

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 1 of 7
	POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
			OPI:	Office of Internal Control, Compliance and Audits (OICCA)	
			REVIEW DATE:	October 30, 2024	
			Approving Authority	Thomas Faust Director	
SUBJECT:	INSPECTIONS AND ABATEMENT PROGRAM				
NUMBER:	2920.4D				
Attachments:	Attachment A - Corrective Action Plan (CAP) Attachment B - Monthly Environmental Inspection Report				

SUMMARY OF CHANGES:

Section	Change
	<i>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.</i>
	<i>Attachment A was changed to "Corrective Action Plan" (CAP).</i>
	<i>OAC manager was changed to Compliance Review Officer.</i>

APPROVED:



Thomas Faust, Director

10/30/2023

Date

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 2 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
		SUBJECT:		
NUMBER:		2920.4D		
Attachments:		Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report		

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**

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 3 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
SUBJECT:	INSPECTIONS AND ABATEMENT PROGRAM			
NUMBER:	2920.4D			
Attachments:	Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report			

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), 4th & 5th 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).

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 4 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
SUBJECT:	INSPECTIONS AND ABATEMENT PROGRAM			
NUMBER:	2920.4D			
Attachments:	Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report			

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

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 5 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
		SUBJECT: INSPECTIONS AND ABATEMENT PROGRAM		
NUMBER:		2920.4D		
Attachments:		Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report		

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

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 6 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
		SUBJECT:	INSPECTIONS AND ABATEMENT PROGRAM	
NUMBER:	2920.4D			
Attachments:	Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report			

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.
- b. 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

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 30, 2023	Page 7 of 7
POLICY AND PROCEDURE		SUPERSEDES:	2920.4C March 31, 2017	
		REVIEW DATE:	October 30, 2024	
		SUBJECT:	INSPECTIONS AND ABATEMENT PROGRAM	
NUMBER:	2920.4D			
Attachments:	Attachment A – Corrective Action Plan (CAP) Attachment B – Monthly Environmental Inspection Report			

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: GENERAL INFORMATION

Institution:

Audit Project:

Date of Audit:

Total # CAP Forms Generated by this Audit/Inspection:

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							

Inspections and Abatement

PP 2920.4

CORRECTIVE ACTION PLAN (CAP)

Attachment A

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19							
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 certify that all strategies/action steps have been completed

Compliance Review Officer

Warden

Date

