and programs will be made available to them as a consequence of the implementation of the Mayor’s strategic plan.

Conclusion

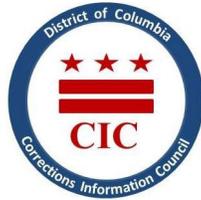
The District of Columbia has no jurisdiction or enforcement power over the BOP. The only way that the mayor’s strategic plan can benefit the YRA population that is currently in BOP custody is if they are able to remain in DOC custody to serve their YRA sentence.

At some point after the Mayor’s plan is fully developed and in action, perhaps the District of Columbia can make some proposal to the BOP in accordance with what DC specifically desires for YRA offenders. That proposal should discuss the type of programs that DC envisions for our YRA population in BOP custody, but until that occurs - YRA offenders in BOP custody will only have access to standard BOP programming.

Recommendation

The CIC recommends that additional legislation be considered that would allow for YRA offenders to remain in DOC custody where they can receive the continuum of care, treatment, facilities, and programs that are most beneficial to this population.

**District of Columbia
Corrections Information Council**



**District of Columbia
Youth Rehabilitation Act Update**

February 16, 2022

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Background

On June 4, 2021, the CIC published a mid-year report on the Youth Rehabilitation Act (YRA). The mid-year report was premised upon a strategic plan assigned for development to the Justice Policy Institute (JPI), on behalf of the Mayor, in accordance with a statutory mandate¹. During May 2019, the Justice Policy Institute (JPI) was assigned to develop the Mayor's plan by September 30, 2019. This strategic plan was required to encompass how the Mayor would provide facilities, treatment, and services for the developmentally appropriate care, custody, subsistence, education, workforce training, and protection for those who fall within the statutory age designation for a youth offender. At the conclusion of fiscal year 2020, JPI had not concluded the development of the strategic plan.

JPI continued work in conjunction with other entities and formed the DC Emerging Adult Justice Action Collaborative (DC Action Collaborative)². The partnership also included the Office of the Deputy Mayor for Public Safety and Justice – and the Department of Youth Rehabilitation Services (DYRS).

In November 2021, JPI completed its strategic plan for YRA offenders in the District of Columbia and presented it to the Mayor for implementation in accordance with the statute.

Plan Highlights

The strategic plan developed by JPI highlights current research and best practices relating to the unique needs of those who fall within the YRA, and it provides recommendations to implement developmentally appropriate responses for emerging adults as required under the YRA. This plan is underpinned by the voices of impacted, legal-involved emerging adults and a broad array of District stakeholders.³

The strategic plan presents the District with two overarching goals: reclaiming control of the District's justice system functions, and officially transferring jurisdiction of 18-24 year legal involved individuals to the Department of Youth Rehabilitation Services (DYRS). Additionally, there are three service-oriented goals for the next 3-year period⁴:

¹ See DC Code § 24-902 (a-1) (1). Available at [https://code.dccouncil.us/us/dc/council/code/sections/24-902#:~:text=to%20main%20content-,%C2%A7%2024%E2%80%93902.,and%20services%20for%20youth%20offenders.&text=\(a%2D1\)\(1,\(a\)%20of%20this%20section](https://code.dccouncil.us/us/dc/council/code/sections/24-902#:~:text=to%20main%20content-,%C2%A7%2024%E2%80%93902.,and%20services%20for%20youth%20offenders.&text=(a%2D1)(1,(a)%20of%20this%20section).

² See Amended Youth Rehabilitation Act (YRA) of 2018 Emerging Adult Strategic Plan 2020-2025, prepared by Justice Policy Institute (JPI) Pg. ii, (November 2021).

³ Id.

⁴ Id. at iii.

1. Increase the number of District agencies and community-based organizations providing services, supports, and opportunities that are developmentally appropriate, healing-centered, and restorative.
2. Build a community-based continuum of care to respond to the needs of emerging adults.
3. Build a criminal legal system-based continuum of care to respond to the needs of emerging adults.

The District must build on the best features and principles of the YRA, while improving its approach to meeting the needs of emerging adults. To achieve broad public safety policy goals, the District must implement this evidence-based strategic plan and provide sufficient funding to meet the objectives.⁵

In order to realize the benefits of the strategic plan provided by JPI, the District of Columbia will need control of the systems governing YRA offenders. Currently, the vast majority of YRA offenders are housed in the Bureau of Prisons (BOP). The District of Columbia has no jurisdiction or authority over the BOP. Therefore, absent control of the placement and care of YRA offenders, the implementation of the Mayor's strategic plan will not benefit the YRA population for which it was designed.

In the Mayor's strategic plan, there are objectives necessary to progress the District towards building robust continuums of care. It contains district-wide recommendations for the Mayor's office and the DC Council to consider, such as the following⁶:

- Inform the District: The Executive Office of the Mayor should inform District and federal agencies, providers, and the community about the YRA Strategic Plan and improvement initiatives to enhance programming, supports, and services for legal-involved emerging adults.
- Raise the Age of Juvenile Justice Jurisdiction: The District must enact legislation raising the age of juvenile justice jurisdiction to under 25, thereby allowing the District to retain jurisdiction.
- Re-establish local control of all legal system functions: With the passage of the 1997 DC Revitalization Act, many adult criminal legal functions were transferred to the control of the federal government, including prison sentences, parole, and community supervision. Therefore, emerging adults in DC are subject to adult criminal court jurisdiction and the requirements under the DC Revitalization Act for serving their prison sentence, parole, and community supervision under federal jurisdiction. This hybrid

⁵ Id. at 14.

⁶ Id. at 18.

approach to justice limits the District's ability to implement reforms addressing the unique needs of legal-involved emerging adults. Without the ability to direct programmatic action within the Federal Bureau of Prisons or Court Services and Offender Supervision Agency (CSOSA), the District may only apply disjointed approach to servicing legal involved emerging adults. For maximum effectiveness, the District must reestablish full local control of its legal system while building a comprehensive approach.

At a minimum, CSOSA should reestablish the Young Adult Unit, which was a program focused on the development of the individual while emphasizing education, job readiness, and skills training. CSOSA currently utilizes high intensity probation supervision, which focuses on impulsive behaviors, criminal thinking, and antisocial behaviors while failing to consider the unique needs of emerging adults. For example, legal-involved emerging adults have higher rates of foster care placements, mental health issues, parental incarceration, poverty, and substance misuse disorders and these factors should be taken into consideration when fashioning a successful supervision plan.

Probation should operate in conjunction with community-based organizations to assist individuals ages 18 to 24 years of age. By providing age-appropriate, individualized treatments with community partners, probation can prioritize educational, social, or vocational services to those who missed such markers into adulthood while incarcerated. Such efforts might establish shorter and more useful periods of supervision.

Timeline for Implementation

Years 1 – 2: Research, convene stakeholders, transmit Strategic Plan

Year 3: Mayor works with elected officials and authorities on statutory and regulatory practices for full authority over emerging adults; hires emerging adult coordinator who begins operationalizing plan

Year 4: Multiple pilots implemented/existing programs expanded through budget and appropriations – housing, diversion, employment, education, and family support

Year 5: Continue programming, develop evaluations

Year 6+: Continue to innovate and expand efforts resulting in positive outcomes; address and improve other interventions⁷.

⁷ Id. at 61.

Recommendations

- Anyone sentenced under the DC YRA should remain in DC DOC custody until the completion of their DC YRA sentence.
- The Mayor's Office must provide sufficient funding for the implementation of the YRA Strategic Plan.

Conclusion

For DC YRA offenders to reap the full benefits of this new strategic plan, adequate funding and offender placement within the District of Columbia are required. The statute dictates that those who fall within the parameters of the YRA shall be provided treatment, facilities, services, and care, where they can receive workforce training, education, and protection. Currently, those who are sentenced under the YRA are sent to BOP facilities where they do not have access to any of the strategies discussed in JPI's Strategic Plan. Instead, those individuals receive the same minimal programming as the general BOP population, as opposed to tailored programs that are suitable to the population at their stage of development. Due to jurisdictional limitations, the District of Columbia does not have direct enforcement power over the BOP, so the most effective method for providing these statutorily mandated services requires the YRA population to remain within the jurisdiction of the District of Columbia.