

CEDAR CREEK CORRECTIONS CENTER OPERATIONS REVIEW - 2018



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WASHINGTON STATE DEPARTMENT OF CORRECTIONS
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Critical Security

Disciplinary Proceedings

Food Services Program

Offender Management

Restrictive Housing

Searches and Evidence

Staff Safety & Accountability

Health Services

Health Services

Health Services

Health Services

Facility Overview

Superintendent:

David Flynn

Correctional Program Manager:

Jean Anderson

Lieutenant:

Christian Bailey

Custody Level:

Minimum

Operating Capacity:

480 male offenders

Academic & Partnership Programs

- Adult Basic Education
- Dog Training Program
- General Education Diploma (GED)
- Getting it Right
- Job Readiness

Research Based Programs

- Substance Abuse Treatment

Work & Vocational Programs

- Building Maintenance
- Computer Technology
- Community Work Crews
- Department of Natural Resources Forestry (DNR) Workers
- Drywall Installation
- Information Technology
- Institutional Support Jobs
- Roofing
- Siding

Sustainability Jobs:

- Waste Water Treatment Plant
- Composting & Recycling

Information provided by Facility

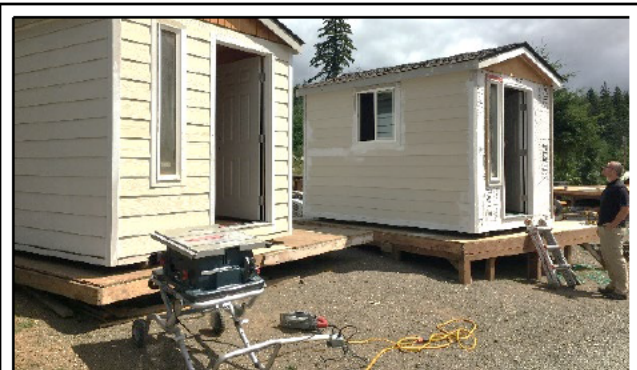
Although Superintendent Flynn is somewhat new in his appointment to the Cedar Creek Corrections Center, his leadership and commitment to make necessary changes and improvements is evident.

Over the past year Cedar Creek worked to adopt the new classification risk assessment tool, Washington One. Thanks to the hard work of their staff they were able to be in full compliance with the new standard by the established deadline.

Building on last year's success, Cedar Creek was once again awarded the Second Chance Act Grant. The Second Chance Act grant is a program that issues PELL Grants to offenders.

In addition to these successes Cedar Creek has also achieved the following:

- Offenders had a collective GPA of 3.71.
- New ReForm Modular Classroom.
- CCCC developed and implemented several new self-improvement programs for offenders.
- The establishment of several new committees including sustainability, diversity and violence reduction.
- Ongoing design and construction of tiny modular homes, which are subsequently donated to charity in an effort to combat local homelessness.



Cedar Creek Offenders build these tiny houses as part of a project that provides them to the homeless.

Operations Review Scores

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.

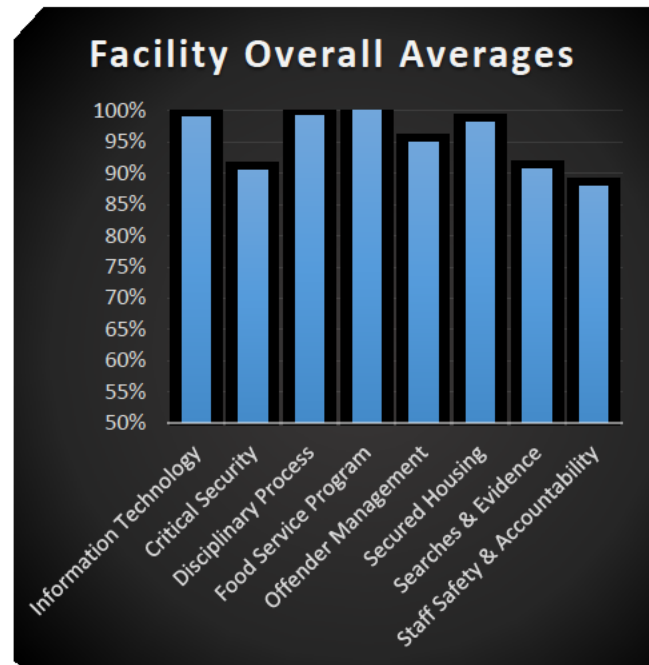
There are two ways to impact the compliance rating for a checklist:

- 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.

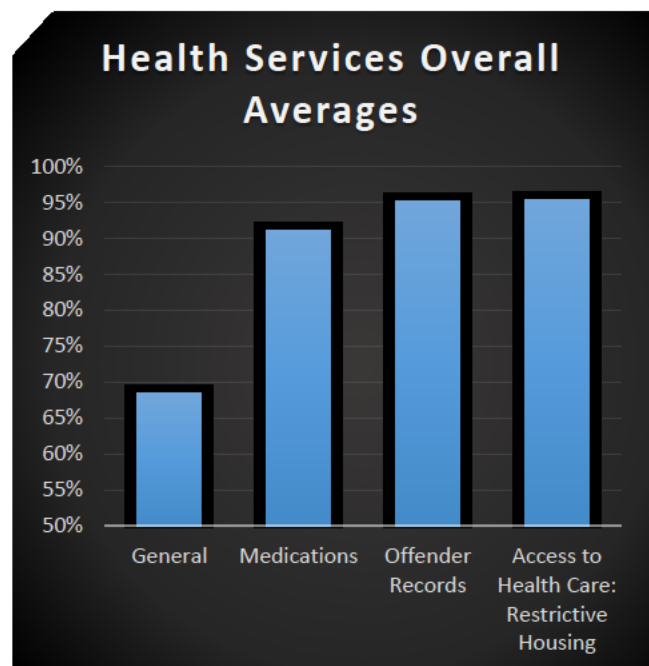
Compliance	97% <
Partial Compliance	88%-96%
Not In Compliance	87% >

Scores at a Glance

Operations:



Health Services:



Operations Review Sections

Information Technology

Cedar Creek Corrections Center (CCCC) has one Information Technology (IT) staff assigned to maintain the facility's staff and offender computer system. The assigned staff does an exceptional job of preserving the integrity of the computer equipment rooms by keeping them organized, clean, and ensuring the correct cabling is in place for the different information technology systems (e.g. computer, telephone, etc.). The staff has even taken the time to label the cables for easy identification. As a result, it was easy to identify the different systems and appropriate safety measures that have been emplaced.

Due to the slow connectivity, CCCC does not utilize offender timekeeping systems or the mainline system. All offender computers are stand-alone computers and do not connect in any way to the DOC server system. These computers are set up with standard programs limited to Adobe and Microsoft Office, making it easier to detect non-standard files.

Most of the computers accessed by offenders are on the Offender Services Network (OSN). These computers were secure with hardened images including lockdown USB ports, disabled CD Rom drives, and zip ties on the computers so they can't be opened.

IT security practices have improved since the last operational review and as a result, the previously listed CAP items were successfully closed out.

Rating: Compliance

Score: 99%

Corrective Action Item(s):

- Per IT Standards for Instructions and Procedures 400.121 (II), there is no offsite backup of the data on the file servers at CCCC. The onsite backup system is in the same Mechanical Equipment Room (MER) as the servers themselves.
IT personnel is currently in the process of installing a Rubrik backup system at all prison locations.



A PC in a lockbox that prevents offender tampering

Critical Security

The staff at Cedar Creek Corrections Center are knowledgeable about the work they do and efficient in carrying out their duties.

Every staff member spoken to or interviewed during the review took the questions seriously and for the most part were relaxed when doing so.

Staff relayed concerns regarding the staffing model as well as the aging infrastructure. Cedar Creek is a facility that is beginning to show its age. It is a testament to Cedar Creek's resiliency that in the face of these challenges staff shared a common "can do" attitude facility wide.

All of the staff interviewed indicated they enjoyed coming to work, doing their job and helping out whenever called upon. These positive comments and traits are consistent throughout the facility and contribute greatly to the healthy culture and environment of the facility



Who is a good boy? An auditor introduces herself to a pair of very good boys in front of one of CCCC's many beautiful murals.

Rating: Partial Compliance
Score: 90%

Corrective Action Item(s):

- **Log books** Logbooks lacked documentation tier checks. **DOC 400.370, IV.C**
- **Perimeter fence Security Inspections** states that employees conducting perimeter checks will ensure unobstructed lines of sight exist from the exterior perimeter into the facility. A gardening area located in an inward-corner of the perimeter has structures that impair line of sight into the perimeter. **DOC 420.370, III.A.1.e**
- **Wireless Device Logging** It is required that wireless portable technology be logged in and out of the facility. All three shifts could not show documentation of the logging of wireless portable technology could be located. **DOC 400.030 (III.D.1),**
- **Documentation** Staff were unable to provide completed security forms for the past two months as required in **DOC 420.370 (II.A).**

Items of Note:

- Clutter was noted along the perimeter, both inside and outside. For example: Several long rolls of landscape fabric were seen laying against the outside of fence.
There is no policy standard regarding what constitutes a perimeter being in good or bad condition. This determination is left to good judgement and common sense. The clutter along the perimeter is noted here for information purposes and as something the wish to assess, but it is not a corrective action item.



West Coast Con-Post – This offender made sign hangs in Cedar Creek's large scale compost area.

Disciplinary Process

CCCC has a very impressive, consistent and organized Hearings Department. The hearings staff are knowledgeable of the disciplinary process and it is apparent that they take pride in their work.

There is a high level of continuity among the case files reviewed. This continuity contributes to proceedings that systematically support offender due process and help to eliminate errors that result in negative reviews by the courts or cause decisions to be overturned.

Follow-up conversations and ongoing information sharing is taking place which includes coaching and mentoring from the Hearings Clerk and Hearings Officers to staff.

Hearings personnel utilize a color-coded system used to identify which hearings were continued or where confidential information was used.

Support staff track, schedule, and notify the Hearings Officer of pending infraction hearings to include specific information like dates, times and locations where hearings are to be held.

Rating: Compliance
Score: 99%

Corrective Action Item(s):

- **Documentation** Several **DOC 21-312** forms were not completed in full and specifically, some of the required checkboxes were not marked. Also, the review found that some mandatory and required appeal time lines were not being met.



Cedar Creek is not coy when it comes to murals. Offender painted like murals, like the large scale one above, are prominently featured throughout the facility.

Food Services Program

The CCCC's Food Services team has the skills, abilities and willingness to get the job done and these attributes are demonstrated on a daily basis.

In addition to being professional, knowledgeable and organized, they are helpful and pleasant to speak with. Staff were able to easily articulate processes and expectations surrounding their assigned tasks.

Good pro-social interactions were consistently observed between staff and offender workers. All kitchen workers follow the rules of sanitation, wearing hairnets and gloves when required.

In addition, there was positive collaboration between custody staff and food service employees.

Files, reports, records and logs were easily located and made available. They were very detailed and thorough. The kitchen staff are quick to document everything from temperatures of the freezers and dishwashers, to notations on meals served.

Tool control in the kitchen is well organized. All tools, knives and equipment is inventoried before each shift starts. The inventory is verified by two different staff before checking out or checking in a tool. Staff were versed in the protocols regarding missing tools.

Rating: Compliance
Score: 100%

Corrective Action Item(s):

No corrective Action items for this section



Fresh cantaloupe and celery are prepped and ready to serve



The kitchen serving line is ready for the first wave of diners

Offender Management

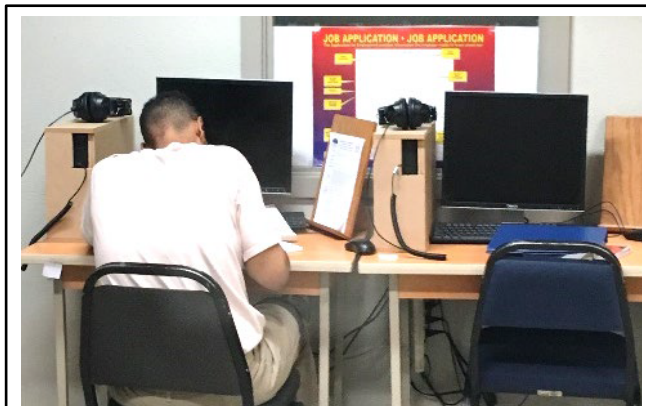
Cedar Creek's counselors show a genuine passion and interest for the work they do. They are using the Advanced Corrections processes and assessing an offender's needs in order to get the support the offender's transition back into the community. Case managers are quick to meet with their caseload and establish goals/incentives. They consistently meet together and communicate and work hard on getting the offenders to buy in and get involved in their own release plans.

Cedar Creek's double gate card system allows officers to know exactly how many offenders should be in their unit at any given time. The efficacy of this system makes it a process that other facilities should take a good look at. It might be a process worth adopting.

The Job Change Form utilized at the facility allows an offender to explain how the job change will benefit their re-entry.

The DNR check out is a smooth operation and the changes in the camp checkout system appear to flow smoothly.

Facility staff were very helpful and respectful in all areas. It is evident by the cleanliness and organization of all the units and program areas that the staff take great pride in their work. The impressive knowledge and willingness of the classification staff, program staff and administrative staff was prevalent during the review.



An offender hard at work at an secured computer workstation

Rating: Partial Compliance
Score: 95%

Corrective Action Item(s):

- **OMNI** Personal goals on the face page are not consistently being updated during intake reviews as required. **DOC 300.380 (II.B) and 300.00 (II.A).**
- **Offender Movement** When called regarding the whereabouts of an offender who failed to show for a call out, some unit officers are not providing follow up to the calling party regarding the offender's status. Example for medical the offender did not make a 0730 call out and was not located until 1130. This is not in compliance with DOC policy. **DOC 420.155 (II.D).**
- **Orientation** The Offender Handbook was revised over a year ago. The Spanish Translation has not been updated to match and was last updated in 2013. Policy states the Spanish orientation handbook/handouts will be updated when the English version is. **DOC 310.000 (II.C.2)**
- **Orientation** Form **DOC 21-992**, Prison Orientation Checklist, is inconsistently scanned into the offender's electronic file as required. **Policy 310.000 (III.F)**
- **Housing Assignments** Staff utilize CCCC form 16-10 for two man room request, however this is inconsistent with the OM 420.140, which states that offenders will submit a request on a **DOC 21-595** along with a kite after being at CCCC for 90 days and free of infractions during that time. **CCCC 420.140 (III.D)**

Secured Housing

Cedar Creek's restrictive housing staff work in a coordinated effort with one another to accomplish tasks and duties. When dealing with restrained offenders the staff take care and utilize proper precautions.

The classification and the Administrative Hearings staff are extremely well organized. All staff encountered were knowledgeable, friendly and helpful.

Staffed needed protocols and reference materials are kept up-to-date and they are easily accessible by staff.

Across all three shifts, unit staff were able to easily answer all questions asked.

Rating: Compliance

Score: 98%

Corrective Action Item(s):

- **Documentation** Necessary documentation for offenders placed into secure housing is incomplete. **DOC 320.200 (I.F.1)**
 - **DOC 05-797**, Ad Seg Review Notice/Appearance Waiver was not being utilized. The unit CC3 indicates he will correct the issue as of today.
 - Because of the short duration of an offender's stay in the SHU and because of the lack of **DOC 05-797** documentation it is unclear if the Ad Seg/Review process is being followed properly. It is also unclear if the timeframes are being met.
- **Searches** The Strip Search Log was filled out well and contained all the required information, however an inconsistency was found in the how the gender when noting the gender of the staff conducting the searches, some staff used a single "M", while others noted the gender of both staff using the entry "M M". The entry should leaving no doubt as to the gender of the searchers. **DOC 420.310 (III.D.1-5)**
- **Documentation** There is inconsistent documentation in OMNI regarding closing out the 591's per the mandatory requirements identified in **DOC 320.200 (VI)**.



Searches & Evidence

Staff indicate they are consistently conducting all types of searches and pat downs. They were able to articulate specific steps and safeguards that would take when they locate contraband.

Based on staff feedback, morale is up. They indicate that they feel valued and appreciated for the work they do.

Staff cited the improvements the new Superintendent has made as well as his leadership team as contributing to morale.

Staff are knowledgeable and confident on processes and core competencies of searches.

Staff exhibited openness and honesty when answering review questions and providing support documentation.

Staff were concerned with safety and wellbeing of their co-workers. Staff were witnessed going above and beyond to prioritize the safety and accountability of staff.

An emergency duress alarm was activated on 07/11/18 at 1041hrs. The response by the Public Control Officer (PCO) Officer was professional and immediate. All offender movement was halted and response staff were utilized to locate the staff member who was assigned to the radio and sweep the area where the alarm was activated

After the staff member who triggered their duress alarm was located and found to be safe a radio check-in of all other units was initiated without prompting.

After the conclusion of check-in, radio traffic was cleared by control to return to normal radio traffic. The entire incident was initiated, responded to and wrapped up in less than 4 minutes. An impressive display of a culture that values staff safety and accountability.

Rating: Partial Compliance
Score: 91%

Corrective Action Item(s):

- **Logbooks** Staff names are not consistently being documented in the area/log book upon completing a search as required in **DOC 420.320 (VII.A)**.
- **Logging** Although staff are conducting searches of the recreation yard as required, they are frequently logging the search as a security check. The recreation search requires more information and details to be logged as required in **DOC 420.320 (VI.A)**.
- **Logging/Documentation** Log entries do not consistently reflect all the required log entry components. **DOC 420.320 (VII.A.1-3)**
- **Searches** There is no schedule established for electronic yard searches. **DOC 420.320 (VI.B.2)**
- **Reports/Documentation** An annual report the Superintendent regarding evidence, inspections, contraband, deficiencies and recordkeeping could not be located. This is required by Policy. **DOC 420.375 (V.A.)**

Staff Safety & Accountability

Staff on all three shifts were consistent in their knowledge of their areas of responsibility. Staff were responsive and reported as directed during several duress alarm tests.

The facility has established procedures and safeguards to ensure all employees, contract staff, volunteers, and visitors within the secure perimeter of the facility are safe and accounted for. We had an Audit Team member that failed to sign out prior to departing the facility. Facility staff made telephonic contact with the staff later that evening to ensure he was safe and accounted for. Staff are clearly committed to the accountability process and the safety and well-being of all individuals.

A body alarm (duress) test was conducted to observe the response process. It was impressive to see and observe the timely response. Non-custody staff made contact with us in his office in approximately 20 seconds, which was immediately followed by numerous custody staff. Radio announced cease movement and to stop all movement, Strike Team Leader and additional staff made contact and subsequently made the proper notifications to control. It is obvious this was the type of response the facility demands and expects on similar type calls.

It is clear there is a concerted effort by facility staff to strive for compliance with department policies and the local Operational Memorandum. There is "work in progress" to help improve processes.



Cedar Creek's Public Control Officer Booth is neat and organized.

Rating: Partial Compliance
Score: 88%

Corrective Action Item(s):

- **Isolated Posts/Staff Safety** Employees assigned to isolated areas are inconsistently checking in with the Public Control Officer (PCO) as required. **CCCC 420.160 (II.B.2.a)**
- **Isolated Posts/Staff Safety** The PCO employees are inconsistently tracking isolated area check in calls. **CCCC 420.160 (II.B.2.a)**
- **Isolated Posts/Staff Safety** The two-to-open/two-to-close requirement is not being conducted as required in DOC 420.160 (II.A.1) and 400.200 (IV).
This is a repeat CAP item.
 - The Alpine building is not being adequately cleared when opened. Half the building is being opened and cleared, however the other half is not. The halves are not securely separated from the other half.
 - The Shift Commander is not being contacted by staff prior to the building being entered.
 - There is uncertainty regarding who is responsible for logging the opening and closing of that building, as a result it is being logged inconsistently.
- **Isolated Posts/Staff Safety** Staff in the Health Services building are in the practice of performing the two to close and then leaving a member of the medical staff team alone in the building so that he may work after hours. When the staff member departs the building is not cleared.
This interpretation of **DOC 420.160** is incorrect. It is a needlessly dangerous practice and it does not meet policy requirements.

Health Services - General

Cedar Creek Corrections Center's Health Services is a small, hard-working team of four health care professionals who work closely together to care for a population of just under 500 patients. They understand one another's jobs and communicate effectively. This enables them to cover for one another to ensure patients are cared for, regardless of staffing challenges. At the time of this inspection, two of the four health services staff were out of the office.

CCCC has a very organized process and excellent way to keep communication lines open between health services and custody staff. The Registered Nurse 2 (RN2) works an earlier shift so that he is able to review kites and sick call needs, perform the Secured Housing Unit wellness rounds, and provide limited services to offenders in order to minimize impact on DNR crew schedules.

The Health Services team has a spreadsheet that tracks the status of bed rest patients and it is accessible by custody, as well as health services so they can access real time information.

The Red Emergency Response Bag inventory sheets includes a column for tracking expiration dates. This is an excellent way to ensure compliance with this important safety requirement.

The focus on patient education and making health care information available is evident throughout the clinic. Pamphlets were available, signs were posted, and staff were observed providing information to patients as part of appointments.

Nine patients were interviewed regarding: accessing care at CCCC; respectful interactions with health services staff; quality of communication by staff; and timeliness of care. They were positive and indicated they had ready access to care and that staff were both responsive and respectful. One patient said: "They are very good at explaining things up

Rating: Not in Compliance
Score: 68%

Corrective Action Item(s):

- **Equipment Maintenance** The health equipment maintenance log is not up to date and there are no stickers on the equipment reviewed that indicate that maintenance was current. This is not consistent with Department of Health Standards. **DOH Standard 505b**
- **Hazardous Instruments Logging** Multiple issues were found regarding Hazardous Instruments and Hazardous Instrument logging:
 - Legibility of the needles and hazardous instruments log was inconsistent and multiple entries did not include times.
 - Not all disbursements/returns are being documented in the inventory log. **DOC 650.055 (IV.C).**
 - Hazardous instrument packs were not included in the inventory. **DOC 650.055 (IV)**
 - An inventory was missed during the period reviewed **DOC 650.055 (IV.A.1-2)**
 - Multiple math errors were discovered in the logs, leading to inaccurate counts. For instance: One day the log book reflects 150 and the next day it reads 249. This wasn't due to additional syringes being added to the quantity. **Nursing/Dental Procedure ND-504 "Clinic Inventories for Needles and Hazardous Instruments". DOC 650.055 (IV.A.1-2)**
- **Emergency Response** The Red Emergency Response Bag contained extra items that were not in a separate bag with an inventory and OM documentation. **Nursing Procedure N-503 "Red Emergency Response Bag" DOC Policy 650.055 (IV.A.2)**
- **Patient Confidentiality** Patient medical information is discussed in close proximity to other offenders, visitors, or non-assigned custody staff. **DOC 640.020**

Health Services - Medications

CCCC health services does not provide narcotics nor do they have a pill line for administering medications.

Their primary focus is on providing Keep on Person (KOP) medications and they do not routinely have to use some of the more complex Medication Administration Records (MAR) documentation requirements.

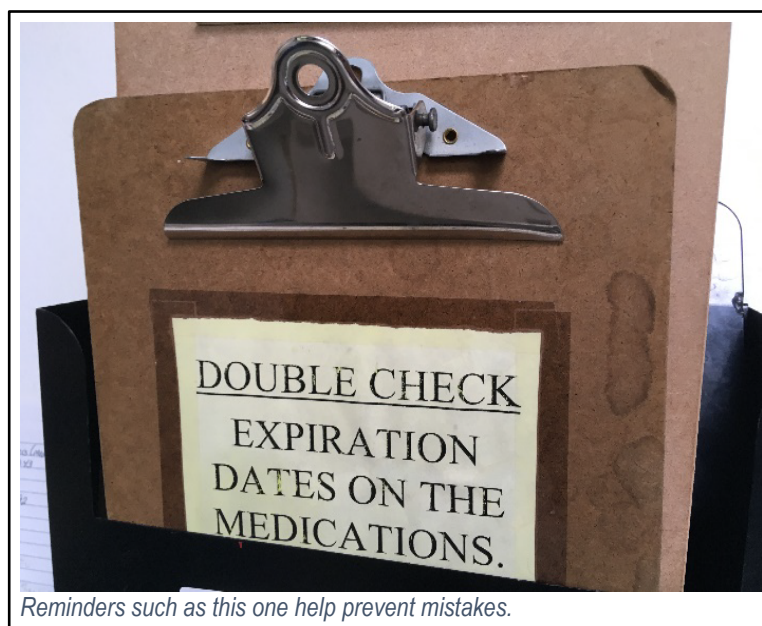
Evidence indicates that Patient Medication Information (PMI) is routinely provided to patients.

Review of 3 months of pharmacy inspections (the new one came in after we had reviewed the previous three) indicated no deficiencies.

Rating: Partial Compliance
Score: 97%

Corrective Action Item(s):

- **Documentation** Numbers on one MAR reviewed were not legible which is not consistent with **DOC 640.020 Health Records Management**.
- **Documentation** Out of 10 handwritten orders reviewed four were missing required information and, medication discontinuation was not documented correctly on 3 of 10 records reviewed. **Nursing Procedure N-306 "Medication Administration and Documentation Procedure"**



Reminders such as this one help prevent mistakes.

Health Services - Health Records

CCCC has a patient population of nearly 500. The chart room was neat and the charts were orderly. Staff work closely with statewide health records staff to keep up with this important task.

The CCCC system for pulling charts for patient care and flagging action steps in preparation for the day is systematic and clear.

Completion of Intrasystem Intake Screenings was 100% compliant.

Blood pressure and vital signs were consistently documented in 100% of charts reviewed.

It is evident that specialty care and offsite service provision are a priority at CCCC. The PA-C and the MA work closely to monitor these. Requests for services are followed up quickly with appointment scheduling. The team works very hard to ensure appropriate patient care occurs, often making multiple calls to identify necessary appointments. OMNI-HS consult information as well as the information in the charts is current and informative.

A review of consultation documentation showed the documentation to be 100% in compliance with policy expectations.

Fourteen were reviewed and 14 had current, and complete, problem lists. CCCC's obvious attention to this important element of quality continuity of care is to be commended.

Current Mental Health Assessments/Mental Health Updates and Consent for Mental Health Care were 100% compliant with policy requirements and the required 90 day psychiatric medication follow-ups were consistently found in all charts reviewed

Rating: Partial Compliance
Score: 95%

Corrective Action Item(s):

- **Documentation** In 14 charts reviewed, illegible documentation was identified in two charts, missing birthdates, dates, or times were identified in multiple charts as well as in documents reviewed. **DOC 640.020**
- **Documentation** Three of the 14 charts reviewed had unsigned Patient Encounter Reports. **DOC 640.020**
- **Documentation** Orders were not noted in six of the 14 charts reviewed. **N-306 "Noting and Processing Orders"**
- **Documentation** Six of 14 records reviewed did not indicate consent for treatment or contain an explanation that risks and benefits were explained to the patients.
- **Documentation Quality** Ten of 14 records reviewed did not meet the quality expectations of the *Mental Health Golden Thread Procedure*.
- **Medication** Three of 14 records reviewed did not indicate that patient received their prescribed medications upon release and **DOC Form 13-380** was not consistently signed by the patients who did receive release medications. **DOC 650.035**



Cedar Creek's Medical Records are well organized.

Health Services - Restricted Housing

CCCC has a single restricted housing area which is referred to as the Special Housing Unit (SHU). Most patients in the SHU are there for short-term segregation, for reasons such as fights. The custody staff in the SHU were very knowledgeable about the process surrounding offender access to medical or mental health care.

CCCC has a designated confidential space for medical/mental health treatment for patients housed in the SHU.

Rating: Partial Compliance
Score: 95%

Corrective Action Item(s):

- **Mental Health Documentation** There is no documented evidence that weekly mental health wellness checks are occurring. **DOC 630.500**
- **Documentation** Four out of five records reviewed indicated that "mental health assessment" was declined without further information, including evidence of observation notes or further follow-up by mental health staff member. This is required by policy. **DOC 630.500**
- **Documentation** Vital signs are not consistently being taken for SHU admissions as required. **DOC 610.040**
- **Documentation** One of five records reviewed did not have a nursing evaluation or a **DOC 13-471 Offender Self-Wellness Check** form as required. **DOC 320.260**

Outstanding Corrective Action Items:

CCCC has addressed all but one of the Corrective Action Items that were found during the Operations Review Cycle. The repeat Corrective Action Item is documented in the Staff Safety & Accountability section of this report.

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/Lists/CAP%20Tracking%20Log/WCCAll.aspx>

Other Items of Note:

Operations Reviews are conducted in order to measure policy standards against our practices and policy expectations against the "Correctional Realities" that our staff face every day.

This two way measuring process helps move all involved toward meeting Department goals and bettering the overall workings of our correctional machine. Because we utilize policy as our guidance when developing these reviews we are able to give the department a very objective tool with which can measure our facilities' performance. However, not everything of import is covered by a policy standard.

In the course of these reviews my team sometimes discovers issues that we flag as "items of note," or "items of concern" in the hope that a facility will evaluate, consider and potentially correct the issues noted.

Observations throughout the audit indicate that there is a need for both a security and structural assessment of CCCC's infrastructure. The showers in the units having missing/broken tiles and the perimeter was of particular concern.

The perimeter fence has had a quantity of gates installed in it over the years. Some may no longer be necessary. These gates are now triple-chained, however Gate 9 was not anchored. This permitted the two gates to be pulled outward 1.5 feet. Gate 8 was noted to have baling wire holding a portion of the fence together.

The fence around the recreation area had large gaps between the rat wall and the ground where the concrete has deteriorated. (See photos below)

Around the perimeter gaps were also noted between the bottom most lateral fence brace and the ground. No rat wall is present in some these areas. The gaps were as large 5 inches in places

Frustration among the staff was shown regarding the placement a gardening area directly along the perimeter (See photo below).

What follows on the next few pages is a gallery of photos of Cedar Creek's infrastructure



Above: A portion of the deteriorated rat wall on the perimeter of the recreation area – ID for scale it is approximately 5 or so inches in the holder.

Below: A wide angle view of the deteriorated rat wall





Above: A Double gate secured with three padlocks and three lengths of chain. Labeled Gate 8
Below: Gate 9 is another double swing gate. Three chains, three padlocks.





Above: Gate 1, a single swing gate. The gate is resting on the ground. It's unknown if this due to wear. The hinges look like they've seen some work. Three padlocks, three chains

Below: Gate 11 is behind a living unit, you can see two offenders in the background. Its hinges are rotated outward and the bottom of the gate rests on the ground. Two chains and two padlocks this time.





Above: This gate is unnumbered. It looks like it was powered at one time. Not it's chained shut.

Below: This gate labeled "SOUTHGATE." It is unknown if this it's christened name, or if the label is branding. It was powered at one time. An lock system was developed to prevent it from swinging.





Above: Another unlabeled gate. Secured with two padlocks.

Below Left: Unlabeled gate – secured with 2 padlocks.

Below Right: Unlabeled gate – This one has a factory made latch and is secured with lock and a chain and a lock.





Above: This is the final gate photo. It's secured with chain and two locks. In the background you can see the green house area. Note that the green house area is *outside* the perimeter.

Below: This shows the lack of a rat wall surrounding the EFV. The EFV stands within its own perimeter. The concrete to the left of the ID Badge (for scale) is from the end of the patio.





Above and Below: Two examples of the deteriorating infrastructure. These photos are from the bathroom/shower areas of one of the living units. Tiles are cracked and missing.

