|    | DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS |              | EFFECTIVE<br>DATE: | January 18,<br>2018  | Page 1 of 11 |
|----|--|--------------|--------------------|----------------------|--------------|
| 66 |  |              | SUPERSEDES:        | 4020.3E              |              |
| 0, |  |              |                    | May 1, 2014          |              |
|    | POLICY AND                                     |              | OPI:               | DIRECTOR             |              |
|    |  |              | REVIEW DATE:       | January 18, 2019     | )            |
|    | PROCEDURE                                      |              |                    |                      |              |
|    |  |              | Approving          | Quincy L. Booth      |              |
|    |  |              | Authority          | Director             |              |
|    | SUBJECT: GENDER CL.  NUMBER: 4020.3F           |              | ASSIFICATION AND   | HOUSING              |              |
|    |  |              |                    |                      |              |
|    | Attachments:                                   | Attachment A | A – Gender Housin  | Housing Request Form |              |
|    | Attachment                                     |              | 3 – Transgender Sl | have Request Fo      | rm           |
|    |  |              | C – Transgender H  |                      |              |
|    |  |              | •                  | mendation Form       | ,            |

## **SUMMARY OF CHANGES:**

| Section           | Change   |
|-------------------|--|
| Changes to Policy | Attachment B "Transgender Shave Request Form" was added to |
|                   | the policy.  |
|                   |  |
|                   |  |
|                   |  |

APPROVED:

\_\_1/18/2018\_

Date Signed

Quincy L. Booth, Director

| DISTRICT OF COLUMBIA      | DISTRICT OF COLUMBIA   |                                   | January 18, 2018 | Page 2 of 11 |
|---------------------------|--|-----------------------------------|------------------|--------------|
| DEPARTMENT OF CORRECTIONS |  |                                   |                  |              |
|                           |  | SUPERSEDES:                       | 4020.3E          |              |
| POLICY AND PROCEDURE      |  |                                   | May 1, 2014      |              |
|                           |  | REVIEW DATE:                      | January 18, 2019 |              |
| SUBJECT:                  | GENDER CLASSIFICATIO   | GENDER CLASSIFICATION AND HOUSING |                  |              |
| NUMBER:                   | 4020.3F  |                                   |                  |              |
| Attachments:              | Attachment A – Gender Ho   | using Request Form                |                  |              |
| Attachment B – Transgende |  | er Shave Request Form             |                  |              |
|                           | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                                   |                  |              |

1. PURPOSE AND SCOPE. To establish procedures on providing the appropriate treatment of transgender, intersex, and gender variant persons who are incarcerated and housed within the District of Columbia Department of Corrections (DOC).

#### 2. POLICY

- a. It is DOC policy to provide services in a humane and respectful manner to transgender and intersex inmates while ensuring that they are processed and housed safely and efficiently to the greatest extent possible. For the safety, security and order of the facility, the DOC classifies and houses male and female offenders in separate housing units. DOC shall classify an inmate who has male genitals as a male and one who has female genitals as a female, unless otherwise recommended by the Transgender Housing Committee and approved in accordance with this policy.
- b. In order to address the specific needs of transgender individuals, upon initial intake at the Inmate Reception Center (IRC), or at any time that an inmate makes known to DOC staff their transgender or intersex status, staff shall follow the guidelines in this policy in order to determine the inmate's housing based on his or her safety/security needs, housing availability, gender identity and genitalia, if:
  - 1) An inmate indicates that (s)he is transgender or Intersex at any time during their custody.
  - 2) An inmate's gender identity, gender expression, or behavior differs from their assigned sex at birth.
  - A gender designation made by a recognized service provider, government agency or law enforcement agency indicates that the inmate is transgender.

#### 3. 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 intra-family offense, or place of residence or business. Sexual

| DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS |                           | EFFECTIVE DATE:                            | January 18, 2018       | Page 3 of 11  |
|--|---------------------------|--|------------------------|---------------|
| POLICY AND PROCE                               | DURE                      | SUPERSEDES:                                | 4020.3E<br>May 1, 2014 |               |
|  |                           | REVIEW DATE:                               | January 18, 2019       |               |
| SUBJECT:                                       | GENDER CLASSIFICATIO      | GENDER CLASSIFICATION AND HOUSING          |                        |               |
| NUMBER:  | 4020.3F                   |  |                        |               |
| Attachments:                                   | Attachment A – Gender Hou | Attachment A – Gender Housing Request Form |                        |               |
| Attachment B – Transgender Shave Request Form  |                           |  |                        |               |
|  | Attachment C – Transgende | er Housing Committee F                     | lalfway House Recomm   | endation Form |

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.

#### 4. DIRECTIVES AFFECTED

#### a. Directives Rescinded

PP 4020.3E Gender Classification and Housing (05/01/14)

#### b. Directives Affected

| PP 1280.2 | Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences |
|-----------|---|
| PP 4090.3 | Classification (Program Review)   |
| PM 8010.1 | Work Release Program  |
| PP 3350.2 | Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct                            |

#### 5. AUTHORITY

- a. Farmer v. Brennan, 511 U.S. 825 (1994).
- b. Doe v. District of Columbia, 215 F. Supp. 3d 62 (D.D.C. Oct. 18, 2016)
- c. Shaw v. District of Columbia, 944 F. Supp. 2d 43 (D.D.C. May 13, 2013)
- d. DC Code § 24-211.02, Powers; Promulgation of Rules.
- e. D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seg.
- f. Prison Rape Elimination Act, 34 USC § 30301, et seq.

#### 6. STANDARDS REFERENCED

- a. American Correctional Standard (ACA) 4th Edition, Standards for Administration of Correctional Agencies, 4<sup>th</sup> Edition 4-ALDF-4D-22-4.
- b. Prison Rape Elimination Act of 2003, Department of Justice, 28 CFR Part 115

| DISTRICT OF COLUMBI                    | DISTRICT OF COLUMBIA              |  | January 18, 2018 | Page 4 of 11 |  |  |
|--|-----------------------------------|--|------------------|--------------|--|--|
| DEPARTMENT OF CORRECTIONS              |                                   |  |                  |              |  |  |
|  |                                   | SUPERSEDES:  | 4020.3E          |              |  |  |
| POLICY AND PROCEDURE                   |                                   |  | May 1, 2014      |              |  |  |
|  |                                   | REVIEW DATE:   | January 18, 2019 |              |  |  |
| SUBJECT:                               | GENDER CLASSIFICATION AND HOUSING |  |                  |              |  |  |
| NUMBER:                                | 4020.3F                           |  |                  |              |  |  |
| Attachments: Attachment A – Gender Hou |                                   | using Request Form   |                  |              |  |  |
| Attachment B – Transgende              |                                   | er Shave Request Form  |                  |              |  |  |
|  | Attachment C – Transgende         | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |              |  |  |

#### 7. **DEFINITIONS**

- a. Gender Identity. One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves. One's gender identity can be the same or different from their sex assigned at birth and may not be visible to others.
- b. **Gender Expression.** External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
- c. **Intersex.** A set of medical conditions that features a congenital irregularity of the reproductive and sexual system. A person with an intersex condition is born with sex chromosomes, external genitalia, and/or an internal reproductive system that is not considered "standard" for either male or female.
- d. **Sexual Orientation.** One's romantic, emotional and/or sexual attraction to members of the same, opposite or both sexes. Includes male or female homosexuality, heterosexuality, and bisexuality.
- e. **Transgender.** An umbrella term used to describe someone whose gender identity, expression or behavior is different from that typically associated with their assigned sex at birth.
- f. **Gender Variant.** Refers to any person whose expression of gender, (masculinity and femininity) does not conform to the dominant gender norms of Western culture.
- g. **Transgender Housing Committee.** Refers to a committee established by the D.C. Department of Corrections comprised of a chairperson which is a DOC Social Worker, medical practitioner, a mental health clinician, a correctional supervisor, a Chief Case Manager or designee, and a DOC approved volunteer who is a member of the transgender community who is experienced and knowledgeable about transgender issues or an acknowledged expert in transgender affairs. The committee shall determine the transgender inmate's housing assignment after review of all of the inmate's records and assessments, and an interview with the inmate during which the inmate's own opinion of his/her vulnerability in the jail population

| DISTRICT OF COLUM         | DISTRICT OF COLUMBIA        |  | January 18, 2018 | Page 5 of 11 |  |
|---------------------------|-----------------------------|--|------------------|--------------|--|
| DEPARTMENT OF CORRECTIONS |                             |  |                  |              |  |
|                           |                             | SUPERSEDES:  | 4020.3E          |              |  |
| POLICY AND PROCEDURE      |                             |  | May 1, 2014      |              |  |
|                           |                             | REVIEW DATE:   | January 18, 2019 |              |  |
| SUBJECT:                  | GENDER CLASSIFICATION       | GENDER CLASSIFICATION AND HOUSING  |                  |              |  |
| NUMBER:                   | 4020.3F                     |  |                  |              |  |
| Attachments:              | Attachment A – Gender House | sing Request Form  |                  |              |  |
| Attachment B – Transgende |                             | Shave Request Form   |                  |              |  |
|                           | Attachment C – Transgender  | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |              |  |

shall be considered.

- h. **Transgender Advisory Committee.** The Transgender Advisory Committee (TAC) serves as a liaison between the DOC, the transgender community and its stakeholder organizations. The objectives of the TAC are to ensure open communication between DOC and the Transgender community, maintains an ongoing dialogue, on issues/problems facing the transgender community, and promote public awareness of the programs and services offered for the transgender community.
- 8. PROCEDURES. In all circumstances, staff shall only ask questions related to gender identity or gender expression for the purpose of making intake and housing assignments, classification, programming, providing health care and health assessments, or where information is necessary to ensure the safety, security and order of inmates/residents, staff, visitors, the facility, and the community. Questions related to gender identity or gender expression shall be asked in a respectful manner to preserve confidentiality as well as human dignity and avoid subjecting the inmate/resident to abuse, humiliation or ridicule.

Searches or physical examination of Transgender or Intersex inmates/detainees by any staff member, other than a physician, for the sole purpose of determining the inmate/detainee's genital status is strictly prohibited.

9. INITIAL INTAKE. Upon initial intake in the Inmate Reception Center (IRC), if an inmate's gender-related expression, identity, appearance, or behavior differs from their sex at birth, staff shall ask the inmate how they self-identify and place the inmate in a cell by themselves during the intake process for their safety and security and the safety, security and order of the facility.

#### Staff shall:

- a. Review commitment documents for gender assignment or any notification that identifies the inmate as transgender or "vulnerable."
- b. If, after reviewing commitment documents and other notifications, staff still cannot determine the assigned sex at birth, and/or the inmate refuses to cooperate, staff shall notify a supervisor immediately.
- c. The inmate shall be taken to medical where the inmate's genital status should be determined during a medical interview, by reviewing medical records, or if

| DISTRICT OF COLUM         | DISTRICT OF COLUMBIA      |  | January 18, 2018 | Page 6 of 11 |  |
|---------------------------|---------------------------|--|------------------|--------------|--|
| DEPARTMENT OF CORRECTIONS |                           |  |                  |              |  |
|                           |                           | SUPERSEDES:  | 4020.3E          |              |  |
| POLICY AND PROCEDURE      |                           |  | May 1, 2014      |              |  |
|                           |                           | REVIEW DATE:   | January 18, 2019 |              |  |
| SUBJECT:                  | GENDER CLASSIFICATION     | GENDER CLASSIFICATION AND HOUSING  |                  |              |  |
| NUMBER:                   | 4020.3F                   |  |                  |              |  |
| Attachments:              | Attachment A – Gender Hou | sing Request Form  |                  |              |  |
| Attachment B – Transgende |                           | r Shave Request Form   |                  |              |  |
|                           | Attachment C – Transgende | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |              |  |

necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Any inmate refusing to receive a complete physical examination will be placed in protective custody.

- d. Upon determination of gender by inmate verification (a, and b, above) or medical exam (c, above), the inmate shall be treated as a protective custody inmate for the duration of the intake process. This will ensure that the inmate is escorted by staff to the appropriate unit to complete the intake process in a manner consistent with that custody's requirements, including private strip search procedures.
- e. The IRC staff shall accurately record the inmate as Transgender or Intersex and the inmate's gender identity and apparent biological gender in JACCS and document the incident consistent with PP 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.
- f. All intake documentation shall include the inmate's birth and/or legal name, the aka (also known as), or the name the inmate has been booked under by the arresting agency.
- g. Inmates shall be called by their last names without reference to gender specific identifiers, such as Mr., Mrs., Miss, Ma'am, Sir or other gender specific terms used in addressing a person. Instead, the gender neutral term "Inmate" is to be used with the person's last name.

#### 10. INTAKE HOUSING UNIT

- After completion of the initial intake process in the IRC, an inmate identified as Transgender or Intersex shall be afforded the opportunity to request and receive protective custody.
- b. Inmates identified as Transgender or Intersex shall be housed in a single cell in the intake housing unit consistent with the gender identified at intake for no more than seventy-two (72) hours, excluding weekends, holidays and emergencies, until classification and housing needs can be assessed by the Transgender Housing Committee.

| DISTRICT OF COLUMBIA      | DISTRICT OF COLUMBIA   |                                   | January 18, 2018 | Page 7 of 11 |
|---------------------------|--|-----------------------------------|------------------|--------------|
| DEPARTMENT OF CORRECTIONS |  |                                   |                  |              |
|                           |  | SUPERSEDES:                       | 4020.3E          |              |
| POLICY AND PROCEDURE      |  |                                   | May 1, 2014      |              |
|                           |  | REVIEW DATE:                      | January 18, 2019 |              |
| SUBJECT:                  | GENDER CLASSIFICATIO   | GENDER CLASSIFICATION AND HOUSING |                  |              |
| NUMBER:                   | 4020.3F  |                                   |                  |              |
| Attachments:              | ts: Attachment A – Gender Housing Request Form                                 |                                   |                  |              |
| Attachment B – Transgende |  | er Shave Request Form             |                  |              |
|                           | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                                   |                  |              |

c. In accordance with PP 4090.3, *Classification (Program Review)*, all Transgender and Intersex inmates will be classified and assigned housing based on their safety/security needs, housing availability, gender identity and sex at birth.

#### 11. TRANSGENDER HOUSING COMMITTEE

- a. As part of the housing assessment for vulnerability, the Transgender Housing Committee shall make a recommendation as to the Transgender inmate's housing assignment after review of all of the inmate's records and assessments, including an interview with the inmate.
- b. The Committee shall ask the inmate his or her own opinion of his or her vulnerability in the general jail population of the male or female units. This information shall be taken into consideration in determining the proper housing assignment. The Committee will attempt to reach a consensus, ultimately relying on majority vote when needed.
- c. A written decision by the Transgender Housing Committee shall be forwarded to the Warden for approval and shall be maintained in the inmate's institutional record and scanned into PaperClip.
- d. An inmate identified as Transgender may waive his or her right to a Transgender Housing Committee hearing and express their request to be housed according to their assigned sex at birth by selecting Option 1 on the Gender Housing Request Form (Attachment A). By selecting option 2, the inmate will be housed according to their sex assigned at birth and seen by the Transgender Housing Committee at their next scheduled hearing. By selecting Option 3 the inmate requests to be housed according to his or her gender expression and a Transgender Housing Committee meeting is scheduled to consider the request.
- e. The Transgender Housing Committee's housing assessment shall address whether the inmate will be housed in the general population or in a protective custody unit of the gender consistent with their gender identity or sex at birth. If the Warden's opinion differs from the recommendation of the Transgender Housing Committee, the Warden shall justify the assignment in writing to the Director for final determination. Transgender and Intersex inmates have the same right to appeal housing assignments as all inmates consistent with PP 4090.3, Classification (Program Review).

| DISTRICT OF COLUM         | DISTRICT OF COLUMBIA      |  | January 18, 2018 | Page 8 of 11 |  |
|---------------------------|---------------------------|--|------------------|--------------|--|
| DEPARTMENT OF CORRECTIONS |                           |  |                  |              |  |
|                           |                           | SUPERSEDES:  | 4020.3E          |              |  |
| POLICY AND PROCEDURE      |                           |  | May 1, 2014      |              |  |
|                           |                           | REVIEW DATE:   | January 18, 2019 |              |  |
| SUBJECT:                  | GENDER CLASSIFICATION     | GENDER CLASSIFICATION AND HOUSING  |                  |              |  |
| NUMBER:                   | 4020.3F                   |  |                  |              |  |
| Attachments:              | Attachment A – Gender Hou | sing Request Form  |                  |              |  |
| Attachment B – Transgende |                           | r Shave Request Form   |                  |              |  |
|                           | Attachment C – Transgende | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |              |  |

- f. If it is decided that the inmate can be housed in the general population, the inmate shall be transferred to the general population as determined by the Transgender Housing Committee after completion of initial classification and upon housing availability. Transgender or Intersex inmates shall be housed in a single cell or with another Transgender or Intersex inmate in their assigned housing unit, no exceptions.
- g. If it is determined that the inmate requires protective custody, he or she shall be placed in such a unit and his or her custody shall be reviewed by the Transgender Housing Committee consistent with standard DOC policy.
- h. Consistent with standard DOC policy, Transgender and Intersex inmates may be placed in communal protective custody pursuant to the determination of the Transgender Housing Committee and subsequent reviews of the inmate's status from the Housing Board.
- i. A Transgender or Intersex inmate will be housed in protective custody when there is reason to believe the inmate presents a heightened risk to him/herself or to others or where the inmate fears he or she will be vulnerable to victimization in any other housing setting. This assignment shall be only for the period during which the heightened risk and/or fear exists. Inmates in restrictive housing and protective custody shall have access to programs and services consistent with that status.

#### 12. INSTITUTIONAL OPERATIONS ACCOMMODATIONS

- a. When clinically indicated by appropriate medical staff, Transgender inmates on hormone therapy may continue to receive hormone treatment.
- b. Transgender or Intersex inmates will be provided institutional clothing and privileges consistent with the gender of their housing assignment. Inmates under hormone therapy with secondary sexual characteristics (such as breasts) shall be provided appropriate underclothing (such as a bra) during the intake process.
- c. Transgender or Intersex inmates may request replacement underclothing using the Inmate Request Slip every 60 days. Hygiene kits are available to indigent inmates who have less than \$5.00 dollars in their inmate's finance

| DISTRICT OF COLUMBIA      |                           | EFFECTIVE DATE:  | January 18, 2018 | Page 9 of 11 |  |
|---------------------------|---------------------------|--|------------------|--------------|--|
| DEPARTMENT OF CORRECTIONS |                           |  |                  |              |  |
|                           |                           | SUPERSEDES:  | 4020.3E          |              |  |
| POLICY AND PROCEDURE      |                           |  | May 1, 2014      |              |  |
|                           |                           | REVIEW DATE:   | January 18, 2019 |              |  |
| SUBJECT:                  | GENDER CLASSIFICATION     | GENDER CLASSIFICATION AND HOUSING  |                  |              |  |
| NUMBER:                   | 4020.3F                   |  |                  |              |  |
| Attachments:              | Attachment A – Gender Hou | sing Request Form  |                  |              |  |
| Attachment B – Transgende |                           | r Shave Request Form   |                  |              |  |
|                           | Attachment C – Transgende | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |              |  |

account for fourteen (14) days.

- d. Transgender or Intersex inmates who are indigent may request institutional approved shaving cream once every 30 days by completing the Transgender Shave Request form (Attachment B).
- e. While incarcerated with the D.C. Department of Corrections, Transgender and Intersex inmates shall not be discriminated against in regard to their participation in services, programs, or privileges and shall not be subjected to verbal or physical harassment or a hostile environment by the staff or fellow inmates. Individuals who are found to engage in such misconduct shall be subject to appropriate disciplinary action.
- f. Transgender inmates shall be called by their last names without references to gender specific identifiers such as Mr., Mrs., Miss, Ma'am, Sir or other gender specific terms used in addressing a person. Instead, the gender neutral term "Inmate" is to be used with the last name.
- g. All searches of Transgender or Intersex inmates shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with DOC policy outside of the presence of inmates or non-critical staff to the degree practicable.
- h. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- i. In accordance with PP 4010.2, *Inmate Personal Grooming*, wigs are not permitted except in special circumstances and/or for medical conditions with the Warden's written approval. When artificial hair, including hair extensions and weaves, becomes loose or starts to come unglued from the scalp, the inmate shall have the responsibility for removing it.
- j. If (s)he wants to retain the artificial hair, the inmate shall be allowed to do so. The hair will be inventoried and stored in the inmate's unauthorized/ excess property and scheduled for pick-up pursuant to PP 4050.1, *Inmate Property*. Otherwise, the Major will establish procedures for a safe and sanitary place for the inmate to remove artificial hair and a process for confiscation and destruction of this item.

| DISTRICT OF COLUM         | DISTRICT OF COLUMBIA      |  | January 18, 2018 | Page 10 of 11 |  |
|---------------------------|---------------------------|--|------------------|---------------|--|
| DEPARTMENT OF CORRECTIONS |                           |  |                  |               |  |
|                           |                           | SUPERSEDES:  | 4020.3E          |               |  |
| POLICY AND PROCEDURE      |                           |  | May 1, 2014      |               |  |
|                           |                           | REVIEW DATE:   | January 18, 2019 |               |  |
| SUBJECT:                  | GENDER CLASSIFICATION     | GENDER CLASSIFICATION AND HOUSING  |                  |               |  |
| NUMBER:                   | 4020.3F                   |  |                  |               |  |
| Attachments:              | Attachment A – Gender Hou | using Request Form   |                  |               |  |
| Attachment B – Transgende |                           | er Shave Request Form  |                  |               |  |
|                           | Attachment C – Transgende | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                  |               |  |

#### CONTRACT HALFWAY HOUSE HOUSING PROCEDURES

#### a. Halfway House Referral

- As part of the Halfway Housing assessment for vulnerability, the Transgender Housing Committee shall recommend Transgender or Intersex resident's housing assignment after review of all of the resident's records and assessments and an interview with the resident. The Committee shall ask the resident his or her own opinion of his or her vulnerability in the male and female halfway houses. This information shall be taken into consideration in determining the proper housing assignment. The Committee will attempt to reach a consensus, ultimately relying on majority vote when needed. A written recommendation (Attachment C) by the Transgender Housing Committee shall be forwarded to the DOC Community Corrections Program Administrator for approval and shall be maintained in the resident's institutional record.
- 2) The Transgender Housing Committee housing assessment shall make a recommendation to the DOC Community Corrections Program Administrator as to whether the resident should be housed in the male or female halfway house.
- When clinically indicated as determined by appropriate medical staff, residents may access their primary health care provider for hormone treatment and therapy.
- 4) Transgender and Intersex residents shall wear appropriate clothing according to their assigned housing. Unisex clothing is permissible in both male and female halfway houses as set forth in PM 8010.1, *Work Release Program.*

#### Halfway House Staff shall:

- a. Accurately record the resident as Transgender or Intersex and the resident's gender identity and apparent biological gender in the resident's case file and document for the record consistent with PP 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.
- Ensure all intake documentation includes the resident's birth and/or legal name or the name the resident inmate has been booked under by the arresting agency.

| DISTRICT OF COLUMBIA      |  | EFFECTIVE DATE: | January 18, 2018 | Page 11 of 11 |
|---------------------------|--|-----------------|------------------|---------------|
| DEPARTMENT OF CORRECTIONS |  |                 |                  |               |
| POLICY AND PROCEDURE      |  | SUPERSEDES:     | 4020.3E          |               |
|                           |  |                 | May 1, 2014      |               |
|                           |  | REVIEW DATE:    | January 18, 2019 |               |
| SUBJECT:                  | GENDER CLASSIFICATIO   | N AND HOUSING   |                  |               |
| NUMBER:                   | 4020.3F  |                 |                  |               |
| Attachments:              | Attachment A – Gender Housing Request Form                                     |                 |                  |               |
|                           | Attachment B – Transgender Shave Request Form                                  |                 |                  |               |
|                           | Attachment C – Transgender Housing Committee Halfway House Recommendation Form |                 |                  |               |

- c. Residents shall be called by their last names without references to gender specific identifiers such as Mr., Mrs., Miss, Ma'am, Sir or other gender specific terms used in addressing a person. Instead, the gender neutral term "Resident" is to be used with the last name.
- d. Residents shall not be discriminated against in regard to their participation in services, programs, or benefits and shall not be subjected to verbal or physical harassment or a hostile environment by the staff or residents. Individuals who are found to engage in such abuse shall be subject to appropriate disciplinary action.
- e. To the degree practicable, searches of Transgender or Intersex residents shall be conducted in a manner consistent with DOC policy outside the presence of other residents or non-critical staff.
- f. Transgender and Intersex residents shall be given the opportunity to shower separately from other residents.

#### Attachments

Attachment A – Gender Housing Request Form

Attachment B – Transgender Shave Request Form

Attachment C – Transgender Housing Committee Halfway House Recommendation

DOC/PP4020.3F/1/18/18



## D.C. DEPARTMENT OF CORRECTIONS DETENTION and CORRECTIONAL TREATMENT FACILITY WASHINGTON, D.C. 20003

### GENDER HOUSING REQUEST FORM

It has been determined through Court documentation and/or information obtained from you that you are a transgender or intersex individual. As such, and in accordance with the District of Columbia Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., which prohibits discrimination on the basis of sex, sexual orientation, and gender identity or expression, and Department of Corrections Program Statement 4020.3, *Gender Classification and Housing*, you may request to be housed according to either your assigned sex at birth or your gender identity expression.

If you request to be housed according to your assigned sex at birth, you may waive your right to a Transgender Housing Committee hearing and express your request to be housed according to your assigned sex at birth by selecting Option 1 below. By selecting option 2 you will be seen by the Transgender Housing Committee at their next scheduled hearing.

Pursuant to Department of Corrections Program Statement 4020.3, if you request to be housed according to your gender identity expression by selecting Option 3 below, you have the right to appear before the Transgender Housing Committee. This Committee will make a determination of your housing assignment based on a review of all of your records and assessments, as well as an interview during which your own opinion of your vulnerability in the jail population will be considered.

Please understand that the District of Columbia Department of Corrections is concerned with your safety, as well as the orderly operation of its facilities. As such, the final decision of your housing will be determined in accordance with District of Columbia laws, District of Columbia Department of Corrections policies, and the safety, security and order of the facility and its occupants.

| ( ) <u>Option 1</u> : I,     | , DCDC :                              | # h             | nereby request to be housed according t |
|------------------------------|---------------------------------------|-----------------|---|
|                              |                                       |                 | Transgender Housing Committee.          |
| ( ) Option 2:                |                                       |                 |   |
| I,,                          | DCDC#                                 | hereby request  | to be housed according to my assigned   |
| sex at birth. However, I wan | nt to be seen by the T                | ransgender Hous | sing Committee at their next weekly     |
| meeting.                     |                                       |                 |   |
| ( ) <u>Option 3:</u>         |                                       |                 |   |
|                              |                                       |                 |   |
|                              |                                       |                 | to be housed according to my gender     |
| expression and I understand  | that a Transgender He                 | ousing Committe | ee meeting will be scheduled to         |
| consider my request.         |                                       |                 |   |
| Inmate's Signature:          | · · · · · · · · · · · · · · · · · · · | DCDC#:          | Date:                                   |
|                              |                                       |                 |   |
| Witness:                     | Date:                                 |                 |   |
|                              |                                       |                 |   |
| Committee Recommendatio      | ns:                                   |                 |   |
|                              |                                       |                 |   |
|                              |                                       |                 |   |
|                              |                                       |                 |   |
|                              |                                       |                 |   |

|                           |         |              | Attachment A |
|---------------------------|---------|--------------|--------------|
|                           |         |              |              |
|                           |         |              |              |
| Committee Members:        |         |              |              |
|                           |         |              |              |
| Warden's Signature: Date: | Approva | lDisapproval |              |

PP 4020.3



# D.C. DEPARTMENT OF CORRECTIONS CENTRAL DETENTION and CORRECTIONAL TREATMENT FACILITY Washington, D.C. 20003

## TRANSGENDER SHAVE REQUEST FORM

| Date:                |                                     |                     |
|----------------------|-------------------------------------|---------------------|
|                      | ng and able to use a shaving cream. |                     |
| Ishave at this time. | , DCDC #                            | am not requesting a |
|                      |                                     |                     |
| _                    | ure:                                |                     |

o I understand that I will be given this initial tube of Magic Shave and this tube is to last one (1) month from the date I sign this form. I will only be granted another tube if I am indigent according to DOC Policy.



## TRANSGENDER HOUSING COMMITTEE HALFWAY HOUSE RECOMMENDATION

| The Transgender Ho  | using Committee recomm | nends placement at |                                    |  |
|---------------------|------------------------|--------------------|------------------------------------|--|
| (halfway house). I, |                        | , agree and acc    | , agree and accept the Transgender |  |
| Housing Committee'  | s decision.            |                    |                                    |  |
|                     |                        |                    |                                    |  |
|                     |                        |                    |                                    |  |
| Inmate's Name/DCDC# |                        | Inmate's Signature | Date                               |  |
|                     |                        |                    |                                    |  |
| Fransgender Housi   | ng Committee Members   | <b>s:</b>          |                                    |  |
|                     |                        |                    |                                    |  |
| Print Name          | Sign/Data              | Print Name         | Sian/Data                          |  |
| Tillit Name         | Sign/Date              | Finit Name         | Sign/Date                          |  |
| Print Name          | Sign/Date              | Print Name         | Sign/Date                          |  |
|                     |                        |                    |                                    |  |
| Print Name          | Sign/Date              | Print Name         | Sign/Date                          |  |