

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	March 18, 2016	<b>Page 1 of 11</b>
	<b>POLICY AND PROCEDURE</b>		<b>SUPERSEDES:</b>	1280.2F December 28, 2011	
			<b>OPI:</b>	Operations	
			<b>REVIEW DATE:</b>	March 18, 2017	
			<b>Approving Authority</b>	Thomas Faust Director	
<b>SUBJECT:</b>	<b>REPORTING AND NOTIFICATION PROCEDURES FOR SIGNIFICANT INCIDENTS AND EXTRAORDINARY OCCURRENCES</b>				
<b>NUMBER:</b>	<b>1280.2G</b>				
<b>Attachments:</b>	Attachment 1 – DCDC 1 Form – Employee Report of Significant Incident/Extraordinary Occurrence Attachment 2 – DCDC 2 Form – Official Report of Extraordinary Occurrence Attachment 3 – Significant/Extraordinary Occurrence Report Checklist				

**SUMMARY OF CHANGES:**

<b>Section</b>	<b>Change</b>
	<i>Major Changes throughout the policy to include PREA Notifications Process.</i>
	<i>Added Attachment 3 – Significant/Extraordinary Occurrence Report Checklist</i>
	<i>The Office of Special Investigations (OIS) was updated throughout.</i>

**APPROVED:**



**Thomas Faust, Director**

3/18/2016

**Date Signed**

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1. **PURPOSE AND SCOPE.** To establish standardized procedures for reporting significant and extraordinary occurrences within the D.C. Department of Corrections (DOC), that will identify each Significant Incident Report (SIR) and Extraordinary Occurrence Report (EOR) by a designated number.
2. **POLICY.** It is the policy of the DOC that when an extraordinary occurrence or significant incident occurs timely notification will be made and accurate reports will be submitted.
3. **APPLICABILITY.** This directive applies to all DOC employees.
4. **PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. Non-routine events that may affect the District of Columbia Department of Corrections (DOC) operations, including contract facilities, that are sensitive in nature or that are of potential interest to the news media, will be reported both uniformly and timely to DOC officials and designated agencies.
  - b. Standardized forms shall be used for reporting and documenting significant incidents and/or extraordinary occurrences.
5. **NOTICE OF NON-DISCRIMINATION.**
  - a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

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## 6. DIRECTIVES AFFECTED

### a. Directives Rescinded.

- 1) PS 1280.2F Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences (12/28/2011)

### b. Directives Referenced

- 1) PS 1280.3 Erroneous Releases and Escape Notification
- 2) PP 3310.4 Sexual Harassment Against Employees
- 3) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct

## 7. STANDARDS REFERENCED

- a. American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-11, and 4-ALDF-2B-07.

## 8. AUTHORITY.

- a. D.C. Code § 24-211.02, Powers; Promulgation of Rules
- b. 42 U.S.C. §15601, et seq., Prison Rape Elimination
- c. 28 C.F.R. Part 115, Prison Rape Elimination Act National Standards
- d. D.C. Code § 22-3001, et seq., Sexual Abuse

9. NOTICE OF NON-COMPLIANCE. Failure to adhere to policy may result in disciplinary action.

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## 10. DEFINITIONS

- a. *Significant Incident* – 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. Significant Incidents include but are not limited to:
- 1) Miscounts;
  - 2) Misplaced, Lost, Stolen, or Damaged Property;
  - 3) Equipment Malfunctions;
  - 4) Verbal Confrontations;
  - 5) Suicide gestures not requiring hospitalization;
  - 6) Halfway House curfew violations, and
  - 7) Vehicle accidents that do not result in personal injury or serious property damage.
  - 8) Discovery of known contraband, associated or unassociated;
  - 9) Discovery of weapons (homemade or manufactured street knives);
  - 10) Any other matter which the Warden, Administrator or Office Chief determines to be of a significant nature.
- b. *Extraordinary Occurrence* – Any event, planned or unplanned, which results in loss of life, serious bodily injury or poses an immediate threat to the health, safety and/or welfare of staff, inmates or the general public. Extraordinary Occurrences include but are not limited to:
- 1) Escape/Attempted Escape;
  - 2) Erroneous/Late Release;
  - 3) On Duty Death of Staff Member;

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- 4) Death of an Inmate;
- 5) Assaults;
- 6) Disturbance;
- 7) Hostage Situation;
- 8) Fire;
- 9) Inmate Work Stoppage;
- 10) Staff Work Stoppage;
- 11) Suicide/Attempted Suicide;
- 12) Use of Force;
- 13) Major Utility/Equipment failure or incidents regarding a major utility, utility system or essential equipment;
- 14) Vehicular accidents resulting in personal injury or serious property damage;
- 15) Arrest of an employee;
- 16) Medical Emergency requiring special conveyance or 911 response;
- 17) Criminal Activity requiring notification to OIS or MPD;
- 18) Discharge of a Firearm (other than training);
- 19) Failure to Clear a Recount;
- 20) Discovery of firearms (homemade or manufactured), drugs and controlled substances;
- 21) Any unusual incident which may be newsworthy or politically sensitive;
- 22) Any unusual incident involving a high profile inmate; and

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- 23) Any other matter which the Warden, Administrator or Office Chief determines to be of an extraordinary nature.
- c. *Notification* – The initial verbal exchange, email, or fax of information regarding a significant incident or extraordinary occurrence.
  - d. *Report* – The formal, written exchange of information regarding a significant incident or extraordinary occurrence submitted using the DCDC Form 1 (Employee report) and DCDC Form 2 (Supervisors Report).
  - e. *Initial Report* – A report containing information immediately available following a significant incident or extraordinary occurrence.
  - f. *Supplemental Report* – A report containing additional information, which becomes available after the initial report has been filed.
  - g. *Final Report* – The report containing all available information regarding a significant incident or extraordinary occurrence.
  - h. *Associated Contraband* – Any unauthorized item found on an employee, inmate, or individual who enters a DOC facility.
  - i. *Unassociated Contraband*- Any unauthorized item found without a connection to an employee, inmate, or individual who enters a DOC facility.

## 11. NOTIFICATION PROCEDURES

### a. Significant Incidents

- 1) When a significant incident occurs the senior supervisor on duty shall ensure that notification is made through the appropriate chain of command, to the level of the CDF Major for Operations, Administrator, Office Chief, or Duty Administrative Officer (weekends) who will make a decision to stop the notification process at that level or continue notification to the executive staff level.
- 2) Notifications shall be initiated as soon as reasonably practical, usually within (one) 1 hour of the discovery of the incident and the notification shall provide as much information available at that time.

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- 3) Notifications will be recorded on the standard DCDC Notification Form.
- 4) Significant Incident reports shall be submitted through the chain of command to the Director's Office within fourteen (14) calendar days. The package shall contain the original initial, supplemental and final report forms, a cover letter from the Warden, Administrator or Office Chief summarizing the incident and any other pertinent information.
- 5) In case of Significant Incidents involving DOC Residential Substance Abuse Treatment (RSAT) clients, the DOC RSAT Program Manager shall contact the Department of Health Risk Manager as soon as possible, but no later than twenty-four (24) hours after the incident occurs. DOC RSAT staff will fully cooperate with any related DOH investigations.

**b. Extraordinary Occurrences**

- 1) In the event of an extraordinary occurrence, the senior supervisor on duty shall ensure that notification is made, through the chain of command to the Director.
- 2) In the event of an escape, suspected escape, and erroneous release or walk-away from the D.C. Jail or a halfway house, the senior supervisor on duty shall ensure that the Office of Special Investigations (OIS) is notified as required by PP 1280.3 *Erroneous Releases and Escape Notification*.
- 3) Notifications shall be initiated as soon as reasonably practical, usually within one (1) hour of the discovery of the incident and the notification shall provide the **C**ommitted date, **O**ffense, **S**entence, and **E**xpiration of sentence (COSE) for each inmate involved as well as any photographs available at that time.
- 4) Notifications shall be updated as new information is received. Notifications shall be recorded on the DCDC Notification Form.
- 5) Extraordinary Incident reports shall be submitted through the chain of command to the Director's Office within ten (10) calendar days. With the exception of news worthy incidents, all documentation must be complete prior to the conclusion of the shift.

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## 12. REPORTING PROCEDURES

### a. Employee Reports

- 1) Any employee who is directly involved in, witnesses, or becomes aware of a significant incident or extraordinary occurrence shall make immediate verbal notification to a supervisor.
- 2) As soon as reasonably practical, usually within one (1) hour following the incident or occurrence, the employee shall complete the DCDC Form 1, Employee Report of Significant Incident/Extraordinary Occurrence (Attachment 1) and submit it to his/her supervisor for review. Employees may not leave the work site until the report is submitted and the supervisor in charge of the incident or occurrence has an accurate account of the event from the employee submitting the DCDC Form 1.

### b. Supervisory Reports

- 1) *Verbal Notification.* The Supervisor shall make immediate verbal notification to the Shift Commander or their immediate Supervisor regarding a significant incident or extraordinary occurrence.
- 2) The Supervisor in charge of the incident or occurrence shall complete the DCDC Form 2, Official Report of Significant/Extraordinary Occurrence (Attachment 2).
- 3) As soon as reasonably practical, usually within one (1) hour following the Extraordinary/Significant Occurrence, the reporting supervisor shall transmit an initial report by E-Mail to the Incident Notification List.
- 4) If additional information becomes available after the initial report has been filed, the reporting supervisor shall file a supplemental report and transmit it by E-Mail to the Incident Notification List.
- 5) Within fourteen (14) working days after the significant incident, the final Significant Incident Report Package shall be forwarded by e-mail through the chain of command to the Office of the Director.

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- 6) Within five (5) working days after the extraordinary occurrence, the final Extraordinary Occurrence Report Package shall be forwarded by e-mail through the chain of command to the Office of the Director.
- c. **Shift Reports.** In addition to reports of Significant Incident and Extraordinary Occurrences, the Command Center staff shall include all activities surrounding the incident or occurrence in the shift report submitted at the end of the effected shift.
  - d. **Incident Tracking System (Lotus Notes).** Supervisors will scan all reports and supporting documentation into Incident Tracking (Lotus Notes). Supervisors will verify information utilizing the Significant/Extraordinary Occurrence Report Checklist (Attachment 3) to verify all documentation/forms are received.
  - e. **Special Reporting Procedures**
    - 1) **Sexual Misconduct and Sexual Harassment.** In addition to the notification and reporting procedures contained in this directive, reporting procedures of incidents of Sexual Misconduct against Inmates and Sexual Harassment against Employees contained in DOC policies PP 3350.2 *Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct* and PP 3310.4 *Sexual Harassment Against Employees* must also be followed.
    - 2) PREA Notification. Any Supervisor receiving any information, from any source, concerning sexual assault, sexual abuse or sexual misconduct, or who observes an incident of sexual assault, sexual abuse or sexual misconduct is required to immediately initiate necessary action, or verify that action has been taken, to protect all physical evidence and the safety and welfare of the inmate.
    - 3) The supervisor shall immediately notify the PREA Coordinator and the Office of Investigative Services (OIS) of any allegation of sexual assault.
    - 4) Upon verbal notification to the PREA Coordinator and/or the OIS, the Supervisor shall call 911 and report the incident to local law enforcement.

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- 5) The supervisor shall not conduct any inquiry or investigation into the circumstances related to the allegation unless the supervisor is a member of the OIS staff.
- 6) The supervisor shall forward the original written sexual assault, sexual abuse or sexual misconduct report and the PREA Notification Report to the OIS, PREA Coordinator and the Warden by the end of his/her tour of duty
- 7) **United States Marshal Service Inmates.** In the event an incident occurs involving a USMS inmate, notification shall also be made to the Supervisory Deputy Marshal's Office as soon as reasonably practical by a Shift Supervisor.
- 8) **Reporting Of Serious Assaults.** When an inmate housed at the CDF is the victim of a serious assault at the hands of another inmate, the area in which the assault took place will be considered a crime scene and preserved in accordance with established directives.

The Senior Shift Supervisor on duty will make notification in accordance with this directive and will contact the Office of Investigative Services and provide the following information:

- a) Names and DCDC numbers of all inmates involved;
- b) Location of the incident;
- c) Description of the incident;
- d) Names of any staff involved;
- e) A summary of the injuries; and
- f) A description of the weapon(s) used if applicable.

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Attachments

Attachment 1 – DCDC 1 Form – Employee Report of Significant Incident/Extraordinary Occurrence

Attachment 2 – DCDC 2 Form – Official Report of Extraordinary Occurrence

Attachment 3 – Significant/Extraordinary Occurrence Report Checklist

**DOC/1280.2G/3/18/2016**



**D.C. DEPARTMENT OF CORRECTIONS**  
**EMPLOYEE REPORT OF SIGNIFICANT INCIDENT/EXTRAORDINARY OCCURRENCE**  
 (Type or Print)

**Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Shift :** \_\_\_\_\_ **Post :** \_\_\_\_\_

**Type of Occurrence:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time of Occurrence:** \_\_\_\_\_

Inmates Involved Name and DCDC	Staff Involved Name and Title	Witness Inmate and/or Staff

**Complete detailed description of incident ( if force was used, include events leading up to the use of force)**

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DCDC-1  
EOR#\_\_\_\_\_

**Actions Taken (In chronological order with times listed)**

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**Descriptions of Weapons, if any (Include photocopy if possible)**

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**Describe injuries to staff or inmates and medical attention required (if any)**

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**If force was used, describe type (i.e. physical, chemical agent, baton, etc.)**

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**D.C. DEPARTMENT OF CORRECTIONS  
OFFICIAL REPORT OF EXTRAORDINARY OCCURRENCE**

Institution/Facility \_\_\_\_\_  
EOR # \_\_\_\_\_

Type of Report  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Final <input type="checkbox"/> Supplemental	Date of Incident: _____ Time: _____ Date of Report: _____ Time: _____	
<p align="center"><b>NATURE OF INCIDENT</b> (Check one or more)</p> <input type="checkbox"/> Escape/Escape Attempt <input type="checkbox"/> Arrest, Employee <input type="checkbox"/> Death – Natural/Foulplay <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Major Assault <input type="checkbox"/> Major Utility Failure <input type="checkbox"/> Riot or Disturbance <input type="checkbox"/> Firearm Discharge <input type="checkbox"/> Hostage taking <input type="checkbox"/> Inmate Work Stoppage <input type="checkbox"/> Accident (Vehicle) <input type="checkbox"/> Suicide/Attempt <input type="checkbox"/> Emp. Work Stoppage <input type="checkbox"/> other (specify) <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Use of Force	<p align="center"><b>IF AN ESCAPE, COMPLETE</b></p> Notification made to:   Present status: <input type="checkbox"/> US Marshal (VA) <input type="checkbox"/> At-Large <input type="checkbox"/> US Marshal (DC) <input type="checkbox"/> Surrendered <input type="checkbox"/> Metropolitan Police Department <input type="checkbox"/> Apprehended <input type="checkbox"/> Fairfax County <input type="checkbox"/> Wounded <input type="checkbox"/> Prince William County <input type="checkbox"/> Killed <input type="checkbox"/> Warrant Squad <input type="checkbox"/> Other <input type="checkbox"/> other <input type="checkbox"/> D.C. Jail – WALES Date _____ Time _____	
Name and Identification (Inmate #, Employee Title)	<p align="center"><b>PRINCIPALS INVOLVED IN INCIDENT</b></p> Charge/Sentence   EOD Date (if inmate)   (if employee)	How Involved (Suspect, Victim, Witness, Etc.)
<b>TACTICAL INFORMATION</b>		
Initial Report By: _____	Date: _____	
Lockdown Called Date:            Time:	Notification Initiated Date:            Time:	
Evidence Secured: recovered by Yes <input type="checkbox"/> No <input type="checkbox"/>	Notification Completed Date:            Time:	
Video Camera Used Yes <input type="checkbox"/> No <input type="checkbox"/>	Video Operator	
Pictures Taken Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Camera Operator	
ERT on Stand By Date:            Time:	ERT Activated N/A Date:            Time:	
Siren Sounded Date:            Time:	Command Post Activated Date:            Time:	
Communications Office Notified Date:            Time:	Escape Search Initiated Date:            Time:	
Normal Operation Resumed	Escape Search Terminated	

Date:      Time:	Date:      Time:
Name and Title of Reporting Official (Print)	Signature of Reporting Official (Date)

**"OFFICIAL REPORT OF EXTRAORDINARY OCCURRENCE"**  
DCDC-2

EOR # \_\_\_\_\_

NARRATIVE: Describe incident in as much detail as is available at the reporting (i.e., initial, final, supplemental) to include who, what, when, where, why, and how. (Print or type)

Name and Title of Reporting Official (Print)	Signature of Reporting Official (Date)
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