OCO Monitoring Visit to Washington Corrections Center August 5th, 2020 Conducted by LaQuesha Turner-Early Resolution Ombuds and Race Equity Specialist, Stella Spracklin-Eastern Early Resolution Ombuds and Zachary Kinneman-Volunteer Ombuds.

Background

 The Office of the Corrections Ombuds (OCO) received numerous concerns regarding the Department of Correction's (DOC) response to COVID-19. Additionally, OCO received several requests to enter DOC facilities and perform monitoring visits. For the above reasons, on August 5st, 2020, OCO Early Resolution Ombuds and Race Equity Specialist-LaQuesha Turner, Eastern Early Resolution Ombuds-Stella Spracklin and Volunteer Ombuds Zachary Kinneman, conducted a monitoring visit to Washington Corrections Center (WCC). The purpose of the visit was to observe WCC's response to COVID-19.

Executive Summary/Key Findings

- OCO staff visited the Intensive Management Unit (IMU), R5-Isolation Unit housing positive cases, the Evergreen Housing Unit, Containment Cohorts in R1, and R3. We observed operations in the Correctional Industries (CI) kitchen, the Medical In-Patient Unit, and the Regional Care Facility.
- Throughout the OCO monitoring visit, OCO witnessed many positive interactions between staff and the incarcerated populations. On several occasions we observed joking and laughter with staff and incarcerated persons. There is a unique culture at WCC that the monitoring team has yet to see at other institutions. Staff displayed working knowledge of cultural needs, trauma informed approach and de-escalation techniques that OCO witnessed and followed up on for results. The incarcerated population had many positive things to say about staff and interactions although there was high stress due to COVID-19 concerns. There were consensuses that staff are doing what they can and are hearing their concerns, whether they have the power to impact change or not. Due to the statements of the population, interactions witnessed, and in comparison, to other Covid-19 compliance visits our office has made, this was the most positive visit experienced by this monitoring team.
- The overall atmosphere of the incarcerated population was concerned yet hopeful during these unprecedented times. There were concerns shared about the impacts of Covid-19, visitation, J-Pay, testing, the need for more self-care and mental health activities. These concerns were echoed throughout the facility and at the Tier Rep meeting.
 - Every unit we visited asked for more activities and entertainment due to the suspension of various groups due to COVID-19 restrictions.
 - The population shared the need for more information on the current number of positive cases and quarantine persons at their facility. They said they have a hard

time grasping their risk with the limited information they and their family are receiving. They believed this lack of information was not the fault of staff and a direct reflection of DOC Headquarters not being as transparent as they could be. A majority of the population said that the staff at WCC has informed them about COVID-19 and how to keep themselves as safe as they can.

- The overall atmosphere of DOC staff was helpful and hopeful. There was no shortage of concern over the current pandemic and the safety of the population. Each staff member we encountered were helpful and didn't resort to putting off answers to questions asked by the OCO monitoring team or the population. There were two notable occasions, in the tier rep meeting and in R3, where staff were witnessed doing the opposite of what is normally seen, in one case with de-escalation, in general, leaving the incarcerated population feeling heard and understood.
- OCO staff observed 100% compliance with DOC staff wearing face coverings (fabric cloth coverings, surgical masks, etc.) and 100% compliance with the incarcerated population wearing face coverings. The incarcerated population was given several masks each and the authorization to make more. Many of the mask they were able to individually design. OCO observed COVID-19 posters, health and safety information including reminders for mask and social distancing. There were a few areas where staff were working in cramped off limit areas to the population but still adhered to wearing mask.
- The facility appeared clean and orderly. Porters were observed cleaning throughout the entire facility. Bottles of Hepastat 256 and germicide heavy-duty cleaner were observed widely available in every unit and throughout the facility.

Statutory Authority

• Per RCW 43.06C.050, OCO has "reasonable access" to all state correctional facilities in order to monitor compliance with respect to the rights and safety of incarcerated individuals.

Observations

Entrance

• At the main entrance of WCC, staff read and asked the screening questions. After answering no to all questions, we were able to move down the hall to the second screening area to have our temperature taken by DOC staff. After passing the temperature check and receiving a dated sticker, we were permitted to enter. The officers doing the screening was also wearing mask, and gloves while standing behind a protective screen. (Appendix A, photo A)

Main Facility

• The building appeared clean and orderly. All staff were wearing masks and socially distancing. We met with the Superintendent and our escort for the duration of the visit. OCO observed COVID-19 posted DOC memos, health-safety information posters, and reminders to staff and incarcerated population throughout the facility in both English and Spanish. We immediately noticed spray painted marks on the ground, that went throughout the facility showing proper six-foot placement. The facility has two vehicles specific to transportation for individuals suspected of having COVID-19 or needing RFC transport. (Appendix A, photo B &C)

<u>Medical Infirmary/ In-patient</u>

• All staff and are required to don mask and a facial shield before entering the medical facility. OCO staff put on the proper PPE and toured the facility. There were no incarcerated persons in the waiting area at the time but the facility was properly set up for social distancing. Medical staff informed us that the schedule is consistently monitored to implement social distancing. They verified there was multiple COVID-19 tests available for use. Medical staff was observed wearing PPE. OCO observed COVID-19 posters, health and safety information including reminders for mask and social distancing. (Appendix A, photo D)

Regional Care Facility (RFC)

• OCO staff was informed upon arrival that the RFC was fully staffed at this time and ready to be operational when needed. There is a PPE donning area that was sealed for protection you must pass through to enter the RFC. This area was well stocked with various PPE and directions for putting on and taking off PPE. Upon entering the RFC there are hospital beds separated by plastic shields. Each bed had a large plastic tub filled with various items needed for their stay. After the rows of beds there are bathrooms and comfortable leather chairs surrounding a television that can be utilized by the incarcerated population. We observed COVID-19 posters, health and safety information including reminders for mask and social distancing. (Appendix A, photo E-G)

Correctional Industries (CI)

• OCO observed the CI kitchen at the institution. Immediately upon walking in we were asked to don proper PPE including a hair net. Staff and the incarcerated population were observed wearing appropriate PPE. OCO had access to all areas within the kitchen including Prep. All persons were observed social distancing and wearing appropriate PPE. All handwashing and utilities were in proper working order. There were COVID-19 signs in both English and Spanish. This area was clean and all staff and incarcerated interactions were positive.

Tier Rep Meeting

• OCO staff observed the tier rep meeting between DOC staff and the population. In this meeting incarcerated persons were able to share concerns with the staff and request changes without fear of reprisal. The tier reps came prepared with research and actions of recourse for each item. All concerns were either addressed on the spot or there were future plans made. OCO then held a private meeting with the tier reps. In this meeting we further discussed some concerns and got clarification on the requests made. These concerns were discussed with facility staff prior to OCO leaving the facility.

<u>Lunch</u>

• The monitoring team ate the lunch that was served to the population. The lunch consisted of a paper bag containing a drinking cup, spoon, package of the powder that when added to water makes a sweet, fruit tasting drink (raspberry lemonade), a fresh red apple, single serving packets of salt and pepper. A separate container of coleslaw (no dressing) appeared to be freshly made with mini sauce container for the dressing. In the Styrofoam container was a plain wheat roll, no butter or margarine supplied. The main course was warm and consisted of pasta (spirals) with ground meat and red sauce. It was a good-sized portion for lunch. The monitoring team agreed the meal was well prepared and tasted good. Following lunch, we were able to confirm with population they received the same meal at the same quality. (Appendix A, Photo H)

Living Unit Observations

The Intensive Management Unit

• The IMU was the monitoring group's first stop. We visited all incarcerated persons housed in B tier, doing door to door check ins. The major concerns in IMU were placement, release, and access to cleaning supplies for the floors. There were concerns expressed about the mental health of an incarcerated person housed in the unit. These concerns were shared and addressed by the Superintendent. OCO observed COVID-19 posters, health and safety information including reminders for masks and social distancing.

Containment Cohorts

• R Unit (1, 2 & 3) is where the incoming transfers arrive. OCO observed COVID-19 posters, health and safety information including reminders for mask and social distancing. This unit is divided and incarcerated persons are then tested for COVID-19 periodically during that time. OCO didn't speak to anyone who had less than three tests done. These cohorts were set up to keep the incoming population from mixing with the permanent population and the subsequent arriving incarcerated persons in other cohorts. It was explained to OCO that if someone were to come in and have COVID-19, that unit could be quarantined and limit the number of possible exposures. Although everyone was

tested, the structure of the facility didn't allow for proper social distancing in the cells. They were thankful for the extended and more frequent yard time the facility is giving across the board. The concerns coming out of the cohort pertained to transfers, length of stay in the cohort, lack of programming and being sent back to prison from community custody. There were several positive interactions witnessed here between staff and the incarcerated population. This area in particular several staff members demonstrated working knowledge trauma informed training and de-escalation techniques. The incarcerated population echoed that experience. (Appendix A, Photo I)

- There were incarcerated persons that have been housed for six months waiting for a transfer. Many of these persons where going to the eastern side of the state where there was an outbreak at the time. Some persons were transferred from WCC to their receiving facility but it did not seem consistent. DOC had substantially slowed down transports due to COVID concerns but it is unclear how transports are prioritized outside of medical necessity.
- While housed in the cohort incarcerated persons do not get the same level of access to programming, activities and entertainment such as video visits, television and J players. The staff did expedite the search of incoming books at the request of the population for reading materials.
- Community Custody is not within OCO's jurisdiction but a majority of the concerns were with being sent back to prison because of limited access to their needs. This was expressed as mental health counseling and medication that was severely limited, delayed or not available. Lack of housing and addiction treatment resources that couldn't be met with the closures due to COVID-19.

<u>Evergreen Unit</u>

• OCO observed minimal COVID-19 signs in the unit. Cleaning supplies were widely available. The monitoring team spoke with several individuals in the unit about COVID-19 related concerns. One of the main concerns were that the incoming chain is taken through their unit, and they don't feel comfortable with staff working in several locations due to exposure concerns.

Isolation Unit

• Birch Hall R5 unit is where WCC is currently housing those positive with COVID-19. OCO staff put on the proper PPE to enter the unit: N-95 mask, face shield, gown and gloves. There is room specifically for utilized for the donning of PPE. We visited each incarcerated person at cell front for wellness check and short questionnaire pertaining to any needs or concerns. At that time, OCO staff was able to confirm they do have weekly showers and multiday phone use via a portable phone. The concern from isolation had to do with having COVID-19 and wanting to get well as soon as possible.

Conclusion and Areas of Opportunity

- WCC has a uniquely positive culture. Staff and the incarcerated population work together to address concerns and actively create safe space to deal with stress of the pandemic and incarceration. Staff and the population showed genuine concern for each other's safety. OCO recognizes the changes DOC has made to ease tensions during this unprecedented time while maintaining safety, security and the health off all at the facility. At this time, the following are areas of opportunity:
 - Consider mental health walk throughs throughout the entire facility weekly.
 - Community and cultural groups are not able to program due to the suspension of volunteers at this time. They have asked to lead their own groups, which could be viable temporary option. DOC should consider this as it impacts mental and overall wellbeing.
 - Due to a cut back on transfers to other facilities, those housed in cohorts have limited access, activities and entertainment. Consider using the EFV building or the gym as their shared living space temporarily. Allowing for activities such as games, television and visiting socially distanced.
 - DOC should consider sharing the strategy and process for the transfers that are currently happening. Many incarcerated persons going to the same institutions with similar needs are being taken before those who have waited longer. Informing the population why this is happening would alleviate confusion.

Appendix A



Photo A

Description: After the check in and initial screening questions persons are directed down the hall to the temperature checkpoint. Each staff screener is behind a plastic barrier when condudcting entry requirements. Here is the start of social distancing floor placings that trace throughout the entire facility.





Photo B

Photo C

Description: Both cars have easy wipe down for disinfecting after use and equipped for necessary transport when needed.



Photo D

Description: OCO team in proper PPE to enter the in-patient medical wing. OCO didn't visit incarcerated persons housed there but did speak with staff and verify incarcerated individuals' needs were met.



Photo E

Description: This is the entracne into the RFC. This is a "sally port" requiring the inner door to be closed before it's opend. The signs on the door detail the circumstances under which PPE is utilized.

Photo F

Description: When the line of beds end, the RFC opens up into a living room with comfortable leather chairs surrounding a television. To the left are bathrooms and books.





Photo G

Description: In the RFC the beds have plastic shields barriers for protection and each plastic tub has the following: Bed linens, two flat sheets, one fitted sheet, one pillow case, two blankets, one towel, one washcloth, three toilet tissue rolls, incentive spirometer, "duck bag" packed into a plastic tumbler, mesh laundry bag with a tie both labeled, and RFC handbook.

Photo H

Description: Here is the lunch served that day. The portion size appared adequate. The apple and sauce for the coleslaw are packed in the cup.



Photo I

Description: This is a normal housing unit in R unit (receiving). There are two to a room and there is no way to socially distance in cells designed this way.

