SUMMARY OF CHANGES:

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
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<tbody>
<tr>
<td>§ 8</td>
<td>Section §8, (3-c)) has been revised to include procedures for CCB.</td>
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<tr>
<td>§12</td>
<td>Section §12, “NOTIFICATION OF NEXT OF KIN” has been revised in its entirety.</td>
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“Attachment A – Report of Inmate Death Memorandum” was added to the policy.

APPROVED:

Quincy L. Booth, Director

Date Signed 1/2/2019
1. **PURPOSE AND SCOPE.** To establish procedures that must be followed upon the death of an inmate, arrestee or resident of the D.C. Department of Corrections (DC DOC) Central Detention Facility (CDF), Correctional Treatment Facility (CTF), Central Cell Block (CCB) or contract facility which includes proper identification, verification, reporting and documentation.

2. **PROGRAM OBJECTIVES.** The expected results of this program are:
   a. Inmate, arrestee, or resident deaths shall be timely processed and documented.
   b. Where appropriate, the inmate, arrestee or resident’s next of kin will be notified in a timely and compassionate manner.

3. **DIRECTIVES AFFECTED**
   a. **Directives Rescinded**
      1) PP 4352.1C Inmate/Offender Deaths (3/18/16)
   b. **Directives Referenced**
      1) PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences
      2) PP 4410.1 Religious Programs

4. **AUTHORITY**
   a. D.C. Code § 24-211.02 Powers; Promulgation of Rules
   b. D.C. Code § 5-1405. Deaths — Determinations and Investigations; Cremations
   d. D.C. Municipal Regulation § 28-5001. Deaths - Duties of the Chief Medical Examiner’s Office
   e. D.C. Municipal Regulation § 28-5002. Deaths - Notification; Penalties for Noncompliance
5. 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 interfamily 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. STANDARDS REFERENCED


b. **DEFINITION** Arrestee – a person who has been arrested and is being held in a holding facility to include the Central Cell Block (CCB) pending arraignment, release, adjudication, or transfer to another facility.

c. Inmate – Any person in the custody of the DC Department of Corrections (DOC) who is assigned to the Central Detention Facility, the Correctional Treatment Facility or other secure facility.

d. Resident – Any person in the custody of the Department of Corrections who is assigned to a Community Corrections Center (CCC).

7. NOTIFICATION

a. **DOC Facilities/Custody.** In the event of a death of an inmate or arrestee at a DOC Facility (CCB, CDF, CTF or) or otherwise while in DOC custody, notification shall be made as follows:

1) Notification Process for CTF and CDF
a) The respective Command Center for CDF or CTF shall be notified immediately of the inmate’s death. The Command Center shall then notify medical.

b) For deaths occurring at CDF or CTF, the senior shift supervisor shall confirm notifications are made in accordance with PP 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences to include notification to the Chaplain for notification of next of kin.

c) The senior supervisor on duty shall confirm that notification is made through the appropriate chain of command, to the level of the CDF, or CTF Major for Operations, Deputy Warden of Operations, or Duty Administrative Officer (DAO) (weekends and holidays).

d) The Deputy Warden or DAO shall confirm that notification is made through the appropriate chain of command, to the level of Warden, Deputy Director of Operations, who will continue notification to the Director.

e) Either the Metropolitan Police Department (MPD) or the Office of Investigative Services shall promptly notify the Office of the Chief Medical Examiner (OCME) of the occurrence of all deaths coming to their attention that are subject to investigation and shall assist in making the bodies and related evidence available to a medical examiner for investigation and autopsy.

2) **Notification Process for CCB**

a) Should a death occur at CCB the CDF Command Center shall be immediately notified of the inmate’s death. The Command Center shall then notify medical.

b) For deaths occurring at the CCB, CCB senior supervisor on duty shall ensure that notification is made to the appropriate Metropolitan Police Department (MPD) Watch Commander for where the arrest took place. Notification of next of kin will be made by the Metropolitan Police Department. Staff will make written notification in accordance with PP 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.
c) DOC OIS shall ensure that the Metropolitan Police Department (MPD) or OIS promptly notifies The Office of the Chief Medical Examiner (OCME) of the occurrence of a death of a CCB arrestee and shall assist in making the body and related evidence available to a medical examiner for investigation and autopsy.

3) **Authorities having legal custody and ultimate jurisdiction of inmates in DOC physical custody such as USMS or FBOP are immediately notified of an inmate’s death.**

b. **Contract Facilities.** In the event of an inmate/resident death within a contract facility, notification shall be made as follows:

**Contract Halfway House**

1) Within one hour of an offender’s death or within one hour of the time staff becomes aware of the death, the contract halfway house shall notify the DOC Community Corrections Administrator.

a) The DOC Community Corrections Administrator shall notify the CDF Command Center and the DOC Chaplain.

b) Contract halfway houses shall utilize the incident reporting and notification forms and procedures specified in *PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.*

c) Office of the Chief Medical Examiner shall be promptly notified by MPD of the occurrence of a death and shall assist in making the body and related evidence available to a medical examiner for investigation and autopsy.

4) **Failure to report may result in a misdemeanor and a fine.**

9. **IDENTIFICATION.** The CDF or CTF senior shift supervisor shall ensure that the authorized/certified staff member (must be certified in obtaining fingerprints) is notified of the facility holding the body (hospital, medical examiner’s office, morgue, etc.) to:
a. Obtain Fingerprints - DOC certified trained staff shall be responsible for the collection and reading of fingerprints and death certificates. A staff member at the Office of Investigative Services (OIS) will confirm the fingerprint. (Attachment A - Report of Inmate Death Memorandum)

b. Obtain copies of the death certificate, if available, and/or any other documents that verify the death.

10. DOCUMENTATION

a. The death report package shall be completed as follows:

1) If the deceased inmate was assigned to CDF, or CTF the Major or designee at CDF, or CTF shall complete the death report package.

2) At CDF and CTF the Director of Chaplaincy Services shall complete the Next of Kin Notification Form (Attachment B) for all inmate and arrestee deaths. Completed Next of Kin Notification Forms will be submitted to the Major for Operations or designee for inclusion in the Death Notification packet. The Records Office will receive the finalized Death Notification packet to be placed in the inmate’s institutional record.

3) The inmate/arrestee death report package shall contain the following documents:

   a) Report of Inmate Death Memorandum (Attachment A),
   b) A copy of the Extraordinary Occurrence Report,
   c) A copy of the death certificate, coroner’s report and/or any other documents that verify the death or document the circumstances leading to the death,
   d) A copy of the fingerprint card,
   e) A photograph of the deceased inmate/ resident/arrestee,
   f) A copy of Face Sheets One and Two, if applicable
   g) Any other pertinent information.
4) The affected Major or the Community Corrections Administrator shall ensure copies of the inmate/offender death report package are forwarded to the Director, Deputy Director for Operations and the DOC Office of Public and Government Affairs.

5) The affected Major or the Community Corrections Administrator shall ensure the original fingerprint card and a copy of the inmate/offender death report package is hand delivered to the Inmate Records Office.

11. RECORDS OFFICE NOTIFICATION. The death package documentation shall be forwarded to the Inmate Records Office and shall be filed in the inmate’s record to verify an inmate/offender’s death. The Records Office Staff shall confirm that the following steps are taken:

a. The Manager/Supervisor of the Records Office will release all charges/offenses in the Jail and Community Corrections System (JACCS).

b. The Records Office Administrator shall confirm that the appropriate notification and documentation is forwarded electronically to the appropriate Courts/Agency notifying them of the death of the inmate/offender.

c. The inmate’s institutional record will be appropriately filed and archived after ninety (90) days.

12. NEXT OF KIN NOTIFICATION

a. Central Detention Facility and Correctional Treatment Facility

1) After receiving notification of the death of an inmate/arrestee, the DOC Chaplain shall within eight (8) hours, notify the inmate/arrestee next of kin listed in JACCS and/or the official inmate/offender record by telephone. All attempts to contact the next of kin shall be documented on the Next of Kin Notification Form (Attachment B) and filed in the inmate/offender’s record.

2) If attempts to contact the Next of Kin by telephone within eight (8) hours are unsuccessful, the Chaplain shall compose a letter notifying the next of kin of the death and instructing them to contact the Chaplain for details and additional information. The letter shall be sent by overnight express mail, with required signature and return receipt by the close of the next business day.
3) If there is no response to the overnight express mail, the Chaplain shall make notification to the Deputy Warden for Programs and Case Management. The Chaplain shall contact the Office of Investigative Services (OIS). The Office of Investigative Services shall go to the next of kin address on record.

4) An OIS investigator shall conduct an investigation to locate the inmate/arrestee’s next of kin.

5) If the next of kin is located, the investigator shall hand deliver the Chaplain’s letter.

6) If the investigator is unable to locate the next of kin, he/she shall submit a report, through the chain of command to the Deputy Director for Operations, outlining the steps taken in an attempt to locate the next of kin. A copy of this report shall be placed in the inmate/offender’s record.

b. Community Corrections

1) The Contract Facility’s Director/Administrator shall ensure within eight (8) hours of notification of a resident’s death that notification is made to the resident’s next of kin as listed in the Resident’s Intake/Orientation Emergency Contact Information.

2) The DOC Community Corrections Administrator shall also ensure that the Chaplain for DOC receives notification of all CCC residents’ deaths, identification information and contact information of their next of kin. The DOC Chaplain shall ensure notification to the next of kin for all CCC residents is made in accordance with this directive.

c. Central Cellblock

1) MPD shall ensure notification is made of a CCB arrestee’s death.

13. NOTIFICATION OF EXTERNAL AUTHORITIES: Authorities having legal custody and ultimate jurisdiction are immediately notified of an inmate’s death as follows:
a. Once an inmate has been pronounced deceased, and the Shift Commander has made notifications in accordance with PP 1280.2 Reporting and Notification for Significant Incidents and Extraordinary Occurrences, the Shift Commander shall:

1) Contact the Inmate Records Office to determine if the deceased inmate falls under another jurisdiction,

b. Once the Inmate Records Office has identified the jurisdiction with authority over the deceased inmate, the Shift Commander shall notify that agency of the inmates’ death.

14. BURIAL ASSISTANCE
Next of kin or other persons in need of burial assistance shall be referred to the D.C. Department of Human Services, Burial Assistance Unit, at 202-698-4112.

Attachment
Attachment A – Report of Inmate Death Memorandum
Attachment B - Next of Kin Notification Form
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

REPORT OF INMATE DEATH

DATE

NAME: ___________________________________ DCDC # _________________________

SEX: ___________________________________ RACE _________________________

D.O.B. _________________________

DATE OF DEATH: _________________________ TIME _________________________

PRONOUNCED BY: _______________________________________________________

TYPE OF DEATH: _________________________________________________________

PLACE OF DEATH: _________________________________________________________

The remains of the above named individual were released to: _________________________

PRINT NAME

____________________________________

SIGNATURE
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

TO : All Supervisory Correctional Officers

FROM : Major
       Operations Commander

Subject : DEATH PACKET

This form must accompany all Death packages and bear the signature of the Duty Shift Commander or his/her designee.

Inmate’s Name ___________________ Offenses & Sentence______________________________

Date of Birth________ Date of Last Commitment to DOC __________

Date and Time of Death __________
Name of Physician Pronouncing Death ______________________________________

Cause of Death as cited by Attending Physician
___________________________________________________________________________

Name of Responding MPD Officer _____________________________________________

Name, Address and Telephone Number of Next of Kin or Person to notify In Case Of Emergency______________________________________________________________

Remains Fingerprinted by __________________________________________________

Fingerprints Confirmed by____________________________________________________

Remains Released to _________________________________________

Removed from the Official Count at __________________________________________

DATE/TIME

Shift Commander __________________________________ Date _____________________
Government of the District of Columbia
DC Department of Corrections

NEXT OF KIN NOTIFICATION FORM

Date: ______________________

Reason for Notification:

☐ Critical Illness or Injury  ☐ Death  ☐ Other ______________________

Demographics

Inmate/Arrestee
Name: ______________________ ______________________ (Last) (First)

DCDC # ______________________ DOB ______________________

Next of Kin: ______________________ ______________________ (Last) (First)

Address: ______________________ ______________________ (Street)

______________________________ (City) ______________________ (State)

Email Address: ______________________ Phone: (___)___________

Staff Making Notification:
Print Name/Title ______________________ Signature: ______________________

NOTIFICATION LOG

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Burial Assistance Requested  ☐ Yes  ☐ No

Original: Inmate Institutional File  Copies: Major  Chaplain