



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Division of Occupational Safety and Health  
PO Box 44600 • Olympia, Washington 98504-4600

December 17, 2021

DEPARTMENT OF CORRECTIONS/STAFFORD  
CREEK

DOC/SCCC STAFFORD CREEK CORR C

818 79th Ave Se, Ste C-1

Olympia, WA 98501

OSHA #: 1551944

Inspection: 317964541

UBI: 601771987

Region: 4-Health

Inspector ID: T8778

Reference: 102416871,102416884,2034098

95,203409904,203409906

Dear Employer:

Enclosed are the results of the safety and health inspection of your workplace. This packet contains:

- **Citation Invoice** – The total assessed penalty is \$60,000.00
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

You must immediately post this Citation and Notice of Assessment at or near where the violation(s) occurred, where employees can easily find and read it, or where employees normally receive posted information. All postings must remain until you have corrected all violations, or for seven working days, whichever is longer. “Working day” means a calendar day, except Saturdays, Sundays and all legal state holidays.

Because this inspection is public information, the result will be posted online 30 days after the above date by the Department of Labor & Industries. You may view it at <https://secure.lni.wa.gov/verify> .

**Please visit <https://www.lni.wa.gov/agency/public-disclosure/> if you would like to request a copy of the inspection file. Your choices are:**

- Safety & Health Citation Only
- Safety & Health Brief Inspector Summary Report (short description the inspector writes to summarize the reason for the inspection only – not complete file)
- Safety & Health Detailed Inspection Summary Report (detailed summary of inspection including penalty calculation only – not complete file)
- Safety & Health Citation and Complete Inspection File (The complete legal file which contains the detailed information regarding the inspector’s findings, the citation, and calculation of any penalty. This will be especially helpful if you are contemplating filing an appeal.)

**If you have questions, call the compliance supervisor, Lyndsey Banks, at (360) 902-5409.**

Respectfully,

L&I Assistant Director  
Division of Occupational Safety & Health

Enclosure(s)



Washington State Department of  
**Labor & Industries**  
*Division of Occupational Safety and Health*

## Invoice

**Inspection: 317964541**

<b>UBI:</b> 601771987	<b>Issued:</b> December 17, 2021
<b>Legal Name:</b> DEPARTMENT OF CORRECTIONS/STAFFORD CREEK	<b>Opening Conference:</b> June 22, 2021
<b>DBA Name:</b> DOC/SCCC STAFFORD CREEK CORR C	<b>Closing Conference:</b> December 14, 2021
<b>Inspection:</b> 191 Constantine Way,	<b>Inspector ID:</b> T8778
<b>Site:</b> Aberdeen, WA, 98520	

### Summary of Assessed Penalties Due

The Citation and Notice of Assessment includes a full description of each violation.

Violation Item	Violation Type	WAC	Correction Due Date	Penalty Amount
1-1	Willful Serious	WAC 296-800-11005	Corrected	\$60,000.00
<b><u>Total Penalty Due</u></b>				\$60,000.00

#### PAYMENT INFORMATION

**Payment is due 15 working days from receipt of this citation.**

Make check payable to the Department of Labor and Industries.

Write Inspection number 317964541 on the check and mail to:

**Attn: DOSH Cashier**  
**Department of Labor and Industries**  
**PO Box 44835**  
**Olympia, WA 98504-4835**  
 Or deliver to: **Any L&I office**



**Post This Document**

**Citation and Notice of Assessment  
Citación por Infracción y Multa Civil  
Inspection: 317964541**

**UBI:** 601771987

**Issued:** December 17, 2021

**Legal Name:** DEPARTMENT OF CORRECTIONS/STAFFORD CREEK

**Opening Conference:** June 22, 2021

**DBA Name:** DOC/SCCC STAFFORD CREEK CORR C

**Closing Conference:** December 14, 2021

**Inspection Site:** 191 Constantine Way Aberdeen, WA 98520

**Inspector ID:** T8778

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**Message**

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This employer has been identified as a Severe Violator Enforcement case under the Labor & Industries Division of Occupational Safety & Health's (DOSH), Severe Violator Enforcement Program (SVEP). Your company will be subject to follow-up inspections to determine if the conditions cited here still exist in the future. Follow-up inspections of this company will continue at a heightened level until the Department is satisfied that the conditions no longer exist.

The following violation qualifies this employer for SVEP:  
1-1 (Willful Serious)

The Occupational Safety & Health Administration (OSHA) has been notified. For further information, please refer to DOSH Directive 2.68 and OSHA Instruction CPL 02-00-149.

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**Citation and Notice of Assessment**  
**Citación por Infracción y Multa Civil**  
**Inspection: 317964541**

**Violation 1 Item 1**

Violation Type: Willful Serious

WAC 296-800-11005

The employer did not provide a workplace free from recognized hazards that are causing, or are likely to cause, serious injury or death, as required by this standard.

The employer did not enforce procedures for social distancing (6 feet of space between employees) and did not ensure their employees wore facial coverings or masks at all times when not working alone.

DOSH Directive 1.70 provides enforcement policy when evaluating workplace implementation of social distancing, facial coverings and respiratory protection, sanitation and sick employee practices consistent with DOSH, OSHA, and Department of Health guidance. Coronavirus is widely recognized and publicized as a very serious workplace hazard resulting in hospitalization and death.

**This violation was corrected during the inspection.**

**Assessed penalty: \$60,000.00**

## For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, personally delivered or electronically filed. If you electronically file, the Department will send an automated acknowledgement that the appeal was received. **If you do not receive acknowledgement, please ensure you have addressed it to the correct email.** You can also contact the Appeals Program at the number listed below.

For violations classified as serious, willful, repeat serious, or failure to abate serious, an employer must correct the violations by the date listed on the Citation and Notice / Employer's Certification of Abatement form unless a stay of abatement date is requested in the appeal as described on this page. A stay of abatement date means the employer's requirement to abate or correct the hazard is put on hold until the appeal is resolved. All general and repeat general violations under appeal automatically have stay of abatement dates until a final order on those violations has been issued. If you only need an extension of an abatement date, please see the above section entitled, **"If you are unable to fix the hazard(s) by the correction due date(s)"**.

### Your appeal must include:

- Name, address, telephone number, and fax number if available of the employer who is appealing, and for the employer's representative, if any, such as an attorney or interpreter.
- Inspection Number (You will find this nine-digit number in the top right corner of this page.)
- Statement explaining:
  1. What you think is wrong with the citation and any related facts.
  2. How you think the citation should be changed.
  3. What relief you are seeking and why.

**If you are requesting a stay of abatement date for serious, willful, repeat serious or failure to abate serious, you must also include:**

- Each violation and item number for which a stay of abatement date is requested; and
- The reason for the stay of abatement date request.

Note: Employees and/or employee representatives may elect to participate in appeal hearings.

## Posting requirement:

You must post your appeal documents (along with this citation packet) until the appeal is resolved. You must also post all other documents related to this appeal.

## For Employees or Their Representatives

If your employer is cited, you may only appeal the correction due date(s).

### Your appeal must include:

- Your name, address, telephone number, and fax number if available and the same information for anyone who is representing you, if any.
- Inspection number.
- Statement explaining why the correction due date should be changed.

#### Send all appeals to:

**Assistant Director for DOSH**  
**Attn: Appeals Program**  
**PO Box 44604**  
**Olympia, WA 98504-4604**  
Fax to: **(360) 902-5581** or deliver to: **Any L&I office**  
Electronically to: [DOSHAppeals@Lni.wa.gov](mailto:DOSHAppeals@Lni.wa.gov)

For more information call the Appeals Program: **(360) 902-5486.**

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