Highlights of GAO-04-742, a report to the Chairman, Committee on Government Reform, House of Representatives

August 2004

DISTRICT OF COLUMBIA JAIL

Management Challenges Exist in Improving Facility Conditions

Why GAO Did This Study

The District of Columbia's Jail and Correctional Treatment Facility (CTF), which are the District's detention facilities for misdemeanant and pretrial detainees, have been repeatedly cited for violations of health and safety standards. The Jail also has had problems with releasing inmates before or after their official release date, in part, because of inaccuracies in its electronic inmate records. As a follow-on to problems at the Jail reported in 2002 by the District's Inspector General, GAO addressed the following questions: (1) What are the results of recent health and safety inspections? (2) What is the status of the Jail's capital improvement projects, and what policies and procedures does the Department of Corrections (DoC) use in managing the projects? and (3) What progress has been made in improving electronic inmate records at the Jail?

What GAO Recommends

GAO made two recommendations, one concerning the specificity of reports about facility conditions; the other concerning time frames for developing and implementing guidance on managing projects.

DoC and the Department of Health (DoH) agreed with our finding concerning the lack of specificity in inspection reports, and DoH agreed to implement our recommendation. The Office of Property Management did not comment on our second recommendation.

www.gao.gov/cgi-bin/getrpt?GAO-04-742.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cathleen Berrick, (202) 512-8777 or berrickc@gao.gov.

What GAO Found

Health and safety inspection reports for the Jail and CTF that were prepared from January 2002 through April 2004 by the District's Department of Health consistently identified problems with air quality, vermin infestation, fire safety, plumbing, and lighting. Officials attributed some of the health and safety deficiencies to the age of the Jail and inmate behavior at both facilities. DoH inspection reports did not always document the specific locations where deficiencies were identified and did not document the date and time when the deficiencies were identified. For example, one report might identify a problem in a specific cell, while another report might state that the problem occurred in some locations, most locations, or throughout the Jail. This limits DoC's ability to determine how prevalent the health and safety deficiencies are, whether problems are recurring in the same locations, or whether conditions changed over time.

Of the 16 capital improvement projects for the Jail approved for fiscal years 2000 through 2004, 1 project was completed and 15 were in various stages of development. In addition, the Office of Property Management lacked written policies and procedures concerning project management, which could be important tools in guiding project managers through the planning and management of projects. Although the Office of Property Management established a working group to develop standard operating procedures for managing projects, time frames had not been established for when the working group should complete this work.

With respect to early and late inmate release errors, DoC has taken several steps to improve its efficiency and accuracy in processing inmate records, but release errors continue to occur. DoC's improvement efforts have included simplifying the workflow in the Records Office, issuing an operations manual, and developing additional guidance and training for staff. Additionally, DoC developed a database to capture detailed information on incidents that led to each inmate release error. DoC analyzed the information in this database to determine how frequently the incidents occurred. Based on this information, DoC has developed proposals for corrective action to reduce release errors. DoC officials attributed staff processing errors to limited staff resources and the large volume of documents that are continuously received in the Records Office. Because DoC did not have complete data on early and late inmate releases, DoC does not know the full extent to which the release errors occurred. Specifically, DoC may not discover an early release error until long after the inmate has been released. For late releases, DoC used an incomplete methodology, which led to an understated number of actual late releases. During our review, DoC modified this methodology to more accurately identify the number of late releases.