

# DISTRICT OF COLUMBIA OFFICE OF THE INSPECTOR GENERAL

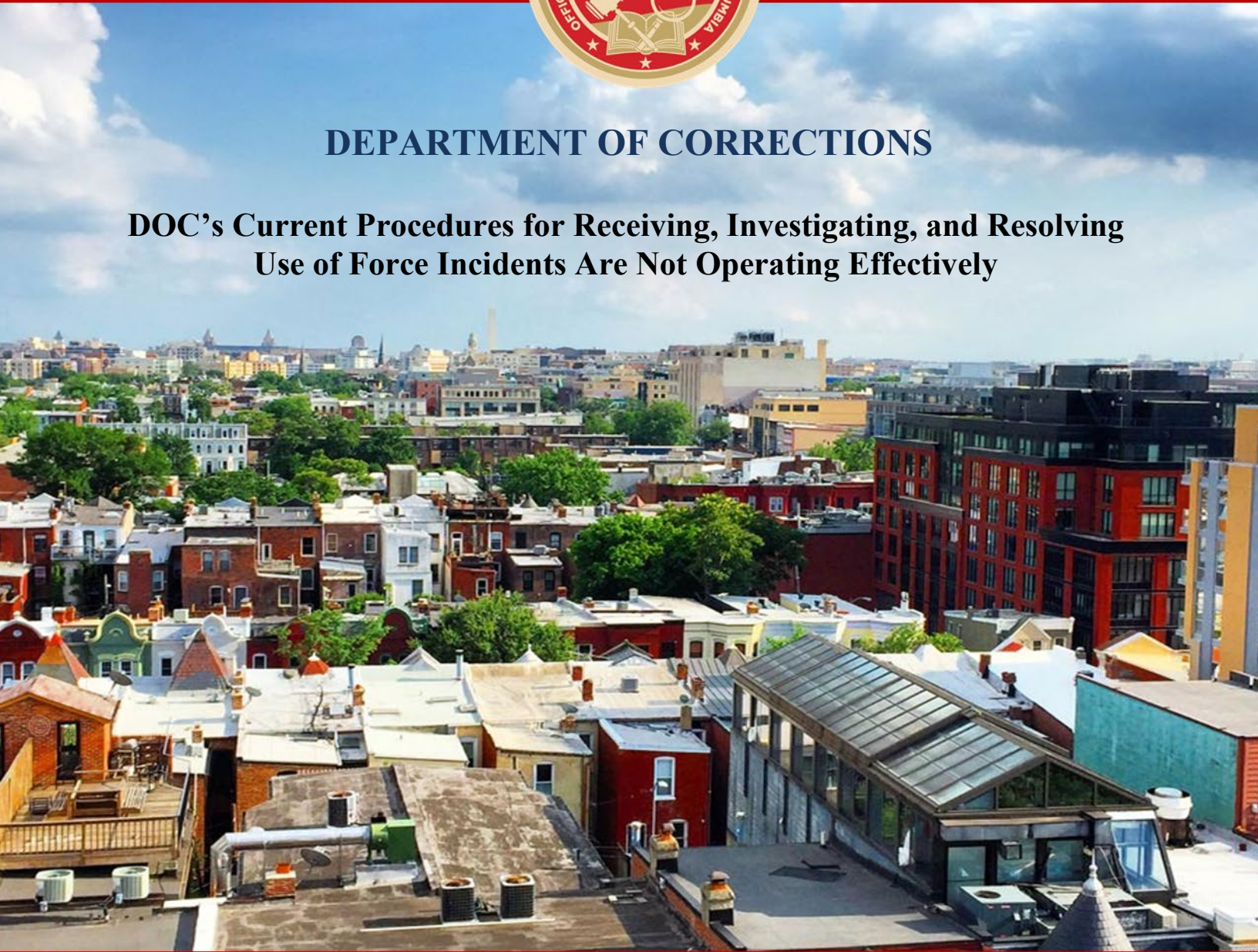
OIG Project No. 20-1-26FL

July 2021



## DEPARTMENT OF CORRECTIONS

### DOC's Current Procedures for Receiving, Investigating, and Resolving Use of Force Incidents Are Not Operating Effectively



### *Guiding Principles*

*Workforce Engagement \* Stakeholders Engagement \* Process-oriented \* Innovation  
\* Accountability \* Professionalism \* Objectivity and Independence \* Communication \* Collaboration  
\* Diversity \* Measurement \* Continuous Improvement*

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Our mission is to independently audit, inspect, and investigate matters pertaining to the District of Columbia government in order to:

- prevent and detect corruption, mismanagement, waste, fraud, and abuse;
- promote economy, efficiency, effectiveness, and accountability;
- inform stakeholders about issues relating to District programs and operations; and
- recommend and track the implementation of corrective actions.

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## **Core Values**

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\* Transparency \* Empowerment \* Courage \* Passion  
\* Leadership



# DOC's Current Procedures for Receiving, Investigating, and Resolving Use of Force Incidents Are Not Operating Effectively

## EXECUTIVE SUMMARY

### WHY WE DID THIS AUDIT

The OIG's hotline program received complaints from the public alleging mismanagement of use of force incidents within the District's municipal jail systems operated by the District of Columbia Department of Corrections (DOC). According to DOC policy, the use of force is "[a]ny physical effort used to control or restrain another, or to overcome the resistance of another." Failure to use the amount of force necessary given the circumstances while inmates are in DOC custody can result in injuries or death. This audit focused on DOC's procedures for receiving, investigating, and resolving use of force incidents involving inmates from June 2019 through August 2020.



### OBJECTIVES

Our audit objectives were to: (1) assess DOC staff's use of force in the D.C. Jail; and (2) identify any trends or noncompliance with requirements that expose the District to legal risk.

### WHAT WE FOUND

DOC uses an incident tracking process to document use of force incidents. However, the process is not designed to capture the inmates' account of events. DOC uses a separate inmate grievance process to track, investigate, and resolve inmates' concerns, including those arising from DOC use of force incidents. Of the 453 use of force incidents DOC tracked during the audit period, the DOC Office of Investigative Services (OIS) received just 1 inmate use of force grievance, which OIS did investigate.

DOC primarily relied on an administrative oversight process to review and close the remaining 452 use of force incidents. Although it is a best practice to administratively review use of force incidents first and then refer them to OIS as appropriate, we found flaws in DOC's administrative review process that limited or otherwise served to unreasonably delay any such referral. Specifically, DOC did not identify and address:



## EXECUTIVE SUMMARY

- Lack of timely use-of-force management review. DOC staff did not complete management review of use of force incidents within five (5) calendar days of occurrence as DOC policy required. For 54 of the 79 use of force incidents we reviewed, DOC supervisors did not complete the required management reviews within the established timeframe.
- Noncompliance with required training for officers involved in use of force incidents. We found that 10 of the 46 officers involved in use of force incidents did not complete required training. Five of the 10 officers were involved in multiple use of force incidents with 1 officer having been involved in 10 separate use of force incidents.
- Missing required statements from officers involved in use of force incidents and individuals who witnessed or became aware of such incidents. For 9 of the 79 use of force incidents we reviewed, DOC's records did not include required statements.
- Potential coordination among officers involved in use of force incidents and individuals who witnessed the incidents. In 8 of the 79 use of force incidents, the same person provided both staff and witness statements for the same incident.

According to DOC officials, having one supervisor bear responsibility for six units is inadequate. DOC officials also stated that DOC is in the process of hiring more supervisors. However, we noted that DOC had not performed or maintained staffing need assessments and did not develop action plans to address the understaffing issue. Management tools such as a strategic planning process should help DOC identify and document its priorities and resource needs, including staffing.

Finally, we found that DOC did not develop and implement reporting capabilities in its management information systems to track and monitor use of force incidents. Without the ability to generate reports from the incident tracking system, DOC cannot efficiently analyze data to assess staff's use of force; identify trends or noncompliance with requirements that could expose the District to legal risk; and track progress in achieving the agency's strategic objective of promoting safety for inmates, staff, and visitors.

### WHAT WE RECOMMEND

The OIG made 11 recommendations for DOC to: (1) provide constructive feedback to its staff for improvement as appropriate; (2) design appropriate disciplinary and corrective actions, as needed; and (3) ensure staff compliance with the use of force requirements, including mandatory training.

### MANAGEMENT RESPONSE

In total, we made 11 recommendations to DOC for actions deemed necessary to correct the identified deficiencies. DOC concurred with all recommendations made in the report.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Inspector General**

Inspector General



July 26, 2021

Quincy L. Booth  
Director  
Department of Corrections  
2000 14th Street, N.W., 7th Floor  
Washington, D.C. 20009

Dear Director Booth:

Enclosed is our final report, *DOC's Current Procedures for Receiving, Investigating, and Resolving Use of Force Incidents Are Not Operating Effectively* (OIG Project No. 20-1-26FL). We conducted this audit in accordance with generally accepted government auditing standards (GAGAS). Our audit objectives were to: (1) assess DOC staff's use of force in the D.C. Jail; and (2) identify any trends or noncompliance with requirements that expose the District to legal risk. The audit was included in our *Fiscal Year (FY) 2021 Audit and Inspection Plan*.


We provided the Department of Corrections (DOC) with our draft report on June 7, 2021, and received its response on June 29, 2021, which is included in its entirety as Appendix E to this report. We appreciate that DOC officials began addressing some of the findings immediately upon notification during the audit.

Our draft report included 9 findings and 11 recommendations we made to DOC for actions deemed necessary to correct the identified deficiencies. DOC agreed with all 11 recommendations. DOC's actions taken and/or planned are responsive and meet the intent of these recommendations. Therefore, we consider these recommendations resolved but open pending evidence of stated actions.

Director Quincy L. Booth  
DOC's Current Procedures for Receiving, Investigating, and  
Resolving Use of Force Incidents Are Not Operating  
Effectively  
Final Report OIG No. 20-1-26FL  
July 26, 2021  
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We appreciate the cooperation and courtesies extended to our staff during this audit. If you have any questions concerning this report, please contact me or Fekede Gindaba, Assistant Inspector General for Audits, at (202) 727-2540.

Sincerely,



Daniel W. Lucas  
Inspector General

DWL/dd

Enclosure

cc: See Distribution List

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## BACKGROUND

According to the Department of Corrections (DOC) website:

The mission of the DOC is to ensure public safety for citizens of the District by providing an orderly, safe, secure and humane environment for the confinement of pretrial detainees and sentenced inmates while providing meaningful opportunities for community reintegration.

...

DOC currently operates one of the largest municipal jail systems in the country with an average daily population of approximately 1,700 inmates. Those in the custody of DOC include males (93 percent) and females (7 percent). The DOC system is comprised of two primary correctional facilities—the Central Detention Facility also known as the DC Jail and Correctional Treatment Facility.<sup>1</sup>

### The Inmate Custody Division Organizational Information

The Inmate Custody Division (ICD) within DOC is responsible for providing “facilities and technology to detain pretrial defendants and sentenced misdemeanants safely and securely, and in accordance with constitutional requirements.”<sup>2</sup>

ICD functions include:

Institutional Security and Control, which provides effective management of arrestee and inmate populations and ensures safe and secure DOC-administered detention environments, inmate transportation, and off-site security such as medical outposts; and

Security Enhancement activity, which provides operational technologies that improve institutional security.<sup>3</sup>

### The Inmate Custody Division Financial Information

DOC’s overall budgets for fiscal year (FY) 2019 and FY 2020 were \$165.3 million and \$179.1 million, respectively. The DOC’s inmate custody budgets for FYs 2019 and 2020 were \$97.3 million and \$97.4 million, nearly 60% of the agency’s total budget.

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<sup>1</sup> DOC website, <https://doc.dc.gov/page/about-doc> (last visited Dec. 8, 2020).

<sup>2</sup> GOV’T OF THE DISTRICT OF COLUMBIA FY 2021 APPROVED BUDGET AND FINANCIAL PLAN, VOL. 2 AGENCY BUDGET CHAPTERS PART I, C-38 (FY 2021 APPROVED BUDGET) (Aug. 27, 2020).

<sup>3</sup> *Id.*

## Audit Objectives

The objectives of this audit were to: (1) assess DOC staff's use of force in the D.C. Jail and (2) identify any trends or noncompliance with requirements that expose the District to legal risk. The audit was included in the Office of the Inspector General's (OIG) *Fiscal Year 2020 Audit and Inspection Plan*. We conducted our audit from July 2020 to March 2021. We conducted this audit in accordance with generally accepted government auditing standards (GAGAS).

The OIG used DOC policies and procedures to examine DOC's assessment of the use of force for compliance. According to DOC policy, the use of force is "[a]ny physical effort used to control or restrain another, or to overcome the resistance of another."<sup>4</sup>

**Administrative Review Procedures.** DOC used reporting and notification procedures to receive and review incidents involving DOC staff's use of force. The Correctional supervisor/office chief/manager in charge of the incident or occurrence is responsible for obtaining and reviewing the incident.

**Grievance Procedures.** Wardens are responsible for ensuring an investigation is conducted and an adequate response is prepared for each grievance. DOC provided administrative means for the expression and resolution of inmate issues and complaints through informal resolution. If informal resolution did not provide a successful solution for the complaint, inmates used the formal grievance process.

**Investigative Procedures.** The Office of Investigative Services (OIS) is responsible for conducting administrative and criminal investigations concerning DOC staff's, volunteers', and contract employees' misconduct, including violations of DOC policy, D.C. Municipal Regulations, and D.C. and federal criminal law. Upon receipt of investigative requests or referrals, the OIS Chief or his designee conducts a preliminary review of the complaint along with the merits of the case. A determination is made as to the type/classification of the investigation (inquiry, requiring a memorandum of investigation, requiring a full report) that will be conducted.

In addition, the OIG used the *United States Government Accountability Office (GAO) Standards for Internal Control in the Federal Government* (Green Book) to evaluate the design and implementation of DOC's control activities over the incident reporting process. Control activities are a component of an internal control system, and the Green Book defines an internal control system as "a continuous built-in component of operations, effected by people, that provides reasonable assurance—not absolute assurance—that an entity's objectives will be achieved."<sup>5</sup>

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<sup>4</sup> D.C. DEP'T OF CORRECTIONS, USE OF FORCE AND APPLICATION OF RESTRAINTS, § 8(f) (effective Jan. 18, 2018).

<sup>5</sup> U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOV'T, § OV1.04 at 5 (Sept. 2014), <https://www.gao.gov/products/GAO-14-704G> (last visited Dec. 29, 2020).

The Green Book also defines internal control as “a process used by management to help an entity achieve its objectives.”<sup>6</sup> Further, the Green Book explains that: “[m]anagement is directly responsible for all activities of an entity, including the design, implementation, and operating effectiveness of an entity’s internal control system.”<sup>7</sup> In addition to the federal government, GAO also recommends that state, local, and quasi-governmental entities use internal control standards.

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<sup>6</sup> *Id.* Title Page.

<sup>7</sup> *Id.* § OV2.14 at 11-12.

## FINDINGS

### DOC DID NOT EFFECTIVELY IDENTIFY AND ADDRESS NONCOMPLIANCE WITH ITS USE OF FORCE REQUIREMENTS

According to the Green Book, management as part of a strategic planning process sets objectives to meet the entity's mission, strategic plan, and goals and requirements of applicable laws and regulations.<sup>8</sup> One of DOC's strategic objectives is to foster an environment that promotes safety for inmates, staff, visitors, and the community-at-large.<sup>9</sup> To achieve this objective, DOC established the following control activities:<sup>10</sup>

- Facility Security – Facility security operations include the command center, relief pool, emergency response team, canine support, key and tool control, rules and discipline, and movement control.
- Housing Unit Supervision – DOC Correctional Officers provide 24-hour inmate supervision, ensure safety, provide security and order in housing units, and conduct rounds according to DOC policy. They inspect cells and other areas to detect and remove contraband.
- Correctional Surveillance Center – Correctional Surveillance Center operations monitors and reviews surveillance collected from over 650 cameras and other devices to support DOC, and responds to official requests for surveillance to support internal DOC needs as well as law enforcement and criminal justice agencies.<sup>11</sup>

However, DOC did not establish activities to monitor key performance measures<sup>12</sup> and indicators to evaluate the Facility Security, Housing Unit Supervision, and Correctional Surveillance Center functions to ensure DOC achieved its strategic objective related to inmate safety.

According to the Green Book:

Management establishes activities to monitor performance measures and indicators. These may include comparisons and assessments relating different sets of data to one another so that analyses of the relationships can be made, and appropriate actions taken. Management designs controls aimed at validating the propriety and integrity of both entity and individual performance measures and indicators.<sup>13</sup>

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<sup>8</sup> Green Book, *supra* note 5, § OV2.16 at 12.

<sup>9</sup> FY 2021 APPROVED BUDGET, *supra* note 2 at C-42.

<sup>10</sup> DOC defines activities as the work that happens on a daily basis to help achieve the strategic objectives. *See id.* and C-43.

<sup>11</sup> *Id.* at C-44.

<sup>12</sup> The Green Book defines “performance measure” as a “means of evaluating the entity’s performance in achieving objectives.” Green Book, *supra* note 5 at 77.

<sup>13</sup> *Id.* Principle 10.3 at 47.

A key component of measuring and evaluating performance indicators would include analyses to determine why staff did not follow established protocols and timelines related to the use of force and develop corrective action plans to meet future timelines.

DOC designed control activities<sup>14</sup> such as administrative oversight, documenting use of force incidents, policies and procedures, training, and video surveillance technology to assess staff's use of force. However, DOC did not fully implement and effectively operate these control activities as designed. DOC attributed the flaws to a lack of adequate supervisory staff due to vacancies and leaves of absence. We note that DOC had not performed or maintained an assessment of staffing needs and did not develop action plans to address the lack of adequate supervisory staff. Management tools such as a strategic planning process should help DOC identify its priorities and resource needs, including staffing. A strategic planning process should also help DOC establish activities to monitor key performance measures and indicators to evaluate DOC's procedures for receiving, investigating, and resolving use of force incidents.

### **Staff and Witnesses Did Not Provide Written Statements Regarding Use of Force Incidents as Required.**

DOC policy requires all staff and witnesses to provide a written statement when force is involved in an incident. Specifically, any employee, contractor, or volunteer directly involved in, witnessing, or being made aware of a "significant incident or extraordinary occurrence"<sup>15</sup> must submit a written statement to their supervisor before the end of their tour of duty.<sup>16</sup> The written statements should include a description of the incident and the type of force used.

The OIG found DOC staff and witnesses did not always provide written statements for incidents involving the use of force. The OIG also found instances where the same person provided both staff and witness statements for the same incident. The OIG discussed the lack of written statements and one person providing both staff and witness statements with a DOC official who stated that DOC is aware of these issues and needs more supervisors to address them.

Finally, we noted that one of DOC's policy objectives is to ensure employees timely, uniformly, and accurately report incidents involving use of force.<sup>17</sup> Without accurate, reliable, and timely information from staff and witnesses, DOC cannot, if challenged, justify the use of force.

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<sup>14</sup> The Green Book defines control activities as "policies, procedures, techniques, and mechanisms that enforce management's directives to achieve the entity's objectives and address related risks." *Id.* Principle 10.02.

<sup>15</sup> DOC defines a "significant incident" as any "unplanned event or activity that disrupts the normal, orderly operation of an institution, facility or work unit but does not pose an immediate threat to life and/or property." D.C. DEP'T OF CORRECTIONS, REPORTING AND NOTIFICATION PROCEDURES FOR SIGNIFICANT INCIDENTS AND EXTRAORDINARY OCCURRENCES, § 10(a) (DOC Policy No. 1280.2I) (effective Sept. 10, 2018). DOC Policy No. 1280.2I defines an "extraordinary occurrence" as any "event, planned or unplanned, which results in loss of life, serious bodily injury or poses an immediate threat to the health, safety and/or welfare of staff, inmates or the general public." *Id.* § 10(b).

<sup>16</sup> *Id.* § 12(a)(3).

<sup>17</sup> *Id.* § 4(a).



## **DOC Did Not Establish Requirements to Obtain Inmates' Accounts When Use of Force is Involved.**

According to the Green Book, “[w]hen evaluating design of internal control, management determines if controls individually and in combination with other controls are capable of achieving an objective and addressing related risks. When evaluating implementation, management determines if the control exists and if the entity has placed the control into operation.”<sup>18</sup> DOC policy required agency officials to obtain written statements from DOC officers involved in use of force incidents and individuals who witnessed or became aware of such incidents, but not from inmates.

According to DOC officials, the incident tracking process is not designed to capture inmates' side of the story. DOC uses the grievance process to track, investigate, and resolve inmates' concerns, including the use of force. Of the 453 use of force incidents DOC tracked during the audit period, the OIS received only 1 inmate use of force grievance.

The OIS conducted a review from August 2019 through February 2020 of the one grieved use of force incident. The OIG reviewed the OIS report, which concluded that the alleged officer “omitted from his report the type of force used....” The reporting officer submitted the required written statement to his supervisor before the end of their tour of duty the day the incident occurred. The report concluded that three DOC Correctional Officers violated DOC policy and therefore they did not “conduct themselves in a manner in conformance with the DOC standards of professionalism and the DOC Use of Force Policy.” Without considering accounts of all parties involved, including the inmate(s), DOC cannot assure whether it received and investigated the use of force incidents accurately and completely.

## **Timely Management Review of Use of Force Incidents Did Not Occur as Required.**

DOC's administrative review process requires a written supervisory review<sup>19</sup> of each incident at multiple management levels to assess staff's use of force. The entire administrative review process is included in Appendix D of this report. The OIG found first, and second-level supervisors did not always complete written reviews of the use of force incidents. In more than 50 percent of the incidents we reviewed, DOC staff did not complete reviews to finalize use of force incident report packages and upload them into the incident tracking database within five (5) calendar days of occurrence as required.<sup>20</sup> DOC supervisors took between 6 and 301 days to complete the required reviews. According to DOC officials, many supervisors were out of the office on extended leave, contributing to the delayed reviews. Without timely supervisory reviews, DOC cannot thoroughly examine each incident to assess staff's use of force.

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<sup>18</sup> Green Book, *supra* note 5, OV3.05.

<sup>19</sup> DOC Policy No. 1280.2I, *supra* note 15, § 12(b)(2)(b).

<sup>20</sup> *Id.* § 12(b)(4).

## **DOC Did Not Always Report Use of Force Incidents Accurately and Completely.**

DOC uses standardized forms<sup>21</sup> for internal incident reporting to facilitate the incident review process. The OIG found instances where the forms lacked required information, such as the identity of the inmate(s) and the reason for the use of force. The forms also require a description of the inmate's behavior leading up to the use of force, whether a medical examination occurred, and the names of staff, inmates, and witnesses. Although the first and second-level supervisors concluded that the use of force was appropriate in the cases we reviewed, the basis for their conclusions was not supported by standardized forms as required.

The OIG also found instances where first and second-level supervisory reviews failed to detect inaccuracies in reported incidents. For example, the OIG noted incidents involving the use of chemical agents or physical control techniques<sup>22</sup> that DOC staff incorrectly reported as non-use of force incidents. As a result, DOC supervisors did not accurately assess whether the force used was appropriate and hold its staff accountable as circumstances required.

## **DOC Did Not Develop and Implement Reporting Capabilities in Its Management Information Systems to Track and Monitor Use of Force Incidents.**

According to the Green Book, management should use and communicate quality information internally and externally to achieve the entity's objectives.<sup>23</sup> DOC's incident tracking system lacks the reporting functionality required to produce quality and accurate incident data for effective and efficient management of the use of force program. In July 2019, DOC transitioned to a web-based incident tracking system from its Lotus Notes application. Although the new system can generate reports, DOC management did not include reporting requirements and specifications as part of the system design. Without the ability to create reports from the incident tracking system, DOC cannot: efficiently analyze data to assess staff's use of force; identify trends or noncompliance with requirements that could expose the District to legal risk; and achieve the agency's strategic objective of promoting safety for inmates, staff, and visitors.<sup>24</sup>

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<sup>21</sup> DOC Policy No. 1280.2I, *supra* note 15, DCDC-1 and DCDC-2 Forms at Attachments 1 & 2.

<sup>22</sup> DCDC-1 form states: "If force was used, describe type (i.e. physical, chemical agent, baton, etc.)." *Id.* Attachment 1, at 3.

<sup>23</sup> Green Book, *supra* note 5, Principles 13, 14 & 15 at 58.

<sup>24</sup> FY 2021 APPROVED BUDGET, *supra* note 2 at C-44.

### **Lapses in Security Practices Resulted in Use of Force to Regain Control of Inmates.**

According to DOC policy and procedures, the “Control [M]odule Officer [CMO] shall only open and close cell doors at the command of the Floor Unit Officers [FUO].”<sup>25</sup> The OIG noted instances where FUOs were not on the floor when doors were opened or closed. The lack of FUOs’ presence allowed inmates to exit their cells, which led to DOC staff using force to regain control of the inmates. DOC policy does not require the CMO to confirm the location of FUO before honoring the commands. Requiring the CMO to confirm the FUO’s location prior to opening the cell doors will help DOC minimize the risk of using force to regain control of inmates in these circumstances.

### **DOC Did Not Ensure Terminated Employees’ Access to the DOC Incident Tracking System is Deactivated.**

According to DOC standard operating procedures, the Warden/Administrators/Office Chiefs are required to notify the Chief Information Officer [CIO], using the Application Access Request Form, of all personnel changes (i.e., new hires, reassignments, changes in job responsibilities/titles, terminations, and any other changes affecting data/systems “access” privileges). Although the required notifications were made, access privileges for 9 of 10 terminated employees were listed as “active.”

This condition occurred primarily due to a lack of policies and procedures that address what actions information technology (IT) personnel should take when processing personnel change requests. Not processing change requests may create opportunities for unauthorized access to the DOC Incident Tracking System. Unauthorized access to the database could result in security breaches that may impact the confidentiality, integrity, and availability of data needed to manage the prison, as well as pose liability for the District.

### **Corrections Officers Did Not Complete Required Use of Force Training.**

DOC policy states that “[e]mployees shall receive training in the use of force and application of restraint equipment annually.”<sup>26</sup> Although DOC corrections officers did not always complete mandatory use of force training as required, DOC allowed the officers to continue performing their duties and complete the training within 365 days after the required completion date.

We found that 10 of the 46 officers involved in use of force incidents did not complete required training. Five of the 10 officers were involved in more than 1 use of force incident. Three of the 10 officers did not meet required training for 2 consecutive training years. One of the 5 officers was involved in 10 use of force incidents. See Table 1 on the following page for the complete listing.

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<sup>25</sup> D.C. DEP’T OF CORRECTIONS, POST ORDERS, NORTHWEST-ONE, § VI(B)(10) (DOC Policy No. 5010.4J) (effective Dec. 19, 2016).

<sup>26</sup> D.C. DEP’T OF CORRECTIONS, USE OF FORCE AND APPLICATION OF RESTRAINTS, § 3(a) (effective Jan. 18, 2018).

**Table 1. List of Officers Missing Required Trainings by Year and Number of Use of Force Incidents Involved**

Officer	Missing Training Year	Number of Use of Force Incidents Involved
1	2020	10
2	2020	3
3	2020	2
4	2020	1
5	2020	1
6	2019	2
7	2019	2
8	2019	1
9	2019	1
10	2019	1

Source: OIG analysis of DOC's training records.

Allowing the officers to perform their duties without first ensuring completion of required use of force training not only fails to comply with DOC's mandatory annual training policy but also exposes the District to legal risk. Without appropriate training, DOC cannot ensure that its employees use only the minimum amount of force necessary given the circumstances to promote safety for inmates, staff, and visitors.

### **DOC Did Not Replace Nonfunctional Video Surveillance Equipment.**

According to DOC policy, the expected results of the surveillance program are:

- To operate surveillance systems and devices such as Closed Circuit Television (CCTV) and inmate telephone recording equipment.
- To provide real-time monitoring and response to incidents and activities that occurs in the [Central Detention Facility] and its associated properties (Central Treatment Facility, Central Cell Block, and Video Visitation).
- To provide an intelligence support system including providing information regarding activities of habitual or career offenders, individuals/groups who may pose a unique and significant threat to the safety of staff members and inmates within the DC DOC.
- To support proactive activities focusing on inappropriate behaviors of those persons who are considered to be a security threat within the DOC.
- To ensure the safety and security of staff, visitors, inmates, and neighbors of the facility.<sup>27</sup>

<sup>27</sup> D.C. DEP'T OF CORRECTIONS, CORRECTIONAL SURVEILLANCE CENTER, § 3(b)-(e) (draft effective Jan. 1, 2017).

We reviewed the DOC's surveillance camera inventory and noted that 15 percent of the cameras installed were either not working or not working correctly. According to DOC IT officials, DOC surveillance equipment is comprised of outdated and obsolete analog cameras that need to be replaced with new digital cameras to maximize the quality of surveillance footage. The officials further stated that funding had not been allocated for surveillance equipment repairs or upgrades since 2016. The lack of operable cameras limits the DOC's ability to use proactive intelligence support to identify activities that violate its use of force policy. Without adequate and functional video surveillance, DOC cannot assure that the surveillance program achieved intended results including ensuring the safety and security of staff, visitors, inmates, and neighbors of the facility.

## **CONCLUSION**

Establishing appropriate internal controls over DOC's use of force program is essential to help identify any trends or noncompliance with requirements that expose the District to legal risk. The DOC established control activities toward achieving its strategic objective of promoting safety for inmates, staff, visitors, and the community at-large but has yet to develop performance measures. DOC needs to establish additional monitoring controls to ensure that use of force incidents are documented wholly and accurately; staff and witnesses provide required written statements; and supervisors timely review incidents and update the tracking database.

Establishing additional monitoring controls will help DOC: (1) provide constructive feedback to its staff for improvement as appropriate; (2) design appropriate disciplinary and corrective actions as needed; and (3) demonstrate its compliance with the use of force requirements in a legal proceeding by providing evidence, such as staff training records.

## **AGENCY RESPONSES AND OFFICE OF THE INSPECTOR GENERAL COMMENTS**

We provided the Department of Corrections (DOC) with our draft report on June 7, 2021, and received its response on June 29, 2021, which is included in its entirety as Appendix E to this report. We appreciate that DOC officials began addressing some of the findings immediately upon notification during the audit.

Our draft report included 9 findings and 11 recommendations we made to DOC for actions deemed necessary to correct the identified deficiencies. DOC agreed with all 11 recommendations. DOC's actions taken and/or planned are responsive and meet the intent of these recommendations. Therefore, we consider these recommendations resolved but open pending evidence of stated actions.

## APPENDIX A. OBJECTIVES, SCOPE, AND METHODOLOGY

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We conducted our audit work from July 16, 2020, through March 8, 2021, in accordance with generally accepted government auditing standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective(s). We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The objectives of this audit were to: (1) assess DOC staff's use of force in the D.C. Jail and (2) identify any trends or noncompliance with requirements that expose the District to legal risk. The audit was included in the Office of the Inspector General's (OIG) *Fiscal Year 2020 Audit and Inspection Plan*.

To accomplish our audit objectives, we:

- Obtained and analyzed a list of 2,136 incidents that DOC tracked during the period of June 2019 through August 17, 2020, to ensure the accuracy and completeness of the audit universe.
- Obtained and reviewed a total of 10 cases for which OIS conducted administrative investigations concerning misconduct by DOC staff, volunteers, and contract employees during the audit period.
- Obtained and reviewed the one case that OIS received and investigated because of an inmate's grievance.
- Reviewed DOC's performance oversight responses for FY 20 and FY 21 to identify use of force incidents and litigation cases involving the use of force.
- Obtained and reviewed a list of 57 litigation cases that the District of Columbia Office of the Attorney General tracked on behalf of DOC for the period June 2019 through August 17, 2020, to identify any lawsuit(s) filed against the District due to use of force.
- Identified 453 of the 2,136 incidents as use of force incidents to establish the audit scope.
- Statistically sampled 79 of the 453 to apply audit procedures and gather audit evidence.
- Obtained and reviewed training records for 46 officers involved in the 79 use of force incidents to verify compliance with training requirements.
- Obtained and compared a list of current incident tracking database users to DOC's active employee listing to test access controls.
- Obtained and reviewed a list of 583 surveillance cameras to determine the extent of the cameras that were inoperable.

We assessed the validity and reliability of computer-processed data and performed limited testing to verify the data's accuracy and completeness. We relied on DOC's Incident Tracking System data to determine the number of reported use of force incidents. We determined that the data were sufficiently reliable for this report.



## **APPENDIX B. ACRONYMS AND ABBREVIATIONS**

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CIO	Chief Information Officer
CMO	Control Module Officer
DOC	Department of Corrections
FUO	Floor Unit Officers
FY	Fiscal Year
GAO	United States Government Accountability Office
GAGAS	Generally Accepted Government Auditing Standards
Green Book	GAO Standards for Internal Control in the Federal Government
ICD	Inmate Custody Division
IT	Information Technology
OIG	Office of the Inspector General
OIS	Office of Investigative Services

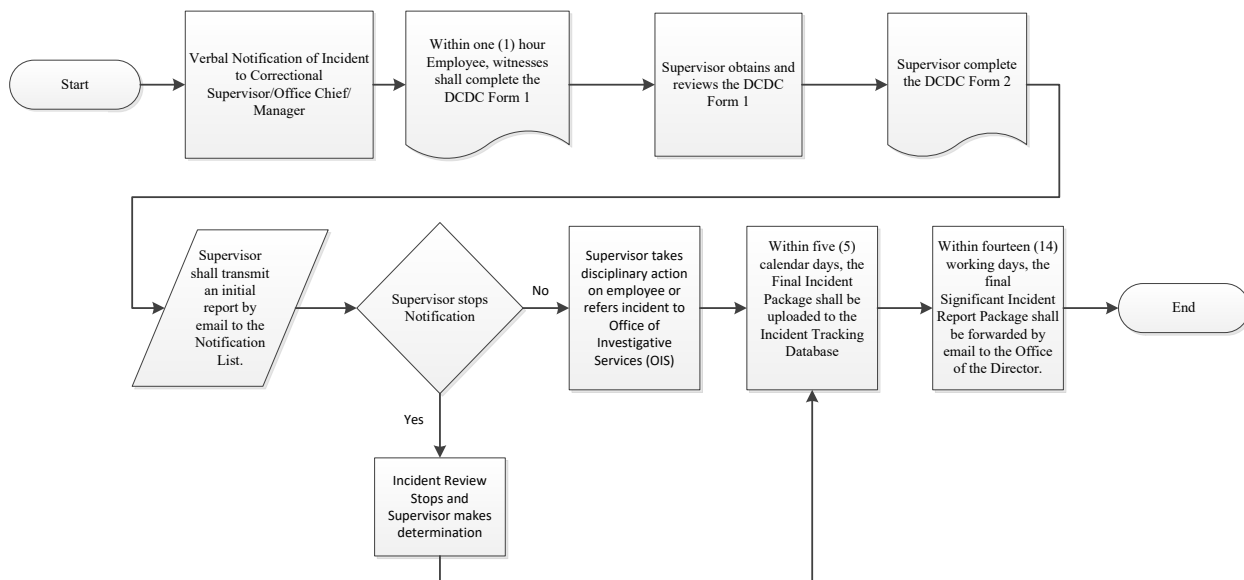
## APPENDIX C. TABLE OF RECOMMENDATIONS

<b>Responsible Agency</b>	<b>Recommendations</b>	<b>Potential Monetary Benefits</b>	<b>Agency Response</b>
DOC	1. Establish key performance indicators to measure the effectiveness and efficiency of the facility security, housing unit supervision, and correctional surveillance center activities.		Agreed
DOC	2. Establish a quality assurance team to review the incident tracking database on a regular basis to: (a) identify missing incident report packages to ensure records are complete; (b) identify incidents that have not been reviewed by a supervisor to ensure timely review; and (c) ensure incidents are properly classified.		Agreed
DOC	3. Establish requirements for how to obtain and document inmates' accounts as part of the administrative review process described in Appendix D.		Agreed
DOC	4. Develop procedures to prevent coordination of incident statements amongst officers involved in an incident and witnesses to maintain the integrity of the incident reporting process.		Agreed
DOC	5. Develop procedures to monitor the quality and timeliness of supervisory review of all incidents.		Agreed
DOC	6. Identify the agency's operations and reporting information needs and develop system requirement specifications.		Agreed

**APPENDIX C. TABLE OF RECOMMENDATIONS**

DOC	7. Develop procedures to ensure the incident tracking system has adequate reporting functionalities to assist management in assessing staff's use of force, identifying negative trends or noncompliance with requirements, and achieving strategic objectives.		Agreed
DOC	8. Develop procedures to ensure the FUI is present at the cell door prior to opening and closing the cell doors.		Agreed
DOC	9. Establish procedures to revoke user access to the incident tracking database upon IT personnel receiving notification of changes to employee status.		Agreed
DOC	10. Develop procedures to monitor employee compliance with training requirements on a periodic basis.		Agreed
DOC	11. Develop a plan to replace nonfunctional video surveillance cameras.		Agreed

## APPENDIX D. DOC'S ADMINISTRATIVE REVIEW PROCESS FOR INCIDENTS INVOLVING USE OF FORCE



Source: OIG Analysis of DOC Reporting and Notification for Significant Incidents and Extraordinary Occurrences

## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

### GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS



#### Office of the Director

June 29, 2021

Daniel W. Lucas  
Inspector General  
Office of the Inspector General  
717 14<sup>th</sup> Street, NW  
Washington, DC 20005

Dear Inspector General Lucas:

Thank you for the substantive and thoughtful report regarding the DC Department of Correction's use of force policies and practices in its jail facilities. We appreciate your team's considerable efforts in producing this report, and wish to convey our shared concern that force, primarily in the form of chemical agents in the context of our jail facilities, be used only when necessary and only to the extent necessary. We are committed to ensuring that our policies, processes and practices work together to prevent, detect, and remedy any excessive uses of force. We believe we are well on the way to having in place the policies, processes, practices, information systems, and technologies to accomplish this task so as to minimize the risks associated with use of force.

Your recommendations fall in three buckets and we agree with the premise of each category: that the Department of Corrections (DOC) provide constructive feedback to staff for improvement as appropriate; that we design appropriate disciplinary and corrective actions as needed; and that we ensure staff compliance with use of force requirements, including mandatory training.

This correspondence sets forth the Department of Corrections (DOC) responses to your draft recommendations, including within the recommendation some responses to your findings:

***1. Establish key performance indicators to measure the effectiveness and efficiency of the facility security, housing unit supervision, and correctional surveillance center activities.***

Through the Deputy Mayor for Public Safety and Justice, to the Director of Budget and Performance within the Office of the City Administrator, DOC's performance is measured against

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## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

several key performance indicators (KPI). We agree and established such KPIs that relate directly to security, supervision and surveillance, demonstrating our commitment to inmate safety and the safety of our staff, several of which we have been reporting publicly since 2004. In FY 2021 DOC publicly reports out on 14 KPIs that are DOC-specific and 67 workload metrics; the link to DOC's FY 2021 performance plan (and all performance plans and performance accountability reports (PARs) from FY 2015 forward) is here <https://oca.dc.gov/node/160652>. Of the 14 KPIs being reported in FY 2021, 8 (57%) are operations specific (including records office, community corrections, and Surveillance Center), and 4 (29%) are DOC Central Detention Facility (CDF)/Correctional Treatment Facility (CTF) security operations specific. The four quarterly KPIs specific to CDF and CTF Security Operations are:

- Inmate on Inmate Assault Rate (Number of Inmate Assaults per 10,000 Inmate Days of Housing).
- Inmate on Staff Assault Rate (Number of Inmate on Staff Assaults per 10,000 Inmate Days of Housing).
- Percent of Disciplinary Reports Adjudicated as Charged.
- Percent of Eligible Inmates Served by Video Visitation.

In addition, DOC reports the following KPIs quarterly:

- Delayed Release Rate, and,
- Erroneous Release Rate. Both these metrics measure the combined effectiveness of the Inmate Records Office and CDF Security Operations.
- Percent of Inmates Released with Required Medications – which measures the combined effectiveness of Inmate Pharmacy and CDF Security Operations. On the performance plan this is listed as a measure associated with Inmate Health Services.

The following two annual KPIs complete the set of 8 KPIs that are Operations-specific:

- Percent of Inmate on Staff Assaults Resulting in Requests for Criminal Prosecution Annually
- Percent of Contraband Seizures Resulting in Requests for Criminal Prosecution Annually

DOC reports 67 workload metrics, of which 35 (52%) measure aspects of demand and output for Operations. Twenty metrics (30%) are directly related to Operations. Comparable to most other jails, the DOC does not publicly report use of force data.

The workload metrics – which relate to the recommendation regarding security, supervision, and surveillance – are:

Number	Metric	Type of Metric	Metric
1	Contraband Seized	Output	Security Operations
2	Hearings Conducted	Output	Security Operations
3	Percent of Inmates Charged with Violent or Dangerous Offenses (per DC Code)	Demand	Security Operations
4	External Requests Processed by the Correctional Surveillance Center (CSC)	Output	CSC



## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

Number	Metric	Type of Metric	Metric
5	Internal Requests Processed by the Correctional Surveillance Center	Output(1)/ Demand(2)	(1) Correctional Surveillance Center (2) Security Operations
6	Documents Processed by Inmate Records Office (IRO)	Output	IRO
7	Sentences Computed by Inmate Records Office (IRO)	Output	IRO
8	Hours of Service Provided by the Court Transportation Unit	Output(1)/ Demand(2)	(1) Court Transportation Unit (2) Security Operations
9	Hours of Overtime Required for Medical Outposts	Demand	Hospital-based security operations (includes supervision of arrestees, DOC medical emergencies or scheduled hospital stays, and incident related stays)
10	Dollars of Commissary Items Delivered	Demand	Commissary distribution operations
11	Video Visits Conducted	Output	Video-visiting operations
12	Face to Face Visits Conducted	Output	Face to Face Visiting operations
13	Participants in Young Adult (YME) Programs	Demand	Young Adult Program operations
14	Recidivism Rate for Participants of Young Adult (YME) Programs	Demand (1)/ Effectiveness (2)	(1) Security Operations (2) Young Adult Program operations
15	Inmates Served by the Acute Mental Health Unit (AMHU)	Demand	AMHU operations
16	Inmates Served by the Mental Health Step Down Unit (SDU)	Demand	SDU operations
17	Arrestees Processed at the Central Cell Block (CCB)	Demand	CCB operations
18	Number of Inmates on Work Release (includes court ordered pretrial placements)	Demand	Community Corrections operations
19	Number of (Sentenced) Inmates Placed in Halfway Houses	Output	Community Corrections operations
20	Dollar Value of Service Provided by Inmate Work Squads	Output	Community Corrections operations

An additional nine metrics describe the nature of the DOC population and serve as demand metrics. These include average daily population, annual intakes and releases, median lengths of stay to release and median length of stay in custody, and number of intakes diagnosed with mental illness and substance use disorders. Finally, DOC reports six additional recidivism metrics which serve as overall measures of effectiveness of security operations, inmate programs and case management, and college and career readiness. These recidivism metrics also serve as indicators of the overall effectiveness of the local public safety and justice system, human services system, and health and behavioral health systems. Internally, DOC tracks over a hundred metrics for various operations specific functions to determine trends, effectiveness of policies, and opportunities for data-informed improvements. DOC engages the entire management team in data-

## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

informed discussions on issues of importance with executive staff through an "agency Stat" (DOC Stat) process conducted with learning-oriented norms to derive insight from and use available data to support agency decision processes.

***2. Establish a quality assurance team to review the incident tracking database on a regular basis to: (a) identify missing incident report packages to ensure records are complete; (b) identify incidents that have not been reviewed by a supervisor to ensure timely review; and (c) ensure incidents are properly classified.***

Agreed and underway. In August of 2020, DOC established the Violence Reduction Committee (VRC), co-chaired by the Deputy Director of Operations and the Fraternal Order of Police (FOP)-DOC Chairman, to conduct monthly reviews of use of force incidents. The VRC serves as the quality assurance team to identify the incident tracking information relating to missing or incomplete packages, late or incomplete supervisory review, and proper classification, as well as to identify trends or areas where mitigation is needed. Supportive efforts are underway in other agency departments to identify trends and areas of potential concern that merit review and action.

***3. Establish requirements for how to obtain and document inmates' accounts as part of the administrative review process described in Appendix D.***

We agree that inmates' accounts should be part of the administrative review process; to some extent this is already done, and we will implement the suggestion to include inmate's accounts in incident reports. Currently, during the use of force investigation, DOC provides residents the opportunity to submit formal statements documenting their account of the incident. Additionally, DOC captures its residents' accounts of significant events starting with incident notifications which documents its residents' statements or non-statements about a significant event. Further, DOC's Inmate Grievance process has been and continues to be utilized by the agency's residents to memorialize their account of a significant event. DOC's Adjustment Board process, also provides the agency's residents an additional opportunity to iterate their version of events.

DOC will develop and implement an inmate statement form for inclusion with the incident report by September 30, 2021.

***4. Develop procedures to prevent coordination of incident statements amongst officers involved in an incident and witnesses to maintain the integrity of the incident reporting process.***

Agreed. Through the Violence Reduction Committee's (VRC's) quality assurance team, DOC has internally identified the need to prevent coordination of incident statements amongst officers involved in an incident and witnesses as well as other needs related to strengthening Use of Force training and training on subsequent procedures. DOC is working with its Center for Professional Development and Learning (CPDL) to incorporate training which includes content focused on

## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

liabilities associated with use of force. DOC will also revise its report-writing course to emphasize the standards required to establish a proper documentary chain of evidence by September 30, 2021. The objective will be to strengthen the quality, consistency, accuracy and completeness of incident reports.

***5. Develop procedures to monitor the quality and timeliness of supervisory review of all incidents.***

Agreed. Timely supervisory review is critical to accountability. Through the VRC, DOC is monitoring the quality and timeliness of supervisory review of all incidents. When there are failures to meet the policy timelines, supervisors are progressively disciplined in accordance with the District's Human Resources policies and procedures. Captains and Lieutenants are being provided administrative staffing assistants whose job it is to check for quality and timeliness of all disciplinary reports. Captains and Lieutenants can thus act as needed to ensure that quality and timeliness standards are met. This process also affords these supervisors greater opportunities to provide on-the-ground support to their staff and meet operational needs. These actions are intended to work together to reduce the frequency of use of force and improve adherence to policy while also mitigating risk and assuring safe and effective practices.

***6. Identify the agency's operations and reporting information needs and develop system requirement specifications.***

Agreed and underway. DOC's 2017 solicitation to upgrade the Offender Management System (OMS) encompassed operations and reporting needs. The solicitation covered over 1000 detailed requirements in over 37 areas of DOC core business processes, was competitive, and was finally awarded to AVID Systems in March 30, 2020. The 5 year project will be cloud based, will cost over \$9 million to implement, and will include integrated electronic content management, a system for inmate finance records, and a MicroSoft Dynamics based OMS. It will replace the current OMS and all of the management control infrastructure which is built on the now obsolete Lotus Notes Platform. This massive project is well underway and the new system is expected to become operational in Q4 2022. DOC will continue to work towards fulfilling its identified needs.

***7. Develop procedures to ensure the incident tracking system has adequate reporting functionalities to assist management in assessing staff's use of force, identifying negative trends or noncompliance with requirements, and achieving strategic objectives.***

Agreed and underway. DOC's 2017 solicitation requirements already encompassed considerations to track staff use of force, non-compliance with requirements, and the achievement of strategic objectives. Such tracking has been incorporated in the upgrade of the Offender Management System (OMS) which is currently underway. The web-based incident reporting

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## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

system was designed to be an incident document archive system and it currently has no reporting capability. The current application is a stop-gap and transitional measure that was implemented because the previous application, Lotus Notes, was obsolete. The upgraded OMS with full incident reporting capabilities is slated to go live in Q4 2022.

In the meantime, DOC staff are supporting the efforts of the operations division by manual review and old-fashioned analysis of the electronic documents and reports that catalog use of force incidents. The objective is to identify opportunities to deploy Body Worn Cameras (BWC) on staff who are frequently associated with use of force incidents or who may be associated with use of force incidents which suggest that coaching may be appropriate. The intent is to provide coaching based on staff's actual practices and so that operations supervisors understand their on-the-ground challenges and thought process in responding to emerging situations. This provides an opportunity to improve operational performance based upon thoughtful review, analysis and discussion with those who are experienced practitioners known to engage in best practices. Early results of such BWC deployment as a pilot in one of the housing units with the most frequent incidents showed a reduction in the use of force as well as a reduction in grievances related to use of force when the statistics for the three months after deployment were compared to those for the three months prior to deployment.

### ***8. Develop procedures to ensure the FUO is present at the cell door prior to opening and closing the cell doors.***

We agree with the finding of the report that lapses in security practices can result in the need to use force and with the recommendation relating to the presence of floor unit officers (FUOs) at door openings. DOC reviewed its established policies and procedures and will increase its efforts to reinforce the policy DOC Policy No. 5010.4J with respect to each post order, retrain to ensure understanding of the policy DOC Policy No. 5010.4J with regard to each specific post, and monitor for compliance with policy DOC Policy No. 5010.4J thus ensuring compliance with all post orders. DOC will thus ensure that FUOs are present at the cell door prior to opening and closing the cell door. Please note that post orders and the policy governing these are security sensitive. They are, consequently, not posted on-line; therefore, no link to this policy is provided.

### ***9. Establish procedures to revoke user access to the incident tracking database upon IT personnel receiving notification of changes to employee status.***

Agreed that former employees should have no access to the incident tracking database. It is important to note that the database itself is maintained within firewalls and is tied to Active Directory. A user must have a current active directory account and be within DOC's network of computers to access the application. This provides protection from users outside of DOC's network. DOC has further reviewed its established procedure for revoking user access to DOC applications upon separation and concurs that the agency can improve adherence to the process of revoking access upon separation from the agency. The DOC takes this finding seriously and has

## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

revoked access privileges of all former employees as of 06/30/2021. To ensure continued adherence, the agency has established an internal metric to track performance and audit review to identify possible opportunities to improve performance.

***10. Develop procedures to monitor employee compliance with training requirements on a periodic basis.***

Agreed and underway. With the implementation of DOC's learning management system in 2018, the agency is able to track and ensure staff compliance with annual in-service training requirements. DOC reports the percentage of employees compliant with in-service training requirements publicly as a quarterly KPI; see <https://oca.dc.gov/node/160652>, and the FY 2020 PAR attached. DOC's training policy PP 3700.2H, <https://doc.dc.gov/node/312822>, clearly states that completing in-service and mandatory trainings is a condition of employment. It is also required to maintain accreditation through the American Correctional Association. While the publicly reported KPI shows the proportion of staff who completed in-service training in the quarter assigned, if there are documented reasons approved by supervisors relating to inability to complete training when assigned, staff are afforded opportunities to enroll in a later training session and complete the assigned training.

***11. Develop a plan to replace nonfunctional video surveillance cameras.***

Agreed. The Bowser Administration is committed to the use of cameras in security sensitive settings such as Corrections and Law Enforcement for a range of transparency and accountability reasons. DOC is working diligently towards upgrading its obsolete IT infrastructure. Specifically, DOC is working to upgrade its Offender Management System that will serve as the technology backbone to allow for integration and upgrade of other DOC IT systems, including its cameras for a seamless work flow process. DOC is making investments towards upgrading and replacing obsolete cameras throughout all facilities as resources allow.

DOC initiated a Body Worn Camera (BWC) pilot project with about 50 cameras in December 2020. In October 2020, DOC was awarded a grant through the Bureau of Justice Assistance to implement a large-scale BWC project and subsequently piloted the use of BWC within its facilities. DOC's BWC policy was approved by BJA on June 14, 2021 and the agency will now be able to procure additional BWC for deployment using grant funds. So far, the pilot has shown measurable improvements in reducing incidents involving deployment of chemical agents, i.e., use of force, in the pilot housing unit where these were deployed on a continuous basis.

DOC notes that the OIG has stated several times in its report that DOC lacks a staffing analysis. This is inaccurate. Using the 3<sup>rd</sup> edition of Jails Staffing Analysis methodology available in draft form from the National Institute of Corrections, DOC conducted a staffing analysis in 2018 based on FY 2017 data with guidance from Mr. Rod Miller, the national expert who developed the methodology. Mr. Miller, authored the facilities staffing analysis section of the attached report.

## APPENDIX E. DOC'S RESPONSE TO DRAFT REPORT

That analysis highlighted a need to strengthen front-line supervision, address the shortage of supervisors, and address the shortage of correctional officers.

Based upon the recommendations of the report, DOC has requested staffing increases through the budget enhancement process and has been authorized for approximately 120 additional uniformed positions over a period of 3 fiscal years since receiving the report. Although, all the newly available positions were filled at some point, DOC has experienced separations among these and existing positions.

Recruiting and training is a continuous process and challenges exist. Recruiting challenges persist in the highly competitive regional job-market with 22 local, state and federal corrections and law enforcement agencies competing for the same candidate pool. Preemployment testing and screening is necessary to recruit candidates who will perform well, but the work is difficult and the standards are stringent so finding the right candidates can pose challenges at times. Retention challenges also exist for supervisory ranks.

On a quarterly basis, the DOC performs institutional staffing analyses utilizing best practices as established by the National Institute of Corrections, the only federal agency with a mandate to provide and set forth specialized services to corrections from a national perspective. DOC's internal staffing analyses are a part of the deliberative process; thus, they are privileged and confidential work products that help inform both DOC and the Executive Office of the Mayor in their efforts to ensure the safety and security of staff, residents, visitors, and the facilities. Because DOC could not receive assurances that the confidential information would not be publicly shared, and since OIG refused to take their request to a higher authority, namely the Deputy Mayor of Public Safety and Justice; DOC did not share the staffing analysis with the inspectors however would be happy to discuss these if OIG would like to do so.

In sum, the DOC is well underway to addressing the issues surrounding use of force at our facilities and reiterates our appreciation for the opportunity to provide DOC's response to the audit.

Sincerely,

A handwritten signature in blue ink that reads "Quincy Booth". The signature is stylized with a large "Q" and "B".

Quincy Booth  
Director

Cc:

City Administrator Kevin Donahue  
Deputy Mayor Chris Geldart  
EOM GC Betsy Cavendish

Attachment(s):

Staffing Analysis – BDA Global  
DOC FY20 PAR

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