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BOC			SUPERSEDES:	2920.4C	
The or sold				March 31, 2017	
	POLICY AND		OPI:	Office of Internal Co	ontrol,
				Compliance and Au	dits (OICCA)
	PROCEDURE		REVIEW DATE:	October 30, 2024	
			Approving	Thomas Faust	
			Authority	Director	
	SUBJECT:	INSPECTIONS	AND ABATEMEN	T PROGRAM	
	NUMBER:	2920.4D			
	Attachments:	Attachment A	- Corrective Actio	n Plan (CAP)	
		Attachment B	- Monthly Environ	mental Inspection I	Report

### **SUMMARY OF CHANGES:**

**APPROVED:** 

Section	Change
	The Office of Primary Interest (OPI) title for this policy was changed from the Office of Accreditation and Compliance (OAC) to the Office of Internal Control, Compliance and Audits (OICCA) per the revision of the DOC Organizational Chart.
	Attachment A was changed to "Corrective Action Plan" (CAP).
	OAC manager was changed to Compliance Review Officer.

Il Fount	
	10/30/2023
Thomas Faust, Director	Date

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- 1. PURPOSE AND SCOPE. The inspection and abatement program provides requirements and procedures for daily housekeeping, preventive maintenance and life safety inspections, and corrective actions necessary to provide a safe work environment at the DC Department of Corrections' (DOC) facilities.
- 2. **POLICY.** It is DOC policy to: be consistent with applicable codes and standards, and to ensure actions are taken to prevent, identify, and document the correction of sanitation, health, and safety problems and deficiencies at DOC and contract facilities.
- **3. APPLICABILITY.** This directive applies to all DOC employees, contract employees, and volunteers at DOC facilities.
- 4. NOTICE OF NON-DISCRIMINATION. 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.
- **5. PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. Conduct internal inspections to identify strengths and weaknesses, to ensure compliance, and to improve efficiency in operations.
  - b. Conduct daily, weekly, and monthly inspections to maintain compliance with national standards, and in preparation for external agency audits/inspections in DOC facilities.
  - c. Generation of Corrective Action Plans (CAP) to address deficiencies identified during internal and external audits.
  - d. Follow-up on abatements to ensure compliance.

#### 6. DIRECTIVES AFFECTED

a. Directives Rescinded

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1) PP 2920.4C Inspections and Abatement Program (3/31/17)

#### b. Directives Referenced

1)	PP 2120.3	Food Service Program
2)	SOP 2920.1E- 17	Fire Safety Inspections and Abatement
3)	PP 2920.3	Hazardous Waste Management
4)	PP 2920.8	Environmental Safety and Sanitation Inspections
5)	PP 2920.6	Housekeeping Plan
6)	PP 4210.2	Inmate Institutional Work Programs
7)	PP 7500.2	Facilities Maintenance

7. AUTHORITY. DC Code § 24-211.02. Powers; Promulgation of Rules.

#### 8. STANDARDS REFERENCED

- a. National Fire Protection Association (NFPA) National Fire Codes (NFC), and NFPA 101, the Life Safety Code.
- b. American Correctional Association (ACA), 4<sup>th</sup> & 5<sup>th</sup> Edition, Performance-Based Standards for Adult Local Detention Facilities: 4-ALDF-1A-01, 4-ALDF-1A-08, 5-ALDF-4A-11.
- **9. DEFINITIONS.** The following definitions shall apply to this directive:
  - a. **DOC Facilities -** Shall include the following: Central Detention Facility (CDF), Correctional Treatment Facility (CTF), Video Visitation Center (VVC), Training Academy, and Central Cell Block (CCB).
  - b. **Corrective Action Plan (CAP) -** Shall mean a form utilized to identify deficiencies, and to document an abatement strategy (Attachment A).

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#### 10. STAFF RESPONSIBILITIES

- a. The Deputy Warden(s) for Operations shall ensure all uniformed staff at DOC facilities perform their responsibilities related to environmental safety and sanitation, and maintain facility compliance with all health and sanitation standards.
- b. Environmental Sergeant and Fire Protection Specialist shall:
  - 1) Coordinate and maintain documentation of life safety inspections at DOC facilities. These inspections include but may not be limited to DC Fire and Emergency Management Services (DCFEMS) and the Department of Health (DOH). Inspectors shall be given unfettered access to pertinent areas of the institutions, and reports and recommendations shall be issued to the Warden, Compliance Review Officer and responsible agency executives for corrective action.
  - 2) Conduct regular environmental and fire safety inspections, cite deficiencies and assist with appropriate corrective action activities.
  - 3) Inspect corrective action(s) to ensure the problem is adequately abated.
  - 4) Provide technical support to staff and managers and ensure staff and inmates receive appropriate orientation and refresher training in the performance of their related duties.
- c. Food Services Contract Administrator shall inspect/monitor contractor compliance for food service operations.
- d. *Program Managers and Office Chiefs* shall regularly inspect work areas under their responsibility for compliance with life safety requirements.
- e. *Employees*. DOC employees are responsible for ensuring that their respective work areas are clean, safe, and in full compliance with this and supporting directives.
- f. OICCA Staff. Responsibilities of staff assigned to this office include, but are not limited to, ensuring DOC facilities are ready for external audits/inspections, conducting internal audits of DOC facilities, generating reports of deficiencies, creating CAPs and forwarding them to respective managers for abatement, and follow-up audits to determine successful

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abatement. Ensuring the Director is aware of possible issues within the facility, and resources needed to abate.

- g. Risk Manager. The Risk Manager (RM) shall conduct audits and inspections for potential risks at all DOC facilities. Ensure risks are identified, abated and corrective action is implemented pursuant to DOC policy. Identify trends and patterns of safety issues. Conduct meetings with Office Chiefs/Managers for risks that are graded as Imminent and High Risk. Issue sustainability plans for division areas. The Risk Manager shall chair the Risk Management Committee for DOC. At least annually, update this policy as needed.
- h. Environmental Sergeant shall conduct a comprehensive and thorough monthly inspection to ensure that the facility complies with applicable environmental safety and sanitation standards and regulatory codes and document the inspection on the Monthly Environmental Inspection Report (Attachment B).
- **11. CORRECTIVE ACTION PLAN.** DOC utilizes a CAP to ensure that deficiencies are addressed in a timely and efficient manner.
  - a. External Audits/Inspections. In all cases where external inspections are conducted, the Compliance Review Officer, upon receipt of a deficiency report, shall generate a CAP within the specified suspense date. A copy of the DOH CAP shall be forwarded to the Director for review and approval. The Risk Manager shall also receive a copy for review. Upon approval, the CAP shall be forwarded to the external agency. The American Correctional Association (ACA) CAP shall be submitted to the Director for approval.
  - b. Internal Audits/Inspections. In all cases where internal inspections are conducted, the OICCA or the program manager shall generate a CAP and submit it to the appropriate program manager for abatement. The completed CAP shall be forwarded to the OICCA for review and approval. The Warden shall be provided a copy of the completed CAP, and results of internal audits shall be posted to the shared drive that allows access to all DOC facilities managers.
  - c. The CAP shall include the area where the deficiency was discovered, the date of the audit, the type of audit conducted, the total number of CAP forms generated, the statement of non- compliance, the person

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responsible for abatement, action steps to correct, the target completion date, and the actual completion date.

- d. The target date shall be set as soon as practical; not to exceed sixty (60) days unless exigent circumstances require an extension that is approved by the Compliance Review Officer.
- e. Upon abatement of all noted deficiencies, the senior manager shall forward a signed copy of the CAP to OICCA and Risk Manager for review. OICCA staff shall confirm the deficiencies were corrected. An OICCA formal report shall be available on a shared drive for all DOC facilities managers to review.
- **12. ACCOUNTABILITY.** Managers shall be responsible for deficiency abatement and corrective action in designated areas.
  - a. Managers and staff shall be provided adequate opportunity to improve their deficiency areas. The OICCA shall monitor the deficient areas and provide continual status updates to area supervisors/managers.
  - Managers and supervisors shall be subject to corrective action for failure to comply with the responsibilities and procedures set forth in this directive.
  - c. The Sanitarian and/or Fire Protection Specialist shall ensure that appropriate on-the-job training is provided when appropriate.
  - d. The Environmental Officer and/or Fire Protection Specialist shall be responsible for communicating environmental and fire safety deficiencies to the Compliance Review Officer and Risk Manager and all responsible managers impacted by designated areas.
  - e. The Environmental Officer and/or Fire Protection Specialist shall maintain appropriate documentation of all regularly and randomly scheduled environmental and safety inspections with results forwarded to appropriate managers, including the Compliance Review Officer and Risk Manager.
- **13. MONITORING/FOLLOW-UP.** DOC facilities shall utilize the DOC Internal Audit tool to monitor compliance.
  - a. The Compliance Review Officer shall monitor completion of determined

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strategies/action steps. Outstanding CAP's shall be reviewed every thirty (30) days.

- b. The Risk Manager shall monitor and determine strategies/action steps for potential risks. CAP's shall be reviewed every 20-days or the RM may set dates as determined by the level of risk.
- c. In the event that a CAP cannot be completed by the target date, the affected Manager shall request additional time, as indicated on the CAP. If an extension is necessary the Compliance Review Officer shall approve the extension.

Attachment(s):

Attachment A - Corrective Action Plan

Attachment B – Monthly Environment Inspection Report

DOC/PP2920.4D/10/30/2023/OPP

# **Inspections and Abatement** PP 2920.4

### **CORRECTIVE ACTION PLAN (CAP)**

Attachment A

SECTION 1: Institution:	GENERAL INFORMATION	Date of Audit:		
Audit Project:		Total # CAP Fo	rms Generated by this Audit/Inspection:	1

SECTION 2: CORRECTIVE ACTION PLAN(S)

Number	Ref. # from Inspection Report	Ref. Statement and Statement of Non-Compliance from Inspection Report	Strategies/Action Steps to Correct the Statement of Non-Compliance	Person(s) Responsible for Corrective Action	Target Completion Date	Extension Requested Date	Actual Completion Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Attachment A

## **Inspections and Abatement** PP 2920.4

CORRECTIVE ACTION PLAN (CAP)

Attachment A

19				
20				
20				

#### SECTION 3: REVIEW/APPROVAL

Required Approvals	Printed Name	Signature	Date
FACILITY:			
Compliance Review Officer			
Deputy Warden for Operations/Programs			
Responsible Department/Manager			
Warden			

# **Inspections and Abatement** PP 2920.4

### CORRECTIVE ACTION PLAN (CAP)

Attachment A

SECTION 4:	CAP COMPLETION Signatures below certing	fy that all strategies/action steps have been completed	
Compliance R	eview Officer	Warden	Date



#### DC DEPARTMENT OF CORRECTIONS MONTHLY ENVIRONMENT INSPECTION REPORT

PP 2920.4 Attachment B Page 1 of 4

Date:	Shift:		Loca	ition:					
Common Areas									
AREAS INSPECTED									
1. CEILING:									
Water leakage, peeling paint									
(paint over peeling paint)									
Hole/crumbling-loose plaster									
Graffiti									
Cracked									
Dirty/mildew									
2. WALLS:									
Water leakage									
Graffiti/dirty/mildew/feces/blood									
Dry spit on walls									
Peeling paint/not pretreated before									
painting									
Hole/crumbling-loose plaster									
Crack in walls/around windows									
3. FLOOR:									
Standing water									
Loose/broken/missing tiles									
Cracked/damaged									
Dirty									
Hole in floor surface									
4. WINDOWS:									
Frame rusted/damaged									
Covered/painted									
Broken/cracked glass									
5. VENTILATION:									
Broken/missing grill									
Vent obstructed									
No ventilation									
Dirty exhaust vent									

# Room temperature less than 65° F. 6. SHOWER: Mildew/dirty Torn curtains Dirty curtains Leaking-head/knob broken Low water pressure Short action Needs caulking/grout Clogged drain Drain cover missing Shower mildew deposits Low water pressure No water Toilet partition loose Dirty/mineral deposits



## DC DEPARTMENT OF CORRECTIONS MONTHLY ENVIRONMENT INSPECTION REPORT

PP 2920.4 Attachment B Page 2 of 4

Date:	——— Shift:	Location:	
Common Areas	Ormc		

AREAS INSPECTED											
Dirty/mineral deposits/rust											
7. LIGHTING											
Light bulb burned out/missing											
Lamp fixture damaged/broken											
Fixture painted											
Paper in light fixture											$\vdash$
Dirty (dead bugs/toothpaste)		-									
20 ft. candle light-working area											$\vdash$
30 ft. candle light – living/study area											
Lamp cover missing/damaged											
Light switch damaged/not working											
8. EXIT LIGHT: broken/not working											
9. ELECTRICAL CABLES:											
exposed											
10. ELECTRICAL PANELS: used											
for storage											<u> </u>
11. FIRE EXTINGUISHER:											
missing/outdated 12. EMERGENCY LIGHTS:											
positioned OK											
Vermin infestation/rodent droppings											
Light out											$\vdash$
13. ALARM SYSTEM: disconnected											
14. SMOKE DETECTOR: turned											
off/inoperable											
15. WATER COOLER: not											
working/damaged											
16. FIRST AID KIT:											
unsealed/unavailable											
17. WING CARD: not filled											
out/incomplete  18. SICK CALL ROOM: liquid soap											
w/dispenser available											
Paper towels available											
No hot/cold water											
Floor dirty											
Walls dirty											
19. MOP CLOSET											
Dirty											$\vdash$
No vacuum breaker/missing				-	-	-					$\vdash$
Mop head dirty/bucket dirty				-	-	-					$\vdash$
-				+	-	-					$\vdash$
20. CHASE PANEL/CLOSET				-	1	-					$\longmapsto$
Dirty/signs of rodent/vermin				-	1	-					$\longmapsto$
Leaking pipes											
					1		<u> </u>	<u> </u>	<u> </u>	<u> </u>	



## DC DEPARTMENT OF CORRECTIONS MONTHLY ENVIRONMENT INSPECTION REPORT

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			3
Date:_	Shift:	Location:	
Common Areas			
AREAS INSPECTED			
21. DAYROOM	<del>                                     </del>		
Dirty/signs of rodent/vermin			
22. PHONES			
Out of Order	+ + + + + +	<del>                                     </del>	
23. GYM	<del>                                     </del>		
Dirty/signs of rodent/vermin	<del>                                     </del>		
Broken Exercise Equipment		+ + + + + + +	
Peeling Paint		+ + + + + + +	
r cening r ann			
MA	INTENANCE DEFICIEN	CIES NOTED (EXPLAIN)	
Plumbing:		,	-
<u> </u>			
Action Taken:			



### DC DEPARTMENT OF CORRECTIONS MONTHLY ENVIRONMENT INSPECTION REPORT

PP 2920.4 Attachment B Page 4 of 4

Shift: Location:

Electrical:			
Action Taken:			
Action taken.			
Other:			
Action Taken:			
	_		
Fire Protection Specialist Print		Officer Print	
Fire Protection Specialist Sign	Date	Officer Sign	Date
The Frotostion openialist digit	Date	Officer Orgin	Date