

OFFICE OF THE CORRECTIONS OMBUDS

Monthly Outcome Report: June 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
Assistance Provided	OCO, through outreach to DOC staff, was able to achieve full or partial resolution of the person's complaint.
DOC Resolved	Case resolved by action of DOC staff prior to OCO action.
Lack Jurisdiction	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)
No Violation of Policy	After reviewing all relevant documents and DOC policy, OCO staff determine that DOC policy was not violated.
Unable to Substantiate	Insufficient evidence exists to support the complainant's allegation.
Information Provided	OCO provides self-advocacy information.
Substantiated	OCO substantiates the concern/allegation and it is neither resolved by DOC nor can OCO assist with impacting change.
Decline/Other	Some other reason exists for the closure of the case, generally release.

Monthly Outcome Report

June 2021

Institution of Incident	Complaint/Concern	Outcome Summary	Case Closure Reason
Airway Heights Corrections Center			
1	Complainant submitted an ADA concern to OCO because unit staff were not following his HSR for a wheelchair pusher. He also needed a writing aid for submitting grievances and had been requesting a meeting with the ADA Coordinator for almost a year. OCO reached out to DOC to address this concern and begin conversations to address ADA issues. DOC staff then removed the HSR completely and left him without a pusher. He called with this update and was physically exhausted from pushing himself and afraid that he wouldn't make it back to his cell without help. DOC responded to OCO with information that contradicted his medically-issued HSR in OMNI.	DOC agreed to appointment with ADA Coordinator and provided info for accessing ADA support at the new facility. Wheelchair HSR updated and pusher provided for all distances. Confirmed Hepatitis C treatment and appointments initiated. Covid vaccine provided. Individual's grievances were not moving forward due to staff not being able to read the handwriting (Parkinson's patient) -- provided typewriter for accessing grievances.	Assistance Provided
2	Patient put in a few requests to see medical for chest pain. He still hasn't been seen by a doctor and it has been more than two months. Requested to be scheduled to be seen by medical.	Case was delayed due to late DOC responses. Confirmed patient scheduled with provider. Confirmed stress test and additional testing ordered.	Assistance Provided
3	Complainant has late stage cancer. Concerned that his current diet does not have proper nutrition to fight cancer effectively. Requested adjusted diet and said he is willing to purchase the food himself.	OCO alerted DOC to these concerns, but complainant passed away before OCO sent closing letter.	Declined, Other
4	Complainant placed a grievance two months ago regarding falsification of chemical dependency assessment; the result of the assessment was an elevated chemical dependency score, while his unit	We were unable to substantiate any falsification of information from the named staff member. DOC has agreed to reassess complainant, though, based on a review of the assessment itself.	DOC Resolved

counselor believes him to have a low score with little or no treatment needed. Says their grievance was never received a response and they are still on the list.

5	Complainant reports that AHCC lost his property during Covid moves; filed tort and it is delayed.	Relayed to this person that his tort claim is still active and being investigated. provided information about how to communicate with DES and what to do if he believes that the monetary amount offered is unjustified.	Information Provided
6	Reported that mail rejection notices were not given out for the stimulus cards and that that is a failure of DOC policy.	Followed up with DOC HQ and was informed that rejection notices were not initiated because they were not rejected by the Mailroom. The cards were processed and forwarded to the Business Office, and the individuals reportedly received a receipt for that. The Business Office then sent them back to the IRS because they cannot deposit debit cards, under direction of the IRS. The Mailrooms have a spreadsheet that they were keeping to log everything sent to the Business Office. Asked complainant if he had received a receipt and if not and suggested following up with the Business Office.	Information Provided
7	Complainant's son denied for work release because of prior 762 infraction and DOSA revoke. Requested OCO guidance and information about how to appeal and next steps.	Provided self-advocacy information about release planning, including information about notifiers, application for housing vouchers 30 days prior to ERD, staying infraction-free as an infraction will be a cause for denial of the DOC voucher, and DOC policy 350.200 - Transition and Release.	Information Provided
8	Complainant says that he has requested several times to have triple hernia repair but was denied by medical. He says that, despite risks, hernia repair is necessary to improve his quality of life. Requested to see a liver specialist, surgeon, and anesthesiologist for consult outside of DOC and create treatment plan.	No grievance on file for denial of medical care. Suggested he file a grievance and contact OCO again if the resolution program is not able to provide assistance.	Lack Jurisdiction

9	Complainant believes they are being retaliated against by DOC staff. Includes behavior observation reports (BOEs) and was stemming from an issue with his TV. He thinks that his GRE decision was based on the discrimination and his new negative BOEs.	DOC did not complete the GRE application based on a medical hold. Once the medical hold was resolved, he was transferred to work release where he will release from. DOC is working on facilitating more training to facility staff about communicating GRE updates to incarcerated people.	No Violation of Policy
10	Complainant was in the bathroom when a fight took place between his cellmate and another individual. Complainant told them to break it up. The officers and his roomie said that complainant didn't do anything and was waiting outside. Complainant claims there was no proof he was involved, but DOC found him guilty by conspiracy just because he was there.	The victim of the assault signed a non-confidential witness statement that stated that both the complainant and the other incarcerated person severely beat him, and that they threatened him afterwards. This passes the "some evidence" standard for prison infractions.	No Violation of Policy
11	Complainant and his cellmate received a 661 infraction for making comments about a person on TV. DOC staff mistakenly thought they were talking about the female staff on duty.	Requested and received additional review by both AHCC administration and DOC Disciplinary Program Manager. DOC appears to have met the definition of the 661 infraction and that they had "some evidence" based on the comments that were made that led them to believe that the comments were made about DOC staff ("Look at her as she goes by") and that they would be offensive to a reasonable person.	No Violation of Policy
12	Disputing a 603 infraction. States there's audio to support that he did not say anything over the phone that could be construed as conspiracy to traffic contraband.	Reviewed audio of phone records. Based on this review, there is sufficient evidence for the infraction.	No Violation of Policy
13	Transferred from SCCC to AHCC. SCCC sent two free boxes of property to AHCC. Now AHCC says that he needs to pay \$35 for the two free boxes. He has been getting the runaround from staff. The boxes contain all of his personal photos.	The two missing boxes were boxes that had been destroyed after OCO had been contacted. These boxes were outside of the two free boxes allowed when someone is transferred. Since the postage was not paid the property was disposed of after 90-days as outlined in DOC 440.000. This is a clear example of concerns with the level of	No Violation of Policy

		communication provided to people who are incarcerated.	
14	Complainant reports being falsely infracted. CO was conducting a tier check when she said she observed complainant masturbating with his genitals visible from the door. Complainant states that he was using the bathroom and was unaware that she 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.	<p>Closed case review: No evidence exists to contradict the officer's statement and further, she can point to a pattern of conduct based on prior BOE. DOC appears to have met the low standard of evidence.</p> <p>Original outcome summary: Reviewed disciplinary documents and reached out to infracting officer. Complainant can be found guilty based on an officer's statement; further, this was the second alleged incident as OCO confirmed a BOE for similar conduct was written a month 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.</p>	No Violation of Policy
15	Multiple external complainants reported that a person was extracted from his cell and Oleoresin Capsicum (OC Pepper Spray) was used. Reportedly, the OC spread throughout the unit exposing others to the OC. Numerous people had serious reactions that required access to fresh air and additional medical services. Complainants reported concerns that Covid-19 positive patients were exposed to OC and questioned the decision to approve the use of force. Additional concern that after this person was sprayed with OC, he was placed in a segregation cell with no access to water for over 12 hours. When he grieved the issue he received a "rewrite" response because he included two issues: (1)	This UOF investigation will be included in the in-process systemic review of DOC 410.200 Use of Force (Restricted). The investigation has helped to inform numerous recommendations OCO hopes will be incorporated into the updated policy. AO watched surveillance video of the pre-planned use of force with AHCC leadership and met in person with the incarcerated person. This investigation included: a review of DOC confidential documents; a review of relevant DOC policies; direct communication with facility senior leadership and senior HQ leadership; and multiple confidential and non-confidential in-person conversations with	Substantiated

no water and soap in SMU and (2) being sprayed with OC. When he grieved the decision to use OC spray he received a “not grievable” response because there is an approved formal review process.

incarcerated person. The detailed incident report states that he said “come in and get me” and according to staff, there was not a reasonable alternative to the level of force used and that the level of force used was necessary and appropriate to maintain the safety and security of the unit – and is within DOC 410.200. AHCC medical staff approved the use of OC Spray by completing DOC Form 13-473 Medical Risk Evaluation for OC, CS, and EID Use. AO viewed evidence of person refusing decontamination and DOC 410.200 permits the decontamination process to be stopped if the incarcerated person refuses to continue. Multiple staff correctly documented in their incident reports that he refused decontamination. In March 2021, the new Resolution Program was activated with the expectation that responses similar to those received by this person will no longer be the norm. An updated appeal tool now provides better direction and information about policy.

Brownstone - Spokane County

16	Complainant received legal mail stating that their cause numbers for possession of controlled substances had been vacated from their record with prejudice, and that all supervision was ended on those cause numbers. This person was being held on an extra 56 days on those cause numbers, and would have been released already if not for DOC sanction time.	OCO emailed DOC HQ records office and three days later complainant was released.	Assistance Provided
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Cedar Creek Corrections Center

17	Complainant states that DOC placed him in a work camp but he cannot work because he is disabled. States his counselor won't help him get on GRE and that he could better prepare for his court case if he was out. He	At this time individual is getting the prescribed care as directed. However, he is not able to start the transplant process as he is still in custody. This complaint may be included in a future report on	Information Provided
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now has kidney failure and was hospitalized. He would like to be moved nearby the hospital that is treating him and where his son can provide the transplant. Complainant believed discrimination was involved in DOC's lack of care.

delayed medical care (DOC delaying certain care due to person discharging within 6 months).

18	Complainant says that a medical doctor inappropriately performed surgery on him without his legal consent and that an error in that surgery caused additional problems. Patient says that he suffers from frequent medical issues and related procedures. Requested legal support and an attorney.	No grievance on file. OCO does not offer legal advice or attorney resources. Provided information for patient follow up with OCO if current symptoms are not being addressed or experiencing on-going issues.	Lack Jurisdiction
19	Complainant states that DOC records is not applying concurrent CCP revoke and applying HB 2394. He has written to HQ records department multiple times with no resolution. He states should be given credit for four more months, which would affect his ERD.	These sentences are running consecutive to the CCP Return. HB 2394 addressed the relationship between supervision terms; it did not change the relationship between confinement terms. DOC found no error with this calculation.	No Violation of Policy
Clallam Bay Corrections Center			
20	Complainant says that he wants a job but feels like he is being discriminated against because of his race and disability (physical and mental). Reports that staff are making it hard to get a job that he can do with his disabilities.	Complainant is now working as a teacher's aide.	DOC Resolved
21	Complainant identifies as a transgender individual and is having difficulties getting transgender accommodations at CBCC.	There is no grievance or appeals on file. Letter sent with next actions of recourse and steps for each request being made.	Information Provided
22	Complainant says that he was accused of directing his fiancé to bring contraband into the facility. As a result, his visitation and communications with his fiancé has been permanently restricted. He says that he was never given an infraction or a hearing for it.	At this time DOC is not willing to change denial for visitation. Complainant and fiancé are able to reapply every year. OCO provided direction to at least request video visits if they don't already have them. OCO is working with DOC to create a pathway to restoration for permanent denials.	No Violation of Policy
23	Complainant says that he was assaulted in 2020 while in restraints on the ground, even though he was complying with commands. He says that while on the	OCO reviewed the use of force packet and available video evidence. There is no handheld video of the incident due to reported camera failure. Video	Unable to Substantiate

ground, COs sprayed him in the face and used excessive force.

exists, but only shows what took place after the incident was over. The surveillance video is not sufficient to support complainant's allegations; documentation does not support a substantiated claim either. OCO has had many discussions with DOC regarding improving the policies and procedures around ensuring the functionality of handheld cameras. DOC has agreed to establish a protocol for this.

24	Complainant says that he tried to informally resolve a grievance that he was going to file against a CO but the CO refused to talk to him. Complainant says that the CO has been recruiting other incarcerated individuals to assault him. Complainant says that staff are lying about this matter.	Reviewed documents and correspondence regarding this concern. He did not file a grievance nor appeal this concern. However, we communicated Complainant's safety concerns to staff.	Unable to Substantiate
25	Complainant states that in 2020 he was held in closed custody at CBCC and not transferred until much later because of Covid-19. During that time, he got into a fight and was told that he lost his points to go to GRE. DOC decided to hold him at CBCC, but at the last minute he was transferred to AHCC and then his OMNI was "wiped." DOC is also withholding good time from him.	Due to Covid-19 outbreaks, this person's transfer to the correct custody was delayed at length. There is no violation of policy in this instance, but it is noted that the pandemic caused tremendous ripple effects throughout DOC.	No Violation of Policy
Coyote Ridge Corrections Center			
26	Bloodwork/lab work was ordered but it has been three months and patient has not received it yet. Previous bloodwork was also delayed approximately three months. Results were inconclusive so more lab work was ordered. Symptoms have worsened over time. Requested lab work be completed.	When OCO reached out, DOC said there was no active lab orders on file. Patient was scheduled with provider in July, however, DOC agreed to meet with patient sooner to discuss earlier lab results, next steps, and current symptoms. Reviewed encounter report with OCO Director of Patient Safety. Patient provided updated treatment, test results, and notes for next labs. Confirmed follow up labs in two months.	Assistance Provided
27	Complainant's father is not receiving access to mental health care. He is not able to hear callouts so he has	Scheduled call with patient. Patient stated that issues were resolved: DOC assigned an aide to help	Assistance Provided

	been missing his mental health medications. Also the mental health medication that they are giving him causes adverse side effects. He also reports bed sores and needs another mattress.	with hearing callouts and receiving medications and he is no longer experiencing side effects. Uplifted mattress concern for HQ review; mattress was approved for bedsores and skin breakdown.	
28	Complainant says that he requested to be seen for his mental health on several occasions; says he was told by medical that it would be at least two weeks before he could be seen by anyone and he needed to reschedule. Complainant says that the second time this happened he was told it would be another three weeks until he could be seen. Reports having night terrors and does not know what to do. Complainant wrote back saying that although the grievance response was answered that he'll be placed on the call-out soon, he still hadn't been seen.	Complainant reached out to us again and explained that he had not been seen by mental health yet despite the grievance response from DOC. Contacted facility staff and was able to get him signed up to be seen by mental health.	Assistance Provided
29	Complainant reports that a DOC staff member disclosed private information about him in front of other incarcerated people. He is concerned that this information could make him unsafe in mainline.	Explained that a grievance needs to be filed prior to OCO involvement. OCO also explained how to engage in the grievance process and recommended he follow up with us if the issue was not resolved within the grievance process.	Information Provided
30	Complaint from family member regarding relative testing positive for Covid-19 after a cellmate tested positive. He was moved into isolation. While isolation made sense, person reported being denied permission to take any of his personal items (beyond toiletries) to help pass the time. He feels he should be allowed to take things that would pass the time until his isolation is over.	Complainant no longer in AdSeg. 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. We have been gathering information from incarcerated individuals and have made additional recommendations to DOC for further review and improvements.	No Violation of Policy
31	Complainant wants to have a prohibitive placement lifted so that he can achieve his educational goals and be closer to his family. Specifically, he is close to	Contacted DOC; confirmed complainant is close to completing his degree. Informed that, due to his Earned Release Date (ERD), he is not eligible to take part in educational programming. However, he has	No Violation of Policy

completing his AA and wishes to begin a BA—on a scholarship—via educational offerings at CRCC.

come this far through programming funded by a private foundation at Walla Walla Community College (WWCC). CRCC currently has a substantial waitlist of incarcerated individuals wanting to take classes using this foundation funding. Students are enrolled by ERD and at this time it cannot be guaranteed he would be enrolled in the classes needed to complete his degree. There is also a long waitlist for the bachelor's degree, so enrollment could not be guaranteed in those classes either.

32	Complainant states that due to a staff wanting him out of camp, he was sent to WSP unjustly and was infraacted. Complainant states that this incident was handled unjustly and that he's not getting the same medical care that he was receiving at CRCC.	We were not able to distinguish a pattern congruent with evidence that could support retaliation. Although the incidents described to us were concerning, after reviewing evidence, there is not enough to support any misconduct or violation of policy. DOC staff moved this person so that he could access adequate mental health care.	No Violation of Policy
33	Complaint stated that person had enough points for minimum custody but was demoted to medium and transferred to Washington State Penitentiary (WSP), with an additional claim he did not initiate a fight which led to his demotion.	Made outreach to DOC and determined the complainant was recommended for demotion from MI2 custody to Medium custody as the result of being found guilty of WAC 505. He lost 10 points for that infraction, and two programming points for Administrative Segregation (AdSeg) placement for the month of February 2021. This resulted in a custody score of 55 points but would score out lower due to continued placement in AdSeg and how points are applied to custody designations. Also determined he did not appeal his infraction for fighting and therefore we have no jurisdiction over that element of the complaint. DOC has not violated any policy or procedure in taking the course of action they did, and facility placement does not have an appeal process.	No Violation of Policy

34	Patient has chronic back issues. Needs a specialized mattress and surgery.	Mattresses are not available via HSR protocol, but can be considered on an individual basis (where skin breakdown is present). Uplifted to HQ for review.	No Violation of Policy
35	Patient has a food allergy and was on a specific diet to accommodate. Three years ago, DOC pulled the HSR for the diet based on a blood test that concluded the allergies were low, but then reversed that decision and reinstated it. Now they pulled the HSR again, stating the patient purchased questionable items from commissary. Patient is afraid to eat meals in case they trigger an allergic reaction. Requested HSR for specific diet be reinstated or made permanent, and to prove the items he purchased do not contain allergens.	Patient does not meet criteria for medically necessary therapeutic diet according to DOC Health Plan. Patient was recently retested and came back non-allergic. Records show history of purchasing items containing allergens. Could not impact change related to therapeutic diet.	No Violation of Policy
36	Complainant has been promoted to OCC camp but does not want to go for personal safety reasons.	After contacting DOC, we determined at a Classification Hearing (where complainant waived appearance) that complainant was approved for a custody promotion which increased their custody score to 67 points with a classification level of Minimum. This promotion requires complainant to be at camp. DOC was also unable to verify the information provided for a keep-separate due to a lack of documentation to corroborate claims. Per DOC 300.380 Classification and Custody Facility Plan Review "Facility placement decisions cannot be appealed."	No Violation of Policy
37	Complainant has a dental issue and DOC said he would be scheduled for a visit to an outside dentist, but the appointment was canceled and the problem is getting worse. This has been ongoing for over 20 months (four months since the level 3 grievance response). He is afraid DOC is deliberately pushing the appointment out. Requested dentist appointment to fix the issue before it gets worse.	Substantiated delayed dental care related to low dental staffing and high needs, initially, then Covid impacts. Confirmed patient scheduled for consult with dental specialist and surgical extraction.	Substantiated

38	Complainant has had problems with medical since 2019. DOC is not following neurologist recommendations on testing and sleep studies. Has experienced range of symptoms since 2017. All worsened in 2019. Neurologist said he has chronic migraines disorder. Has a family history of stroke and is concerned that he has had mini-strokes that DOC hasn't caught or treated. High blood pressure persists despite multiple medications. He was told DOC cannot provide sleep study per protocol. DOC provider is not taking his care seriously or properly reading paperwork.	Evaluated by DOC provider in March 2021 and it was noted that he was at goal for blood pressure and that it was well-controlled. He is currently scheduled to have monthly blood pressure checks. He was also evaluated by the off-site neurologist in January 2021 and April 2021, and a future follow-up appointment has been scheduled per their request. He has been scheduled for a sleep study work-up (this may have been completed already). Therefore, it appears that he is receiving treatment for his conditions, is being followed by DOC HS and an outside neurology specialist and will be having a sleep study work-up.	DOC Resolved
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Monroe Correctional Complex

39	Complainant claims senior counselor overrode consistent Low Risk Classification to High Violent on WA ONE Review.	According to DOC records RLC is still Low and complainant has since been released.	DOC Resolved
40	CLOSED CASE REVIEW. Complainant given major infraction for tampering with a lock and refusing to disperse when he was kicking the cell door, trying to get staff's attention because he was experiencing a mental health crisis.	Closed Case review: Took the additional step of requesting further review/consideration by the DOC Disciplinary Program Manager based on the fact that complainant reported that he was experiencing a mental health crisis. DOC declined to overturn the infraction. Original Outcome: Requested additional review from MCC administration regarding the loss of good time based on the behavior. DOC reduced from 15 days loss of good time to five.	Assistance Provided
41	Complainant says that he was placed in the IMU after an incident with DOC staff. Reports that he was found not guilty of the infraction but DOC is refusing to release him from the IMU. Says that this is a violation of his rights and it is unlawful confinement.	OCO substantiated that complainant has been held in long-term IMU despite his serious mental health concerns and despite the passage of his ERD. OCO communicated concerns to DOC regarding his case. He was subsequently released.	Assistance Provided

42	Complainant had contacted OCO regarding concerns with his individual behavior management plan. OCO had raised concerns with DOC staff and mailed complainant an ROI and explained we would need him to sign and return it (or contact OCO another way) if he wanted us to investigate further.	Complainant did not return requested release of information and has not communicated a desire for OCO to investigate further. Invited him to contact our office if he has concerns in the future. Provided OCO Review Request form.	Declined, Other
43	Complainant was found releasable by the ISRB some time ago. He had submitted and was accepted by a plan for a work/live position. Unfortunately, the plan has changed due to Covid restrictions. Complainant has, with assistance, found a new placement. Complainant alleges administrative deficiencies keep individuals from being released on their good behavior earned date. His counselor's absence caused a delay in him being notified that he needed to submit a new plan. Now counselor is on leave again. He's been told he can do nothing while counselor is not there, thus prolonging his time in custody.	Complainant has a PRD. Approved for ERD voucher. Field office approved his release plan. Release address currently with ISRB review with recommendation to approve.	DOC Resolved
44	Patient had a heart attack last month and DOC has yet to follow the recommendations of the surgeon regardless of other cardiologist's recommendations. This would be a change in mattress due to weight, sleep apnea and stress on body, also a gluten-free diet.	Patient does not qualify for a mattress or gluten-free diet under the DOC Health Plan. Does qualify for "lighter fare" diet; DOC issued HSR for this.	DOC Resolved
45	Patient says that he has been having severe and painful stomach issues. Has been told by a doctor that it would go away but a year has passed and his condition has not resolved. Requested second opinion about his condition and an attorney to file a civil suit.	Confirmed additional testing has been ordered. CT and gastroenterology referrals submitted and scheduled. OCO does not have authority to offer legal advice or attorney resources.	DOC Resolved
46	Last year complainant was referred to a gastrointestinal specialist for a procedure, but he hasn't received it yet. He is in significant pain and DOC won't prescribe anything to relieve the pain until he sees the specialist. Requested appointment with specialist, procedure, pain management options for interim.	Confirmed patient scheduled for EGD and colonoscopy. Interim pain management plan being provided according to DOC Health Plan. Could not impact further change related to pain medication.	DOC Resolved

47	Trans healthcare concern. Patient cleared screening for surgery, case was presented to Care Review Committee (CRC); patient hasn't heard back. It has been about three months of waiting. Requested CRC decision and schedule surgery.	DOC response delayed. Confirmed patient approved, paperwork forwarded to surgeon for review, surgery scheduled and provided.	DOC Resolved
48	He is on an allergy-specific diet and partakes in religious meals. He filed the form for religious meal and requested allergy accommodation. He did not select therapeutic diet on the form as neither is a special diet. He was denied his meals. They said it was because he didn't select therapeutic diet, for which neither issue qualifies. Complainant states DOC will not take responsibility. He didn't eat anything for five days, collapsed, and was taken to the ER.	Already has an open investigation. Wrote letter enclosing Ombuds Review Request form to open next case when existing investigation is resolved.	Information Provided
49	Complaint regarding ongoing issues with the Resolution Program procedures, with a resolution for OCO to complete a department audit and instruct DOC to "actually do their job." Complainant also states he's maxed out on grievances and is unable to file another.	Upon reviewing complainant's electronic file, it appears they only have two active grievances; therefore they are no longer over the limit. OCO does not have enforcement authority over DOC to independently make changes. Additionally, OCO cannot dictate staff discipline, and at this time we do not have the resources to conduct a complete department audit of the Resolution Program at MCC.	Information Provided
50	Complainant states dentist took two to three months to respond to health service kite.	Explained that the case is still currently being reviewed by the CRC. Explained how to appeal the decision and recommended that he follow up with us after the CRC has made their final decision.	Information Provided
51	Complainant states the cell where he's currently housed has faulty plumbing, no running water, and he has no eating utensils. Claims staff misconduct and abuse of power.	Complainant is no longer in the same facility he had concerns about. The grievance he filed was sent back for a re-write and he did not provide a re-written response per the Resolution Program. For this reason, OCO is unable to initiate an investigation due to lack of jurisdiction.	Lack Jurisdiction

52	Family member states that relative was infraacted for fighting. He is in the Intensive Management Unit (IMU) pending investigation and potential transfer. Asked why he can't be on mainline until he transfers to another facility.	Individual has now been released from IMU and was transferred to another unit within MCC.	No Violation of Policy
53	Complainant says that a CO took a picture of all his tattoos and then wrote him up for a WAC 710 violation. Says that during the investigation no paraphernalia was found, but he was found guilty solely on the photos the CO took. Complainant says that he already received an infraction at SCCC for the same tattoos, so he is being punished twice for the same offense.	Reviewed complainant's entire disciplinary history. Only one prior infraction pertains to his tattoos (as opposed to paraphernalia or tattooing others). It does appear that there is some overlap with one of the tattoos noted; however, the most recent infraction includes a long list of tattoos and the prior infraction was only for two tattoos. Therefore, even if the two tattoos should not have been included, the infraction for the rest of the tattoos listed would likely still stand. Also, it is true that DOC denied him the records that pertained to his own tattoos; however, in follow-up communication, they provided the RCW for the legal exemption of that record.	No Violation of Policy
54	Complainant says DOC keeps denying his release addresses for the past year. He is now being maxed out. He submitted one address that was denied due to proximity to children, but there are other people living there that have crimes against children. Tried his girlfriend's mother's address and that was declined. Tried to grieve and it was turned back as non-grievable.	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 that will accommodate is appropriate given his conviction. DOC is acting within policy to hold him past his ERD and potentially up to his MaxEx date in August 2021. If no address has been approved, he will release homeless.	No Violation of Policy
55	Complainant says he is being charged a cable fee for subpar service. Cable reception is spotty and many	Per facility executive team information, maintenance found the problem and are working	No Violation of Policy

	channels are unwatchable. Staff always respond saying they are working on a solution.	on it which should be resolved in 20-30 days with much improved reception.	
56	Complainant has been complaining about lack of care and proper appointment at Harborview for his medical issue. Says that he has a rare and complex condition and has impaired hearing. Reports being punished for exercising his rights and is being discriminated against. Afraid he will be moved to WSP and needs to be at MCC to be close to Harborview. Needs override facility placement. Claims custody staff manipulated medical staff into override of hold so they could transfer him to WSP. Also needs to remain at MCC-TRU due to the system it has for people who are hard of hearing.	Confirmed patient approved for MCC-TRU placement in order to access medical care. Uplifted staff conduct concerns to appropriate OCO staff.	No Violation of Policy
57	Complainant expressed concerns regarding a change in classification arising from what he alleges is an inaccurate Washington One (WA One) assessment which altered his classification from low to high violent.	In order to obtain more information about this concern we reached out to DOC and determined that the WA One establishes the risk to reoffend and assists DOC in determining programming based on individual criminogenic needs. It also determines need for supervision and contact standards. It was brought to our attention that the complainant conveyed his dislike of the assessment. The assessment was reviewed and explained to him "line by line" and any updates DOC presented were based on defensibility. The accuracy of the change from a low to a high violent classification was upheld.	No Violation of Policy
58	Complainant relayed concerns regarding the timing of her showers and disparities between officers. She feels the preference form should be available to all officers to allow consistency.	Headquarters' response is the preference form has nothing to do with showering; the housing review/protocol is what's being referring to. The housing review indicates she has the option to shower, without others present, at the 10:50 count. If this is not occurring, she needs to notify her CUS who will ensure staff are aware of the requirement. The facility's response was that she is	No Violation of Policy

		allowed out every day at 10:50 to shower during count. They did find that she was not let out to shower until after count one time. This was because relief staff were working, causing a 10-minute delay.	
59	Complainant relayed concerns regarding inadequate privacy when changing clothes in her cell requesting a courtesy move to another unit, additionally requesting a copy of her DOC Preference Form.	Reached out to DOC regarding privacy concerns and possible cell move. Headquarters' response is that policy provides for a courtesy cell move to be requested through the CUS and/or sergeant. DOC supplied OCO with a copy of the Preference form, which was enclosed with the closing letter.	No Violation of Policy
60	Complainant wants to be removed from mental health custody and placed in a regular unit. Claims mental health staff are attempting to keep him there until his release. Has refused mental health treatment for approximately six months and does not want to participate in group activities. Claims staff purposefully taunt him and others.	Raised concerns regarding disagreement with treatment, desire to transfer, and staff conduct with HQ. Informed by DOC that discharge from RTU would not be clinically appropriate at this time. Further, complainant has already begun discharge planning for his upcoming release; would be detrimental to start that process over with staff who are not familiar with him or the plan. Informed him that HQ will look into staff concern.	No Violation of Policy
61	Complainant says that the mailroom rejected Jpay videograms from his family member. This was upheld at the local level and was appealed and sent back to HQ. He says that HQ refuses to review and release the videograms for the false rejection reasons. He kited the mailroom several times and this issue has not been resolved.	Three of the videograms were rejected due to judgment and sentence (J&S) conditions. According to DOC, one of the JPay IDs provided does not pertain to a videogram. Per the DOC attachment to DOC 450.100 Unauthorized Mail, mail can be rejected for a number of reasons, including that it violates sentencing conditions and/or a court order (reason #4).	No Violation of Policy
62	Complainant received mail rejection for publication being sexually explicit. Also received mail rejection for publication not being a new publication.	Items were rejected for explicit content and upheld by the Publication Committee at DOC headquarters. Magazines were sent from a private address and not the original vendor.	No Violation of Policy
63	Complainant states DOC staff continue to utilize chewing tobacco.	Per DOC policy 190.500, employees, contract staff, and volunteers will be permitted to use Nicotine	No Violation of Policy

		Replacement Therapy (i.e., patch, gum, nasal spray, inhaler, lozenges) and chewing tobacco, and will be allowed to have these products with them.	
64	Patient reports that he was diagnosed with an unspecified neurological condition that has been getting worse for the past few years. Saw outside neurologist who confirmed this condition but was denied a follow up appointment and has not been able to get treated. He says that he filed medical kites but all his requests have been denied. Wants a follow up diagnosis and treatment for his condition.	<p>Second review: Although a neurological evaluation appears to be appropriate based on the information the patient provided (no records review performed at this time), DOC has followed its internal process regarding approval/denial of care, and their clinical decision cannot be overturned. Provided him with his options if he continues to disagree with their clinical decision.</p> <p>Original review: Learned that patient's medical requests have been reviewed multiple times 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.</p>	No Violation of Policy
65	Patient needs a medical or second mattress for back injury, denied by provider; not sure if it was reviewed by the CRC. He filed a grievance.	Medical mattresses are not addressed or available via health status report (HSR) protocol, however, considered on an individual basis. Uplifted to HQ for review.	No Violation of Policy
66	Complainant says that a CO illegally confiscated his religious oils during a cell search without an explanation. He disputes the destruction of the bottles as being in violation of personal property disposition policies.	After reaching out to DOC, we determined the bottles had been altered to read different types of Cologne. Because they were tampered with—and there was no way to determine their contents—they were deemed contraband. We were informed by the facility that in instances such as these the bottles would have been destroyed per DOC 420.375 Contraband and Evidence Handling. References to the ability to dispose of personal property stems from DOC 440.000 Personal Property. Complainant would not have been given	No Violation of Policy

		the opportunity to dispose of the property as this would require mailing an unknown substance through the US Postal Service.	
67	CLOSED CASE REVIEW: Complainant says that his rights are being ignored. He had an infraction hearing and he requested witnesses to make a statement. His request to have witnesses at this hearing was denied. Feels as if his rights are not being upheld and it is affecting his rehabilitation process.	Closed Case Review. Complainant was disappointed that we did not do more of an investigation. However, given the below information, we still do not believe that there is any evidence/new information to uplift to DOC HQ that would be persuasive in asking them to overturn the infraction. Original Outcome: Reviewed appeal and do not see any mention of witnesses or lack of witnesses; does not look like complainant raised this previously. Also, complainant admitted to the infraction, so unclear how this would help him.	No Violation of Policy
68	Complainant says that he was infractioned and DOC policy states he was supposed to have a hearing within three days or be granted/notified of an extension which he was not. It also took a month to respond to his appeal for the infractions.	DOC did not hold the disciplinary hearing within three days and also it took a month for his appeal to be responded to. However, WAC 137-28-400 states that "[t]he 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, we cannot assist in overturning his infraction.	Substantiated
69	Complainant says that DOC is forcing him to take medication which previously caused him to be hospitalized for two months with a serious infection. He says that DOC is forcing him to continue to take this drug with threats of severe abuse by men in black body armor with pepper spray.	Confirmed that this concern has been assessed by health services; determined use of medication in question is unrelated to prior hospitalization for other medical issues. Alerted DOC mental health to complainant's concern so that mental health can support him in addressing it.	Unable to Substantiate
70	Complaint regarding a DOC facility staff member who the complainant claims was intentionally	Made outreach to DOC and determined at least two investigations were conducted into the complaint via the Resolution Program which went	Unable to Substantiate

discriminatory; claiming pain and suffering from the incident.

to Level 3. DOC headquarters were ultimately unable to substantiate the claim as the officer in question does not remember the interaction, there were no witnesses, and there was no video footage of the interaction. We are closing this case without further investigation as "Unable to Substantiate." OCO cannot dictate staff discipline, nor can we provide financial compensate for pain and suffering. We instead provided self-advocacy options if the complainant feels they have been harmed by a state employee.

71	Complainant says they were recommended for mental health treatment but needed a referral. Claims referral was denied.	Counselor had discussion with complainant who does not recall contacting OCO for any mental health issues. This person did meet with mental health in March. Reviewed I/I's WA One assessment, one of their goals was to meet with MH as needed. Informed to check in with Counselor as needed if problems arise.	Unable to Substantiate
72	Complainant says that at one of his sentencing procedures, the court sentenced him with 9+ points and did not give him credit for his time served at MCC. He says this is illegal according to the statutory maximum, so he refused to sign the contract and give his fingerprints. At this point COs grabbed him out of his chair, pinned him to the floor, punched him in the face.	This incident took place at the Skagit County Regional Justice Center in 2019. There is no video evidence available to review to affirm the complainant's allegation. The available documentation indicates the complainant spat on a prosecutor, was combative, and then was restrained.	Unable to Substantiate
73	Complaint regarding retaliation following a press release in which complainant called out shortfalls in Covid protocols at MCC. States that since the article was published he had been approached by multiple staff members making derogatory comments about him and a slew of negative consequences including: negative BOEs, infractions, job losses, cell search that trashed his cell and cut cables in half, and loss of personal property when transferring from MCC to CRCC.	Reviewed complainant's BOE and disciplinary history; he received three positive BOEs after April and the negative BOEs and infractions started around the following November. Unclear how to prove a nexus between an April news article and negative BOEs/infractions several months later.	Unable to Substantiate

74	Complainant says that he is being demoted to closed custody for multiple infractions. He feels DOC made this decision in retaliation for him filing grievances and contacting OCO.	Reviewed disciplinary history; past three infractions that complainant did not appeal. The increase to classification happened due to the infractions. No evidence provided of retaliation.	Unable to Substantiate
75	Senior counselor overrode consistent low risk classification to high violent on WA ONE Review.	According to DOC records, RLC is still low and complainant has since been released.	DOC Resolved
76	Complainant relayed multiple concerns regarding: termination from Correctional Industries (CI) job, claims of staff misconduct for which he is seeking financial compensation, employment reinstatement with CI job, a request for an investigation into the termination of certain workers including the former conduct of a named employer, a request for investigation into Covid-19 protocols at the facility, and potential retaliatory actions for reporting Covid-19 concerns by being told to “stay in your lane.”	Reached out to DOC and determined complainant has now been hired in a different CI position. Any desire to transfer should be addressed with his Counselor. We are unable to substantiate claims of staff misconduct and do not have the statutory authority to dictate staff discipline or award financial compensation for pain and suffering. Our limited resources also preclude us from investigating the termination of workers. Additionally, OCO is actively monitoring DOC’s response to the Coronavirus, including preventative actions. We also determined that a DOC headquarters investigation into complainant’s allegations was resolved in the state’s favor. If he is contemplating seeking monetary damages for alleged pain and suffering, we provided self-advocacy tort claim info. Because the complaint involved multiple elements, we are closing this case without further investigation as “Unable to Substantiate.” This means we find insufficient evidence exists to support a nexus between complainant’s allegation of staff misconduct and his termination. Provided Ombuds Review Request form should he wish to pursue further.	Unable to Substantiate
Stafford Creek Corrections Center			
77	Complainant reports being harassed and discriminated by staff who tell him who he can and cannot hang out	Informed complainant that their concern was uplifted to the Assistant Ombuds for the Western facilities. Complainant can file a grievance in	Information Provided

with and tell him he will be kicked out of Skill Builders program.

attempt to resolve concern at the lowest levels and provided our hotline information if he wishes to call our office to assist him with resolution.

78	Complainant says that he is an out of state transfer and it has been difficult to communicate with his family. He also says that due to a 2018 infraction about his tablet missing a screw, he received a three year JPAY suspension.	Upon outreach to SCCC, the Superintendent ended the sanction/JPAY suspension.	Assistance Provided
79	Patient is having a problem with a provider, and DOC has stopped her regular 90-day medical testing. She feels that a provider at SCCC is trying to bar her access to medical care. She has grieved her in the past and was able to get another provider but, recently this person has been intercepting & responding to her kites and she doesn't want to have to work with this provider again. Requested testing resume and not to work with that particular provider.	Closed Case Review: The review form does not supply any new information or ask for OCO to investigate further. Previous investigation was reviewed and found to be appropriate. Substantiated testing had been stopped due to restricted movement while SCCC was under Covid outbreak status. Confirmed Gender Dysphoria Clinic has now reopened. Facility medical director agreed to meet with patient to address concerns, scheduled follow up appointment for additional treatment planning.	Assistance Provided
80	Patient was seen by a local provider but needs an appointment with his Harborview provider. He is not receiving enough medication regularly; amounts are insufficient. SCCC also does not respond to his ongoing medical issues in a timely manner. He is supposed to be seen immediately for any emergent concerns but SCCC isn't responding timely. It took three weeks and OCO involvement for him to even get the appointment with the local provider. He is at high risk of a repeat of medical issues -- slight change in pain can mean infection could set in within hours. He says that other facilities have responded to his concerns appropriately, but not SCCC. Requested to be scheduled with Harborview, receive adequate medication, and create process for addressing emergent issues at facility.	Updated Case Outcome (disagree with treatment and access): Confirmed patient scheduled with DOC ophthalmologist and local off-site specialist. Could not impact change related to Harborview appointment as DOC is providing care outlined in the DOC Health Plan. Initial Case Outcome (access): OCO worked previous case and DOC provided follow up with eye specialist and patient is receiving care. Patient has not reached out to medical about recent issue (disagree with treatment) or filed grievance. Provided next steps - send medical kite, if issue continues, file grievance and follow up with OCO to	Assistance Provided

	Updated resolution: appointment with local DOC ophthalmologist and Harborview due to disagreement with treatment. Additionally, relayed concerns regarding disparate treatment of Black patients at SCCC.	reopen case for investigation/resolution. OCO will have jurisdiction at that time.	
81	He has dementia and is being held long-term in the IPU. IPU is not equipped for long-term care of dementia patients and he also has very little social interaction. This also means one less bed is available for urgent IPU patients. He does not do well in general population and was also denied for the Sage Unit at CBCC. Requested better placement option for chronic care. Relayed systemic concerns regarding inadequate care facilities/options within DOC for patients with similar chronic care needs/conditions. Requested OCO systemic investigation.	Patient approved for Sage Unit.	Assistance Provided
82	False statements in his medical record are preventing current providers from issuing the HSRs he needs. He amended the records but since the old info is still visible, new providers are using that info to deny access to items. DOC staff refuse to present case to CRC and are using these old records against him even though he has exhausted the process of redacting the false records. Needs specific medical supplies.	Confirmed HSRs updated and correct items provided. Since employee no longer works at DOC, DOC protocol is to keep the record and add an amendment. Could not impact change related to medical record.	Assistance Provided
83	Complainant says that she is requesting to be housed in a single cell until she is transferred to a women's facility. Says that her requests to transfer and to be housed separately are being denied. She says that she is currently undergoing hormone treatment and is changing her body in ways that make her feel unsafe being housed in a male facility.	After she contacted our office, DOC changed her housing. She reported that she now feels safe.	DOC Resolved
84	Case reopened: Patient provided updated information and additional details, ongoing medical concerns. He has attempted multiple times to call to the attention	Confirmed patient was scheduled with provider to discuss concerns and FMD reached out via kite to ask if he wanted an additional appointment to discuss HSR options. Dermatology appointments	Information Provided

of medical staff. Person says he has been neglected and requested proper medical care. OCO found additional details in grievance documents and spoke with patient via hotline. Patient requested blood test results and that outpatient dermatology visit is rescheduled (he is supposed to see him every three to four months but due to Covid it has been about eight months). Submitted additional complaint regarding a need for an HSR.

every three to four months are not medically indicated from specialist; local assessment scheduled. DOC agreed to schedule with specialist if medically indicated at assessment. Provided info for following up on staff conduct concern. No violation of DOC Health Plan.

85	<p>Wife had visitation approved for 21 years; then, in July 2018, they had an EFV. After search, DOC supposedly found contraband on incarcerated person and found him guilty of a WAC 603. DOC sanctioned him accordingly. After six months, he transferred to CBCC and part of his sanction was at that facility as well. About one year after his wife had already visited him at CBCC, she got a letter from CPM at SCCC stating she was terminated from all facilities indefinitely.</p>	<p>Visitors are able to apply yearly. Unfortunately at this time DOC is upholding their denial for visitation. Provided self-advocacy information on how incarcerated person can ask yearly for DOC to consider video visitations at a minimum. OCO is having ongoing conversations with DOC to implement changes regarding permanent visitation suspension.</p>	<p>Information Provided</p>
86	<p>Person has kited multiple times over the years to mental health and is not getting appropriate mental health services. Would like autism spectrum disorder diagnosis to be noted and acknowledged for ADA purposes.</p>	<p>Confirmed that individual has seen mental health. Provided self-advocacy suggestions regarding requesting accommodation status report. Discussed his concerns regarding mental health access and records of childhood diagnosis with DOC HQ. Also discussed possibility for multi-disciplinary team consideration of an accommodation status report (ASR).</p>	<p>Information Provided</p>
87	<p>Complainant reports trouble with ear pain along with swelling and fluid pressure.</p>	<p>Complainant has not yet filed a grievance in attempt to resolve concern at lowest levels first. Provided information on the steps to do so; OCO may be able to look into concern if it remains unresolved after grieving.</p>	<p>Lack Jurisdiction</p>
88	<p>Patient is not receiving injections for migraine headaches. Says that treatment stopped. Requested treatment resume and an MRI/neurological exam.</p>	<p>No grievance on file. Patient needs to contact medical and file a DOC grievance before OCO has jurisdiction.</p>	<p>Lack Jurisdiction</p>

89	<p>Complainant states DOC has implemented a new rule regarding masks that is extremely concerning to incarcerated population. All new rules must be given a 30-day notice before implementation, and that was not done with this new rule that requires wearing masks outside even when properly distanced. Individuals are forced to wear masks inside the prison which is very stressful. The only chance individuals get for fresh air is when they have the little yard time that they are given. Complainant states outdoor mask requirements have caused stress and issues with hypoxia. Complainant alleges infractions for mask non-compliance are too harsh and believes mask mandate is inhumane. Requests change to the mandatory mask rule.</p>	<p>DOC sent out a memo in February making masks mandatory anywhere in the facility and in the yards. Memo was sent as well as information OCO's work regarding Covid-19 concerns.</p>	<p>No Violation of Policy</p>
90	<p>Complainant is still in segregation after being found not guilty of infractions in April 2021. Complainant believes he should not still be in segregation after being found not guilty of the infractions. Complainant alleges other incarcerated individuals are also experiencing delayed hearings.</p>	<p>He was placed there for a suspected fight/assault. He was found not guilty but did have ad-seg extensions, which are allowed within policy.</p>	<p>No Violation of Policy</p>
91	<p>Patient is claiming inadequate medical treatment for knee injury sustained February 2021. Medical grievance has reached Level I. Requested MRI.</p>	<p>Patient referred to physical therapy. DOC open to reconsidering MRI again after trial physical therapy. DOC Health Plan met, no violation of policy. Provided information on how to follow up with OCO as individual provided minimal information about concern.</p>	<p>No Violation of Policy</p>
92	<p>Complainant was terminated from job and given an infraction that did not fit the situation. He is also claiming that the other incarcerated person who clearly threatened him in the infraction was never infractioned.</p>	<p>Reviewed the infraction history. DOC reduced the infraction to a general infraction and suspended the sanction. OCO does not generally investigate general infractions where there is no demonstrable negative impact to a person's health, safety, welfare, or rights via the sanction. Reading the incident narrative, it appears that the actions described could qualify as "disruptive behavior."</p>	<p>No Violation of Policy</p>

		Regarding the other individual, OCO does not pursue disciplinary action against other incarcerated individuals; OCO assists people with their individual circumstances.	
93	Complainant reported suffering a mental break, which resulted in them going to segregation. Had informed staff that they needed medical assistance, but no assistance was provided.	Alerted facility and executive mental health staff of complainant's concerns and need for treatment. Confirmed several mental health encounters (including an assessment) by mental health in weeks leading up to and following contacting OCO.	No Violation of Policy
94	Complainant says that he believes he is being punished multiple times for the same action. He says that he committed a single offense and was told he had to sign a contract that allowed him to be punished for a multitude of offenses. Says that this is unjust and abusive.	After further review of policies, OCO is unable to take further action as this discipline was not a violation of DOC policy. CI may have their own standards for discipline but DOC has the authority to decide sanctions, and CI can terminate for any reason. The outcome is not a violation of policy.	No Violation of Policy
95	DOC changed complainant from a level 1 to a level 2 sex offender with a non sex-related crime. Because of this, he's now past his ERD. If DOC changes his level back to a 1, then he could release to a place that accepts the housing voucher. As a level 2, it is harder to find housing to release to.	Complainant released and got ahold of our office later. He sent in the ROI and OCO reached out to the HQ SOTAP and Classification team. It was found that the incarcerated person refused treatment and previously failed to report during prior community custody. This is the reason for the increase in SO level. They are not willing to overturn that decision at this time; OCO cannot find a violation of policy.	No Violation of Policy
96	Complainant says that DOC is preventing him from filing his documents on time with the courts. Says that the coordinator has not communicated about this incident.	He was given the documents late, delaying access to the courts. DOC has reached out to the courts to notify them of the delay.	Substantiated
97	Infracted for possession of a weapon after a DOC staff search found a weapon under his mattress. States that the weapon was planted.	Closed Case Review: Followed up with SCCC I&I regarding additional evidence; SCCC I&I confirmed they did investigate his allegation but could not find evidence to substantiate that staff were responsible for the weapon found in his cell. OCO is not aware of any other evidence to substantiate this allegation.	Unable to Substantiate

Original Outcome Summary: No evidence was presented to substantiate the allegation that the weapon was planted. Recommended that the person contact OCO on the hotline if he has more information to provide.

98	Patient had HSR for a single cell, was changed by CNA. Requested single cell be restored.	No record of HSR or ASR for single cell on file.	Unable to Substantiate
99	Complainant says that he has been retaliated against for reporting a PREA. Complainant says that his PREA was not taken seriously.	Reviewed PREA packet and it appears to be in order and conducted properly. The complainant does not give any specific instances of retaliation for OCO to look into. Informing complainant in closing letter to contact us again with specifics if he would like us to take any action.	Unable to Substantiate
100	Complainant says that he received a false infraction; a female officer said that he made a comment to her that he did not make, and he was charged with sexual harassment. He says that this infraction was issued after he voiced concerns about the amount of attention that she was giving to another incarcerated individual.	Unfortunately, an officer's word that something was said does qualify as "some evidence." He would need evidence that he did not make the statement that we could lift up to DOC to ask for corrective action. Regarding the retaliation, he would also need evidence to substantiate that he was voicing concerns about her conduct. Invited complainant to call the OCO hotline to provide more information if he has any. Unfortunately, there is not enough here that is going to convince DOC to change this infraction.	Unable to Substantiate
Washington Corrections Center			
101	Complainant injured his leg while working as a porter at WCC, and states that staff did not file an incident claim. He has been denied medical treatment. Has filed a grievance but states that they did not turn it in. Has a witness, but states that they have threatened him. Patient transferred after opening case, investigation from WCC to CRCC.	DOC response delayed. Confirmed patient scheduled with provider at new facility for follow up on treatment and Labor & Industries claim. L&I claim was not submitted at the time of injury, confirmed L&I claim submitted after OCO outreach. Treatment at new facility reviewed and is in alignment with DOC Health Plan.	Assistance Provided

102	Requester says that an individual was raped and strangled by a cellmate during the night and is currently in the hospital for this incident. Requester says that this person was hurt all night and had to wait until morning for help.	This incident was reported by an external stakeholder. OCO spoke with the incarcerated person involved who expressed that things were better, and he did not want anything done with this case. He reports after the incident happened it was addressed, a keep-separate was put in place, and he was transferred to a different facility. OCO also spoke with the complainant to follow up on their contact with our office.	Declined, Other
103	Patient fell coming out of the shower which resulted in pelvic bone popping out. Patient is in serious pain but medical is giving him minimal care.	Assessed by providers in February; medications provided. Also underwent a full physical exam on shortly afterward, but no follow-up was scheduled. Spoke with patient in April and learned that hip pain was resolving.	DOC Resolved
104	Complainant has concerns about why he's currently not permitted to submit a release address. He's earned all his good conduct time and, since resentencing, now has an ERD in June.	Now has a Projected Release Date (PRD) in July. "Offender" Release Plan (ORP) has been approved by field Community Corrections Officer (CCO).	Information Provided
105	Complainant says that he has been diagnosed with mental health issues. He has taken specific medications on and off for 10 years to treat these diagnoses. He reports that DOC is taking him off his medication which he needs to function. Psychiatrist told him there is nothing he can do but try to put him on different medication. Complainant would like to continue his old medication.	Alerted DOC to complainant's concerns regarding access to restricted formulary medications. Provided information to him on potential pathway for establishing medical necessity of restricted formulary medication.	Information Provided
106	Complainant says that his issue is the conditions and UA paper that individuals get when released. Reports that in 2019 when he was going to be released, he was given an extensive (40+) list of conditions. Complainant says that one of the clauses of one of the conditions says that DOC has full access to his house. Complainant says that this conditions page is illegal.	Community Custody concern. OCO lacks jurisdiction over community custody; provided complainant with self-advocacy information.	Lack Jurisdiction

107	Complaint via family member. Incarcerated person had housing needs of a sensitive nature. Asking for him to be removed from the oversight of officers with a bias against his crime.	Individual's placement carefully considered by HQ. Has been placed in housing appropriate for his needs. Closing per agreement with incarcerated individual and family without further investigation.	No Violation of Policy
108	Complainant says that he has told medical, the kitchen, and chaplain to change his diet because he is allergic to citrus. He says that his medical needs are not being taken into consideration and addressed. The response he got from the grievance coordinator is that medical could provide a health snack to supplement his diet if he talked with his provider. He met with his provider at sick call but nothing changed. Requested medical needs be properly addressed.	There is no HSR for a citrus allergy, per DOC 610.240 Therapeutic Diets. Supplemental snack not medically indicated as patient does not meet criteria. DOC issued compression socks and scheduled appointment with orthotics for specialized footwear. No violation of DOC Health Plan.	No Violation of Policy
109	Infracted for an 882 - Unauthorized Cell Phone. Complainant states he can prove he was not using the cell phone to record podcast episodes, as staff at WCC were accommodating him to be in a quiet area to record his episodes.	The elements of the 882 infraction appear to be met. DOC appears to have met the very low bar of "some evidence" based on the fact a cell phone was found under the complainant's bunk in with his other possessions.	No Violation of Policy
110	Patient on Suboxone; DOC then accused him of diverting his medication. Patient wants to be put back on Suboxone but is releasing in two weeks. Facility has offered him naloxone to release with as he states they know he is at risk for overdosing on release.	Patient was observed attempting to divert Suboxone by the nurse who administered it. DOC states this is grounds for immediate medication termination and that he will be referred to a clinic where he can access a Suboxone prescription upon release.	No Violation of Policy
111	Complainant says that he was assigned to max custody and was supposed to take a GED program but it is not running due to Covid. So, he took the alternative OCP program and received a certificate of completion for it. Now he is being told he has to take the GED program, but says that it was supposed to be one program or the other, not both. Wants to be released from max custody because he completed the one program he was supposed to.	OCO determined the complainant voluntarily completed OCP. However, his plan requires him to participate in Education/GED which we understand he is doing. Complainant was promoted to level 3 and informed by counselor that if maintained for 30-days he will have fulfilled his plan and the process of getting his custody level changed—from Max to whatever he scores—can begin.	No Violation of Policy

112	Complainant has been asking to see the dentist because he has a wisdom tooth that is hurting, but DOC has refused dental appointment. Requested dental appointment and treatment for wisdom tooth.	Patient does not meet criteria for wisdom tooth extractions, according to DOC Health Plan. Confirmed dental assessment provided and follow up scheduled.	No Violation of Policy
113	Complainant says he was removed from the EFV program after 12 years due to DV indicators and J&S current policy language. He appealed the denial but it was upheld. He says that his visits are not with DV victims or anyone similar and his J&S was amended to allow visits with two family members. They are his only support system.	In order to obtain more information about this concern, OCO reached out to DOC and determined that there has been no violation of policy regarding the visitation denial. Complainant was found guilty of two major infractions of a sexual nature while in custody. Those infractions are in violation of his J&S.	No Violation of Policy
114	Complainant states he wants staff written up for failing to respond to his "emergency" call in a timely manner (90 minutes later) because staff was eating.	OCO is unable to determine discipline for DOC staff. Medical staff reviewed his chart but found no medical emergencies documented during this time period. Complainant has documented consistent wellness checks in the IMU by nursing staff. Complainant would also have had the opportunity to report a medical emergency to mental health as part of overlapping systems to ensure patients are able to access and receive any necessary care.	No Violation of Policy
115	Complainant lost 150 days of good conduct time on a series of Refusal to Cell (724) infractions that he received over a two-week period. He was found guilty but believes that the infractions should be overturned because he believes a person can only be infraacted once a week.	OCO is not aware of a policy that restricts the number of times that DOC staff can infract a person within a given time period. OCO agrees, though, that 150 days of lost good conduct time is excessive for the infraacted behavior. OCO uplifted the concern to the superintendent and requested reconsideration; they declined. OCO cannot take further action, but will include in future systemic review regarding the excessive sanctioning.	No Violation of Policy
116	Complainant got an HSR that allows him to purchase his own "medical mattress." His medical account had the funds on hold to purchase it. As the purchase request went up the chain of command, it was denied. It was approved by a CO and then sent to the Superintendent.	Closed case appeal. Previous case was handled appropriately. The only circumstance under which DOC will allow for a medical mattress is in cases of skin breakdown or ulceration. They distinguish between medically necessary and medically	No Violation of Policy

He thinks this is because after he requested it, other incarcerated people also requested the same thing. He has met with a neurosurgeon and has MRIs that show a medical need for the HSR mattress. Someone at HQ made the decision to deny the medical mattress, not his medical provider.

appropriate. Unless there is breakdown, a medical mattress is not determined to be medically necessary.

117	Complaint regarding Suboxone medical treatment. Patient says he tried to appeal to appropriate level but instead grieved multiple times. Patient says that he enrolled in the MAT program and wants to continue this program at the facility he is being transferred to.	Patient was tapered off Suboxone upon intake to WCC, in alignment with DOC policy. Individual does not qualify for MAT programming until closer to release date.	No Violation of Policy
118	Person was placed in handcuffs which the caller claims is not supposed to happen for mental health reasons. Person was in a struggle with an officer, and caller was concerned this person might get charged with assaulting an officer. No other details provided.	Made outreach to DOC and was able to substantiate that he was restrained behind his back, prior to the behavior which led to the infraction, contrary to the recommendations of a Health Status Report (HSR) which states "avoid cuffing behind back." OCO did make outreach regarding the resulting infraction, but the finding of guilt was upheld by a member of the facility's Executive Team. Substantiated, but neither resolved by DOC nor can OCO assist with impacting change.	Substantiated

Washington Corrections Center for Women

119	Complainant alleges gender parity and disability rights issues regarding facilities. The women with mental illness who are long-term residents of the unit known as TEC-Res are housed in the Z building, which was never wired for individual TV's in rooms, J-pay kiosks, video visits, player updates, etc. Every other unit at WCCW has these available. The residential mental health unit at the men's prison in Monroe has such features. Complainant states Superintendent and DOC administrators claim it is too expensive to retrofit the building to provide the services that every other unit	OCO met with WCCW and DOC administration regarding these concerns. WCCW has updated the kiosk for the population in Tec-Residential to have video visitation capacity. Upper management stated they were not aware of this access issue. The facility is currently working on a cable package for this unit which will allow for personal televisions.	Assistance Provided
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has. No projected costs are ever revealed for retrofitting the building, and complainant questions whether or not bids have ever been solicited, or if the matter has even been explored. Having a dayroom TV is not comparable, since the individual user has no control. Having video visits during this lockdown would have been hugely beneficial to this population.

120	OCO received concerns that when someone decided to quit Therapeutic Community, even if they were still minimum custody, there were being taken to close custody.	It is not within DOC 300.380 to place an incarcerated individual in close custody when they score minimum because they failed to program in Therapeutic Community. DOC Headquarters confirmed with the facility that this process needed to change.	Assistance Provided
121	Mortality review. Daughter was at WCCW in the MSUA. She had bone cancer and had been treated for approximately seven years. She set up the medical directive that she wanted to be a body donor. Mother was not contacted when her daughter passed. DOC sent the body to the county coroner; they did not look in her medical file to see the directive. Mother concerned that provider(s) may have had medical license revoked in past. Also reported that her daughter's falls prior to death may not have been treated and may have resulted in death. She was supposed to receive regular injections; injections were frequently delayed.	Unable to investigate case involving 2018 death due to limited resources.	Declined, Other
122	Complainant is challenging her release date. Claims 19 days are missing from her time in receiving at WCCW, and six days from a sanction which says four days and she says should be 10 days.	Individual was released.	DOC Resolved
123	While they were working in the WCCW yard, a staff person began taking pictures of individual. Individual has never authorized WCCW to take their picture.	The picture was taken by a safety officer to indicate a safety risk. The staff member was not aware they could not take photos without permission from the individual. The staff member was coached on policy and the images were deleted.	DOC Resolved

124	Complainant was terminated from the Community Parenting Alternative (CPA) program and sent back to prison for multiple infractions, however, she is trying to get them dismissed based on improper procedure of the hearings.	<p>Closed Case Review. Reviewed original case and responded to complainant's letter with responses to her questions.</p> <p>Original Outcome Summary. Her original hearing was remanded and she was given a new hearing. DOC found her guilty of infractions based on evidence of violating the community parenting program.</p>	No Violation of Policy
125	Complainant said she is being denied the medications she was on in the community for degenerative disc failure.	DOC has answered her grievances and she has been in contact with her health provider. The medications she has asked for are not available and she was prescribed something similar.	No Violation of Policy
126	Complainant says that the grievance coordinator determined that her matter was not grievable, and that this violates her protected status of a person with disabilities. She says that this facility is discriminating against her because of her age, and against people who need medical services to a greater degree.	The grievance was correct that an RCW is non-grievable. We do not have jurisdiction to change the copay amount. RCW 72.10.030 states: "To discourage unwarranted use of health care services caused by unnecessary visits to health care providers, offenders shall participate in the costs of their health care services by paying an amount that is commensurate with their resources as determined by the department, or a nominal amount of no less than four dollars per visit, as determined by the secretary."	No Violation of Policy
127	Complainant says that she is rape victim and a male counselor is around her constantly. She says that since her incarceration, this counselor has used his position knowing that she has a life-long no-contact order on felony cases to prevent her release from custody. Complainant says that the counselor adjusted the records in the computer to not allow her release.	Due to her criminal history it has been challenging to find housing. DOC recently found her a sponsor and housing and secured a release date She did file a PREA but it was unfounded. Mental health has been working with her. DOC has not violated policy.	No Violation of Policy

128	Patient is experiencing periodic respiratory symptoms. He was only recently treated for cough. He felt like he was getting better, then had a medical emergency in February. He is no longer having constant dizzy spells and chest pains but they do still occur periodically. He received testing but no treatment. He was told he was supposed to receive an MRI but it has been postponed. Patient completed form for MRI, sent it in, and two weeks later received the same packet. He filled it out again and hasn't heard back. His ERD is approaching and he is afraid DOC is waiting so they don't have to provide the testing prior to release.	Alerted DOC to these concerns. Confirmed MRI completed before release. Patient released to community.	Assistance Provided
129	Complainant reports that he still has not been seen by the dentist. Needs to get his molds so he can eat.	Complainant was seen in June and has a follow-up appointment scheduled to resolve the dental issue.	Assistance Provided
130	Patient says that he is trying to get medical care for issues that he had outside of incarceration, but he is being told that he does not meet the criteria for treatment. Says that he has so much pain that he can barely walk and he cannot take a shower without almost passing out. He has asked for pain medication, physical therapy, and a diet change but all have been denied. Requested pain management plan, physical therapy, knee brace, extra mattress and diet change.	DOC responses delayed, uplifted to HQ. Multiple concerns/resolutions: Confirmed appointment and plan for chronic pain created, including referral to physical therapy. Practitioner is working with him on lifestyle change including diet and exercise. Confirmed active pain medications and discussion with provider about options. MRI complete. Patient referred to ENT for sinus concerns. OCO did not impact change related to knee brace or mattress because there is no violation of policy regarding HSRs. DOC Health Plan met.	Assistance Provided
131	Complainant says they arrived to work and they went through a door that two other incarcerated individuals had gone through and the officer closed the door and crushed him. Complainant was sent to hospital and received an MRI. He is dealing with severe back and leg pain and later he fell down the stairs and received a second MRI that showed he will need to see a specialist. DOC said they would open an L&I claim and never did. Requested CO involved to be named in the accident,	Confirmed L&I claim was filed. Confirmed treatment being provided. OCO does not provide legal advice, provided information for requesting legal assistance as well as DOC records.	Assistance Provided

copies of medical and incident report, legal information, and an L&I claim to be opened/filed.

132	Patient receives insulin daily at a set time. Due to an incident involving custody, he did not receive insulin until around the time he typically receives his second dose of the day. He grieved this, but reports that grievance was not handled appropriately – grievance was passed between filing as custody issue and medical issue. He was not able to reach out to OCO during the situation because they were on lock down and couldn't access phones. DOC staff infracted him with a coercion, intimidation for trying to make DOC do diabetic line. Wants OCO to be aware that there is no protocol in place for making sure medical is handled during custody events.	Scheduled call with patient and he confirmed issue had been resolved. Patient still wanted to uplift systemic issue and incident in hopes of preventing this from occurring again. Information provided for follow up with OCO as needed.	Declined, Other
133	Patient says he was transferred from the Walla Walla Hospital to the Tri-Cities Hospital. The driver of the ambulance hit the curb and he was tipped over, almost to the ground. The DOC officer and crew saved him from hurting himself more. At the Tri-Cities hospital the doctor prescribed continuous pain management due to the severity of the injuries. The problem is DOC medical policy does not allow him to receive this needed pain medication. He's just been given temporary relief for up to two weeks and then he will have to fight to get an appointment.	Patient is currently being prescribed several different medications to help with pain. Informed him that he should seek a re-evaluation with his assigned DOC provider if the medications are not providing him with adequate relief.	DOC Resolved
134	Person has had ongoing medical concerns. Reports that he saw a specialist, but he experienced another medical incident after that. He says he is getting worse and having incidents where he is bleeding and needs appropriate care.	Confirmed patient seen for consult and scheduled with specialist for surgery/GI consult. Nursing is following up with patient every two weeks for blood count and to follow up on anemia. Confirmed follow up appointment has been scheduled.	DOC Resolved
135	Patient says that he suffered trauma to his right knee at WSP and was unable to walk. He says that medical staff told him that he needed to see a specialist but then he	Patient referred to physical therapy and a diclofenac gel prescription was submitted. Confirmed follow up scheduled.	DOC Resolved

was transferred to WCC and then AHCC. Patient says that he tried to get signed up with medical and sent in several kites to be seen but was told that he could not be seen. Says that his knee is in extreme pain and he has fallen many times. Pain has worsened over time. He was told this was a chronic issue when he declared a medical emergency but he said it is only “chronic” now because it was never adequately treated. Requested medical treatment to address knee pain.

136	This person has questions about an upcoming custody facility plan. Would like to transfer to facility in western Washington. His previous therapist said if he stayed out of trouble that he will be able to get over there; however, now his current therapist is saying he needs to stay at WSP two months longer to try out being successful in medium custody. His CFP meeting is in August.	Provided this person with information about OCO. Explained the hotline, our RCW and what types or cases we can review. Explained that OCO can review issues with his custody facility plan but he will have to go through the process of having an official CFP meeting and appeal the classification decision if he does not agree with it. Suggested he contact OCO again if self-advocacy is not successful.	Information Provided
137	Person of relation reports that this person is not able to use the phones per a disciplinary sanction. She states that this is in violation of a memo sent out by DOC directing hearings officers to not use the sanction restricting phone access unless the infraction is directly related to phone use.	This person was sanctioned in line with current policy and the memo noted. The infraction fits the criteria to use the phone restriction sanction.	No Violation of Policy
138	Patient says that DOC failure to address ongoing medical issue is an ongoing concern. Says that health providers recommend that he get a MRI but this keeps getting denied by the care review committee (CRC). He says that he can barely sleep, walk, stand, or sit because of his chronic pain. Requested medication or effective alternative pain management plan.	Uplifted to DOC Chief Medical Officer as the only authority for overturning these decisions according to DOC policy. Provided more information to patient regarding CRC denials and appeals.	No Violation of Policy
139	Complainant says that he received an infraction for refusing to accept a license plate job because he was already working as a chapel clerk. He says that COs said they would clear the issue up and sent him back to his	Elements of the 557 infraction appear to be met because he sent a kiosk message to his counselor saying that after he was informed he was to work in license plates (which was not the job he had	No Violation of Policy

unit. Complainant says that the facility is trying to assign him to license plate duty without his knowledge or approval.

agreed to with the counselor), he refused. OCO could not locate evidence from staff to confirm that they told him to just go back to his unit. Staff also provided evidence of orientation materials that would have informed him of the proper way to terminate a CI job.

140	Complainant was infraacted for a 656 (offering bribe) for offering assistance to a Correctional Officer that is dealing with a formal complaint from the Washington Ethics Commission. The CO was worried about being fined by this entity. The complainant asked if he (the CO) wanted him (the complainant) to speak with his lawyer about possibly making a donation under his case number. The conversation ended, then the complainant received this serious infraction as a result. Officers around and the CUS said that this was an unjust infraction and he was in no way bribing this CO.	Lifted up to DOC Disciplinary Program Manager. Although he did not actually make a bribe, this could fall under "intent" or "conspiracy to" and the amount of the ethics violation would likely be over \$10. DOC feels this is a serious violation and a lesser/minor infraction was not suitable. DOC declined to take further action.	No Violation of Policy
141	Complainant says he filed a tort claim with the Clark County Risk Management office and settled for \$250, but DOC took deductions from the check. Inmate banking said that it wasn't a DOC tort claim and therefore deductions are allowed.	DOC is following DOC 200.000 Trust Accounts for Incarcerated Individuals (attachment 2 entitled Deduction Matrix). That policy states, "Personal Property tort claims are only exempt when stamped by DES [Department of Enterprise Services]. Personal injury or personal restraint tort claims awarded are subject to full deductions." Because this tort claim did not come from the state level entity (DES) and instead came from a group working for Clark county, this check was subject to deductions in compliance with current DOC policy.	No Violation of Policy
142	Complainant says he allegedly committed WAC Violation 752. At his hearing he presented and cited DOC 420.380 to the hearings officer who found him guilty. Complainant appealed, stating that he willingly submitted to a breathalyzer and blew well below the threshold stipulated in DOC 420.380. He is at camp,	In reviewing DOC 420.380, nothing indicates that a blood alcohol content reading under .020 is not subject to infraction. All DOC prison facilities have zero tolerance for any drugs or alcohol. Thus, any reading over 0.0 is subject to infraction, including a reading of .011.	No Violation of Policy

waiting for work release and getting closed out and losing two points is causing him a great deal of stress and anxiety.

143	Received an infraction while at the dentist for intimidation that never happened. The infraction states only that he “spun around in his chair” and it resulted in a strongarm/intimidation infraction.	No video was retained of the incident. However, the infraction narrative clearly states that the only basis for it is that he spun around quickly in his chair, threatened a public disclosure (which is a protected action) and the staff person felt scared. OCO raised concern about this very subjective infraction to both the DOC Disciplinary Program Manager and the Assistant Secretary of Prisons and both declined to change this. We do not have the power to independently change it and there is no further actions that we can take to assist him.	Substantiated
144	Complainant’s loved one tried filing a grievance on a CO due to CO not letting complainant scan his hand for the kiosk- even though he had received two kites saying he was supposed to scan his hand that day. After the CO stated he wasn’t on his list, that’s when he then requested to file a grievance because the CO was mocking him, asking him if he feared for his life and wanted to be sent to IMU. Before being able to write a grievance, he was sent to the hole by that same CO and is now being served with a “threatening staff” infraction. This person is being accused of saying something he did not say; even with witnesses saying he did not say what the CO is claiming.	Same as prior complaint, but submitted from a different person. The infraction was reduced and the person let out of segregation within a week. The incarcerated person did not appeal it and there also is no grievance on record regarding retaliation. Encouraged the complainant to have the incarcerated person call the OCO hotline directly.	Unable to Substantiate
