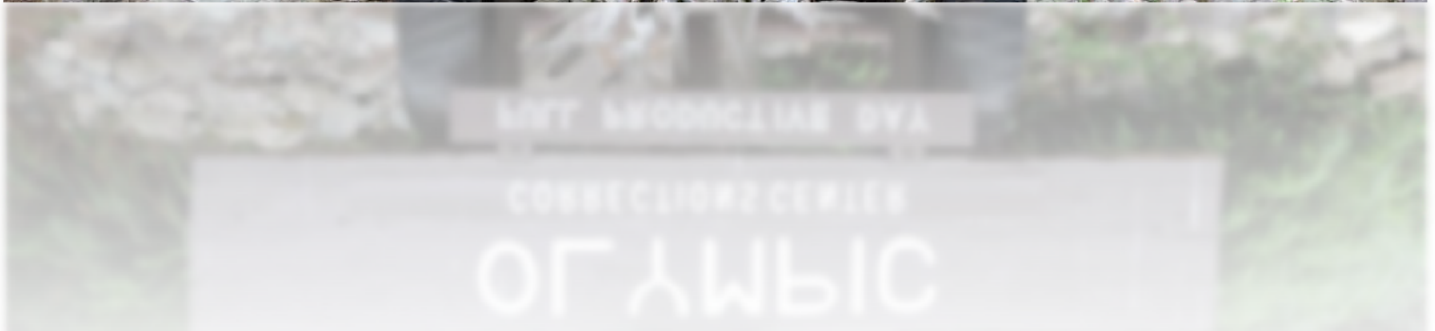


# **OLYMPIA CORRECTIONS CENTER OPERATIONS REVIEW REPORT – 2018**



**Liana C. Dupont-Smith, Audit Director**

**Patrick J. Gosney, Internal Auditor**

**WASHINGTON STATE DEPARTMENT OF CORRECTIONS**

**April 3-5, 2018**

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**Review Components**

Audit Director

Review Assistant

Searches & Inspections

Information Technology

Critical Security

Disciplinary Process

Food Services Program

Staff Safety and Accountability

Restrictive Housing

Offender Management

Health Services

Health Services

Health Services

# Facts

## **Superintendent:**

**Jason M. Bennett**

## **Custody Level:**

**Minimum**

## **Operating Capacity:**

**381 male offenders**

## **Academic & Partnership Programs**

- Adult Basic Education (ABE)
- HS21+ & HS18 (new)
- English 090
- Life Skills Computing
- Job Seekers
- Sustainable Horticulture
- Green Building Technology
- Human Relations
- Math 121
- English 101
- Dog Training Program

## **Research Based Programs**

- Substance Abuse Therapeutic Community
- Redemption
- Reentry

## **Work & Vocational Programs**

- Construction Service Crews
- Work Crew reforestation activities
- Fire suppression for DNR
- Food Service
- Janitorial
- Wood Products Shop
- Grounds Keeping
- Maintenance
- Carpentry
- Waste Water Treatment
- Electrical
- Horticulture
- Recycling
- Compost

# Overview

*Information provided by OCC*

Olympic Corrections Center (OCC) staff work diligently to maintain their high level of performance in all facets of corrections work. The staffing model requires that each member of the team perform in many different capacities in order to meet the facility mission.

This past summer OCC staff and offenders were tasked out to the fires that endangered the state. The extended length and intensity of this fire season increased the demands on staff and offenders alike. The critical nature of this work and its impact on facility operations cannot be understated.

Despite the additional challenge created by the fire season, there were 87 completions from The OCC Therapeutic Community (TC) Program and OCC/Peninsula College had 24 GED completions.

In 2017 Olympic Corrections Center completed its national PREA Audit meeting compliance with all national standards with no corrective action items.

Through the use of donated wood products and offender labor, the facility donated many hand-made items for the Quillayute Valley Scholarship Auction. Funds raised were used to support scholarships for graduating seniors of Forks High School.

Olympic Corrections Center supports the Department's goal of working for sustainable, safe communities. The facility consistently looks for ways to save energy, reduce waste, and become more efficient in its plant operations. Sustainability is also demonstrated through the compost program, a horticulture program, recycling program and transitioning to energy saving appliances and installing water meters.

OCC staff have done an excellent job balancing offender programming needs with facility operational needs to run an effective correctional facility.

## Scoring Matrix

The Operations Review utilizes a scoring matrix for each checklist. This score reflects a facility's level of compliance with the audit questions and determines the rating of Compliance, Partial Compliance, or Not-In Compliance.

Each question has a score value. The percentage is calculated by totaling all of the scoring questions of a checklist into an average. Most checklists are broken up into parts. Each checklist "part" gets totaled for a score. The checklist "parts" are then added together and averaged out for a checklist category score (i.e. Post Operations, Searches and Inspections).

Many checklists have "Info Only" questions and some questions will not apply to certain facilities and be marked as "Not Applicable." These questions do not factor into the score.

There are two ways to impact the compliance rating for a checklist:

Number of questions missed,

Repeat corrective action items (CAPs)

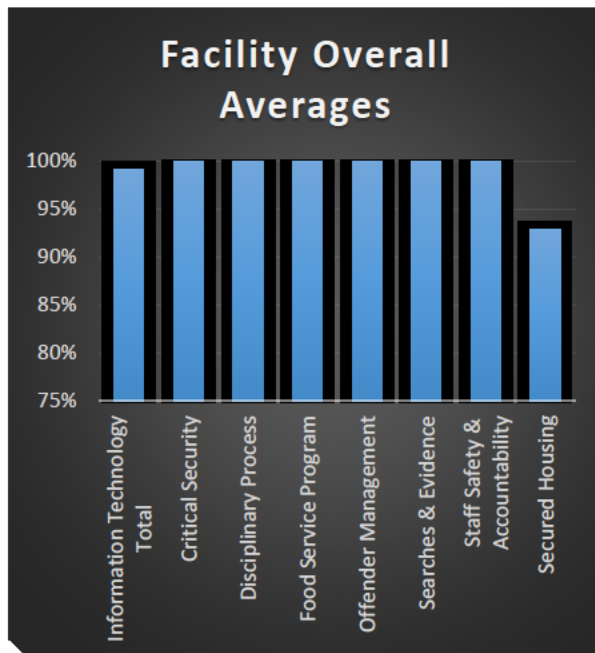
Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that part's score.

<b>Compliance</b>	<b>97% &lt;</b>
<b>Partial Compliance</b>	<b>88%-96%</b>
<b>Not In Compliance</b>	<b>87% &gt;</b>

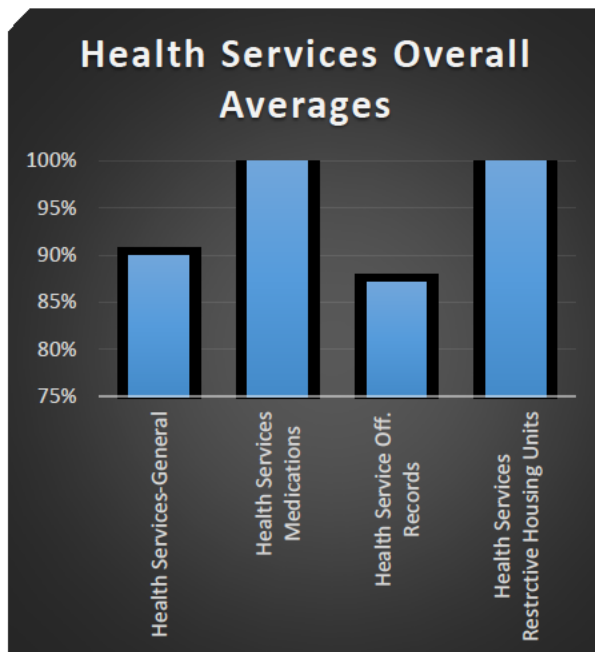
A score of 97% Compliance allows for one or two CAP items in a checklist.

## Scores at a Glance

### Operations:



### Health Services:



## Information Technology

Olympic Corrections Center (OCC) Information Technology (IT) staff were extremely accommodating. They made themselves available for the audit, which was challenging as they provide IT support not only for OCC, but Clallam Bay Corrections Center (CBCC) Clallam Bay's Department of Corrections (DOC) Field Office.

The IT staff are well-versed in Department policies and the Office of the Chief Information Officer (OCIO) requirements. Cleanliness of IT equipment rooms is important to maintaining well-running equipment and all their IT equipment rooms were noted to be clean and well organized.

IT staff were quick to identify areas that house offender used computers and were quick to show the team around. OCC IT have established a standard practice for handling computers detected as having non-standard imaging (unauthorized software, modified software, etc.). They use software called "KillDisk" to securely erase the computer's hard drive and then they restore the computer to standard state. They log their efforts for tracking purposes and place a specific sticker on machines that required restoring to allow for easy identification.

The Education Department's computer system is physically separated from DOC networks. The education staff were extremely helpful and provided information on updates and changes that they have made over the past two years regarding their computers to ensure offenders have limited access. It was also noted that all computers were locked down with green zip ties. Hardware/Equipment was either in locked boxes or in secured rooms to ensure that offenders cannot access them.

All DOC and contract staff understood the importance of the need to monitor the computers and their usage.

**Rating: Compliance**  
**Score: 99%**

### **Corrective Action Item(s):**

- There is one Tool computer that does not have the CD Rom or USB ports locked down. IT will be moving this computer to an area that is not accessed by offenders.



## Critical Security

Upon arrival to OCC, the Lieutenant met the Operations Review team and provided each team member with a packet that contained a welcome letter outlining the safety and security guidelines for the team, a facility map and a facility phone directory. The team was also supplied with radios, accountability tags and door codes. This was a great start to the week and gave the team the right tools to get started.

OCC staff are enthusiastic about the process and show concern that it be performed appropriately, showing that safety truly is priority.

Safeguards are in place to ensure that isolated areas get continually checked on. These checks included officers walking through each area and performing radio checks throughout the day to ensure the safety of the employees working those areas. All employees showed they take these checks seriously.

Staff made it clear that they are sometimes spread thin and additional staff are needed to share some of the daily duties. For instance, one of the Clearwater Unit Officers is assigned to supervise an on-grounds work crew, conduct security checks of the outer and inner perimeter as well as other out of unit responsibilities. This leaves a single officer in the unit for an extended period of time, which can be an unsafe situation. Although they have precautions in place and staff state that they feel safe, they acknowledged that "anything could happen, at any time" in this environment.

Place Safety Muster (PSMs) documentation shows they are occurring as scheduled, topics are relevant to current issues, and meeting notes indicate the information is well-received by staff.

Throughout the review there was on-going praise for the level of communication and information sharing the Security Specialist provides to staff. There also was a lot of positive feedback on how the Training Department has improved staff understanding of the importance of training.

**Rating: Compliance**

**Score: 100%**

### **Corrective Action Item(s):**

*No corrective Action items for this section*

## Disciplinary Process

OCC has six trained hearings officers to keep hearings moving along through the process within the timelines of policy. In the domain of “wearing many hats” the facility Lieutenant is also the Primary Hearing Officer (PHO).

The PHO stays on top of the training sessions, ensuring the staff in positions that perform hearings have gone through applicable training and stay in compliance with annual requirements.

In this position the PHO provides specific training in the laws and regulations, sanctioning guidelines, how to conduct hearings, and proper evidence handling. This is a position which requires well-defined responsibilities and a strong knowledge of the protocol requirements, as well as staying on top of new changes to policy or law.

The Hearings office was clean and organized, the staff working in the area were professional and accommodating. All needed documents were available and accessible.

Ten Class A, B or C infractions and 5 category D infractions were reviewed. All documents are in order, containing the proper signatures and policy required documents.

Overall the Hearings Department does an excellent job of ensuring hearings are conducted according to policy and in making sure that an offenders due process rights are preserved.

**Rating: Compliance**

**Score: 100%**

### **Corrective Action Item(s):**

*No corrective action items for this section.*



## Food Services Program

OCC's Food Service Program met or exceeded all Operational Review checks. The overall tone of the Food Service Department is friendly and professional. Staff and Offenders interactions were polite, professional and respectful. By all appearances this work unit has a good focus on teamwork.

All interviewed staff were well-versed in Department Policy, Operational Memorandums, Food Service Operations and Department of Health standards. In order to ensure there is little potential for contamination of the food being served, the Offender and Sanitation Standards require that staff observe offenders to ensure that they are in good health when working. From the time the offenders are picked up from the unit, through the handoff to the oncoming shift the offenders have a Food Service Supervisor observing them. The final shift of the day completes an Olympic Correction Center Offender Health and Sanitation Standards form, which is then kept on file.

**Rating: Compliance**

**Score: 98%**

**Corrective Action Item(s):**

*No corrective Action items for this section.*

## Offender Management

Staff and offenders take pride in the appearance of OCC and it shows. All areas of the facility, including the living areas and the outside grounds. These areas were clean and well-maintained. The units are kept up nicely.

The culture of the facility is very relaxed, professional and friendly. Staff care about their co-workers as though they are family. They also take their responsibility of their job seriously, to ensure offenders are properly screened for work, programs and family visits.

The facility has developed an impressive offender orientation process in an effort to assist offenders with their transition to a new facility. The facility's orientation process covers all of the policy required information, as well as covering local processes and requirements to help them easily adjust and follow the rules.

Incoming Transfer Job Screenings (ITJS) are being completed prior to the offender's arrival at the facility. The case managers are quick to meet with the offenders after arrival to get them into work or education programs promptly. Every offender file reviewed shows the offender had been placed in a job or a program almost immediately upon arrival, keeping them from sitting idle in the units.

Staff are knowledgeable about and follow the process in place when an offender fails to show up to a call out. Staff are consistent at holding offenders accountable, and utilize the Behavior Observation Log in OMNI and the infraction process.

**Rating: Compliance**

**Score: 98%**

### **Corrective Action Item(s):**

*No corrective Action items for this section.*



*Entry sign at Olympic Correction Center, with motto "A Full Productive Day"*

## Secured Housing Unit

Olympic Corrections Center (OCC) staff were very helpful in providing the information that was needed to conduct this review and procuring old logbooks for review, including ones that have been closed out and archived.

The unit staff were welcoming and knowledgeable about their area responsibilities. They were quick to provide detailed responses to review questions and to ask their own questions associated with the audit. Through interviews and observations it was apparent that the knowledge, experience and professionalism of these staff coincide with their management of the SHU.

The Correctional Counselor 3 in the unit was extremely organized and provided spreadsheets concerning every offender that is admitted to the Secure Housing Unit (SHU) and maintains a complete filing system.

Offenders have good access to staff they need via the kite system, unit tier checks, and upon request as time allows. Instructions to contact staff for assistance are clearly spelled out in the handbook. With such a small housing area, staff have the ability to be respond timely to requests and complaints.

Medical staff visit the unit every morning to ensure health and safety is being met for each individual. As they perform their review, they sign the Daily Report of Segregated Offender (DOC 05-91) as required.

Based on documentation, offender complaints within the unit have been pretty minimal with staff/maintenance acting quickly to correct concerns.

**Rating: Partial Compliance**

**Score: 93%**

### Corrective Action Item(s):

- Condition of Confinement Modifications and Security Enhancements are not consistently correctly documented and/or being documented in the log book. **DOC 400.200 IV.B.2 a-i** The SHU log book entries do not meet policy requirements; specifically it did not include the officer working on shift or the shift designation.
- Staff not assigned to the unit, such as medical staff are not being logged into or out of the segregation unit/tier as required by policy. **DOC 400.200 IV.B.2.a-i**

### Items of note:

- While not a cap item nor a systemic issue it is worth noting that there were instances where, during an investigation, no documentation was made concerning the investigation. Staff are communicating with the Administrative Hearings Officer, but not properly documenting the information in OMNI.  
Policy states that information must be documented concerning the investigation process. **DOC 320.200 III.G**
- **DOC 320.260** requires standalone Minimum Security Prisons to transfer an offender within 14 days of placement in Administrative Segregation. Because of this there are times when an offender will transfer and OCC will have to conduct Facility and Classification plans without the offender present. **DOC 320.255** states the offender must be present unless s/he waives participation.

*This is a policy issue that is in the process of being resolved and requires follow up.*

- The initial Ad Seg Review, and when needed the intermediate reviews are being completed. However, Final Reviews are not being completed. The time requirements established by **DOC 320.260.(Policy).I** play a significant role in this issue. **DOC 320.200 III.L.**

*This is a policy issue that is in the process of being resolved and requires follow up.*

## Searches & Evidence

OCC staff are very professional in their interactions for searches, whether pat searches or cell searches. Staff demonstrated a strong and cohesive atmosphere of teamwork. They were also found to be knowledgeable regarding how they conduct searches and why searches are important.

It is clear that searches are being conducted routinely, as they are logged into area log books on a consistent basis. They also logged into a unit notebook that easily identifies all cells searched. Observations showed them to be proficient and thorough in their manner.

The Lieutenant submitted a very detailed evidence report to the Superintendent this year. It covered the required level of information for inspections, deficiencies noted and provided the evidence logs. He has since provided assistance to others in getting their reports up to par.

Routinely conducting searches and inspections is a large part of this facility's culture.

**Rating: Compliance**

**Score: 100%**

### **Corrective Action Item(s):**

*No corrective Action items for this section.*



*Offender painted Seahawks themed mural*

## Staff Safety & Accountability

Signs are clearly posted at OCC informing all visitors, staff and vendors that they are subject to search. All non-custody staff and visitors must sign in and out at the public access area and staff are quick to ask for ID if not properly displayed.

The facility's staffing model is at a bare minimum, however the staff have learned to work around this by working together and working smarter. Because of this the facility is run in an efficient and effective manner. The staff do their jobs well and it is apparent they are proud of the work of their facility.

Post orders are efficient, straight-forward and contain all the required information staff need to complete their required duties. All staff understand their post orders, zones of control, how to perform security checks, and what their responsibility is should an emergent situation occur. Staff were also well informed on the protocol that takes place in the event of a camera outage.

The Lieutenant and Security Specialist have created a top-notch recordkeeping system to monitor and track the work being completed throughout the facility. They put effort into their Local Security Advisory Committee (LSAC) meetings, which are well attended and in-line with Department expectations.

The Lieutenant has created a daily security inspection sheet that goes above and beyond the Department's weekly inspection sheet. It allows for all staff to ensure they notate and mitigate any issues as soon as they can. It is extremely impressive and effective.

The Executive Team is consistently making facility rounds and conducting inspections on a weekly, monthly and bi-annual basis. This allows custody staff an opportunity to communicate with management when they may not normally see them during their regular shift.

**Rating: Compliance**

**Score: 100%**

### **Corrective Action Item(s):**

*No corrective Action items for this section.*

## Health Services - General

OCC's clinic is highly organized, very clean, and utilized efficiently. There is evidence of patient education in the clinic. Staff have a good understanding of patient confidentiality, including that of patient files and protected health information.

This health services team works effectively with one another. They communicate openly and clearly and are very respectful of one another. They pride themselves on quality patient care above everything else. This is evident in a review of their work interactions and working documents.

The needles and hazardous instrument process was found to be improved, although a setback to the clinic to receive a repeat CAP for still not logging additions and disbursements, all other logging components in managing Needs and Hazardous instruments was found to be in order.

One of the best practices seen is that the equipment maintenance records are all maintained together in a file the provider's office. This is great for easy access and review, and clearly shows the maintenance of medical equipment is being kept up to date.

Interviews with patients provided positive and complimentary feedback of the medical staff. The patients specifically noted the level of respect they receive from staff, the quality of care received, how timely they receive the services and how the communication is easy to understand. It is imperative to share that "responsiveness to patient needs" was a recurring theme.

**Rating: Partial Compliance**

**Score: 90%**

### **Corrective Action Item(s):**

- Log book entries for needles, syringes and hazardous instruments are required to have date and time for additions/disbursements. Current logs do not show this is recorded. 650.055 IV.B

*This is a repeat CAP item.*

## Health Services - Medications

OCC has a limited amount of medications, and there are no patients on controlled substances. Due to this restriction in medications, OCC does not have pill lines, as all medications are in monthly "Keep on Person" packets issued out to individuals.

Their Urgent Stock cabinet is organized. It is easy to see what is available, what needs to be re-ordered, and allows for easy appraisal of expired medications. No expired medications was noted during the review.

Medication documentation is consistent with Department policy expectations. Handwritten prescription orders had complete information, and were legible. Discontinued medications are being appropriately stopped on the MAR form.

Patients in need of a higher level of medical care or needing to be prescribed certain types of medications are transferred to other facilities that have the ability to better address those patient's needs.

**Rating: In Compliance**

**Score: 100%**

**Corrective Action Item(s):**

*No corrective Action items for this section.*



## Health Services - Health Records

OCC's Health Care Records Unit is among the best in the state. They are current on their filing and the documents are easily located and readable.

Records showed chronic-care patients are being followed up with regularity and off-site consultation documentation is appropriate. The contents of the notes are excellent providing adequate information for the services and clearly shows that patient education is taking place.

One outstanding practice noted is that they use a stamp as a reminder of the vitals that are required. This is an innovative way to assist medical staff in ensuring all required information is documented. It is a great practice that should be considered for adoption by the Department's other prison facilities. Another superb practice they follow is flagging charts with post-it notes to indicate follow-up steps are required. This is an important aid in helping ensure the continuity of care for patients.

The team reviewed patient files to ensure proper completion of required forms and documentation. The team was impressed to see the majority of the Mental Health Treatment Plans, 13-379, evaluated were thoughtful, relevant and well-written. They clearly identified patient specific challenges, goals, objectives and action steps.

Overall, the Primary Encounter Reports, 13-435, were well-written and included good descriptions of what took place during the session. Problems and functional impairments noted by the patients were agreed were set as the focal point(s) of treatment, but the Treatment Plan remained flexible enough to adapt to situational and environmental stressors that might occur.

The staff who took part in the review were extremely helpful, gracious and it is apparent they run an excellent shop.

**Rating: Not In Compliance**

**Score: 87%**

### **Corrective Action Item(s):**

Records documentation was found to be lacking specific information that practitioners need to improve upon:

- The tuberculosis screenings and follow-ups are not being completed consistently as required by policy. **DOC 670.00,III,B Tuberculosis Screen Protocol.**
- The **Transfer/Release of Offenders DOC 13-380** or the **Transfer Summary for Work Release DOC 13-455** is not routinely completed as required by policy. **DOC 610.110 II, C.**
- Specific areas of the Mental Health treatment plans are not being filled out completely and/or accurately, as per policy requirements for date of review, date of next review, and expiration dates of treatment plans. **DOC 630.500.**
- Ten of 14 records reviewed did not fully meet the quality expectations of the **Mental Health Golden Thread Procedure.**

## Health Services – Secured Housing Unit

**Rating:** In Compliance

**Score:** 100%

**Corrective Action Item(s):**

*No corrective Action items for this section.*

OCC's segregation unit is co-located with a Secured Housing Unit (SHU). Offenders do not stay in this housing unit longer than 14 days. If there are extenuating circumstances that require an offender to stay in a restrictive setting beyond 14 days they are moved to a major facility.

OCC has solid processes in place for offenders in Restricted Housing to access health care and request appointments. Custody staff are familiar with appropriate ways an offender can access health services, mental health services and what to do when a mental health emergency occurs. They were also articulate in explaining the requirements of patient confidentiality.

The documentation on file for patients housed in the SHU was consistent with policy requirements. Documentation was complete and there was evidence of follow-ups occurring with the patients. This clearly demonstrates clear communication and coordination of care.

## **Outstanding Corrective Action Items:**

Olympic Corrections Center has one outstanding CAP item. Complete information on this repeat issue is captured in the Health Services – General section and in the Corrective Action Tracking System (CATS) as noted below.

There are no “other” outstanding CAP items.

## **Corrective Action Tracking System (CATS):**

All corrective action items are being tracked in the Corrective Action Tracking System (CATS) via SharePoint.

**The CAP Tracking Log can be found at:**

<http://wadoc/sites/prisons/PublishingImages/CATS>