

COYOTE RIDGE CORRECTIONS CENTER OPERATIONS REVIEW - 2018



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WASHINGTON STATE DEPARTMENT OF CORRECTIONS
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Critical Security

Disciplinary Process

Food Services Program

Restrictive Housing

Offender Management

Searches & Evidence

Staff Accountability

Health Services

Health Services

Health Services

Facility Overview

Superintendent:

Jeff Uttecht

Associate Superintendent

Michelle Duncan

Gina Penrose

Andrew Sawyer

Captain:

Ronald Thompson

Jeremy Long

Custody Level:

Minimum

Medium

MI3 Custody

Operating Capacity:

2528 male offenders

Academic & Partnership Programs

- Bookkeeping
- Carpentry
- Digital Design
- HVAC-R
- Welding Technology
- Auto Mechanics

Research-Based Programs

- Ridge Dogs Dog program
- Thinking for a change (T4C)
- Honors Unit

Work & Vocational Programs

- Laundry Operation
- Textiles Factory
- Mattress Factory
- Food Factory
- Food Service
- Workforce Development

Information provided by Facility

Coyote Ridge Corrections Center's (CRCC) Medium Security Complex (MSC) is a 2,600-bed facility that houses medium and MI3 level offenders. MSC consists of 4 minimum custody, level 3 (MI3) units, and 4 Medium custody units. CRCC's Minimum Security Unit (MSU) is a 480-bed facility that houses assisted living and MI2 Custody offenders. MSU consists of 2 units. This is a work/program facility that offers educational, vocational and self-help programs and has Class II, III, and IV Correctional Industries work programs.

CRCC occupies approximately 278 acres and falls within the city limits of Connell. Currently, CRCC employs more than 700 facility and contract staff.

Coyote Ridge Corrections Center maintains an Offender Based Dog Training Program in conjunction with the Benton Franklin Humane Society located in Kennewick, WA, Adams County Pet Rescue in Othello, WA and the Grant County Animal Outreach in Moses Lake, WA. There are dog training programs in several prisons in Washington and throughout the United States and data has shown that facilities that have programs like these report a significant reduction in violence, infractions and overall negative behavior amongst the offender population.

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 are 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.

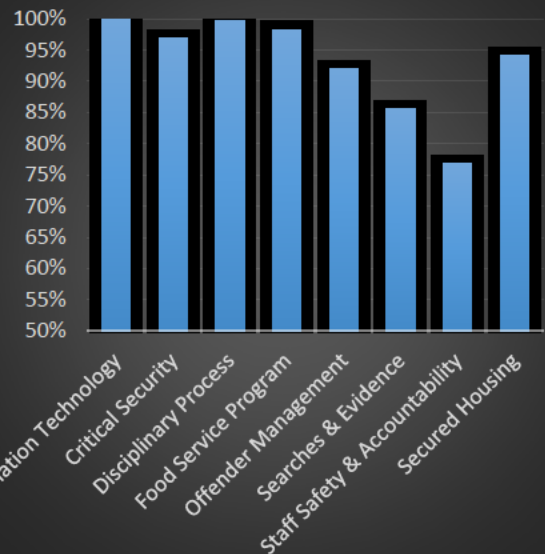
Compliance	97% <
Partial Compliance	88%-96%
Not In Compliance	87% >

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

Scores at a Glance

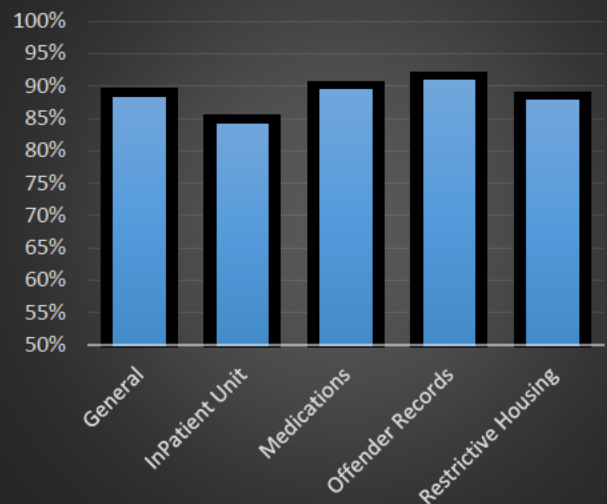
Operations:

Facility Overall Averages



Health Services:

Health Services Overall Averages



Operations Review Sections

Information Technology

Coyote Ridge Corrections Center (CRCC) is a large facility with a main prison, and a minimum unit. There are multiple offender programs where offenders utilize computers, including Correctional Industries (CI) and Walla Walla Community College (WWCC). IT equipment rooms exist in every building throughout the complex.

The IT equipment rooms at CRCC are kept secure – the keys needed to access these areas are classified as “Restricted Use” keys. Only specific people are able to check them out for use. In addition to restricted usage, the IT supervisor receives an email notification whenever an IT equipment room key is checked out and are checked back in. This is a simple process that adds an additional layer of accountability and security to these equipment rooms.

The IT team maintains great working relationships with the Superintendent, facility management, CI, maintenance and education staff, which contributes to a secure IT environment.

Thumb drives and digital media are a threat to any IT system. To mitigate this risk, whenever data on a thumb drive or CD/DVD is needed CRCC’s IT staff will scan the data to ensure the data is safe and then transfer the data to a shared location on the facility’s file server so that the user can access the data without needing the thumb drive. This mitigates the risk of an IT security breach as well as lowering the chances for a thumb drive or CD/DVD falling into offender hands.

CRCC IT staff are very well supported from the top down at the facility and because of this they are able to provide excellent support to the facility – many facilities could find benefits in emulating this model.

Rating: Compliance

Score: 100%

Corrective Action Item(s):

There are no corrective actions for this section.



Offender painted artwork is on display throughout the facility.

Critical Security

Search procedures at CRCC's Public Access entrance are controlled and efficient. Sign in sheets are being utilized. Staff pat searches are based on a "randomizer" device. This device has a button that when pressed responds with a green light for a pass and a red light for a search.

Major Control is a vital, busy post. Steps are taken to ensure that staff assigned to work there are knowledgeable in the duties of the job and can truly multitask. The facility makes good use of the logging functions in the Atlas software. The Operations Log was consistently used and up to date. The Major Control staff consistently demonstrated their ability to multi-task while working in that high-paced, demanding environment.

The facility maintains a "Jump Lane", a broad strip of tilled and raked earth, around their perimeter. If someone attempts to cross the jump lane they will leave tell-tale tracks in the soft earth, giving a clear indicator that something is amiss. This jump lane is a simple and effective security enhancement that can tell staff that someone has approached or left the perimeter, but also their direction of travel.

With 130 posts, it is a feat to ensure all post manuals are current. The Corrections Specialist is on top of this task. This has helped assure unit staff, including relief staff, are all familiar with their job duties, of which during the audit all provided competent answers to review questions.

Rating: Compliance

Score: 97%

Corrective Action Item(s):

- Post logs reviewed did not indicate that weekly visits by administration staff are taking place as required by policy. **DOC 420.370, DOC 400.200.IV.B.2** Walkabout reports reflect that these management rounds are being completed, but policy requires that visitors to the unit and staff not normally working in the area be logged in the unit log book. **DOC 400.200**

Items of note:

Minor Control was observed to have multiple pieces of equipment issued out that had no corresponding chit.

Staff were observed exchanging an entire ring of chits for a single key ring. These rings of chits were then hung on the key rack, rather than an individual chit being hung for each issued key ring and piece of equipment.

Staff stated that this was done for the sake of efficiency during shift change and that stated afterward the chits would be hung properly – one chit for the key ring and the rest for the equipment issued. Checks conducted at different times on different shifts found that this was not the case.

The generally accepted practice is that one chit is exchanged per key ring, piece of equipment or "kit" of equipment. A "kit" being equipment that is stored together and always issued together, such as cuffs, radio, and OC spray. This practice is in place to give control booth staff a rapid way to assess who has what equipment – information that can be crucial during an emergency.

Department policy only addresses key exchanges but CRCC has established the practice of exchanging equipment for a chit and this practice is uniformly utilized or applied. This is not a CAP item because of the lack of policy backing but will be revisited at the next review.

Disciplinary Process

In approximately one year time, this the primary and alternate hearing officers have conducted over 2750 hearings.

It is apparent that these hearings staff take pride in the work they are doing. They work well together and have a great system set up for ensuring the facility hearings are conducted timely. Their process of rotating who conducts the hearings at the prison and the minimum unit keeps uniformity and consistency to the program.

In observations during the review, both hearings officers conducted their hearings professionally, as well as in a fair and impartial manner. It was noted that 24-hour notice time frames, hearing time frames, and appeal time frames are all being met.

Both follow policy and WAC guidelines, which ensures that offenders' due process rights are not violated. This, in turn, helps to protect the facility when offenders file petitions or other possible lawsuits.

In speaking with offenders at CRCC, it was noted that although they may not agree with their sanctions, they felt that they received due process and the hearing itself was fairly conducted. This says a lot to the work of these hearing's officers.

Rating: Compliance

Score: 100%

Corrective Action Item(s):

There are no corrective actions for this section.

Food Services Program

Two kitchens are operated at CRCC, one for the main facility and one for the minimum. Both kitchens are clean and sanitary. Staff, as well as offenders, at both locations, are adhering to the health standards for hygiene and protective equipment. Hair nets and beard nets were observed to be worn at all times.

At CRCC's MSU, in Sage Unit, is an assisted living program with a population of elderly offenders. These elderly offenders face mobility, cognitive and/or other medical issues that make it difficult for them to complete a meal within the normal allotment of 20 minutes. To help ensure these offenders get the full nutritive value from their meals they are given longer meal times. This is accomplished by sending these offenders to mainline prior to the start of the 1600 hour facility count. They remain in the dining hall, eating until count clears. County typically clears 40 or so minutes later. This practice is remarkable. It is a prime example of the changing offender population and how a facility can adapt to accommodate the needs of that changing population.

Overall, both kitchens are doing an outstanding job managing the offenders and producing consistent and nutritional meals.

Rating: Compliance

Score: 98%

Corrective Action Item(s):

There are no corrective actions for this section.

Offender Management

Offenders new to CRCC go to orientation within the first week of arriving. Their orientation is organized and professional. Offender Representatives help promote education, sustainability and offender change programs. This helps encourage buy-in of new offenders to the intuition to learn new skills and better themselves.

Case managers are meeting with offenders that are newly assigned to their caseload in a timely manner, most within 24 hours.

The facility position that is responsible for overseeing the Incoming Transport Job Screening Process (ITJS) is currently vacant. Despite this setback, staff are working together to ensure that this vital process remains in place and functional.

The implementation of the Continuous Case Management model is a vast change from the classification process of the past but CRCC's staff are adapting well to the change.

Offender Management at CRCC is in good shape overall.

Rating:	Partial Compliance
Score:	92%

Corrective Action Item(s):

- Custody staff are not following up on offenders who do not show up to call-outs as required. Multiple areas and shifts were assessed to get a full measure of the issue, this was an issue in all areas across the board. **DOC 420.155 Offender Movement**
- Classification staff are not consistently updating and offender's Personal Goal and Incentives Narratives in OMNI as required by policy. **DOC Policy 300.000 Continuous Case Management**

Secured Housing

At the time of this review there were 81 offenders being housed in the Segregation Unit.

Segregation (Seg) at CRCC is clean and organized. Unit staff interact with the offenders at a very professional, but humane, level which helps the overall tone and safety of the unit. This, in turn, creates a better working environment for staff and a better living environment for offenders

Seg staff approach each task in a professional manner and this is a direct reflection of the leadership within the unit and of the. While escorting offenders staff will resolve issues and answer an offender's questions, resolving issues at the lowest level possible.

Rating: Partial Compliance
Score: 94%

Corrective Action Item(s):

- The Administrative Segregation (Ad-Seg) Hearings Officer doesn't always receive updated investigative reports from CRCC's Intelligence and Investigations Unit. The Ad Seg Officer is usually advised that the investigation is ongoing, but does not receive an actual update as required by policy. **DOC 320.200**
- Electronic versions of **DOC 05-091's** are utilized at CRCC – the information entered on these logs is very general in nature and not consistent with policy standards. **DOC 320.260**
- Sergeant reviews of the **DOC 05-091** forms are not being logged in the electronic unit log. **DOC 320.255, DOC 320.260**
- The Conditions of Confinement aren't being logged in the logbook. **DOC 320.255, DOC 320.260**
- The electronic logbook does not consistently show that the required staff are conducting a walk-through of the unit. **DOC 320.260**

Items of Note:

- The electronic logbook entries are restricted to a low character limit. Anything above the limit must be entered as an additional entry. This problem is not unique to CRCC, it has also shown up in other facilities where electronic logging is utilized.

To review the logbook one must use specific computers in Seg or print hard copies.

Approximately 6.5 half hours of log entries was 14 printed pages long. The log entries are also printed in *reverse* order. The last page contains the first entry of the time span printed, and the entries must be read from the bottom of the page up. The logs would have been almost indecipherable without staff assistance.

Searches & Evidence

Custody staff at CRCC know and understand the important aspects of searching, specifically as it pertains to facility security, safety, and health of staff and residents. Staff were quick to share their concerns of time constraints when it comes to adequate searches and the required paperwork.

Many of the custody staff were extremely well versed in the handling of contraband and how to collect and document evidence for the hearing. When it came to evidence handling, non-custody staff, whose job may not necessarily require that they know the evidence handling process, were all able to readily identify a subject matter expert that they could call on should the need arise.

Shift Evidence lockers and the Hearings Evidence Lockers were by and large in order. Some issues did show up in the documentation but these issues were isolated in nature and do not signify a trend. Overall the evidence lockers are in good shape.

A repeat CAP item regarding logging cell searches in the unit log books resulted in a 5% score reduction. This is the only CAP that remains unresolved out of the five from the previous Operations Review and is noteworthy.

Rating: Not in Compliance
Score: 86%

Corrective Action Item(s):

- Logging cell searches and area searches in the unit/area logs is not consistently occurring.

This is a repeat CAP item.

- Entries in the Contraband/Evidence Log contained blank spaces and skipped fields, which is inconsistent with policy expectations.

DOC 420.375

- Logging of cell searches and the complete information required by policy in the unit log books inconsistent. **DOC 420.375**
- It could not be verified that electronic searches of the yard are taking place. No records could be found. **DOC 420.320**



Staff and visitors arriving at CRCC are moved through a roundabout that takes them around a group of flags and CRCC's facility sign. The Coyote motif is featured heavily in artwork throughout the facility.

Staff Safety & Accountability

Daily accountability processes are in place that has both custody staff and non-custody staff sign into and out of the facility. These sign-in sheets are utilized when accounting for staff during an emergency and the sign in/out process seems to be well accepted.

Response and movement Officers work in pairs. This is a good safety and security practice, especially when addressing offender behaviors during movement.

The Security Specialist does a great job tracking Place Safety Masters (PSM) and has a user-friendly cover sheet for the PSMs provides information at a glance. The PSM tracking system identifies supervisors and areas that are completing Place Safety Masters as well as areas that are not. This excellent tool makes tracking compliance easy. It could also easily be used to establish and measure performance expectations.

Although PSM compliance has improved since the previous Operations Review, there are still areas that are missing multiple musters, some across all 3 shifts. These missing musters are noteworthy. CRCC supports the PSM process by effectively shutting down on all three shifts, monthly, to dedicate a time in which supervisors should be conducting their musters. With such accommodations, compliance should be a simple bar to meet.

A system has been put in place to document and conduct isolated post checks of the Minimum Security Unit's Property Room staff, however, the documentation makes it difficult to measure the effectiveness of the implemented solution. The hourly check times differ by day and staff on duty and can include a span of 3 hours between checks. There is no way to tell why the checks are not being conducted routinely, if the Property Room staff have left the post or if the check was not completed. As this system still needs tuning this CAP will remain open.

The two repeat CAP items resulted in a 10% deduction from the score for this section.

Rating: Not in Compliance
Score: 77%

Corrective Action Item(s):

- Place Safety Muster completion has improved, however, some areas are missing multiple Musters. Some Units are missing musters for all three shifts. **DOC 420.010**

This is a repeat CAP item from the previous 2 Operations Reviews.

- On 9-18 an Operations Review conducted a systems test by not signing out. No follow up was conducted by the facility. Each facility is provided with a list of the hotel and contact information of all members of the Operations Review team.
 - A review of sign in/out sheets found that they were marked up during the process of accounting for staff but no documentation could be found that showed the results of the checks. **DOC 420.160**
 - A team member arrived at the facility at 4 am and was allowed to enter without signing in and without being challenged. This is inconsistent with the practice of signing in at Minor Control during off hours.
- Isolated post checks of the Minimum Security Unit Property Officer seem to occur, however, documentation needs improvement to be in compliance with their OM. **OM 420.160**

This is a repeat CAP item from the previous 2 Operations Reviews.

- The logbook in the Recreation and Education area at CRCC's Main Complex did not show that any isolated posts checks by the Response and Movement officers had occurred during the two weeks prior to the audit. This is required by their post orders and part of their Staff Accountability process. **DOC 420.160**
- Staff in 2 out of 4 areas observed, did not utilize the two to open two to close process. In one case two officers found a Chemical Dependency contractor that had entered alone earlier in the day. They did not know she was in the building. Staff are not following the established protocol for accountability in work/program areas as noted in **OM 420.160**.

Health Services - General

Health Services at CRCC is an organized, professionally run operation that is busily serving more than 2,500 patients. Health Services at the main prison is mostly centralized in the MSC Clinic where outpatient medical care, infection prevention, mental health, and dental services are provided. An Extended Observation Unit (EOU) and Close Observation Area (COA) are located within the outpatient clinic.

CRCC's MSU has a small clinic, and within SAGE Unit is an assisted living population for those that require 24-hour care.

Quality and continuity of care is clearly the primary focus for CRCC Health Services. Eight of the 10 staff interviewed specifically mentioned this when asked what, in their opinion, is the local primary priority. The Facility Medical Director has instituted a process of using a checklist that is used for all incoming offender transfers. This helps clinic personnel know who the incoming offenders are and what medical services they need.

Handwashing is another area of focus. The Infection Prevention Nurse conducts ongoing audits and training. To help emphasize the importance of this simple, but critical, component of quality health care, two leadership staff conducted a special project that included a pre and post handwashing evaluation.

A designated emergency response room in the outpatient clinic is used for the sole purpose of staging and maintaining the red emergency response bags and other associated equipment. Everything needed is kept together, where it is ready for rapid deployment.

CRCC Health Services continues to struggle with significant staffing shortages. They are to be commended for their hard work, creative solutions, and ongoing commitment to quality patient care.

Rating: Partial Compliance
Score: 93%

Corrective Action Item(s):

- The needles and hazardous instruments were not fully compliant with **Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**.
 - Math errors were found in the clinic storage log book.
 - Missing times and missed secondary signatures were missing in the outpatient clinic and Sage Unit needle log books.
 - Multiple missed needle counts were noted at Sage.
 - Three hazardous instrument types were not included in the MSU clinic inventory and were, therefore not being counted.
- Additions and disbursements were not routinely recorded in the hazardous dental instrument logbook. **Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**
- At the MSU clinic, unsterilized and sterilized items were kept in a drawer together, this does not meet **Department of Health (DOH) Standard 505** and **ND-406 Sterilization and Infection Control Procedure**.
- Red Emergency Response Bags were not consistent with **DOC Nursing Procedure N-503 Red Emergency Response Bag**. One missed the required monthly inventory in the MSC clinic and 8 months were missing in the Sage clinic. Both the MSU clinic and Sage were using outdated inventory checklists and were missing multiple items. "Extra" items at the MSU and Sage clinics were present that were not managed or accounted for as required.
- Open charts were laid out on the upper shelf of the outpatient clinic nurses' station. Exposing protected health information to every passerby. In one office was an unattended computer screen that was left open to patient information which was close to and facing a window. **DOH Standard 403, DOC 640.020 Health Records Management**

Health Services - IPU

CRCC is unique because it is a major facility that has a population of 2,500 plus offenders and it does not have an on-site infirmary. Instead, CRCC has an Extended Observation Unit (EOU) located in the MSC clinic. The EOU provides care for up to 96 hours for designated lower acuity issues. This unit is governed by **DOC 610.600 Infirmary/Special Needs Unit Care**.

Of the 7 records reviewed, all of the patients admitted met the admission criteria and limitations of the EOU. All admission orders and nursing assessments were completed properly by the nurses.

The one record available for review of Intravenous (IV) administration was fully compliant.

Rating: Not in Compliance
Score: 84%

Corrective Action Item(s):

- Form **DOC 13-050 Infirmary/Extended Observation unit Face sheet** was not found in any of the 7 records reviewed. This does not meet policy requirements. **DOC 610.600 Infirmary/Special Needs Unit Care**
- Two of 7 admission orders were not signed by the practitioner as required by policy. **DOC 610.600 Infirmary/Special Needs Unit Care**
- In 4 of 7 records reviewed the forms **DOC 13-167 Patient Instructions** and **DOC 13-070 Infirmary/Extended Observation Unit Discharge Summary** were not completed as policy requires for patients staying longer than 48 hours. **DOC 610.600 Infirmary/Special Needs Unit Care**

Health Services - Medication

All of CRCC's Medication rooms are orderly and efficient. The use of "NAME ALERTS" in the Medical Administration Records (MARS) as an extra safety precaution is an excellent practice as is the provider notification form and the use of a special stamp on the back of the MAR.

The process for managing urgent stock expirations in the MSC medication management room is very good. It is organized and clearly a routine practice however, monitoring of expiration dates does not follow-through once the medications are deployed to other units or medication carts, at this time.

Narcotics documentation and management were found to be compliant with policy expectations. The logbooks are clearly monitored by nurse leadership.

Rating: Partial Compliance
Score: 89%

Corrective Action Item(s):

- Medication Administration Record (MAR) documentation is not consistent with **Nursing Procedure N-306 Medication Administration**.
 - Three of the 10 MARS reviewed contained blank form fields.
 - Two of the 10 handwritten MAR entries were incomplete.
 - Four of the 10 MAR entries for discontinued medications were not appropriately highlighted as required.
- Outdated urgent stock was found in several of the medication carts. One card of medications was located above the cabinet in the medication room in the MSU clinic. This does not meet policy standards. **DOC 650.020 Pharmaceutical Management**
- Errors repeatedly identified in monthly pharmacy inspections remained unaddressed and uncorrected.

Health Services – Offender Records

CRCC has a large offender population which means that they also have a large number of offender medical charts. Their Health Records Department is currently very short-handed but they were still responsive to audit team needs.

Release documentation was consistent, thorough, and easy to track. The records that were reviewed were compliant in this area.

Psychiatric notes were thorough, timely, and typed for ease of review. The required 90-day follow-ups for psychiatric patients was 100% compliant.

The dental documentation and consultation documentation reviewed was also found to be 100% compliant.

Mental Health staff at CRCC are treating a high volume of patients each day. They are short-staffed and their caseloads are very large but their efforts, hard work, and their focus on patient care is evident and commendable.

Rating: Not in Compliance
Score: 76%

Corrective Action Item(s):

- One of the 14 records reviewed did not have a completed **DOC 13-421 Intrasystem Intake Screening** as required. **DOC 610.040 Health Screenings and Assessments**
- Vital signs were not documented by nursing in 5 of the 14 records reviewed.
 - Two of the 14 records reviewed had orders that were not noted by nursing as required. **Nursing Procedure N-305 Noting and Processing Orders, DOC 640.020 Health Records Management**

This is a repeat CAP item.

- Out of 14 records reviewed, seven were missing:
 - Documented evidence that patient education had been provided
 - **DOC 13-250 Consent to Surgical or Other Procedure form**
 - That an explanation of risks and benefits had been provided.**DOC 640.020 Health Records Management, DOH Standard 507**

- Seven of 14 records reviewed had problem lists that had not been updated within the last 3 years as required by the Problem List Guideline.

This is a repeat cap item.

- Three of 14 records reviewed did not have a current mental health assessments/updates and 2 of 7 records reviewed were missing consent forms and 2 of 7 Psychiatric Assessments had not been completed. This is an improvement since the previous Operations Review.

This is a repeat cap item.

- All of the 14 records reviewed did not meet the quality expectations of the **Mental Health Golden Thread Procedure**.

Health Services – Restricted Housing

CRCC has a Segregation Unit and a Close Observation Area (COA) that are both located within the outpatient clinic. Access to care and other important information is posted on windows in a creative way. The information is printed on plastic transparent sheets. This ensures patients are well informed while maintaining security by not blocking windows.

A designated private area for health appointments is located in the Restrictive Housing unit. This helps ensure the medical information is kept secure.

In addition to housing offenders placed on COA, the cells in this area are sometimes used as holding cells for EOU patients or used to monitor offenders who are suspected to be on narcotics or are waiting to provide a urine sample for analysis. In these cases, the offenders are neither EOU nor COA patients.

The team was unable to identify custody staff that were routinely assigned to these posts. The variability of uses of the cells in the COA, coupled with the lack of permanently assigned staff was a noted concern. These practices promote confusion in policy compliance and could likely be a contributor to the deficits identified in this review.

Rating: Not in Compliance
Score: 78%

Corrective Action Item(s):

- Electronic replacement of **DOC 05-091** does not meet the requirements of **DOC 320.255 Restrictive Housing** which requires that the daily wellness of each offender by a nurse be documented. This must be documented on the **DOC 050-091** form and not just noted generally in the unit log.
- Initial nursing assessments were not completed in 3 of 10 records reviewed and initial mental health assessments were not completed in 3 of 10 records reviewed as required. **DOC 610.040 Health Screenings and Assessments**
This is a repeat cap item.
- Initial Nursing Assessments in COA are being completed but are being done on the incorrect form. This means that key questions concerning self-harm are missing. **DOC 320.265 Close Observation Areas**
- One out of 5 COA records reviewed were missing documented daily wellness checks by health services staff. One of the 5 did not have a completed mental health evaluation. **DOC 320.265 Close Observation Areas**
This is a repeat cap item.
- Four of the 5 records reviewed did not have a suicide risk assessment completed as required despite being identified as suicide risks. **DOC 320.265 Close Observation Areas**
- One of 5 records reviewed did not have conditions of confinement updated within the required time frames. Another of the 5 did not have conditions of confinement updated on a weekend and signed by the mental health provider the next business day. **DOC 320.265 Close Observation Areas**

Outstanding Corrective Action Items:

Coyote Ridge Corrections Center had 8 repeat Corrective Action Items during this review. The quantity of repeat CAP items and the sections in which they were found is summarized in the table below. Details regarding each can be found in the corresponding section of this report.

Section	Sub Totals	Number of Repeat CAPs	Totals
Searches & Evidence	91%	1	86%
Staff Safety & Accountability	87%	2	77%
Offender Records	91%	3	76%
Restrictive Housing	88%	2	78%

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/Pages/CATSHomePage.aspx>