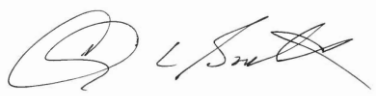
	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 23, 2017	Page 1 of 5
	POLICY AND PROCEDURE		SUPERSEDES:	4060.2G August 10, 2016	
			OPI:	RECORDS OFFICE	
			REVIEW DATE:	August 23, 2018	
			Approving Authority	Quincy L. Booth Director	
	SUBJECT:	INMATE RECORD			
NUMBER:	4060.2H				
Attachments:	Attachment A – Consent to Release Form				

SUMMARY OF CHANGES:

Section	Change
	<i>Minor Changes Made Throughout Policy.</i>

APPROVED:



Quincy L. Booth, Director

8/23/2017

Date Signed

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 23, 2017	Page 3 of 5
POLICY AND PROCEDURE		SUPERSEDES:	4060.2G August 10, 2016	
		REVIEW DATE:	August 23, 2018	
SUBJECT:	INMATE RECORD			
NUMBER:	4060.2H			
Attachments:	Attachment A – Consent to Release Form			

6. AUTHORITY

- a. DC Code § 24-211.02, Powers; promulgation of rules
- b. DC Code §§ 2-1701 *et seq.*, Public Records Management
- c. DC Code §§ 2-531 *et seq.*, Freedom of Information
- d. DCMR Title I, Chapter 4, Freedom of Information

7. STANDARDS REFERENCED

- a. American Correctional Association (ACA) 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-16, 4-ALDF-7D-19, 4-ALDF-7D-20, and 4-ALDF-7D-21.

8. CREATION AND CONTENT OF THE INMATE RECORD

- a. The Inmate Record is created when the Inmate Records Office staff receives legal documents from the courts through the Inmate Reception Center (IRC) and District of Columbia Superior Court (DCSC) Satellite Inmate Record Office areas.
- b. Each Inmate Record is established and maintained to meet the statutory and administrative requirements related to the inmate's incarceration. The Inmate Record shall contain documentation authorizing the inmate's confinement to the custody of DOC.
- c. Under no circumstance should Email be used for indefinite storing of information or documents. Email used for documenting business activities is to be incorporated into an appropriate record file.

9. INMATE RECORD MANAGEMENT

- a. Each Inmate Record shall be continuously updated in accordance with the judicial, administrative, and programmatic changes affecting the inmate, both electronically and in hard copy.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 23, 2017	Page 4 of 5
POLICY AND PROCEDURE		SUPERSEDES:	4060.2G August 10, 2016	
		REVIEW DATE:	August 23, 2018	
SUBJECT:	INMATE RECORD			
NUMBER:	4060.2H			
Attachments:	Attachment A – Consent to Release Form			

10. INMATE RECORD SECURITY

- a. DOC employees having custody or control over records are responsible to ensure their proper use and protection. Employees shall not allow Agency records to leave the custody or control of the Inmate Records Office, even on a temporary basis, other than as authorized by Agency policy and procedures.
- b. Inmate Records are the property of DOC, not the property of individual employees. Records are to be used to conduct Agency business in accordance with Agency policy and procedures. Records may not be removed from the Agency without proper authority and the approval of the Inmate Records Office Correctional Program Administrator.
- c. Hard copy records shall be maintained in a fire retardant safe under triple lock. The electronic record system shall be password protected.

11. RELEASE OF INFORMATION

- a. An Inmate Record or information contained in any Inmate Record shall not be released, except under the following conditions:
 - 1) In accordance with applicable laws and regulations, to local, state, and federal law enforcement agencies in the process of conducting law enforcement business.
 - 2) When the subject inmate has specifically authorized the release of such information and has signed the Consent to Release Information Form (Attachment A), a copy of which shall be placed in the inmate's record.
 - 3) The DOC Office of General Counsel has approved disclosure of information in response to a subpoena, inmate request, external request, or a request under the Privacy Act, and/or Freedom of Information Act.

12. QUALITY REVIEWS AND REPORTING.

- a. The Correctional Program Officer (CPO) shall conduct weekly Quality Assurance reviews of inmate data entered into the JACCS database using Crystal Reports. Upon completion of the review, the original reports, abatement plan and staff assessment will be forwarded to the Office of the Deputy Director for Operations and the Office of Accreditation and

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 23, 2017	Page 5 of 5
POLICY AND PROCEDURE		SUPERSEDES:	4060.2G August 10, 2016	
		REVIEW DATE:	August 23, 2018	
SUBJECT:	INMATE RECORD			
NUMBER:	4060.2H			
Attachments:	Attachment A – Consent to Release Form			

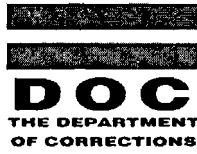
Compliance (OAC) in accordance with PP 2920.4, *Inspections and Abatement Program*, for monitoring and assessment. The review shall consist of the following reports:

- 1) Charge and Sentence Date Errors,
- 2) Commitments Without Charges, and
- 3) Audit of Inmate Records.

Attachment

Attachment A – Consent to Release Form (Official Use Only)

DOC/PP4060.2H/8/23/2017



District of Columbia Government
DEPARTMENT OF CORRECTIONS

INMATE CONSENT TO RELEASE OF INFORMATION

Purpose: To authorize employees of the DC Department of Corrections and employees of any community-based program or facility to release the contents of or information* in my Official Inmate Institutional Record to educational facilities, social agencies, prospective employers, etc., for the purpose of assisting in my community programming and release planning. This consent will remain in effect 30 days from this date, unless revoked in writing, by me, prior to that date.

* I am of the understanding that, pursuant to Privacy Rules, no protected health information (PHI) shall be released unless I have signed a separate "DOC-HIPAA Form 3 Authorization".

Name: _____

DCDC if inmate _____ SSN if guardian _____

Facility: _____

Information to Be Released: Specifically and meaningfully describe information you are authorizing to be released:

Purpose of this Authorization:

Persons/Organizations Authorized to Receive: Name or specifically identify the persons and/or organizations (or the classes of persons and/or organizations), including us, to whom you are authorizing the disclosure and subsequent use of the protected health information described above:

(Name) (Organization)

(Name) (Organization)

(Inmate or Guardian's Signature) (Date)

(Witness' Signature) (Date)

Include this authorization in the inmate's official institutional record.