**DISTRICT OF COLUMBIA**
**DEPARTMENT OF CORRECTIONS**

**POLICY AND PROCEDURE**

**EFFECTIVE DATE:** March 28, 2022

**SUPERSEDES:** 1280.2I
- September 18, 2018

**OPI:** OPERATIONS

**REVIEW DATE:** March 28, 2023

**Approving Authority:** Thomas Faust
- Director

**SUBJECT:** REPORTING AND NOTIFICATION PROCEDURES FOR SIGNIFICANT INCIDENTS AND EXTRAORDINARY OCCURRENCES

**NUMBER:** 1280.2J

**Attachments:**
- Attachment 1 – DCDC 1 Form – Employee Report of Significant Incident/Extraordinary Occurrence
- Attachment 3 – Significant/Extraordinary Occurrence Report Checklist

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**SUMMARY OF CHANGES:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
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<tbody>
<tr>
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<td>Minor revisions throughout the policy.</td>
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**APPROVED:**

Thomas Faust, Director

3-28-2022

Date Signed
1. **PURPOSE AND SCOPE.** To establish standardized procedures for reporting significant and extraordinary occurrences within the D.C. Department of Corrections (DOC).

2. **POLICY.** It is the policy of the DOC that when an extraordinary occurrence or significant incident occurs, timely verbal and written notification will be made within the time frames set forth in this policy.

3. **APPLICABILITY.** This directive applies to all DOC employees.

4. **PROGRAM OBJECTIVES.** The expected results of this program are:

   A. Employees shall timely, uniformly and accurately report to DOC officials and designated agencies significant, extraordinary, non-routine, or notable events that occur in DOC facilities, offsite hospitals, offices and contract facilities.

   B. Standardized forms shall be used for reporting and documenting significant incidents and/or extraordinary occurrences.

5. **NOTICE OF NON-DISCRIMINATION**
   In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. 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.

6. **DIRECTIVES AFFECTED**
   a. **Directives Rescinded**

      PP 1280.2I Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences (9/18/18)
b. Directives Referenced

1) PP 1010.1 Chain of Command
2) PP 1280.3 Erroneous Releases and Escape Notification
3) PP 1310.3 Volunteer Services Program
4) PM 1340.4 Media, Public Relations/Scheduling Department Events/Facility Tours
5) PP 2420.4 Email and Internet Use
6) PP 2920.5 Emergency Response and Evacuation Plan
7) PP 2921.2 Reporting Employment Accidents and On-the-Job Injuries
8) PP 3300.1 Employee Code of Ethics and Conduct
9) PP 3300.2 Non-Fraternization
10) PP 3310.4 Sexual Harassment Against Employees
11) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct
12) PP 3800.5 Religious Discrimination and Accommodations Policy
13) PP 5010.9 Use of Force and Application of Restraints
14) PP 5011.1 Possession and Use of Firearms
15) PP 5020.1 Entrance and Exit Procedures
16) PP 5022.1 Tool Control
17) PP 5160.1 Emergency Response Team
18) PP 5320.1  Key Control
19) PP 6080.2  Suicide Prevention
20) PP 8010.1  Work Release Program

7. STANDARDS REFERENCED

8. AUTHORITY
a. D.C. Code § 24-211.02, Powers; Promulgation of Rules
b. 34 U.S.C. §303, et seq., Prison Rape Elimination Act
c. 28 C.F.R. Part 115, et seq., Prison Rape Elimination Act National Standards
d. D.C. Code § 22-3001, et seq., Sexual Abuse
e. DPM Chapter 16 Corrective and Adverse Actions; Enforced Leave; and Grievances

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

10. DEFINITIONS
a. Notable Incident - Any unplanned event or activity that does not disrupt the normal orderly operations of an institution, facility or work unit and does not pose an immediate threat to life and/or property; but, is worthy of attention or notice. Notable Incidents will only require appropriate notification to necessary staff and statements. Notable incidents will not be entered or scanned into DOC’s Incident Tracker. The documents will be maintained in the Major’s Office. Notable Incidents include but are not limited to:

1) Equipment Malfunctions;
2) Verbal non-threatening Confrontations;
3) Community Corrections Center curfew violation;
4) Medical Emergency not requiring treatment at an area hospital;  
5) Any incident that is not significant or extraordinary which may be unusual or notable;  
6) Staff on the job injury not involving a Significant or Extraordinary incident.  
7) Any other matter which the Warden, Office Chief/Manager, or Supervisor determines to be of a notable nature.

b. 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) Threatening verbal confrontations;  
5) Suicide gestures not requiring hospitalization;  
6) Vehicle accidents that do not result in personal injury or serious property damage;  
7) Medical emergency requiring a Special Conveyance;  
8) Discovery of known contraband, associated or unassociated;  
9) Discovery of weapons (homemade or manufactured street knives); and  
10) Any other matter which the Warden, Administrator or Office Chief determines to be of a significant nature.

c. 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/Abscond;  
2) Erroneous/Late Release;  
3) On Duty Death of Staff Member;  
4) Death of an Inmate;  
5) Assault;
6) Disturbance;
7) Hostage Situation;
8) Fire;
9) Inmate Work Stoppage;
10) Staff Work Stoppage;
11) Suicide/Attempted Suicide;
12) Use of Force;
13) Major Utility/Equipment failure or incidents regarding a major utility, utility system or essential equipment;
14) Vehicular accidents resulting in personal injury or serious property damage;
15) Arrest of an employee;
16) Medical Emergency requiring 911 response;
17) Criminal Activity requiring notification to OIS or MPD;
18) Discharge of a Firearm (other than training);
19) Failure to Clear a Recount;
20) Discovery of firearms (homemade or manufactured), drugs and controlled substances;
21) Any unusual incident involving a high profile inmate; and
22) Any other matter which the Warden, Office Chief/Manager, or Supervisor determines to be of an extraordinary nature.

d.  *Notification* – The initial verbal exchange, email, or fax of information regarding a significant incident or extraordinary occurrence.

e.  *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 (Supervisor Report).

f.  *Initial Report* – A report containing information immediately available following a significant incident or extraordinary occurrence.

g.  *Supplemental Report* – A report containing additional information, which becomes available after the initial report has been filed.

h.  *Final Report* – The report containing all available information regarding a significant incident or extraordinary occurrence.
11. **PRELIMINARY NOTIFICATION.** Within one (1) hour of the discovery of the incident, the Correctional Supervisory/Office Manager/Chief shall make verbal notification within the chain-of-command. Notifications shall be updated as new information is received.

   a. **Notable Incidents** - When a notable incident occurs, the senior supervisor on duty shall ensure that the notification is made through the appropriate chain of command, to the level of the Major, or Duty Administrative Officer (weekends).

   b. **Significant Incidents**

      1) When a significant incident occurs, the senior supervisor on duty shall ensure that the notification is made through the appropriate chain of command, to the level of the Major, 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) In case of Significant Incidents involving DOC Residential Substance Abuse Treatment (RSAT) clients, the DOC RSAT Program Manager shall also contact the Department of Health’s 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.

   c. **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/abscond or walk-away from the DOC correctional and contracted facilities the senior supervisor on duty shall ensure that the Office of Investigative Services (OIS) is notified as required by PP 1280.3 *Erroneous Releases and Escape Notification*.

3) Notifications shall be recorded on the DCDC Notification Form.

4) Extraordinary Incident reports shall be submitted through the chain of command to the Major's Office prior to the conclusion of the shift.

12. REPORTING PROCEDURES

a. Employee Reports

1) Any employee, contractor or volunteer who is directly involved in, witnesses, or becomes aware of a notable incident, significant incident or extraordinary occurrence shall make immediate verbal notification to a Correctional Supervisor/Office Chief/Manager.

2) Within one (1) hour following the verbal notification to supervisory/managerial staff, the employee, contractor or volunteer shall complete the DCDC Form 1, Employee Report of Notable Incident/Significant Incident/Extraordinary Occurrence (Attachment 1) and submit to the Supervisor for review.

3) Employees, contractors or volunteers shall not leave the facility/work site until the report is submitted and the Correctional Supervisor/Office Chief/Manager in charge of the incident or occurrence has an accurate account of the event from the employee submitting the DCDC Form 1.

4) If an employee, contractor or volunteer is unable to provide a written report due to a serious bodily injury requiring immediate medical treatment, the employee, contractor or volunteer shall provide a verbal statement to the supervisor (if possible), and the supervisor shall transcribe it into a DCDC1.
b. Supervisory Reports

1) **Verbal Notification.** The reporting Correctional Supervisor/Office Chief/Manager shall make immediate verbal notification to the Shift Commander or their immediate Manager regarding a notable incident, significant incident or extraordinary occurrence.

2) **Written Notification.** The Correctional Supervisor/Office Chief/Manager in charge of the incident or occurrence shall:
   a) Obtain and review the DCDC Form 1 prepared by the employee, contractor, or volunteer to ensure completeness and accuracy.
   b) Complete the DCDC Form 2, Official Report of Significant/Extraordinary Occurrence (Attachment 2).
   c) As soon as reasonably practical, usually within one (1) hour following the Extraordinary/Significant/Notable Occurrence, the reporting supervisor shall transmit an initial report by email to the Incident Notification List.
   d) If additional information becomes available after the initial report has been filed, the reporting supervisor shall file a supplemental report and transmit it by email to the Incident Notification List.

3) Within five (5) calendar days after the significant incident, the final Significant/Extraordinary Occurrence Report Package shall be uploaded into the Incident Tracking Database.

c. **Shift Reports.** In addition to reports of Notable, 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 affected shift.

d. **Incident Tracking System (Lotus Notes).** The Major’s office will scan all reports and supporting documentation into Incident Tracking (Lotus Notes). Supervisors shall verify information for Significant Incidents and Extraordinary Occurrences utilizing the Significant/Extraordinary Occurrence Report Checklist.
### Special Reporting Procedures

1) **Sexual Harassment Against Employees.** Reporting Incidents of Sexual Harassment against Employees shall be handled in strict compliance with DOC PP 3310.4 Sexual Harassment Against Employees.

2) **PREA**
   
a) Any DOC employee, volunteer or contractor receiving any information, from any source, or who observes an incident concerning sexual assault, sexual abuse or sexual misconduct shall report and document it in accordance with PP 3350.2, Elimination of Sexual Abuse policy, Section 14 “Reporting Procedures for Staff”.

   b) **United States Marshal Service (USMS) 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.

3) **Reporting of Serious Assaults.** When an inmate housed at DOC correctional and contracted facilities 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.

4) The Senior Shift Supervisor on duty will make notification in accordance with this directive and will contact the OIS 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.

5) United States Marshal Services

a. DOC shall notify the USMS of incidents involving designated inmates.

b. When Inmates in the custody of the USMS are injured, become ill/hospitalized, or involved in any incident while in the custody of the DOC, DOC staff shall notify the designated US Marshal of the inmates' involvement, and their condition.

c. The Inmate Records Office shall assist in identifying inmates who are under the jurisdiction of the USMS.

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

Institution: ___________________________  Date: __________________
Employee Name: ___________________________  Title: __________________
Signature: ___________________________  Supervisor: __________________
Shift: ______  Post: ______  Time of Occurrence: __________________
Type of Occurrence: __________________
Location: _______________________________________________________

<table>
<thead>
<tr>
<th>Inmates Involved</th>
<th>Staff Involved</th>
<th>Witness Inmate and/or Staff</th>
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<tbody>
<tr>
<td>Name and DCDC</td>
<td>Name and Title</td>
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Complete detailed description of incident (if force was used, include events leading up to the use of force)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Description of Incident (continued)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Actions Taken (In chronological order with times listed)

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Type of Report**  
[x] Initial  [ ] Final  [ ] Supplemental  

**Date of Incident:**  
**Time:**  
**Date of Report:**  
**Time:**  

**DATE OF OCCIDENT**  
(If incident occurred on a different date, please indicate the date.)  

**PRINCIPALS INVOLVED IN INCIDENT**  
**Charge/Sentence**  
**EOD Date**  
**(if inmate)**  
**(if employee)**  

**How Involved**  
(Suspect, Victim, Witness, Etc.)  

**TACTICAL INFORMATION**  

**Initial Report By:**  
**Date:**  

**Lockdown Called**  
**Date:**  
**Time:**  

**Notification Initiated**  
**Date:**  
**Time:**  

**Evidence Secured:**  
**recovered by**  
**Yes [ ]**  
**No [ ]**  
**Date:**  
**Time:**  

**Video Camera Used**  
**Yes [ ]**  
**No [ ]**  
**Date:**  
**Time:**  

**Video Operator**  

**Pictures Taken**  
**Yes [x ]**  
**No [ ]**  
**Date:**  
**Time:**  

**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**  
**Date:**  
**Time:**  

**Escape Search Terminated**  
**Date:**  
**Time:**
"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)
**Significant/Extraordinary Occurrence Report Checklist**

<table>
<thead>
<tr>
<th>Significant/Extraordinary Incident Report #</th>
<th>Lieutenant’s Initial’s</th>
<th>Captains Initial’s</th>
<th>Major’s Initial’s</th>
<th>Remarks</th>
</tr>
</thead>
</table>

**Federal Inmate:** Yes or No

**Major’s Report**

**DCDC#2**

**DCDC#1**

**Notification Sheet**

**E-Mail Notification Sheet**

**Photographs**

**CD’s For All Use Of Force**
1 CD to be labeled and forwarded with Package/Label federal for all federal prisoners
1 CD to be labeled and forwarded to be stored in a secured cabinet in the Major’s Office/Label federal for all federal prisoners

**Notifications to USMS/DOJ**
All Significant/Extraordinary Occurrences of Federal Prisoners
E-Mail henry.alvarado@usdoj.gov
Telephone: 202-353-0653

**Notification for FBOP Juveniles placed on status must be made within two hours of incident.**
Timothy Barnett
Residential Re-entry Manager
FBOP
301-317-3142 (office)
202-353-5453 (cell)
Email t2barnett@bop.gov

**Fitness for Duty Forms**

**Chain of Custody Forms**

**Dr’s/Investigative Reports**

**Prosecution Forms (These forms will not be used in any cases referred to MPD)**

**Separation Orders**

**Significant/Extraordinary Checklist**

**Special Management Placement Form**

**Pre-Segregation Health Evaluation Form**

**Inmate Injury Form**

**Inmate Personal Property Inventory**
**Significant/Extraordinary Occurrence Report Checklist**

**Date:** _______________

<table>
<thead>
<tr>
<th>Receipt</th>
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<tbody>
<tr>
<td>Protective Custody Request Waiver Form</td>
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<tr>
<td>Protective Custody/Administrative Case Summary</td>
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Type of Incident: ____________________________  Unit: _______ Date: __________

Parties Involved: ______________________ / __________________ / ___________________