

# OFFICE OF THE CORRECTIONS OMBUDS

## Monthly Outcome Report: April 2021

The Office of the Corrections Ombuds (OCO) investigates complaints regarding any Department of Corrections' (DOC) actions or inactions that adversely affect the health, safety, welfare, and rights of incarcerated individuals (RCW 43.06C.040). Per RCW 43.06C.040(2)(k), at the conclusion of an investigation of a complaint, the ombuds must render a public decision on the merits of each complaint.

Starting September 1, 2020, all cases open at the time and all cases opened since by OCO are considered "investigations" for the purposes of the statute. The following pages serve as the "public decision" required by RCW 43.06C.040(2)(k). Although an individual case report with recommendations for systemic reform is not being produced for the cases herein, the cases will still inform and may be included in a future systemic issue report.

In providing an anonymous summary of each complaint, OCO staff have worked to limit as much identifying information as possible while still providing a substantive explanation of the concern so as to protect the complainant's confidentiality while also providing transparency into the office's work.

Note: The following case summaries also include OCO's closed case reviews, in which a complainant whose case was closed requests a review by the supervisor. These are marked in the summaries as such. OCO is still evaluating how to best portray these cases.

All published monthly reports are available on <https://oco.wa.gov/reports-publications>

Case Status	Explanation
<b>Assistance Provided</b>	OCO, through outreach to DOC staff, was able to achieve full or partial resolution of the person's complaint.
<b>DOC Resolved</b>	Case resolved by action of DOC staff prior to OCO action.
<b>Lack Jurisdiction</b>	Complaint does not meet OCO's jurisdictional requirements (not about an incarcerated individual, not about a DOC action, or person did not reasonably pursue grievance/appellate procedure)
<b>No Violation of Policy</b>	After reviewing all relevant documents and DOC policy, OCO staff determine that DOC policy was not violated.
<b>Unable to Substantiate</b>	Insufficient evidence exists to support the complainant's allegation.
<b>Information Provided</b>	OCO provides self-advocacy information.
<b>Substantiated</b>	OCO substantiates the concern/allegation and it is neither resolved by DOC nor can OCO assist with impacting change.
<b>Decline/Other</b>	Some other reason exists for the closure of the case, generally release.

# Monthly Outcome Report

## April 2021

Institution of Incident	Complaint/Concern	Outcome Summary	Case Closure Reason
<b>Not specified</b>			
1.	Complainant released from prison and has been forced to return to his county of origin despite having an active court order for visitation with his daughter in a different county. He reports having significant support in the other county, including an offer of employment. He has no support in his county of origin.	DOC cites “community concerns” to deny placement in his preferred county. Regarding the county of origin, DOC is following DOC Policy 350.200 that requires a person to be returned to their county of origin, unless exceptions exist. Regarding visitation with his daughter, that is an issue that needs to be addressed with the family court judge, who can order arrangements even in his current county. I did find two errors in that DOC stated that he was trying to move to an apartment building where a victim lived and that there was a cessation order based on him trying to contact a victim. Following document requests, neither of these are accurate. I lifted this up to DOC HQ.	No Violation of Policy
<b>Airway Heights Corrections Center</b>			
2.	Complainant is releasing soon but received two sets of infractions. None are category A but DOC staff are telling him he will not qualify for his 10 day early release. He has not yet had the hearing for either set of infractions.	Per Policy 350.240 10-day release will be denied if a person has any pending category A or B infractions.	No Violation of Policy
3.	Complainant has been to the ER multiple times recently and wants the pain management treatment that had been recommended at the hospital to be administered at the facility.	Patient referred to surgery; CT scan ordered. Once complete, follow up with surgeon planned. Patient is currently receiving pain management and treatment plan under WA DOC Health Plan. Desired medication is non-formulary.	No Violation of Policy
4.	Individual who identifies as transgender in IPU was subjected to a strip search. Privacy screens and windows were covered and a male officer	DOC was not compliant with policy 490.700. Appears that there are some concerns regarding implementation. OCO's LGBTQIA Specialist has	Substantiated

	requested submission to a strip search. Incarcerated person announced she identified as transgender but instead of a two officer (one male one female) strip search, the male officer conducted the search. This has left her feeling distraught. She's filed three medical emergencies.	been informed of this issue and may include it in the forthcoming OCO systemic report.	
5.	He has edema (swelling) in legs/feet and would like to use a wheelchair or walker. DOC gave him a wheelchair and then took it away. Has a hard time walking.	Confirmed patient was issued seated walker and HSR.	DOC Resolved
6.	Person is having pain and has bleeding coming from his hernias. He has requested certain wipes for an HSR with no resolve.	Medical records show normal exam results, therefore an HSR for wipes is not medically indicated. DOC is acting within policy (WA DOC Health Plan).	No Violation of Policy
7.	Patient says that he has an ongoing left knee problem after he blew out his knee playing basketball. He was told that it was a sprain and to stay off it, but his knee gave out again. He received surgery but was not given his proper medicine or PT to manage the pain. Now he is still suffering from continued pain and his x-ray showed that a screw came out of his knee. He requested HSR for top bunk, compensation, and proper care.	HSR on file for lower bunk. PT delayed due to Covid outbreak, facility no longer in outbreak status. Provided information for accessing an up-to-date assessment and filing a tort claim. Confirmed care in accordance with the WA DOC Health Plan. Could not substantiate claim about screw coming loose in knee.	DOC Resolved
8.	During a 2018 infraction hearing, he requested all videos related to the incident and DOC withheld evidence and lied. Says this is a due process violation.	OCO reviewed disciplinary documents as well as associated video. The video ultimately supports the infractions. We did have a concern that he was charged with sexual harassment and OCO does not agree with that charge; however, DOC was unwilling to change the infraction as some of the slurs that complainant used toward staff referred to a person's gender/sexual orientation and the staff did feel that it was sexual harassment. DOC normally does not provide incarcerated individuals with video unless ordered by a court.	No Violation of Policy
9.	Caller states that DOC used false information in his substance abuse assessment. Wants to have an	Assessment was done in compliance with DOC 580.000. Assessment score was given based on	No Violation of Policy

	accurate assessment on his record and DOC is not providing him options to be re-assessed.	interview answers stating that substance use was a main factor behind his conviction.	
10.	Complainant's right hand was broken and fractured and his whole right arm is numb. He went to see a hand specialist, who recommended that he follow up with a neurology specialist. He was seen by a specialist in January and hasn't been seen since. His symptoms are worsening. OCO previously was told that "his symptoms are consistent with nerve compression and would likely resolve in 1-2 months." It appears the symptoms have not resolved and have worsened. Last OCO heard from DOC, they said if not resolved, they would consider further studies, including nerve conduction studies. OCO was informed he was scheduled for continued monitoring and referral if indicated.	Confirmed DOC has ordered additional testing, nerve conduction study, and follow up appointment for updated assessment with DOC medical. DOC mentioned a 6-8 week waiting list for neurology specialist appointments.	DOC Resolved
11.	Complainant has access concerns due to a disability. He was moved from R unit and then he was also subsequently left without his aide (pusher). He needs his aide back.	Reached out to staff who explained that he was moved for a short period but would be moved back ASAP after OCO's outreach.	Assistance Provided
12.	Complainant will be transferred from out of AHCC SMU. He is a drop out and reports that there are actives where he's going. They should be separated and it could be dangerous being a drop out among active gang members.	This person is being transferred to a safe area and will be assessed for safe placement.	DOC Resolved
13.	Patient is not receiving intense pulsed light (IPL) hair removal. DOC is prolonging surgery. The longer it takes them to get her surgery, the longer delay to transferring to WCCW. Was told she would receive it 5-6 weeks, it has been about 8 weeks. Does not want to be moved until surgery completed. Settlement agreement says access as soon as possible. She has only received one appointment (January 2021) so far with outside specialist. Continued dysphoria symptoms. Requested IPL access, outside appointments, and delayed surgery be scheduled.	Confirmed first appointment occurred in January and second appointment was delayed due to offsite provider conditions. That appointment was rescheduled and appointments confirmed monthly through August. Cannot impact change related to scheduling surgery, as it cannot be scheduled until after this round of treatment. DOC is following specialist's scheduling guidance.	Information Provided

14.	Complainant has difficulty breathing when exerting himself. Reports that the medical provider initially stated he would be a candidate for a pulmonary function test (PFT). When he said that this was also what he'd heard from an incarcerated physician, complainant says the provider changed her mind and instead sent him for x-rays, an echo cardiogram, etc. Complainant says that, in response to his repeated kites about his condition, provider threatened to have him transferred to Main and brought in a psychologist saying that his repeated requests may be attributable to anxiety. Complainant has filed complaints against this particular provider in the past.	Medical staff states that complainant was seen by a pulmonologist and received pulmonary function tests, along with a CT scan. He is scheduled for right heart catheterization and a follow up appointment with the pulmonologist. Therefore, he has received the treatment he sought, along with additional testing and specialty evaluation.	DOC Resolved
15.	Complainant alleges that named DOC staff lied and refused to provide him access to the appeals process to gain access to his legal CDs and property.	Closed Case Review. Concur with AO's findings. The property in question is currently being held as part of litigation and I don't see that there is anything further we can do to impact change.  Original Outcome Summary: No violation of DOC #590.500 or #440.000; confirmed overflow legal property held at WSP; case currently in litigation and OCO unable to mandate outcome.	No Violation of Policy
16.	Caller is having issues with his release planning. He's trying to get a county of origin change but DOC staff are not willing to submit the request. He has community concerns in his county of origin and has no support there. He has plenty of support and a place to go in another county.	Reached out to DOC staff, reviewed available data and documents. Assisted him in release and oversight of process.	Assistance Provided
17.	Complainant has not had any underclothing since October. He has kited, kiosked and filed a grievance to get underwear.	At the time of outreach this person had received new underwear.	DOC Resolved
18.	Complainant reports being falsely infracted. CO was conducting a tier check where she said she observed complainant masturbating with his penis out facing the door. Complainant states that he was using the bathroom and was unaware that she	Reviewed disciplinary documents and also reached out to infracting officer. Complainant can be found guilty based on an officer's statement; further, this was the second alleged incident (OCO confirmed a BOE for similar conduct was written a month	No Violation of Policy

	would be conducting a tier check at that moment. Provided witness statements regarding the fact that he placed his ID card in his cell window. States he should not be found guilty based on one officer's statement.	prior). Regarding the witness statements, they confirm he put his ID card in the window, but they cannot speak to what he was doing at the exact moment the CO walked by. OCO also reached out to the AHCC administration as he is being reviewed by the ISRB and this infraction could negatively impact him; AHCC administration declined to make any changes.	
19.	Caller stated that DOC staff are lying about him in his Behavior Observation Entries (BOE'S). He also is concerned that he cannot include a letter when sending out finished hobby products.	Reviewed BOE and all relevant documents. Could not substantiate a violation of policy or inaccurate BOE response.	No Violation of Policy
<b>Cedar Creek Corrections Center</b>			
20.	Complainant says that he received an infraction for altering his JPS player and is now suffering a mental breakdown from his incident. Says that he was charged with starting a fire but there was no evidence of that on his JPS player.	Complainant is correct in that he was successful in his appeal; however, the appeal did not result in the overturning of his infraction, but a reduction from a 553 (Setting a Fire, Category B offense) to a 893 (Damaging, altering, or destroying any item that results in the concealment of contraband or demonstrates the ability to conceal contraband, Category C offense). The description in the infraction report appears to meet the 893 description, which does not include a fire. Complainant does admit to altering the Jplayer.	No Violation of Policy
21.	Complainant found guilty of possession of drugs. However, there were multiple discrepancies in the infraction report, including that the roach was not found on his headboard, but on the floor. Further, he was UA'd twice and was negative.	Elevated case to DOC Disciplinary Program Manager who reviewed it and responded that there was sufficient evidence to find the person guilty based on the fact that the roach was found in a common area and tested positive for amphetamines. Regarding the negative UAs, the person was charged with possession, not for having a positive UA. Also followed up with the infracting officer regarding the alleged discrepancy and the officer responded only with what was already written in the infraction report with no additional changes/edits. Even if the roach had been found on the floor and not the headboard,	Unable to Substantiate

complainant would likely still have been found guilty because it was in a common area.

**Clallam Bay Corrections Center**

22.	Complainant reports being assaulted last year. He was attacked from behind while doing pull-ups in the MSC mini yard. He went to medical for cuts on his face and his hand and was taken to ad-seg. He told all staff he wanted to press charges against the other incarcerated person.	Reviewed all disciplinary documents, including photos. There are injuries on both persons. No one saw who started the physical altercation. No further evidence has been uplifted to overturn the infraction.	Unable to Substantiate
23.	Complainant was sanctioned under the Group Violence Reduction Strategy (GVRS) policy. He did not even know the people that were fighting and was sanctioned unjustly. States that a DOC staff member just adds people to the GVRS list without even knowing if they were involved, which is abuse of the program.	Case closed during in-person facility visit. No violation of policy but OCO may review systemic concerns related to current Group Violence Reduction Strategy (GVRS) policy.	No Violation of Policy
24.	White t-shirts are see-through and people can see complainant's bra, which results in demeaning comments from other incarcerated individuals. Also creates a safety risk. Requested alternative grey shirts.	Long-sleeve grey shirts available for purchase via Union Supply Catalog. CI is currently manufacturing the alternative grey t-shirts, once complete, will be shipped to supply all facilities. DOC could not provide a specific date of availability and will keep OCO updated. Provided complainant with information.	No Violation of Policy
25.	Caller states that he is told to dispose of his colostomy bag in the unit garbage. Not only does he state that this is a biohazard, it's also causing issues in the unit because other people housed there are mad that he's disposing of it in the unit garbage. Just wants to be able to dispose of it properly, not in the unit.	Medical and DOC staff have taken steps to implement changes for the disposal process. Potential for a Health Status Report (HSR) to assist with the process.	Assistance Provided
26.	Complainant says that DOC rejecting letters from a nonprofit organization is not the intention of DOC restricting third-party communications. Says this organization should be allowed to communicate with incarcerated individuals.	JPay is the current communications contractor and they approve these types of communications. DOC is reviewing communication bids; they may take on recommendations when contracts are up.	No Violation of Policy

27.	Complainant has spent three years in IMU maximum custody. Claims that every time he gets recommended for close custody, it gets overridden by HQ.	DOC will be reviewing complainant's classification and placement. Concerns shared with DOC management and any changes will be communicated to complainant in future correspondence. Agree IMU placement has been long, but there is no violation of policy. Will continue to monitor the situation.	No Violation of Policy
28.	Complainant has not showered in seven weeks. Has a colonoscopy bag and he develops yeast infections when showering with the bag but cannot shower without it. DOC solution was to give him a cloth. Is currently in IMU because he placed himself there. Requested to be able to shower and be placed in specific unit in order to access better medical care.	Released from prison a few days after filing complaint with OCO.	Declined, Other
29.	Complainant is being housed at a men's prison. FMRT denied based on behavior but the behavior is that she was filing PREAs due to sexual harassment. She was told HQ wants to keep her there for a period of time (would not tell how long) pending potential transfer to MCC-TRU. Denied January 2021. Appealed decision.	Because of programming and treatment needs she will not be able to transfer to the women's prison until after those are complete, closer to ERD.	No Violation of Policy
30.	Complainant says that he tried to informally resolve a grievance that he was going to file against a CO but she refused to talk to him. He says that the CO has been recruiting other incarcerated individuals to assault him. He says that staff are lying about this matter.	Reviewed documents and correspondence which do not support this concern. However, we communicated complainant's safety concerns to staff.	Unable to Substantiate
31.	Complainant says that he is having issues with the mailroom and his mail being rejected. Complainant says that the mailroom sergeant is tampering with his legal mail by opening, reading, and rejecting his time sensitive legal mail. He says that the sergeant says that this is not legal mail even though it relates to complainant's sexual assault case. He says the mail is clearly marked as legal by his attorney.	There has been no violation of policy. The mail that came in was not marked "LEGAL MAIL". According to the policy 450.100(VIII)(A)(2) The front of the envelope must be clearly marked "legal mail."	No Violation of Policy



**Coyote Ridge Corrections  
Center**

32.	<p>Complainant's husband and his cellmate have been threatened several times by STG members. Husband informed a CO outside dinner mainline immediately after one of the occurrences, and requested protective custody. The COs laughed and one told him to "man-up and just get in a fight." When he told the CUS, CUS did give PC and moved him to IMU. New classification counselor, though, told him he could only have 14 days of PC and then he'd have to go back to general population. She told him that if he chooses to stay in IMU, then he will begin to incur infractions. This would impact privileges, good time, classification level, etc.</p>	<p>He had filed a grievance but then withdrew it. We sent him a letter to gather more information and to see if DOC had resolved his issue.</p>	Unable to Substantiate
33.	<p>Family member relayed concerns regarding an infraction for which they requested an investigation of the disciplinary hearing, sanctions issues, and alleged treatment disparities after an infraction for possession of a cell phone. They additionally claimed disparate treatment stems from filing a lawsuit regarding time held in a dry cell.</p>	<p>After reaching out to DOC regarding the infraction in question, we were informed that complainant pled guilty to possessing the electronic device and therefore did not appeal the infraction. With regards to the family member's claims of disparate treatment stemming from filing a lawsuit related to time held in a dry-cell; that claim cannot be established using OCO's working definition of retaliation which takes a three-pronged approach, as follows: (1) a protected action (e.g., filing a grievance or a lawsuit), (2) intentional adverse action (such as a disciplinary infraction, housing/program changes, etc.), and (3) a relationship between the two. Prong (2), in this case a disciplinary action, was related to an incident to which the complainant admitted guilt.</p>	Lack Jurisdiction
34.	<p>Disputing a 556 "Refusing Search" infraction.</p>	<p>556 sanction reduced to five days loss of good conduct time.</p>	No Violation of Policy
35.	<p>B-Unit Food Strike at CRCC. Disputing infraction.</p>	<p>Currently out of detention and on Community Custody.</p>	Lack Jurisdiction

36.	Complainant says that he has been battling skin cancer and is almost 70 years old. He says that since being transferred to CRCC he has been subjected to a poor health services system and his medical concerns are not being met. He says that he has not received his skin treatment and his requests are being ignored. Says his doctor told him that he needs to remove a growth on his shoulder.	Verified that appointments have been cancelled for a variety of reasons (custody conflict, provider not available, or for unknown reason). As a result of outreach, appointment scheduled for complainant to be seen this week.	Substantiated
37.	Complainant's wife and children were permanently terminated from visiting. Request for OCO assistance in appeal.	Reviewed all the documents provided by the complainant and reviewed additional information in DOC database about the initial termination. Then inquired to Headquarters about the possibility of complainant participating in video visits only instead of full termination. HQ agreed and the complainant and his wife are now approved for video visits only.	Assistance Provided
38.	Complainant had a seizure that resulted in a broken rib and a broken tooth. DOC will not schedule him for the tooth removal; DOC keeps blaming Covid. The broken tooth keeps cutting into his tongue, he can't eat, they just put him on a soft diet, but it doesn't help. They pulled out another tooth that had pain, but they wouldn't pull out the broken tooth at the same time. He asked why, and they told him not to bother them again for a month. Requested tooth be pulled.	Patient did not receive dental care because another individual on the same chain bus tested positive for Covid so he was on quarantine status. Confirmed dental appointment rescheduled.	No Violation of Policy
39.	First DOC said that complainant tested positive for Covid, which violated HIPAA by broadcasting it across the yard. DOC told him he couldn't bring anything, had to go on multiple day food strike to get clean clothes. Now he's back in regular unit but on quarantine. Haven't been outside in a month. DOC is going to cells to pass out the meals – they're coming into close proximity with every incarcerated person but tell the population that they have to social distance. They deliver food after it's been sitting outside in the cold.	Followed up with CRCC administration. Regarding the positive case, CRCC staff said that they have to inform the population regarding a positive case. Regarding inability to take property with them, CRCC staff agreed that that had been an issue, but it had been addressed and staff were provided direction to avoid future incidents. Regarding being in quarantine, CRCC staff said that everyone was offered the opportunity to either return to their original cell and be in quarantine or release to general population and everyone chose to	Information Provided

		return to their original cells. Regarding food, CRCC administration acknowledged that this was a concern and stated that they are doing everything possible to get the food out quickly so that it is served warm.	
40.	Family member of incarcerated person states that her husband is currently in segregation because of an infraction and that the facility is not following policy by demoting him to MAX custody (more than one custody level at a time) and taking too many points.	Sent self-advocacy information letters to incarcerated individual and external stakeholder about classification appeal process and facility assignments. Provided release of confidentiality form and DOC 07-037 Classification Appeal form to both incarcerated person and external stakeholder.	Information Provided
41.	Religious item was rejected through mail room when it was supposed to be sent to the Chaplin who approved the item.	After reaching out to DOC, we were able to establish that the item in question was indeed authorized by the Religious Coordinator and should be provided to the incarcerated person as soon as possible.	DOC Resolved
42.	Complainant had to wait in the cold while being transported to a medical appointment very shortly after an intensive surgery. Reports that staff intentionally made him stand in the cold and then did not heat the transport vehicle up either. He reports that this action by the staff was intentional.	Incident was investigated through DOC grievance process. No additional evidence to substantiate claim. No current medical request included in complaint to OCO. Documented past concern and provided info for follow up if current medical issues exist.	Information Provided
43.	Grieved suspension of phone services during his time out while housed in Administrative Segregation during Covid.	Grievance was for poor phone quality and access in Administrative Segregation. DOC submitted a work order, the shift sergeant was informed of access issues, and the grievance was informally resolved.	DOC Resolved
44.	Wants infraction to be dismissed. States that DOC lost his infraction appeal. He had the appeal receipt and gave it to the CUS during the grievance investigation. Now, he is being told by his level 3 grievance response that because there is no appeal receipt that they can't substantiate the grievance.	Substantiated that complainant had submitted the appeal receipt as part of his grievance; lifted this up to the Level 3 grievance investigator and grievance program manager for reconsideration. The HQ level 3 investigator reached out to CRCC administration to discuss and reported back that losing appeal receipts is not a systemic issue at CRCC. I am requesting that complainant provide	Substantiated

		more information if he believes it is. In addition, regarding the infraction, the appeal likely would not have helped as he admitted to the underlying infraction; however, provided him self-advocacy advice with regard to writing to DOC Disciplinary Program Manager.	
45.	Complainant is requesting a thicker mattress and his wife provided medical documents supporting this need (regarding shoulder and back surgeries).	Durable Medical Equipment (DME) obtained from any source other than Health Services are only permitted per the "DME Guidelines." In those guidelines a mattress is identified as a "comfort" item and is specifically excluded from outside purchase. The allowable items are CPAPs, wheelchairs, mouth guards, and hearing aids.	No Violation of Policy
46.	Complainant states he's not guilty of an incident for which he was infractioned, but did not file an appeal.	In order to further investigate infraction, complainant needs to have "reasonably pursued resolution of the complaint through the internal grievance, administrative, or appellate procedures" which in this case would be to appeal the findings. According to DOC he has yet to file an appeal.	Lack Jurisdiction
47.	Patient filed a medical grievance regarding a painful growth on the back of their neck. Resolution was acknowledgement that treatment was delayed but when they got to see the provider, was told that the health care plan did not cover removal of the growth. However, two years ago the same growth was removed at SCCC. Cyst has grown back and it's painful when sleeping. Requested cyst be removed.	Confirmed via hotline that patient received procedure.	Assistance Provided
48.	Incident occurred in October but did not receive his infraction until January. He was infractioned for a 752 and 709. Believes the policy wasn't followed in the procedure of the report.	The case was already reviewed by DOC Disciplinary Program Manager. According to WAC 137-28-400: "The time limitations expressed in these regulations are not jurisdictional and failure to adhere to any particular time limit shall not be grounds for reversal or dismissal of a disciplinary proceeding." Thus, although there was a time lapse, it does not negate the infraction.	Substantiated

49.	Disputing being infraacted for a 651 "inciting riot."	Did not filed an appeal for said infraction.	Lack Jurisdiction
50.	Caller was infraacted with a 724 for refusing housing. He states that he never refused housing, but that the CO asking him to pack-out for the Covid-19 unit back to camp acted unprofessionally when the caller requested assistance in preparing to move, due to his medical issues (chronic back pain creates difficulties putting on shoes for him). He requested assistance in getting his shoes on and was denied. Then he turned to complete getting dressed and complied with the move. He was never told that the CO considered this incident as refusing housing and was not aware that he was going to be issued an infraction for this incident until he received the hearing notification.	Discussed case with several DOC staff, including DOC ADA Compliance Manager. Currently there is no documentation that indicates a need for assistance with putting on his socks and shoes. DOC's perspective is that he was refusing to move cells because he wanted a single cell to do legal work, but he is not single cell- approved. Appears to meet the elements of a 724 infraction.	No Violation of Policy
51.	Complainant says that he has a Do Not Resuscitate and he had a seizure back in October. Medical grabbed him by the ankles and dragged him out of the cell. He was unresponsive and had no pulse. One nurse intubated him, defibbed him and when she was told he had an DNR said she didn't care about him having a DNR. He said DOC broke laws and is covering up what they did. Requested OCO investigate incident and write report.	Uplifted and documented concern. Will consider incident for review at a future time as capacity allows. No current medical request provided.	Declined, Other
52.	Complainant says that he is concerned that a staff member knowingly violated a policy and did not put it in a referral for Graduated Re-Entry that he knew complainant was eligible for. This person also put a sanction on him that was not authorized. Complainant says that this is staff misconduct.	Unable to substantiate targeting towards incarcerated person based on the information provided. Complainant no longer eligible for GRE due to guilty verdict of a serious infraction that has not yet been appealed.	Unable to Substantiate
53.	Complainant wants his mother to be on his approved visitors list after what he claims are unsubstantiated accusations that continue to be made against her.	After reaching out to DOC, learned that the last time a visitation application was received for complainant's mother was May 2018. Informed complainant to give his mother this information and for her to submit a new application, as DOC policy allows visitors to apply annually.	Information Provided

54.	Complainant says that he was not adequately notified of the date or place of his hearing and could not arrange for his wife to testify on his behalf. He also says that the hearing was not held within five business days. He says that he has been infraction free for 10 years but when transferred he immediately received this infraction.	Reviewed disciplinary hearing information and elements of infraction. Appears that there is evidence to support the infraction based on the fact that he sent two letters addressed to incarcerated individuals to his wife for her to send. Regarding notice of the hearing, the hearings officer asked him how much notice he had and he stated six days. Regarding the timeframe, we note this is a systemic concern; however, WAC 137-28-400 states that failures to adhere to timeframes are not jurisdictional. Provided self-advocacy information to write to DOC Disciplinary Program Manager.	No Violation of Policy
55.	Patient has a hearing impairment. OCO received word for word communication through TTY service through 711 Washington Relay: "Legs are giving him many medical prescriptions. And numerous cat scans. Also I was told I would be going to see a specialist to find the root of this situation but due to this Covid-19 virus it was cancelled." Patient needs to be seen by medical and accommodations made for hearing impairment. He is having trouble navigating the system without accessible accommodation.	Confirmed hearing aid consult with specialist shortly after contacting OCO. Patient being scheduled for follow up with ENT regarding MRI results.	DOC Resolved
56.	Appealing a major infraction 606. States the hearing officer found him guilty because the contraband was found in a common area of the cell even though it was not his.	Infraction overturned prior to case being opened.	Information Provided
57.	Bought a TV in January. Price of the TV includes \$15 fee in price – transfer fee. However, the old TV already had \$15 transfer fee and he was told that if he donated his old TV, which he did, he would not have to pay additional fees.	Reached out to CRCC property staff and banking at DOC HQ. DOC HQ provided information that the original fee was used to send his old TV out for repairs; a new hold was placed in March.	No Violation of Policy
58.	Complainant says that some of his personal property went missing when he was medically transferred from CRCC. Further states he filed a tort claim and was denied because no findings could be	After reaching out to DOC, OCO determined that complainant's tort claim with the state had been denied as there was no evidence that the loss was due to staff negligence. OCO is also unable to	Unable to Substantiate

	made that his property was lost due to staff negligence. Wants property back and for staff to admit to their mistake.	substantiate that the loss was due to DOC staff negligence, nor provide monetary compensation for the loss. Filing a tort claim was the correct avenue for financial redress. OCO is also unable to dictate staff discipline requiring staff to “admit mistakes” regarding lost property.	
59.	Relayed concerns regarding having points and good time taken from him for “quitting” a volunteer kitchen assignment.	According to DOC records complainant was in a Food Preparation Worker program—as a pathway to Good Conduct Restoration—from which he was terminated in violation of his Custody Facility Plan.	No Violation of Policy
<b>Mission Creek Corrections Center for Women</b>			
60.	Caller was told that she was not accepted into the Trades Related Apprenticeship Coaching (TRAC) program due to an ongoing PREA investigation.	She had reported PREA but would not reveal who it was. For her safety she could not move to the unit where TRAC was located and she was removed from Therapeutic Community. She was able to finally tell staff the name of the person who she said harmed her and that person was transferred. Now she will be re-assigned to Therapeutic Community which is where she was initially, then she can re-apply for TRAC.	No Violation of Policy
<b>Monroe Correctional Complex</b>			
61.	Complainant’s husband has complained over the last year or so about shortness of breath, chest pain and swollen legs. He has not been seen by his provider or had any follow up. He was taken to urgent care in January and was told he needed follow up with a cardiologist. That hasn’t happened. Patient was supposed to be rescheduled for a stress test and imaging and this has not occurred. He was also supposed to be rescheduled with his provider. Did not receive blood test results from earlier in March. He also hasn’t been seen by a physician for abdominal pain in liver area. Requested appointment with physician and further testing for abdominal pain, confirm rescheduled physician	Confirmed patient scheduled with cardiology for additional imaging and stress test, authorized for appointment with physician and abdominal ultrasound. DOC agreed to send test results via kite and once consult results are in, follow up with up-to-date treatment plan via kite.	Assistance Provided

	appointment and stress test/imaging, provide blood test results to patient, diagnostics and treatment plan.		
62.	Complainant ordered books for their loved one at Christmas. Said they were delivered to facility, but incarcerated person didn't receive them. Called the mailroom and was treated disrespectfully. Then their messages began being denied because they were in "code," but really the sentences were just bunched together as one sentence.	After reaching out to DOC regarding the rejected JPay messages, we were able to establish that DOC has a specific rejection for code. Code can take many forms but is typically associated with information relayed in a manner which is not detectable or understood by DOC staff (such as run-on sentences). With regards to the claim that the subsequent rejection of emails was retaliatory in nature by the facility mailroom for the loved one's involvement in disputing the misplacement of books; that claim cannot be established using OCO current working definition of retaliation which takes a three-pronged approach, as follows: (1) a protected action (e.g., filing a grievance or a lawsuit), (2) intentional adverse action (such as a disciplinary infraction, housing/program changes, etc.), and (3) a relationship between the two.	Unable to Substantiate
63.	Mailroom policies not being followed in the rejection of books written entirely in a foreign language. Policy states that publications in languages other than English must be reviewed by the Headquarters Correctional Manager.	After reaching out to DOC, we have determined that the publications were initially rejected because they were completely in a foreign language. The facility has acknowledged the error in misreading policy, and OCO was advised that in the future these types of publications will be forwarded to headquarters for review. DOC has acknowledged the error upon receiving the communication from our office and will be complying with policy moving forward.	Assistance Provided
64.	Incarcerated individual was chased around the unit by another incarcerated person who was threatening him with sexual assault.	Upon receiving this complaint, the facility was notified and asked to check with the complainant to assure their safety. DOC reported back that a conversation was had with this person and they report feeling safe at this time. DOC has an open PREA investigation on this incident. Complainant has been notified if they are not satisfied with the	Information Provided



		result of that investigation, to appeal and contact us again if they want OCO review the DOC investigation.	
65.	Complainant reports that her son has AIDS, requiring rigid schedule of medication. He has also developed MRSA since being at Monroe. Medication is not provided on time and often two doses are delivered within an hour and he is forced to take them – over-medicating in some cases which is causing additional physical problems and side effects. Son now has Covid and has to stay on a cot in a large room with 100 other Covid-positive people. Concerned about son’s health and safety. His skin is raw all over his body and he is showing signs of being allergic to one or more of the medications DOC is giving him. His weakened immune system makes his risk of dying from Covid significant.	Never received follow up from complainant or direct permission from patient to pursue investigation. Provided him with additional information for following up with OCO via hotline and included intake form.	Unable to Substantiate
66.	Complaint via family member: Husband requires dialysis three times during the week for end stage renal failure. He receives this treatment at Monroe Correctional Complex. Twenty days ago three men tested positive for Covid that also receive dialysis services. Because he was also getting dialysis, he was put into IMU for being in close contact. Today he was notified that he had in close contact again with someone who tested positive for Covid. They continue to endanger him every time he has dialysis treatment. Now he is in IMU for another 20 days.	Spoke with patient via phone and he said the issue was resolved and closed case.	Declined, Other
67.	Complainant received 45 separate rejections for 45 individual photos of celebrity women.	DOC provided example photos from the 45 rejections and these do appear to meet the definition of sexually explicit materials.	No Violation of Policy
68.	Complainant was sentenced concurrently and has been incarcerated for seven years. At the beginning of this month, Records told him that 40 days was being added due to the 40 days from when he got sentenced on one charge and the 40 day gap	Records Strike Team reviewed this case citing RCW 9.94A.505(6) which states, “The Sentencing court shall give the offender credit for all confinement time served before the sentencing if that confinement was solely in regard to the offense for	No Violation of Policy

	between the other charge where he took a plea agreement. But he was still in custody at that time, so he does not understand what is going on.	which the offender is being sentenced.” As confinement was not on a sole offense, the gap before sentencing resulted in the subtraction of jail time and good time altering the ERD.	
69.	Complainant was found guilty of a 752 when he gave a breathalyzer that only had a finding of .012 which is below the policy but the hearings officer stated he would find him guilty on the merits of the reports.	Reviewed disciplinary documents and communicated with DOC HQ regarding the infraction. DOC Prisons has a zero-tolerance rule regarding alcohol consumption. Thus, the breathalyzer finding of .012 does support a guilty infraction.	No Violation of Policy
70.	DOC rejected mail that the caller publicly requested from the King County Prosecutors Office. These documents are important for this person to view in order to effectively litigate their case.	At this time DOC’s assertion is that certain identifying information contained within the documentation constitutes third party communication. However, DOC headquarters left the door open to the possibility of this individual being provided the information upon additional review. As this has not been resolved one way or the other, yet DOC is not violating any existing policies, there will be no further investigation into this matter as an individual case. But this scenario could be addressed as part of a larger systemic investigation on mail which is one of OCO's 2021 priorities for policy review.	No Violation of Policy
71.	Complainant says that he was placed in IMU segregation pending a disciplinary hearing but the hearing never took place and no one has come to see him about this matter. He says that he has been in segregation for a month with no infraction or any notice of why his hearing was delayed.	Complainant appears to have since been infracted and released from segregation back to mainline, resolving the immediate concern. Regarding the 505 infraction, the elements include only a physical altercation between two or more incarcerated people. Based on the officer’s witness statement that the complainant threw a closed fist strike and the complainant's statement that he “took the fight to the tier,” it appears to meet the low threshold of evidence. DOC has stated that there is no video to view. No additional evidence provided to support that it wasn't a fight.	No Violation of Policy

72.	States a legislator had requested that complainant speak in a televised house bill hearing but DOC denied this request. Says that he was denied because victim services might not clear him. Complainant does not know what this victim services is and DOC will not tell him.	Individuals who are the victims of an eligible crime, No Violation of Policy and meet certain criteria, may apply for Advance Notification through the Victim Services Program (VSP) when incarcerated individuals meet a qualifying event that triggers such notification. Attached DOC Policy 390.300 "Victim Services" to closing letter in which certain events are outlined. After making outreach to VSP, established this also applies to appearances where an individual's televised presence is in the public domain and this event was a televised Public Hearing.	
73.	Problem with machine for laser hair removal. Item was supposed to be provided in October/November as outcome of litigation. Individuals are not allowed to have one personally. They were sent to the facilities. Medical said they would set up appointments for machine use or use would be facilitated by nurses. Staff stopped responding to complainant's kites asking to access this care. They told her the machine is not for men's faces and it says it can't be disinfected. Being told different things by different staff. Requested access to IPO.	DOC finished training at the facility and received guidance for moving forward with providing this care. They agreed to add her to callout for IPO use.	Assistance Provided
74.	Complainant is currently about 50 days from work release, puts him within the 60 days from release criteria to start medication assisted treatment (MAT) program. Facility approved, HQ denied.	He will be placed on the Medications for Opioid Use Disorder (MOUD) program.	Assistance Provided
75.	Received an infraction for strongarming/intimidation, but he was hit by his cellie who was off his medication. Requested several witnesses and they were all turned down. Said that the hearing officer didn't look at any evidence. Complainant's hand at the time was injured and wrapped up.	DOC dismissed the infraction. OCO also followed up with HQ regarding his desire to stay at his current facility and that was agreed to.	Assistance Provided
76.	Patient reports untreated chronic lower back issues. This lack of treatment has resulted in numerous emergency grievances and this person's pain is intolerable. He had a recent MRI and has not seen a specialist or been scheduled for surgery to treat the	Confirmed that case presented to CRC and patient was approved for Gabapentin, follow up appointment, updated treatment plan, and pending neuro surgical consult.	DOC Resolved

	ailment. Also, the pain medications DOC medical prescribes him make him sick. Requested treatment for pain.		
77.	Patient received recent CT scans that confirmed 10 mm lymph node but the one he has been complaining about was not seen on CT Scan. Since the CT scan, they found a marble-sized enlarged lymph node in neck. He has been complaining about the mass for months with no follow up (first brought this up at the beginning of 2020, had blood coming out of his ear). He is now receiving a follow up. Does not agree with treatment provided.	CT scan results normal. DOC is following the WA DOC Health Plan. Provided patient with additional self-advocacy options.	No Violation of Policy
78.	Systemic issue and personal issue. Complainant says that the mailroom disregards the requirement to limit its rejections to items that meet the reasons stated in DOC policy. He also says that when an incarcerated person appeals, the appeal is not processed within the required 10 days. Wants policy revised.	Took this case as far as headquarters with no resolution from DOC. Mail concerns are one of OCO's systemic issues and will be addressed as part of a larger systemic investigation.	Substantiated
79.	Complainant claims he was assaulted but cannot remember the date/time. Subsequent information relayed the date, time, and names of his assailants.	OCO made outreach to DOC and have determined that the three individuals responsible for this assault no longer reside at the same facility. Regardless, to avoid any future encounters, requested that HQ approve keep separates with the individuals who assaulted complainant even though they are no longer there. It was affirmed with staff on multiple occasions that complainant states he feels safe. DOC has indicated that his personal safety will be a determining factor in future facility placement.	DOC Resolved
80.	Complaint regarding DOC Mental Health, Close observation Area (COA), and Intensive Management Unit (IMU) Policies. Complainant requests our office write a report regarding a 2016 incident in which IMU staff refused to place them on mental health watch when they were bleeding from self-harm	At this time our office does not have the capacity to accept individual requests to write reports. However, this information is being uplifted in the monthly outcome report.	Declined, Other

	actions, and allowed to barricade their cell from the inside and cover their window.		
81.	Complainant states he was sent to the Gym in order to contract Covid-19 after grieving a staff member. Staff retaliated against him by infracting him for threats to staff. Is in IMU pending investigation. Wants staff member demoted as he claims they treat him differently because of his type of sentence.	Complainant now out of IMU. Infraction was dropped. Unable to substantiate claims of being purposefully sent to the Gym in order to contract Covid or that his sentence is the basis for alleged retaliatory actions by staff.	Unable to Substantiate
82.	Patient says that he was examined for his left shoulder instead of his right shoulder that is causing him pain. He says that he needs an MRI to assess the damage and to address the pain. He has been in pain since the injury occurred and has only received an x-ray. He is in more pain from lack of treatment and having to do physical therapy without a clear diagnosis. Wants restitution and medical issues to be addressed.	Learned that patient's medical requests have been reviewed by CRC and deemed not medically necessary. Uplifted concern to DOC HQ. Informed complainant of multiple options for self-advocacy next steps, including how he can request HQ review. May include in future review of CRC denials.	No Violation of Policy
83.	Complainant says that he received an infraction after ordering graphic novels that allegedly consisted of sexually explicit material containing minors. Complainant says that he ordered these comics through an approved vendor and never had problems before. He says that he filed multiple kites but was being ignored. Complainant says that his infraction made him lose several privileges that he wants back.	Reviewed all infraction documents and elements of 718 infraction. Regarding being able to order the materials previously, the person had received earlier warnings regarding ordering the books. In the hearing, he brought books to show the hearings officer that the images were not sexually explicit and the hearings officer found that they were in fact sexually explicit. DOC's definition in policy regarding sexually explicit materials includes nudity, depiction of a sexual act, persons appearing to be humiliated in a sexual nature, and minors in sexually suggestive settings/pose/attire.	No Violation of Policy
84.	Says that he has not received a response to a specific grievance regarding telephone access. Wants a rolling phone on the unit.	After reaching out to DOC we have determined that SOU's current setup prevents the addition of extra phone lines as the phone line rack is maxed out impacting DOC's ability provide a rolling phone. Concern substantiated, however DOC cannot currently resolve the situation and OCO is unable to assist with impacting change.	Substantiated

85.	Found guilty of setting a fire and rioting at MCC; now recommended for MAX. However, states that he did not set a fire nor was he involved in rioting. Says that he was denied an interpreter.	Reviewed disciplinary documents and video. Video footage clearly shows the fire setting. Regarding denial of interpreter, complainant reportedly agreed to the denial per DOC documents. Provided self-advocacy option of writing to DOC Disciplinary Program Manager.	No Violation of Policy
86.	Complainant says that he has a memo allowing him to pray in the dayroom but the CO would not allow him to do so. Says CO told him that the dayroom is not a designated area.	DOC outreach determined HQ's Level 3 response upheld the facility's decision that there is adequate space and access for prayers outside of the dayroom as an incarcerated individual is permitted to return to their cell to pray. A 2016 facility-issued memo was cited by complainant. DOC contends the line quoted was only partially captured and excluded the provision read "Muslims working, attending programs, or participating in recreational activities in your area should be allowed to observe their Daily Obligatory Prayers if they are in your area at the scheduled daily prayer time and <i>are not able to be in their cells</i> during the time they are called to prayer." OCO confirms complainant currently not permitted to pray in the dayroom and further acknowledges the 2016 memo where the dayroom was not listed as an area approved for obligatory prayer accommodations. However, DOC is currently unable to resolve this issue as people are permitted to return to cells to pray and return to the dayroom afterwards despite potential delays in doing so.	Substantiated
87.	Patient has still not received left side hernia surgery or a follow up with his surgeon from the first (right side) surgery. He believes there are complications from the first surgery because he is still in severe pain on both sides. He is hearing impaired and did not hear them call him for an appointment in January. He went to the booth and asked the CO to clear him to go to medical to take care of an	Confirmed hernia surgery, follow up appointment, up-to-date pain management medication and treatment plan, and HSRs.	Assistance Provided

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appointment. CO refused and told him to go at 9:30. When he went to medical at 9:30 they refused and rescheduled. He has a pager but staff refused to page him. Requested hernia appointment with surgeon for follow up and left side hernia surgery, proper medications and HSRs.

(This is a continued concern related to a previous medical case OCO uplifted to DOC for resolve, needs addressed again and updated response from DOC.)

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88.	Caller reports that he is not receiving adequate pain medications to help him with the chronic pain he has. Care Review Committee will not approve a more effective pain management plan. He has appealed the CRC's decision.	Confirmed that patient's medication requests have been reviewed by CRC. Uplifted concern to DOC HQ. Informed complainant of multiple options for self-advocacy next steps, including how he can request HQ review. May include in future review of CRC denials.	No Violation of Policy
89.	Complainant is protesting a statewide book ban of a particular book by a Black feminist writer, Mariame Kaba, <i>We Do This 'Til We Free Us</i> .	After reaching out to DOC it's been determined that the above referenced publication was sent to DOC's Publication Review Committee (PRC) for review in April 2021. The next step will be for the PRC to review and notify the incarcerated individual of their decision. If the PRC upholds the rejection the incarcerated individual will have the opportunity to appeal to headquarters. If the PRC overturns the rejection, the book will be forwarded to the incarcerated individual.	Information Provided
90.	Person was transferred from AHCC to Monroe. Able to have outside work crew card at AHCC but denied same outside crew approval upon transfer.	Unexpectedly released under <i>State v. Blake</i> rules.	Declined, Other
91.	Patient says that he has been falsely diagnosed and placed on medication that he is allergic to. He says that when his allergic reaction occurs, his eyes roll back inside his head, his neck and facial muscles contort, and his jaw locks up. A doctor has also diagnosed him with schizophrenia, but patient says	Patient did not provide any medical resolution requests on complaint form. Provided CRC tort claim and self-advocacy information and how to follow up with OCO if he has current medical needs/resolutions.	No Violation of Policy

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	that he is not psychotic. Requested legal support to litigate against DOC and revoke doctor's license.		
92.	Claims the resolution/grievance coordinator is exceeding the scope of her duties to prevent grievances from reaching Level 1. Claims she is deploying unfair denial tactics to obstruct valid grievances, related to safety during the Covid -19 pandemic, from reaching the desk of the Superintendent. Wants to meet with her privately.	OCO does not have the authority to dictate staff discipline or demand that a DOC staff member meet with an incarcerated individual in "a private and confidential location" to discuss the grievance process. At this time, OCO is not opening preliminary investigations into individual cases in relation to Covid -19. However, OCO is actively monitoring DOC's response to the Coronavirus, including preventative actions. However, an anonymous account of this issue will be uplifted to the Superintendent in our monthly report.	Lack Jurisdiction
93.	Complainant says that through the carelessness of DOC, complainant caught Covid and "went through hell." Wants prison officials to acknowledge that they failed him and to be held accountable for their actions.	OCO is actively monitoring DOC's response to coronavirus, including preventative actions. We appreciate the information and we will anonymously uplift this to the Superintendent, as well as include it for consideration in our public reporting.	Information Provided
94.	Patient reports they are not receiving appropriate care for knee pain. He said he has been refused an x-ray and that the provider is going to take him off the medications that help with the pain. More recently he was seen by medical for a consult on his knee and as soon as he went into the appointment the provider spent 10 minutes harassing him about filing a grievance. His knee was not addressed. He said when he transferred, his x-rays and other medical records were not sent from CRCC to MCC. He has had issues with continuity of care and medical is not responding to his requests/needs. Requested attention from a specialist to assess knee problems, proper diagnosis and treatment plan. He also requested an additional knee wrap for sanitary purposes and other treatment options for healing if surgery is not an option.	Confirmed medical records available after transfer. No Violation of Policy Care is in line with WA DOC Health Plan.	



95.	Pain is spreading through complainant's arms. He started experiencing pain in his arms around October. He's filed grievances and finally received an answer from DOC provider, who said that they think he has cancer. He is still in pain and has not had any follow-up appointment or care. Has several lumps -- started with one and now has six lumps.	DOC medical staff reports that complainant was seen on several occasions and has received a complete workup. MRI showed a small lymph node with no evidence of soft tissue mass. RubiconMD consultants do not find evidence of cancer and have assisted DOC in developing a plan of care. This plan of care was discussed with complainant at his recent appointment.	DOC Resolved
96.	Complainant received infraction for cell phone found outside fence. Raised three issues: (1) Says the cellphone was found in an area he's never been in and everything's based on a confidential informant and it's wrong. (2) Hearing was held late and he was denied a witness. (3) 30 day phone restriction and it's during Covid -- can that be suspended?	Reopened case as Closed Case Review and conducted additional review of records and discussion with MCC Administrator. There is sufficient evidence to support the infraction.  Original Outcome Summary: Reached out to MCC staff. Staff were unwilling to suspend phone restriction due to this being the second infraction in a short time period related to conveyance of contraband. Regarding where the phone was found, it appears to have been found in his work area based on the infraction report. The phone was turned over to Monroe PD for forensic analysis. Based on all information, it appears to meet "some evidence" standard of evidence. Regarding the hearing being late, staff confirmed and stated it was due to the investigation; further, timeframes are not jurisdictional. Staff stated that they reviewed hearing audio and he only asked for one witness, which he was provided.	No Violation of Policy
97.	Patient says he received one follow up with the surgeon two weeks after surgery and has not seen them since. Surgeon recommended follow up post-surgery at two weeks, four weeks, three months, six months, etc. He filed an emergency grievance and DOC told him due to Covid they are not sending people out for consults. Patient feels that post-surgery follow up should still occur regardless of Covid.	Confirmed patient received follow up with surgeon and physical therapy. OCO could not impact further change related to pain management plan. Patient was released to community.	DOC Resolved

Additionally, he is not receiving adequate physical therapy. He went to PT but then the appointments just stopped. He was told by staff (filling in for regular staff) that he can do his PT in his room and that he is not going to get the medication he needs. He was receiving mental health medications for pain but had side effects. He cannot do physical therapy without adequate pain medication so he missed a couple appointments due to pain but DOC just documented a refusal. The surgeon said previously that he would not conduct the surgery unless the patient received adequate physical therapy. He is willing to see an in-house physical therapist but DOC hasn't scheduled him for any more appointments.

98.	Complainant says that the mailroom opened their incoming legal mail and removed content from it. Grievance not accepted.	Unable to substantiate as the grievance log ID number provided does not exist in the DOC system.	Unable to Substantiate
99.	Complainant says that his fiancé is being denied visitation because of his domestic violence crime. He says that they have two children together and that DOC has granted approval for other visitors who have been victims of the person who is incarcerated. He says that the no contact order was lifted and it's been four years, so he should be able to see his fiancé and their kids.	Determined that DOC's policy specifies that if an individual applying to be an approved visitor is the victim of a current or previously adjudicated offense with the person they intend to visit, visitation privileges may be denied. The resolution process for such denials it to go through the appeal process for reconsideration. When DOC visitation receives an appeal, each case is reviewed individually. Fiancé was last denied visitation privileges in August 2019 and is now eligible to submit a new application as they may be submitted annually. With regards to claims that the no contact order was lifted, it's been determined that although the courts may drop a no contact order, there are still cases where DOC rules the denial remains appropriate. Claims that others with DV charges are allowed visitors cannot	No Violation of Policy

		be substantiate as each case is unique and therefore this case is not an “apples to apples” comparison to the outcomes of the visitation process for other incarcerated individuals.	
100.	Complainant reported not receiving mental health treatment for a PREA related incident they experienced. Would like to see provider to address these specific concerns.	Alerted DOC to complainant's request for mental health services. Confirmed that he had received services.	DOC Resolved
101.	Complainant says that his release date was supposed to be April 2020 but he still has not been released. Says that he took all the programs that were required and he works as a porter. Now he has a new release date of May 2022 and does not know why.	After reaching out to DOC, we determined that DOC Policy 350.200 TRANSITION AND RELEASE states “individuals requiring an approved release address may be held in confinement up to the Maximum Expiration (MaxEx) date until an approved address is secured.” Complainant is past his ERD, but because release planning is subject to many factors including securing community recourses and approving a release address, DOC is acting within policy to hold him past his ERD and potentially up to his MaxEx date.	No Violation of Policy
102.	Complainant says he was placed on individual behavior management plan (IBMP). Staff took all his belongings, except for hygiene and bedding. He has been in the infirmary for approximately three months. He was diagnosed with an eating disorder and gets two meals through NG tube a day. His IMBP uses measures to force him to eat, and until he is discharged, he can't use the phone, write letters, or read books.	Alerted DOC mental health to concerns related to IBMP limitations and requested Director's review. Individual was later transferred out of infirmary, back to SOU. Provided DRW referral information and sending release for him to complete and return to OCO in the event he'd like further assistance.	Information Provided
103.	Complainant would like to file a complaint on a staff member as MSU for her continued staff misconduct and racist behaviors due to his support of Black Lives Matter (BLM). Staff member took his ID because it said BLM on the grounds of it being a political statement.	After reaching out to DOC we determined the grievance went to Level 3 requiring a DOC headquarters response. DOC investigated the matter and reiterated the agency's stance that BLM can be displayed on a face mask. As the BLM sign was on complainant's ID badge, the staff member had legitimate cause to question its placement. With regards to claims of staff member misconduct and racism towards complainant	Unable to Substantiate

based on his support of BLM, we are currently unable to substantiate that allegation.

**Stafford Creek Corrections Center**

104.	Complainant concerned about loved one's access to health services. Reports that he has high blood pressure and could have had a stroke. Health services just told him to rest. Now he has a mass in his lower abdominal area and cannot eat. He gets nauseated and has been even having difficulty breathing at times. Had bladder scan and was supposed to have follow up care, but only had blood drawn. He's kited but received no response. Complainant fears loved one's health is in danger.	Contacted family member who filed complaint, never received a response. No communication from patient, no grievance on file. OCO needs incarcerated individual's permission to pursue case.	Lack Jurisdiction
105.	Submitted via community member: Due to SCCC's medical indifference and negligence in renewing his lower bunk HSR, complainant suffered a fall further injuring his head, arm, legs, back, and resulting in a concussion. He has degenerative disc disease with nerve damage and cannot turn and twist as is needed to climb into and out of an upper bunk. Further, with his ongoing injured back and nerve damage, he loses control of his leg which went out resulting in this fall while trying to get down from an upper bunk. He and his family have been trying since early November to get his lower bunk HSR renewed, contacting SCCC and DOC departments, representatives, etc., only to be told it is "being reviewed." Requested medical attention to manage concussion and injuries from fall and ongoing back/nerve injuries and renew HSR for lower bunk.  Patient followed up with OCO via hotline and updated request to confirm he has been scheduled for a CT scan and confirmed other issues resolved to date.	Confirmed HSR was issued and CT scan was rescheduled.	DOC Resolved
106.	Complainant on behalf of incarcerated friend: the mail is taking over two weeks to deliver. Pictures	OCO confirmed that JPay messages are delayed at three institutions: SCCC, MCC, and WSP. We have	Substantiated

	<p>from JPay are taking several days to be released to friend and no one is helping. DOC just holds the mail. Aware that staffing has been an issue recently, but that's not the case anymore, there's just no explanation for holding someone's mail for weeks at a time. Pictures are supposed to be released next business day and he's getting pictures seven days later in JPay. Small things like pictures and mail are BIG deals to many incarcerated people and within their rights to receive.</p>	<p>repeatedly uplifted this issue to DOC and have also facilitated positive change, including the reduction of the flagged word list as well as DOC publishing a regular report on JPay message delays for greater transparency. Provided complainant with contact information for the SCCC Superintendent and DOC Deputy Director and encouraged her to continue to advocate.</p>	
107.	<p>Complainant not been given his property since he transferred from SCCC to CRCC. They told him to kite and grieve, which he did, and he was given some property but most of the property is still missing (hygiene, shoes, fan, hotpot, etc.). He only received 1 box out of 6, keyboard and TV. He was transferred from IMU at SCCC to CRCC.</p>	<p>OCO cannot find property nor provide reimbursement. Complainant needs to continue to grieve the loss of property to prompt any further investigation/locating of property. If he would like reimbursement, he needs to file a tort claim.</p>	Information Provided
108.	<p>Patient has had multiple issues related to medical that has impacted his ADA issues. Examples include bed sores not being addressed, mattress being torn and not changed and being made to sleep on the floor. Requested ADA accommodations and support.</p> <p>Update: Patient receiving care for bedsores now. DOC told OCO they would look at the mattress, and patient reports the air mattress was not replaced. A nurse looked at it. The nurse sat on the bed, did not lay down. When you lay down, it flattens out. He found where the air was coming out. The nurse didn't even look at it. She told him that it would be replaced, but she told everyone else it was fine. Every night before bed he has to glue and tape the mattress, and when he wakes up it is flat. Requested a patch or new mattress.</p> <p>Patient is waiting for a cushion for wheelchair. He</p>	<p>Confirmed new mattress and wheelchair cushion ordered. Cannot provide specific arrival date. Provided info on how/when to follow up with OCO if he hasn't received the items. Could not impact change related to physical therapy.</p>	Assistance Provided

	was told it was ordered but he hasn't gotten it yet. It's been several months. First DOC couldn't find the right size. He was told today that one was ordered but it hasn't arrived. Requested OCO check to see when it will arrive.		
109.	Received several infractions for refusal to work. He says that he was under pressure of legal deadlines and observing the Sabbath.	<p>Closed Case Review: Followed up further with SCCC administration. Incarcerated individuals cannot refuse to attend work to conduct their own legal casework; need to attend work and go to the law library in other times. Raised procedural issues for SCCC administration consideration.</p> <p>Original Outcome Summary: Reviewed infraction history and could not find that any of the dates were on a Sabbath.</p>	Unable to Substantiate
110.	Patient is having difficulties accessing medical treatment for gender dysphoria. She contacted medical and requested hormone replacement therapy (HRT) in accordance with the new guidelines, however the response from the CPM was that the guidelines have not gone into effect. Her case is ready for the CRC to review or to move forward with HRT at the facility, whatever the process that is currently in effect. She feels that DOC is using Covid as an excuse to delay care. She has been waiting 14+ months for access. Requested access to HRT.	Substantiated delayed access to care. More recently, chronic care appointments generally delayed across facility due to Covid outbreak and restricted movement. OCO case remained open and tracked until Gender Dysphoria Clinic reopened. Now confirmed she has been seen by a provider and began accessing HRT.	Assistance Provided
111.	Complainant says that he received an infraction for multiple WAC violations. Says that according to DOC policy, hearings for infractions are supposed to be held within 5 business days and he still has not had a hearing or set a date for it. He spent months in IMU pending infraction hearing.	OCO confirmed that complainant was involved in an incident in December 2020, put in IMU two days later, and did not have hearing until March 2021. His hearing was held earlier based on OCO outreach to the SCCC Superintendent. Timeframes do not result in dismissal of the infraction per WAC 137-28-400. He then spent another month in IMU pending transfer in line with DOC Policy 320.200. He has since been released to WSP main. Alerted	Substantiated

		DOC HQ to concern regarding the extended timeframe in segregation.	
112.	Complainant states that he received a major infraction 653 and when he signed the infraction papers the hearing wasn't held within the 5 days as policy states. He says at the hearing the hearings officer showed him the continuance paperwork however, he was never served with that paperwork prior to the hearing.	Reviewing DOC records, we cannot find record of this infraction, which generally indicates that it has been overturned.	DOC Resolved
113.	He has documented back problems, including two crushed discs. He was sent to the gym after testing positive and his condition was exacerbated by lying on a material cot. He asked to be moved and DOC approved the move but placed him in an upper bunk. He does not have an HSR for upper bunk but climbing the ladder is uncomfortable. He was told his choice was upper bunk or go to isolation. Requested HSR for lower bunk.	DOC agreed to issue a temporary lower bunk HSR while completing assessment to see if patient meets criteria for extended HSR.	Assistance Provided
114.	Complainant says that he was terminated from his job due to an infraction, but he was ultimately found not guilty and/or the charge was dismissed, so he should have been reinstated to his job. Wants to be able to file a staff misconduct grievance on the CUS, but his grievance has been returned to him as not grievable.	Both his infractions were dismissed and our review of DOC documents indicates that he is working a similar job again.	DOC Resolved
115.	This case was presented to OCO as a use of force. However, the individual named in the complaint was not the subject of a use of force but was infractioned for his actions following a use of force against someone else.	No use of force against this individual. No appeal filed for infractions. Letter sent to individual involved with instructions on how to get our assistance if desired.	Lack Jurisdiction
116.	Patient had heart surgery in July and when he returned to facility he was overdosed on blood thinner. Now, he's still on blood thinners and DOC medical is not correctly checking his blood levels. His levels have been all over the place and he fears	Confirmed patient is received regular blood monitoring. OCO uplifted to facility medical director (FMD) who is involved in patient anticoagulation management.	No Violation of Policy

	that he'll have to be life flighted again. Requested daily blood checks.		
117.	Complainant is a trans individual and is afraid of a group that verbally sexually harasses them and they are afraid that the harassment will escalate to sexual assault. Complainant is uncomfortable reaching out to DOC staff due to the staff member being openly against LGBTQ although they have tried to get the harassment to stop.	This complainant wished to remain anonymous; however, they stated they are afraid of being sexually assaulted, they do not feel safe, and they asked for our help. Because of this, DOC staff at the facility were immediately contacted to check on the safety of the complainant. DOC staff called to report that they contacted the complainant who denied ever contacting our office and said they are having no problems. The lieutenant who called stated he will look into the accusation of a group of individuals harassing trans people.	Unable to Substantiate
118.	Patient says that he requested medical renew his HSR for wipes. He was told that they no longer issue wipes and would be given a squirt bottle to irrigate with after bowel movement. Patient says that the squirt bottle did not work and created a big mess, with him being in a wheelchair. He was told in the grievance response that he can purchase wipes at the facility and he said he would but they are not sold on store.	Items are not available via SCCC store. Could not impact change because there is no violation of policy. Will raise issue to HQ at health services meeting to see if items can be made available via facility store generally.	No Violation of Policy
119.	Patient says that he has severe back pain and the doctor told him that it is because he is "too fat" and still gave him a Toradol injection. He says that he got an x-ray and it showed that he has a fracture in his back and was prescribed medicine. He says that he is still in pain and medical staff just sent him back to the unit. Says that his medical needs are not being met. Requested medical care.	Confirmed care is in line with WA DOC Health Plan. Additional testing ordered and interim pain management plan provided. Once testing is completed, updated treatment plan can be created. DOC agreed to schedule a follow up with provider for updated care/concerns. OCO does not have authority to fire DOC staff and cannot impact that resolution.	No Violation of Policy
120.	Patient's symptoms began in 2017. Patient complained to DOC; DOC prescribed medication but it did not address the symptoms. Symptoms have gotten worse over time. Discontinued medications. In 2019 he got an x-ray or CT scan at hospital, and blood test. He never got the results of those tests. DOC keeps pushing him between mental health and	DOC agreed to schedule a follow up appointment for updated diagnostics/treatment plan.	Assistance Provided



medical. Symptoms: losing balance, dizziness, feeling like he is underwater, tingling and feeling sensations on skin all over body and throughout face and head. Headaches. Pain in face, eyes watering. Strange tastes in mouth. Sharp headaches. Vibrations all over body. Daily, consistent. Requested explanation of diagnosis, up to date diagnosis and treatment plan, and outside specialist appointment.

121.	Complainant was infractioned with a 549 regarding allegedly reporting a false PREA.	There is no record of an appeal. The complainant needs to file an appeal, which can be sent to Geneva Cotton at DOC HQ (she handles 549 infraction appeals specifically). The timeframe for an appeal has still passed, but we still recommend that they take that action. If they still are not satisfied with the result, they can contact us back and we can try to assist.	Lack Jurisdiction
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**Washington Corrections Center**

122.	Complaint from loved one. Individual was picked up by DOC in Florida and it's stated he requested IMU protected custody, but a fight ensued. Wants to make sure he's in protective custody safe from assault.	Incarcerated person initially placed in the Intensive Management Unit (IMU) following a fight. An investigation was completed by DOC surmising that he was assaulted and acted in self-defense. He has remained in IMU and is being released to the community tomorrow. No Level 1 grievance on file.	Lack Jurisdiction
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123.	Family is concerned for incarcerated loved one's safety given his crime.	Spoke with incarcerated person via phone, concerns addressed by OCO to his satisfaction. New parent facility was made aware of and acknowledged his concerns. He will work with Counselor to hopefully facilitate a move closer to home in the near future.	Assistance Provided
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124.	Complainant wants an infraction overturned. Says that he filed a grievance against an officer and when the grievance was turned in, he was written up for a major infraction. He says that the officer was yelling	Reviewing records does not reveal either an appeal of the infraction, nor do we see a grievance related to the retaliation. We are closing the case	Lack Jurisdiction
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	and he responded, which made the officer angry, aggressive, and tried to intimidate complainant.	but are willing to reopen if there is more information provided.	
125.	Complainant says that he was assigned to a Fresh Start housing opportunity but has been taken away and given to someone else. He says that his original release plan has also been denied and it is 3 months past his ERD.	Fresh Start residence was subsequently sold, and all occupants have had to move out. Clarified that this opportunity was not taken in favor of someone else. Regarding being held past ERD; DOC 350.200 says "individuals requiring an approved release address may be held in confinement up to the Maximum Expiration (MaxEx) date until an approved address is secured." DOC is acting within policy to hold complainant beyond ERD. Release planning is subject to many factors including the approval of an address, which has not yet occurred despite DOC's efforts to find suitable housing.	No Violation of Policy
126.	Patient says that he was transferred to WCC and his CPAP was supposed to go with him. He submitted health services and property kites in order to obtain his CPAP for his severe sleep apnea. He says that property told medical that they need to examine him before he can get his CPAP. He was told that CPAPs are not allowed in the WCC receiving unit and it has been a month. Requested access to CPAP.	DOC does not allow personal CPAP machines and patient will need to go through medical assessment for item. Confirmed he is on the weekly callout and has an HSR for water/supplies for CPAP, recorded no shows. Confirmed patient is scheduled with primary care provider.	Information Provided
127.	Complainant says that he has a huge lump on his neck that is potentially cancerous. He says he has a hard time breathing, feels congested, nauseous, diarrhea, and is constantly spitting up mucus. He says that he feels as if his body is shutting down. He has filed multiple grievances about these issues but has been told that it is not an emergency. He also has been diagnosed with HIV1 and needs medical help.	DOC medical staff stated that the neck lump is an enlarged lymph node due to chronic sinusitis and postnasal drip; ultrasound in December confirmed the lump was a lymph node. Laboratory studies were normal. Patient was started on a new nasal spray (triamcinolone) and told to take an allergy medicine (loratadine) from the store.	DOC Resolved
128.	Patient states that he is having sharp pains in his chest and left arm. It is getting worse and worse every day. DOC is not responding to his regular grievances or his medical emergency. Requested appointment with medical and testing.	Confirmed patient was seen by medical for medical emergency, prescribed treatment, and received follow up appointment. EKG and H-Pylori testing was ordered, however, when OCO reached out to DOC, the testing had not been completed. DOC agreed to follow up on both tests.	Assistance Provided

129.	Complainant says that he is not getting adequate medical and mental health services. He says that DOC is failing to provide industry standard quality healthcare services that function outside the vulnerable populations. He says that DOC has a lack of concern or care for incarcerated individuals. He is being denied a change in medication as well. Requested quality medical and mental healthcare.	DOC provided consults for alternative medications, however cannot provide the specific medications requested because they are non-formulary. DOC is following WA DOC Health Plan.	No Violation of Policy
130.	Complainant is in maximum custody. Says that he has gotten in zero trouble and has had no infractions since December 2020, but he is not being allowed to get IMS level 3. He says that COs are not treating him fairly.	After reaching out to DOC, we have determined that WCC did not override the level 3 goal, as such decisions are determined by the Max Committee. The Max Committee had stated "Obtain and maintain level 3." However, WCC then reached out to the Max Committee for verification as Level 2 is assigned for those with a staff assault, not Level 3. Headquarters' Max Committee recognized their mistake which was subsequently documented and corrected in the electronic file.	No Violation of Policy
131.	Complainant was approved for Restoration of GCT and DOC allowed for 165 days to approved to be restored. However, complainant has 162.88 days of earned time that can also be restored because it was taken in lieu of good time for an infraction in 2005. Complainant appealed the custody facility plan (CFP) to include the 162.88 days and it was denied.	Custody Facility Plan was decided and agreed to by complainant and Facility Risk Management Team (FRMT). Informed in person on the same day. Appeals filed within 72-hours of notification. Appealed 10 days after CFP approved, which is outside of permitted timeframes.	No Violation of Policy
132.	Individual would like assistance obtaining past medical records from Social Security Administration in order to demonstrate to DOC that he is disabled. Previously requested these records but never received them. Due to chronic pain, would like HSR for lower bunk.	Provided local contact info and required release form to send to SSA. Explained that DOC will probably review its own health services providers' assessments to determine disability. Learned he was later transferred to single cell which addressed concern regarding lower bunk HSR.	Information Provided
133.	Complainant says while at WCC he filed a grievance regarding a PREA against him. It was forwarded to investigators and he has not heard anything back except that it was still open. He has since transferred to another facility and staff there tell	This case and investigation are still open and ongoing. OCO cannot force DOC to move faster on the investigation. DOC policy does not specify any time frame for the completion of investigations.	No Violation of Policy

	him there is nothing they can do to move the investigation forward. He has not been interviewed by investigators.		
134.	Complainant has had ongoing issues for two years regarding issues in his leg. He wants to get on a chronic pain care program and has documents from an outside doctor stating he needs it. DOC is not willing to provide him with a pain management program.	Pain regimen includes two medications (oxycodone and Tylenol). Was in IMU and reported no further concerns regarding pain management. To be scheduled to see new provider for follow-up regarding this issue as he recently transferred.	DOC Resolved
135.	Because of his charge DOC is not giving him access to re-entry. He is willing to take behavior programming for it, but he can't go to AHCC because he has keep separates at that facility. He's willing to take behavior programming and/or self-pay for it while at a work release.	After reaching out to DOC we were able to establish the following. The program to which the complainant referred is a two-year program, one year while incarcerated and one-year post-incarceration. The program (for individuals who don't qualify for being in SOU) is either at MCC-TRU or AHCC. Programming at those facilities is in the medium and MI3 custody settings. DOC does not offer programming in lower custody settings such as camp and work release. If an individual is approved for, and chooses to go to camp or work release, they will not be eligible for the program in question. If a person is required to participate in treatment as a condition from the courts, self-pay for treatment can be done through a private provider upon release.	Information Provided
136.	Patient says that he has severe obstructive sleep apnea and needs a CPAP to sleep. He says that without it his condition will degrade and symptoms (headache, sore throat, nausea, vomiting, dizziness) will be heightened. He says that denying him a CPAP and therapy is a form of torture and violates the 8th amendment. Requested CPAP and compensatory settlement.	Confirmed patient received CPAP machine. Provided information regarding filing a tort claim with DES if he chooses to do so.	DOC Resolved
137.	Patient was diagnosed with Hepatitis-C and medical is telling him he must wait six months to get the	DOC protocol is to wait six months after initial antibody screening to see if the individual is able to clear the infection without treatment. At that	No Violation of Policy

	treatment. States that his health is worsening. Requested approval for Hep-C treatment.	time, if the workup results show an ongoing active infection, the person may qualify for treatment. Provided patient with information on when he should expect his next round of testing and how to follow up with OCO if additional medical concerns arise.	
138.	Complainant says that that he asked an officer to pass out the mail and the officer told him to “shut up.” He further states that the officer did not want to hand out mail to the entire tier. He says he never disrespected the officer in question and wants to call the NAACP about how he is being treated based on the color of his skin.	After reaching out to DOC we determined a grievance went all the way to Level 2. DOC investigated the complaint, and interviewed staff involved, whereupon it was determined that insufficient evidence existed to support a claim of disrespectful language by the officer in question. Insufficient evidence to corroborate claims that said officer engaged in unprofessional language or refusal to hand out mail to the entire tier.	Unable to Substantiate
139.	Complainant is hearing impaired and cannot use the regular phones in the yard or gym and requires a TTY phone. He has asked DOC staff multiple times to use the TTY phones.	Confirmed with DOC that complainant has been using the TTY phone on a regular basis following an initial issue getting it to work. Calls are also logged in the unit logbook to ensure this is being tracked.	DOC Resolved
140.	Closed Case Appeal: Patient reports a new diagnosis for symptoms of dizziness and is requesting assistance in getting appropriate care. Patient provided additional information about loss of vision in left eye, and right eye vision is cloudy. Wants to be able to see more clearly. Is unhappy with care from DOC optometrist.	As a result of OCO outreach, medical staff is working to get the appointment with an ophthalmologist scheduled as soon as possible.	Assistance Provided
141.	Disputing CRC decisions regarding treatment.	Patient disputed CRC decisions. Medical staff stated that hernia was an incidental finding when patient underwent imaging for another unrelated condition; hernia did not meet the criteria for treatment per Washington DOC Health Plan. A skin biopsy in August 2020 revealed the skin condition to be a keloid; medical staff do not believe that additional treatment or specialty referral is needed. Recently underwent a	No Violation of Policy

		colonoscopy.	
142.	Complainant says he is still missing his TV from the property that was shipped at time of transfer. Wants help filing a tort claim for this and another TV he says was lost.	After reaching out to DOC at both facilities in question, all Packout Property matrices for this individual were reviewed and no record of a TV leaving the original facility or arriving at the next was found. DOC could not confirm through their accepted policies and procedures related to packing out property that a TV was lost in transit. Provided information on how to file a tort claim.	Unable to Substantiate
143.	Patient was taken off his suboxone treatment pain management program abruptly with no answer of why. Requested to be put back on Suboxone.	No grievance on file. Provided information on next steps to take if OCO assistance still needed.	Lack Jurisdiction
144.	Complainant says he was working as a shower porter and an officer threw a bag of chemicals at him, hitting him in the face. He was told to go back to work and was not offered any kind of break to take a shower. Said that he had to wait an hour to see medical.	Incident investigated through Level 3. At the time of the incident complainant was offered medical assistance and refused it, but subsequently was seen by medical staff with no evidence of a chemical burn. Complainant wanted video of the incident reviewed but video does not exist as the grievance was filed two months after the event took place. DOC appears to have taken corrective action by addressing with the specific staff member how to appropriately handle the transfer of chemicals to incarcerated workers. Can substantiate incident occurred. Provided tort claim information to complainant should he wish to pursue this issue further.	Substantiated
145.	Complainant says that DOC is risking his life because his severe sleep disorder is not being properly addressed. He says that he filed a grievance to medical and asked to be diagnosed/treated for this condition but has not received a response. He says that he fears his life is in danger because of this condition and possible retaliation from other individuals for waking them up.	Confirmed diagnosis and treatment for sleep apnea.	DOC Resolved

**Washington Corrections Center for Women**

146.	Complainant's application for marriage to an incarcerated person was denied because complainant is not an approved visitor. Applied to HQ to get approval without being a visitor. Complainant believes DOC's denial is racially motivated. Complainant reports that DOC is making communication between them very difficult.	There is a current visitation ban on this individual for violating DOC visitation policy in multiple incidents. DOC is following policy 450.300. The incarcerated individual has not responded to OCO to verify that she shares complainant's concern.	No Violation of Policy
147.	Complainant reached out to OCO about incarcerated patient who was diagnosed with stage 4 lung adenocarcinoma and given six months to live at the end of February 2021. Her medical records were sent off to the CMO for the Extraordinary Medical Placement consideration. The CMO held her documents for a months before reviewing them and the EMP coordinator stopped responding to complainant's emails regarding updates on her case. Complainant informed EMP coordinator that they would be seeking legal action as patient's chemo treatments were being delayed and she was stuck in receiving at WCCW where she awaited treatment. She was sent to WCCW over a week ago from Mission Creek to begin pain medication. Upon her arrival at WCCW they initially took all of her belongings and told her she was being demoted. DOC eventually gave her pain meds but are now moving her to general population even though she is at risk for diseases. The EMP coordinator replied to complainant after several contacts to report that patient was denied for the EMP due to not meeting the medical criteria of "incapacitation." Complainant does not understand how this is legal. Patient will be incapacitated by treatments and inevitably by cancer.	Current physical incapacitation is one of the requirements of RCW 9.94A.728. CMO does not believe that criteria for physical incapacitation have been met. OCO performed independent review of recent records and also did not find documentation that reflects current physical incapacitation. Encouraged patient to resubmit EMP request if and when SB5036 passes (removes physical incapacitation language from the RCW); if SB5036 does not pass, other options include filing a Personal Restraint Petition and/or resubmitting EMP request as soon as new physical limitations develop which might demonstrate physical incapacitation. At this time, DOC is following statute.	No Violation of Policy

148.	Complainant says that she reported her therapeutic aid for PREA, but her case was not investigated until a month later when video camera footage was no longer available. She says that the aid touched and petted her, and several witnesses can attest to this. She also says that the aid made sexual comments to her.	Reviewed PREA investigation. Appears that DOC did not violate policy in conducting investigation (DOC 490.860).	No Violation of Policy
149.	Complainant was wearing a blue mask that said "King" and was accused of being gang affiliated.	OCO never received a response to our request for a signed ROI from this individual. Case closed due to lack of information.	Unable to Substantiate
150.	Complainant claims she is being sexually harassed by another incarcerated individual who threatened her after she reported PREA. She says DOC did not investigate the PREA correctly and called it unfounded.	DOC did not violate PREA policy 490.860. The PREA was found to be unsubstantiated. The retaliation investigation is still open. They are no longer housed in the same custody level.	DOC Resolved
151.	Complainant says that she got sent back from work release because of her bad health. She says that she did nothing wrong to get terminated. She says she was also terminated from her GRE because of her health. Says that her custody level was reduced three levels.	Complainant was returned per policy 300.500 due to medical conditions. Her status will be reviewed by work release after 30 days for replacement.	Assistance Provided
152.	Complainant applied for GRE and was denied based on a DOSA revoke. They are doing well in Therapeutic Community and believes they deserve a chance to go to Graduated Re-Entry.	They will not be able to attend GRE based on current policy, however they are eligible for Work Release and will receive a county of origin change. DOC has started the process of ensuring they are ready to go to Work Release.	Assistance Provided
153.	Person is being forced to work in the kitchen. Working in the kitchen triggers past trauma for her.	Complainant did quit the job and was issued a 557 infraction. There is not a violation of DOC policy. To be removed from a job, she would need to have an HSR from mental health or medical.	No Violation of Policy
154.	Complainant says that she has PTSD, depression, and other mental health issues. She says that she tried multiple prescribed medications that gave her major side effects and weight gain. She says that she is not being allowed to take the one medication that works for her.	She released 10 days after we received her concern. We need an ROI to view her mental health records.	Unable to Substantiate



155.	Complainant says that she received a 203 infraction but it should be thrown out. She says that she has gone 22 months without any major infractions and should have gotten her 110 days of good conduct time back 6 months ago. She says that she is now being told that she will not be getting her good time back.	Two separate staff members stated they saw the infraction behavior. The video is no longer available after 30 days. Per the "some evidence" standard, there is no violation in policy. Cannot substantiate if it happened or not. DOC is following WAC 137-28 Discipline Prisons and DOC policy 460.000 Disciplinary processes for prisons.	Unable to Substantiate
156.	Complainant says that she was assigned to work in the kitchen but started having blood pressure and back and shoulder pain. She says that she went to medical for these issues and received an HSR for restrictions. She says that she has missed work because of these issues and has been receiving infractions for it. She asked to be released but kitchen told her no.	She did miss work and we cannot overturn the infraction; however, DOC did authorize a job change and she is no longer working in the kitchen.	DOC Resolved
157.	Complainant is currently classified at medium custody which prevents her from going to Work Release. One infraction from July 2020 is what changed her custody level and for most of her incarceration she has been at minimum custody.	DOC is following classification policy 300.380. She is currently classified at medium and DOC will not issue an override for work release.	No Violation of Policy
158.	Complainant says they are not giving her the correct dosage of medication for her seizures. She has been hospitalized three times and has had seizures that last over 10 minutes.	The records indicate that patient was intermittently refusing to take some of her prescribed seizure medications; to help with compliance, medications are now being issued at pill line. Providers also have been closely monitoring Dilantin levels and adjusting dose so that Dilantin is therapeutic. She is scheduled to see a neurologist in the near future. Therefore, unable to substantiate the allegation.	Unable to Substantiate
<b>Washington State Penitentiary</b>			
159.	Medical issue began elsewhere and has continued while at WSP (ongoing for almost two years). He says all symptoms point to colon cancer and he needs to see a specialist.	Delay of nearly two years confirmed; reason unknown. Appointment then made for October but rescheduled to December by specialist clinic. Patient is currently stable; labs and exam normal per DOC.	Substantiated

160.	<p>Patient fought to get xiphoid evaluated after injury. Didn't receive treatment in county. It took him a year to get DOC to approve the evaluation. DOC waited over a year to bring him to the evaluation, right before sentencing date. Surgeon stated it would be helpful for him to have the surgery. He was transferred and a new provider denied surgery. Bone is sticking out of his chest – it is painful and impacts sleep. DOC denied surgery. Referrals were supposed to be made to CRC but were denied by people who were supposed to make the referrals. He was finally approved by DOC when a new doctor stepped in. Case was never presented to the CRC. Grievance response states that facility denied surgery. Would like surgery approved and scheduled.</p>	<p>Contacted DOC to obtain more information; informed that DOC clinical leadership reviewed case and determined that surgery was not medically necessary. Uplifted concern to DOC HQ. Informed complainant of multiple options for self-advocacy next steps, including how he can request HQ review. May include in future review of CRC denials.</p>	No Violation of Policy
161.	<p>The complainant says that one of the officers has abused the trust and authority of their position. According to the complainant, it is common knowledge that the officer is related to a superior officer and that their familial relationship is used to avoid disciplinary action. Also, according to the complainant, he spoke up to custody staff and informed them the officer was not appropriately interacting with other incarcerated individuals and in retaliation he was moved to a different unit.</p>	<p>Investigation included interviewing complainant, interviewing Correctional Unit Supervisors, and reviewing DOC internal grievance investigation materials. After a thorough review OCO could not find clear evidence that the complainant's unit transfer was retaliatory. Unit transfer appears to be within policy as transfers are permitted because of the safety and security needs of the facility.</p>	Unable to Substantiate
162.	<p>Patient is insulin dependent diabetic. Does not have clippers for toenails and medical provider refuses to care for feet. Can't put weight on heels. He only has slippers. If DOC doesn't want to provide care, request outside provider. Outside specialist suggested not wearing flat shoes. All he is provided are slippers. DOC doesn't allow an HSR for regular shoes. No treatment plan.</p> <p>He was recently transferred to a new facility and needed to send a kite requesting care. He sent a kite after speaking with OCO and a provider met</p>	<p>FMD at new facility agreed to obtain consultation with outside specialist in diabetic foot care.</p>	DOC Resolved

with him and shared treatment options. He expected a follow up but never heard back. He went into IPU for a different appointment and someone looked at his feet and said he needed specialized tools and said they would follow up with his provider. Several weeks later, another nurse assessed his feet, sent another kite for follow up. Asked if OCO can confirm that he has been scheduled with the specialist.

163.	Reporter states that her son was involved in a situation in close custody that resulted in him assaulting another incarcerated person to pay off a debt. He is now in IMU and is being considered for a MAX program. Her son was initially in the camp but was moved to close custody. Reporter states that the transfer to close rather than medium is a policy violation.	Due to new sentence and sentence structure, complainant's son's ERD changed to more than four years and he no longer qualified for MI2 Custody per DOC Policy 300.380. In late November 2020, WSP was in Covid -19 outbreak status and there was no regular chain movement in/out of the facility. He was demoted and transferred to the only facility able to receive him based on his current custody status. He appealed MAX custody placement to HQ and it was denied. Reviewed HQ reason for denial and found no violation of policy 300.380.	No Violation of Policy
164.	Complainant has received many infractions, which he believes are either wrongful infractions and/or that his due process rights are impacted.	Reviewed several of complainant's infractions, which appear to have been issued for a series of repeated behaviors. The complainant has not utilized the appeal process. Regarding one case in which it was alleged that a witness was denied, the infraction packet and audio of the hearing do not support that.	No Violation of Policy
165.	ISRB wants to give complainant a psychiatric evaluation even though in 2018 they said that he does not need another one.	ISRB requests a new psychiatric evaluation based on a recent Supreme Court ruling which held that the ISRB must consider the mental state of a minor when they were convicted.	Information Provided
166.	Complainant is not getting the medical info he needs; he is being neglected. DOC staff keep telling him that he'll be put on call out but that hasn't happened. Underwent minor procedures recently	For complaints of prostate cancer screening: Previously screened in April 2020 and PSA was negative; imaging showed normal prostate. Colonoscopy was normal. Endoscopy showed	Unable to Substantiate

	that found precancerous polyps in stomach as well as major acid in stomach which is deteriorating his stomach lining. Nobody has given him a medical report or reviewed findings and treatment plan with him. He has a risk with Ibuprofen and needs alternative pain management plan. Flo-Max is helping subside some symptoms but is not addressing the cause.	gastric erosions (no polyps); plan was for follow-up endoscopy in three years.	
167.	Person has a cracked tooth and has not been able to get into dental. He is in a lot of pain. Requested dental fix his tooth.	No grievance on file.	Lack Jurisdiction
168.	Complainant says that they are not receiving extra blankets and winter coats. He says that they are supposed to be allowed to receive an extra blanket based on temperature.	Coats were ordered after Covid -19 protocols did not allow shared coats. Also, the unit was having HVAC issues that made it unusually cold. However, this person was not afforded an extra blanket and should have been per policy 440.050.	Substantiated
169.	Complainant has been filing grievances and medical kites. He had a port cap put in and it is causing him pain, possibly because it was put in sideways. No response from medical. They gave him a Tordall shot for pain and he isn't supposed to get the shot. Also reports that the nurses were not wearing masks. He says this happened in front of one of the cameras.	Initial outreach was unsuccessful in securing pain meds for patient because medical staff did not believe that the port should be causing pain. However, since then the patient has undergone port removal, and symptoms resolved.	DOC Resolved