MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT

PERFORMANCE AUDIT
OF

PARNALL CORRECTIONAL FACILITY

DEPARTMENT OF CORRECTIONS

January 2008

THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

471-0237-07

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

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REPORT SUMMARY

Performance Audit

Parnall Correctional Facility

Department of Corrections

Report Number:
471-0237-07

Released:
January 2008

Parnall Correctional Facility is a level I facility for males who are age 21 and older, with the capacity to house 1,648 prisoners. The Facility's mission is to provide a work environment where staff feel valued and to provide a safe, secure, and humane environment for prisoners. The Facility is located in Jackson, Michigan.

Audit Objective:
To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Audit Conclusion:
We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted ten reportable conditions (Findings 1 through 10).

Reportable Conditions:
The Facility did not properly complete gate manifests to help control the movement of items into and out of the Facility (Finding 1).

The Facility did not maintain proper inventory controls over critical and dangerous tools (Finding 2).

The Facility needs to improve its controls over keys and padlocks (Finding 3).

The Facility did not ensure that it performed and documented the required number of prisoner shakedowns and cell searches (Finding 4).

The Facility did not implement proper internal control over medications maintained in the physician dispensing box in the health services unit (Finding 5).

The Facility did not conduct required drug tests of all selected prisoners in a timely manner (Finding 6).

The Facility did not conduct and document all required prisoner counts (Finding 7).

The Facility did not complete all required security monitoring exercises (Finding 8).

The Facility did not properly document all required weekly and monthly sanitation inspections (Finding 9).

The Facility assigned some prisoners to gate pass details who did not meet all eligibility criteria (Finding 10).

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Audit Objective:
To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to food service operations.

Audit Conclusion:
We concluded that the Facility's efforts to comply with selected policies and procedures related to food service operations were moderately effective. We noted one reportable condition (Finding 11).

Reportable Condition:
The Facility did not comply with all policies and procedures relating to food service (Finding 11).

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Agency Response:
Our audit report includes 11 findings and 11 corresponding recommendations. The Department of Corrections' preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

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A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: http://audgen.michigan.gov

Michigan Office of the Auditor General
201 N. Washington Square
Lansing, Michigan 48913

Thomas H. McTavish, C.P.A.
Auditor General

Scott M. Strong, C.P.A., C.I.A.
Deputy Auditor General

STATE OF MICHIGAN
OFFICE OF THE AUDITOR GENERAL
201 N. WASHINGTON SQUARE
LANSING, MICHIGAN 48913
(517) 334-8050
FAX (517) 334-8079

THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

January 10, 2008

Ms. Patricia L. Caruso, Director
Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Ms. Caruso:

This is our report on the performance audit of Parnall Correctional Facility, Department of Corrections.

This report contains our report summary; description of agency; audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a formal response within 60 days after release of the audit report.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

Thomas H. McTavish, C.P.A.
Auditor General

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DEPARTMENT OF CORRECTIONS

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GLOSSARY

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Description of Agency

Parnall Correctional Facility is a level I* facility for males who are age 21 and older. The Facility was known as the Southside Trusty Division of the former State Prison of Southern Michigan and, in 1994, became Parnall Correctional Facility. The Facility is located in Jackson, Michigan, and is under the jurisdiction of the Department of Corrections (DOC). The warden is appointed by the director of DOC as the chief administrative officer of the Facility. The perimeter of the Facility consists of two chain link fences that are topped with razor-ribbon wire.

The mission* of the Facility is to provide a work environment where staff feel valued and to provide a safe, secure, and humane environment for prisoners. The Facility has the capacity to house 1,648 prisoners.

The Facility provides educational, vocational, religious, substance abuse, and psychological treatment programs. Prisoners are given the opportunity to work at the Facility in food service or maintenance and for Michigan State Industries to earn money for personal needs and to develop good work habits.

The Facility, through its horticultural program, annually provides plants and flowers to approximately 80 Habitat for Humanity homes or various other nonprofit agencies.

The Facility serves as an in-reach facility for DOC's Michigan Prisoner Reentry Initiative (MPRI). MPRI's vision is to provide needed tools to every offender released into the community to help them succeed and to reduce crime by implementing a seamless plan of services and supervision for all offenders, delivered through State and local collaboration, from the time of their entry into prison through their transition, reintegration, and aftercare into the community.

For fiscal year 2006-07, the Facility's operating appropriation totaled $25 million. As of June 2007, the Facility had 360 DOC employees.

* *See glossary at end of report for definition.*

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit* of Parnall Correctional Facility, Department of Corrections (DOC), had the following objectives:

1. To assess the effectiveness* of the Facility's efforts to comply with selected policies and procedures related to safety and security.

2. To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to food service operations.

Our audit objectives did not include an assessment of the effectiveness of the Facility's efforts to manage its food service operations. An assessment of DOC's efforts to manage food service costs will be reported on in the performance audit of Prisoner Transportation and Food Services, Department of Corrections (471-0621-07L).

Audit Scope

Our audit scope was to examine the program and other records of Parnall Correctional Facility. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances. Our audit procedures, performed from July through September 2007, generally covered the period October 1, 2004 through July 31, 2007.

Audit Methodology

To establish our audit objectives and to gain an understanding of the Facility's activities, we conducted a preliminary review of the Facility's operations. This included discussions with various staff regarding their functions and responsibilities and examination of program records, policy directives, and operating procedures. In addition, we reviewed self-audits*, the American Correctional Association accreditation report, monthly reports to the warden, and community liaison committee meeting minutes.

* *See glossary at end of report for definition.*

To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security, we examined records related to employee firearm qualifications, employee training, gate passes, medication control, drug testing, employee and prisoner shakedowns*, cell searches*, and accounting for prisoners. We also examined records for fire safety, preventive maintenance, and disaster planning. We reviewed procedures and records for security monitoring exercises*, visitor safety, telephone monitoring systems, and documentation of items taken into and out of the Facility. On a test basis, we inventoried keys, critical tools*, and dangerous tools*.

To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to food service operations, we examined inventory controls over food service operations and tested food service records and procedures related to Statewide menus and production. Also, we reviewed documentation of inspections and evaluations.

We use a risk and opportunity based approach when selecting activities or programs to be audited. Accordingly, our audit efforts are focused on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. By design, our limited audit resources are used to identify where and how improvements can be made. Consequently, our performance audit reports are prepared on an exception basis.

Agency Responses

Our audit report includes 11 findings and 11 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DOC to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

* *See glossary at end of report for definition.*

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: Parnall Correctional Facility operates under policy directives and operating procedures established by the Department of Corrections (DOC), in addition to operating procedures developed by the Facility. These policy directives and operating procedures are designed to have a positive impact on the safety and security of the Facility as well as to help ensure that prisoners receive proper care and services. The policies and procedures address many aspects of the Facility's operations, including key and tool security; prisoner, visitor, employee, and housing unit searches; prisoner counts; medication controls; fire safety; preventive maintenance; and disaster planning. Although compliance with these policies and procedures contributes to a safe and secure facility, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance with the policies and procedures will not entirely eliminate the safety and security risks.

Audit Objective: To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Conclusion: We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted ten reportable conditions* related to gate manifests*, tool controls, key and padlock controls, prisoner shakedowns and cell searches, medication controls, drug testing, prisoner counts, security monitoring exercises (SMEs), sanitation inspections, and gate pass assignments (Findings 1 through 10).

FINDING

1. Gate Manifests

   The Facility did not properly complete gate manifests to help control the movement of items into and out of the Facility. Failure to properly complete gate manifests could result in contraband* or other dangerous items being left inside the Facility, thereby endangering staff and prisoners.

* *See glossary at end of report for definition.*

Gate manifests provide a record of items (tools, supplies, materials, etc.) entering and leaving the Facility and are used to control and prevent the introduction of contraband and the theft of State property. DOC operating procedure 04.04.100 requires that gate manifests be completed in their entirety.

Our review of gate manifests completed during a 7-day period in February 2007 and a 7-day period in April 2007 disclosed that 15 (15%) of 103 manifests were not properly documented or had omissions of important information, with several manifests having multiple omissions. Our review disclosed that 3 manifests were missing, 9 manifests did not contain a required gate officer's signature, 8 manifests omitted the inspection time, 3 manifests omitted the point of entry, 2 manifests omitted the destination of items, and 1 manifest omitted the source of items.

RECOMMENDATION

We recommend that the Facility properly complete gate manifests to help control the movement of items into and out of the Facility.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that front desk/gate staff have been retrained and supervisors are reviewing manifests for proper completion prior to signing the manifest. In addition, the Facility informed us that the third-shift captain reviews all gate manifests and logs and reports any deficiencies to the inspector and the assistant deputy warden of custody.

FINDING

2. Tool Controls

The Facility did not maintain proper inventory controls over critical and dangerous tools. Proper inventory controls over tools help ensure that all critical and dangerous tools are accounted for and that any lost or misplaced tools are detected and recovered in a timely manner, thereby helping to ensure the safety and security of staff and prisoners.

DOC policy directive 04.04.120 requires that the tool control officer maintain a complete and up-to-date tool inventory list for each tool storage area and that the tool inventory lists are posted in the applicable tool storage areas. Also, the

directive states that work area supervisors shall conduct monthly inspections of all tool storage areas and submit the inspection results to the tool control officer.

The Facility has 33 tool storage areas that must be inspected monthly by work area supervisors. Our review of tool records for April and May 2007 for seven tool storage areas disclosed:

a. The Facility did not conduct or document 16 (24%) of the 66 required monthly tool inspection reports.

b. The Facility's tool inventory listing for the maintenance and metal furniture storage areas did not agree with the tools located in those areas. We noted that a steel brush, a drill bit set, and 2 squares were physically missing from the respective areas; a pry bar, a punch, a grease gun, and a clamp set were not properly labeled or etched as indicated on the tool inventory listing; a box wrench, 2 claw hammers, a tape measure, and a screw driver had not been assigned tool numbers as indicated on the tool inventory listing; and 2 saw blades and 2 router bits had been removed from the master inventory without tool turn-in receipts having been completed.

RECOMMENDATION

We recommend that the Facility maintain proper inventory controls over critical and dangerous tools.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken steps to comply. The Facility informed us that the tool control officer ensures that area supervisors conduct monthly inspections and that the tool officer resolves any deficiencies. The Facility also informed us that it has implemented a procedure to account for all tools. The Facility's tool managers and their supervisors will be provided training regarding policy and procedure requirements for tool control. The tool control officer will also coordinate a quarterly audit of tools to ensure compliance. Upon review of the audits, the tool control officer will forward the reports to the warden's office for corrective action, as necessary.

FINDING

3. Key and Padlock Controls

The Facility needs to improve its controls over keys and padlocks. Proper controls would help ensure that all keys and padlocks are accounted for and that any lost or missing keys and padlocks are detected and recovered in a timely manner, thereby helping to ensure the safety and security of staff and prisoners.

DOC policy directive 04.04.100 requires that the key control officer maintain an up-to-date inventory of keys and padlocks. The policy directive also requires the key inventory to include a cross-reference index system identifying each security key identifier, the lock or location accessible by each key, and the key rings to which it is assigned. Further, each padlock issued should be inscribed with an identifier, and the location and identifier should be included in the key inventory.

Our review of keys, padlocks, and the related controls as of August 2007 disclosed:

a. The Facility did not have an up-to-date inventory of keys. Our review of the master key inventory, which was last updated in August 2006, identified discrepancies with all 20 key rings sampled. The number of keys on each key ring did not agree with the master key inventory for 5 (25%) of the 20 key rings reviewed, and key identifiers for all 167 keys reviewed did not agree with the key identifier documented per the master key inventory. Staff informed us that, beginning in August 2006, the Facility completely revamped its key identifiers so that staff could more easily identify which key went to which lock. However, as of August 2007, the changes made to key identifiers per the master key inventory had not yet been stamped on the keys.

b. The Facility did not have an up-to-date inventory of padlocks. Our review of the master padlock inventory, which was last updated in August 2006, identified discrepancies with 12 (40%) of the 30 padlocks reviewed. Discrepancies consisted of 3 padlocks missing, 7 padlocks not in the proper location, and 2 padlocks not identified on the master padlock inventory.

RECOMMENDATION

We recommend that the Facility improve its controls over keys and padlocks.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken steps to comply. The Facility's key control officer will inventory keys quarterly and take corrective action for any discrepancy. Quarterly audit reports will be forwarded to the warden's office for review and corrective action, as necessary. The Facility informed us that its operating procedure has been updated to reflect the change in inventory schedule. Staff will also conduct an audit after the key identifier conversion has been completed to ensure that the master key inventory is accurate.

FINDING

4. Prisoner Shakedowns and Cell Searches

The Facility did not ensure that it performed and documented the required number of prisoner shakedowns and cell searches. Conducting the required number of prisoner shakedowns and cell searches improves the likelihood of detecting and confiscating contraband and improves the safety and security of staff and prisoners.

Facility operating procedures 04.04.110 A and C require that each housing and custody officer with direct prisoner contact perform five prisoner shakedowns per day. Also, all housing unit staff, except the night shift, are required to perform a minimum of three cell searches per day. DOC policy directive 04.04.110 requires that the Facility document prisoner shakedowns and cell searches in the appropriate logbook. The DOC retention and disposal schedule requires that shakedown reports be retained for one year.

Our review of prisoner shakedown and cell search records for two housing units disclosed:

a. The Facility did not perform or have documentation that it performed 967 (58%) of 1,680 required prisoner shakedowns for the period November 1 through November 14, 2006.

b. The Facility did not perform or have documentation that it performed 243 (36%) of 672 required cell searches for the period February 1 through February 14, 2007.

RECOMMENDATION

We recommend that the Facility ensure that it performs and documents the required number of prisoner shakedowns and cell searches.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and will comply. The Facility will implement a new shakedown and cell log. For prisoner shakedowns, the sergeant will be required to check the log daily to ensure that shakedowns are performed and properly recorded and will take corrective action as necessary. The captain will certify the log at the end of the month and forward it to the assistant deputy warden for review and retention.

For cell shakedowns, the assistant resident unit supervisor will be required to check the shakedown log daily to ensure that shakedowns are performed and properly recorded and will take any corrective actions as necessary. The resident unit manager will certify the log at the end of the month and forward it to the assistant deputy warden for review and retention.

FINDING

5. Medication Controls

The Facility did not implement proper internal control over medications maintained in the physician dispensing box in the health services unit. Without proper controls, the Facility has no assurance that the medications are appropriately used and safeguarded.

DOC operating procedure 03.04.100C requires that the Facility's health services unit manager ensure that medications in the physician dispensing box are inventoried at least monthly to ensure that medications are available, accounted for, and controlled and that outdated medications are replaced. The Facility's health services unit maintains a physician dispensing box that contains prescription medications, such as Amoxicillin, Augmentin, Keflex, and Prednisone, and other medications, such as Motrin and Benadryl.

Our review disclosed that the Facility did not maintain inventory records for any of the medications maintained in the physician dispensing box in the health services unit during our audit period.

RECOMMENDATION

We recommend that the Facility implement proper internal control over medications maintained in the physician dispensing box in the health services unit.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that it has created an inventory record for the physician dispensing box and will utilize log sheets to document when medication is added or removed. In addition, the Facility will conduct weekly inventories of all medication stored in the physician dispensing box.

FINDING

6. Drug Testing

The Facility did not conduct required drug tests of all selected prisoners in a timely manner. Conducting all required drug tests in a timely manner would help identify drug usage, thereby enhancing the safety and security of staff and prisoners.

DOC policy directive 03.03.115 requires that random testing of prisoners be conducted at regular intervals. DOC begins this process with a random drug test report (CB-831) that DOC's Management Information Services (MIS) generates and forwards to each facility via e-mail twice a month. Each CB-831 includes a list of randomly selected, specifically identified prisoners and a notification to test other randomly selected prisoners assigned to Michigan State Industries (MSI) or gate pass. The policy also requires that all prisoners randomly selected for drug tests be tested within 12 hours of the Facility opening the e-mail from MIS.

Our review of drug testing records for January and February 2007 disclosed that, of the 205 MSI and gate pass prisoners selected for random testing, 164 (80%) were tested more than 24 hours after opening the e-mail from MIS, 40 (20%) were tested more than 48 hours after opening the e-mail from MIS, and 1 (less than 1%) was not tested.

RECOMMENDATION

We recommend that the Facility conduct required drug tests of all selected prisoners in a timely manner.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and will comply. The Facility informed us that it will determine which shift is best suited to meet the time requirements of the policy and the shift captain and assistant deputy warden of custody will monitor compliance.

FINDING

7. Prisoner Counts

The Facility did not conduct and document all required prisoner counts. Prisoner counts and corresponding documentation helps ensure that prisoners are accounted for on a regular basis throughout the day and provides assurance that security measures are being performed in accordance with Facility operating procedures and DOC policy directives.

Facility operating procedure 04.04.101 requires that informal prisoner counts be conducted hourly and logged in the unit logbook, documenting the time, total number of prisoners in the unit, total number on detail or pass, and a grand total of prisoners accounted for in the unit. In addition, DOC policy directive 04.04.101 requires that unscheduled formal counts be conducted weekly at random hours on all three shifts at level I* facilities.

Our review of records for the periods January 14, 2007 through January 20, 2007 and March 18, 2007 through March 24, 2007 disclosed that the Facility did not conduct and document 177 (63%) of the 280 required informal prisoner counts. In addition, we noted that the Facility did not conduct an unscheduled formal count for 1 shift for each of the two weeks.

RECOMMENDATION

We recommend that the Facility conduct and document all required prisoner counts.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and will comply. The Facility informed us that it has been following the policy requirements for secure level I* facilities rather than the policy requirements for non-secure level I facilities and is currently revising its operating

* *See glossary at end of report for definition.*

procedure to conform to policy requirements for non-secure facilities. The Facility also informed us that an unscheduled formal count will be conducted weekly on all shifts and the shift captains and assistant deputy warden of custody will monitor compliance.

FINDING

8. Security Monitoring Exercises (SMEs)

The Facility did not complete all required SMEs.

SMEs are developed to test the effectiveness of established procedures and the alertness of staff by simulating the condition, behavior, or emergency that the procedures were designed to prevent or control. Performing the required SMEs helps to ensure that custody staff are adequately trained in critical security measures.

DOC policy directive 04.04.100 requires that SMEs be conducted at least quarterly. In addition, Facility operating procedure 04.04.100R requires staff to conduct various SMEs at least monthly.

Our review of the SME forms for the period February through April 2007 disclosed that the Facility did not complete 19 (19%) of the 102 required SMEs. The Facility indicated that many of the SMEs were not completed because of staffing problems.

RECOMMENDATION

We recommend that the Facility document the completion of all required SMEs.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken steps to comply. The Facility informed us that shift captains have been reorganizing the SME assignments. Each sergeant will be assigned to conduct a specific area of the SMEs. The shift captains will review each completed SME and ensure that the required number of SMEs are completed monthly. Captains will forward their SMEs to the inspector at the end of the month for review.

FINDING

9. Sanitation Inspections

The Facility did not properly document all required weekly and monthly sanitation inspections. Regular formalized inspections of Facility buildings and grounds are essential to ensure good sanitation and housekeeping practices.

DOC policy directive 04.03.102 requires that weekly sanitation inspections be conducted in all institution areas and that monthly comprehensive sanitation inspections be conducted by a safety/sanitation specialist. This policy directive also requires that, prior to each new inspection, inspecting staff are to review previously reported deficiencies to determine if necessary corrections were completed.

We reviewed weekly sanitation inspections for December 2006 and monthly sanitation inspections from March 2006 through June 2007 for the 31 areas within the Facility that require sanitation inspections. Our review disclosed:

a. The Facility did not document that it conducted 212 (43%) of the 496 required monthly sanitation inspections.

b. The Facility did not ensure that inspecting staff documented that they had followed up on previously reported deficiencies for any of the 8 areas in which deficiencies were noted in prior weekly sanitation inspections. Therefore, the Facility was unable to determine if adequate corrective action occurred.

RECOMMENDATION

We recommend that the Facility properly document all required weekly and monthly sanitation inspections.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has taken steps to comply. The assistant deputy warden's office will log all monthly sanitation inspection reports, follow up with area supervisors, and report to the deputy warden if a report is not received.

Weekly and monthly sanitation inspections will be reviewed at the weekly warden meetings. Each area will provide a written report indicating how prior deficiencies were corrected.

FINDING

10. Gate Pass Assignments

The Facility assigned some prisoners to gate pass details who did not meet all eligibility criteria. As a result, the Facility did not comply with DOC policy that is intended to reduce the risk of escape.

DOC policy directive 03.02.121 requires prisoners to meet 15 different criteria to become eligible for assignment to a gate pass detail. These criteria include being within 3 years of the earliest release date* and having no major misconducts while on gate pass assignments.

We reviewed prisoner files for 10 of the 27 prisoners assigned to gate pass details as of July 27, 2007. Three (30%) of the 10 prisoners did not meet one of the required criteria needed to qualify for a gate pass detail. Two prisoners were assigned to a gate pass detail more than 3 years prior to their earliest release date, and one prisoner had received a major misconduct while on a previous work pass assignment. The Facility informed us that these ineligible assignments were the result of administrative errors.

RECOMMENDATION

We recommend that the Facility assign only those prisoners to gate pass details who meet all eligibility criteria.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that it has reviewed the files of all current gate pass prisoners to ensure that they meet the gate pass criteria and that a checklist has been developed based on the 15 criteria listed in the policy. Records office staff will communicate changes in a prisoner's status to the classification director when the records office audits a

* *See glossary at end of report for definition.*

prisoner's file. The Facility will periodically audit gate pass prisoner files to check for compliance.

FOOD SERVICE OPERATIONS

COMMENT

Audit Objective: To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to food service operations.

Conclusion: We concluded that the Facility's efforts to comply with selected policies and procedures related to food service operations were moderately effective. We noted one reportable condition related to food service policies and procedures (Finding 11).

FINDING

11. Food Service Policies and Procedures

The Facility did not comply with all policies and procedures relating to food service. As a result, the Facility could not ensure compliance with required nutritional and quality standards.

DOC policy directives and Facility operating procedures help ensure that institutional food service sanitation standards are maintained, quality food is provided to prisoners and staff, prisoner dietary needs are met, and meals are provided to only prisoners, eligible employees, and guests.

Our review of the Facility's food service operations disclosed:

a. The Facility did not perform and document 28 (67%) of the 42 required food service daily sanitation inspections for the period February 1 through February 14, 2007. Facility operating procedure 04.07.103 requires the food service supervisor to complete a sanitation inspection for each shift. These sanitation inspections ensure that the food service and preparation areas are clean, food temperatures are adequate, and all prisoners working in food service meet health and hygiene requirements.

b. The Facility did not perform 19 (31%) of the 62 required meal evaluations for the period June 15 through July 15, 2007. DOC policy directive 04.07.102 requires that meal evaluations be performed at least 30 minutes before serving the meals. Meal evaluations help ensure that food served meets required standards.

c. The Facility did not document 4 (80%) of the 5 menu changes made during February 2007. In addition, the menu change that was documented was not approved. DOC policy directive 04.07.100 requires that all menu substitutions be noted on a report of menu change form (CAH-108) and that the food service director approve all menu changes on this form. Documenting menu changes helps ensure that food served meets required standards.

d. During February 2007, the Facility did not document the quantity of menu items discarded after each meal, the quantity of leftovers used in each meal, or the quantity of leftovers to be used within 48 hours. DOC policy directive 04.07.102 requires the quantity of food purchased to be determined by the number of meals served and past usage. The directive also requires food items not served at a meal to be used within 48 hours or frozen and scheduled for use within 30 days. By tracking food waste and leftovers, the Facility can help ensure that proper quantities of menu items are purchased and prepared.

RECOMMENDATION

We recommend that the Facility comply with all policies and procedures relating to food service.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that it has implemented a daily checklist form to ensure that sanitation rounds, meal evaluations, and production sheets are completed. The Facility stated that it had completed sanitation inspections for the areas cited, but the information had been discarded prematurely. The Facility informed us that it has implemented a new filing system in the food service director's office to ensure proper retention of daily sanitation inspections, meal evaluations, and production sheets.

The food service director or assistant director will approve menu changes on a daily basis. The Facility informed us that the food service director implemented a production sheet system to monitor rations disposed of or retained for reuse within 48 hours.

GLOSSARY

CAH-108	report of menu change form.
CB-831	random drug test report.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
critical tools	Items designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools shall be stored only in a secure area and shall be accounted for at all times.
dangerous tools	Items that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools shall be stored only in a secure area and shall be accounted for at all times.
DOC	Department of Corrections.
earliest release date	The earliest date a prisoner is eligible for release based upon all possible earned credit reductions.
effectiveness	Program success in achieving mission and goals.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.

level I	The security classification assigned to a facility or a prisoner. The facility has a minimal amount of security, including a single security fence. These facilities house prisoners who are relatively near parole, are not serving time for a sexual offense, and have no history of certain kinds of arson behavior.
MIS	Management Information Services.
mission	The agency's main purpose or the reason that the agency was established.
MPRI	Michigan Prisoner Reentry Initiative.
MSI	Michigan State Industries.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.
reportable condition	A matter that, in the auditor's judgment, represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.
secure level I	A security classification assigned to a facility or a prisoner. The facility has a full security perimeter with double fences, concertina wire, and a perimeter detection system. These facilities house prisoners who are relatively near parole, including those serving time for a sexual offense, or who have a history of certain kinds of arson behavior.

self-audits	Audits performed by facility staff that enable management and staff to ensure that all operational units comply with policy directives and take proactive steps to correct any noncompliance. Performing self-audits is intended to maximize safe and efficient operations by DOC.
security monitoring exercise (SME)	A systematic method of safely and effectively testing and monitoring security standards of a facility to enable staff to have an opportunity to practice the standards under controlled conditions.
shakedown	The act of searching a prisoner, an employee, or a visitor to ensure that he/she does not have any contraband in his/her possession.

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