MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT

PERFORMANCE AUDIT
OF THE

G. ROBERT COTTON CORRECTIONAL FACILITY

DEPARTMENT OF CORRECTIONS

December 2008

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

471-0239-08

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

G. Robert Cotton Correctional Facility

Department of Corrections

Report Number:
471-0239-08

Released:
December 2008

The mission of the G. Robert Cotton Correctional Facility is to protect the citizens of the community by controlling offenders within the Facility's boundary and returning success-oriented offenders to their life back in the community. The Facility has the capacity to house approximately 1,850 male prisoners with security classifications of levels I, II, and IV and secure level I. The Facility, opened in 1985, 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 nine reportable conditions (Findings 1 through 9).

Reportable Conditions:
The Facility did not ensure that its officers performed all required prisoner and employee searches (Finding 1).

The Facility did not ensure that its officers performed and documented the required number of prisoner cell searches (Finding 2).

The Facility did not maintain proper control over tools (Finding 3).

The Facility did not effectively monitor gate manifests (Finding 4).

The Facility did not conduct annual criminal history checks for all officers whose assignment required the use of a firearm (Finding 5).

The Facility did not ensure that all officers assigned to the self-contained breathing apparatus (SCBA) squad were properly certified in the use of SCBA equipment (Finding 6).

The Facility did not complete all required security monitoring exercises (Finding 7).

The Facility did not test and calibrate its walk-through metal detectors at the bubble and the vehicle sallyport as required by Facility management (Finding 8).

The Facility did not ensure that its supervisory staff performed all required administrative staff rounds (Finding 9).

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Agency Response:

Our audit report includes 9 findings and 9 corresponding recommendations. The Department of Corrections' preliminary response indicated that the Facility agrees and has complied with all of the recommendations.

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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

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

December 9, 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 the G. Robert Cotton Correctional Facility, Department of Corrections.

This report contains our report summary; description of agency; audit objective, scope, and methodology and agency responses and prior audit follow-up; comment, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

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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Description of Agency

The G. Robert Cotton Correctional Facility, opened in 1985, is located in Jackson, Michigan. The Facility sits on 114 acres and has the capacity to house approximately 1,850 male prisoners with security classifications of levels I*, II*, and IV* and secure level I*. Prisoners are housed in either pole buildings that house 140 prisoners in seven-man cubicles or conventional brick commercial buildings that house 96 prisoners with two prisoners in most cells.

The mission* of the Facility is to protect the citizens of the community by controlling offenders within the Facility's boundary and returning success-oriented offenders to their life back in the community. The Facility supports the Michigan Prisoner ReEntry Initiative's mission to reduce crime and enhance public safety by implementing a seamless system of services for offenders from the time of their entry to prison through their transition, community reintegration, and aftercare in the communities.

The Facility provides routine medical and dental care on site. Academic programming provided at the Facility includes adult basic education, general education development preparation, special education, and several vocational training programs.

During 2007, the Department of Corrections (DOC) closed both the Charles Egeler Reception and Guidance Center and the Southern Michigan Correctional Facility. Those closures resulted in the transfer of both prisoners and employees into and out of the G. Robert Cotton Correctional Facility, impacting all levels of the Facility's operations. The Facility stated that the prisoners transferred in included the most medically fragile or those in need of outpatient mental health services, which has resulted in increased rates of emergency transports to local healthcare providers and additional on-site healthcare services.

For fiscal year 2006-07, the Facility's operating expenditures were $38.4 million. As of July 26, 2008, the Facility had 477 employees.

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

Audit Objective, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

Audit Objective

The objective of our performance audit* of the G. Robert Cotton Correctional Facility, Department of Corrections (DOC), was to assess the effectiveness* of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Audit Scope

Our audit scope was to examine the program and other records of the G. Robert Cotton Correctional Facility. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Our audit procedures, performed from May through July 2008, generally covered the period October 1, 2006 through June 30, 2008.

Audit Methodology

To establish our audit objective 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 Facility staff regarding their functions and responsibilities; observation; and examination of program records, policy directives, and operating procedures. In addition, we reviewed self-audits*, monthly reports to the warden, community liaison committee meeting minutes, and the American Correctional Association evaluation report.

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 firearm inventories; employee firearm qualifications; gate manifests*; employee training; gate passes and public works assignments; security threat group (STG) prisoners*; medication control; drug testing; prisoner and employee searches; cell searches*; prisoner counts; metal detector calibration; administrative rounds; and self-contained breathing apparatus* (SCBA) squad assignments. We also examined records for fire

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

safety, preventive maintenance, and disaster planning. We reviewed procedures and records for security monitoring exercises* (SMEs), self-audits, and telephone monitoring systems. On a test basis, we inventoried keys, critical tools*, and dangerous tools*.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis.

Agency Responses and Prior Audit Follow-Up

Our audit report includes 9 findings and 9 corresponding recommendations. DOC's preliminary response indicated that the Facility agrees and has complied with all of the recommendations.

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 the 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.

We released our prior performance audit of the G. Robert Cotton Correctional Facility and Camp Waterloo, Department of Corrections (47-239-99), in March 2000. Within the scope of this audit, we followed up 5 of the 8 prior audit recommendations. The Facility complied with 2 of the prior audit recommendations and 3 of the prior audit recommendations were rewritten for inclusion in this report.

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

COMMENT, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: The G. Robert Cotton 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 were 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, tool, and firearm security; prisoner, employee, visitor, 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.

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 nine reportable conditions* related to prisoner and employee searches; cell searches; tool control; gate manifests; criminal history checks; self-contained breathing apparatus (SCBA); security monitoring exercises (SMEs); metal detector calibration; and administrative staff rounds (Findings 1 through 9).

FINDING

1. Prisoner and Employee Searches

The Facility did not ensure that its officers performed all required prisoner and employee searches. As a result, the Facility was less likely to detect and confiscate contraband*, which could result in prisoners maintaining dangerous items and risking the safety and security of staff and prisoners.

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

DOC policy directive 04.04.110 requires each non-housing unit corrections officer with direct prisoner contact to conduct pat-down searches* or clothed-body searches* of at least five randomly selected prisoners per shift. Also, Facility operating procedure 04.03.102A requires each housing unit corrections officer to conduct a minimum of five prisoner searches per shift.

Further, Facility operating procedure 04.04.110 requires periodic unannounced searches of all employees entering the facility. To comply with this procedure, the Facility requires that officers from each shift perform a search of all employees entering the prison during a specified time period each month. In addition, the bubble* officer must conduct 20 random searches of employees per shift and the vehicle sallyport* officer must conduct five random searches of employees per shift.

We reviewed prisoner search records for corrections officers assigned to four housing units for the week of November 4, 2007 through November 10, 2007 and five housing units for the week of March 9, 2008 through March 15, 2008 and for all non-housing unit corrections officers for both of those weeks. In addition, we reviewed the Facility's records of its monthly searches of all employees entering the prison from November 2007 through April 2008 and employee search records for the daily bubble officers and sallyport officers during the month of March 2008. Our review disclosed:

a. Non-housing and housing unit corrections officers did not perform 733 (21%) of the required 3,460 prisoner searches.

b. Shift officers did not perform 9 (50%) of 18 required monthly searches of all employees entering the prison for the months of November 2007 through April 2008.

c. Bubble officers did not perform 466 (25%) of 1,860 required daily employee searches during March 2008. In addition, the vehicle sallyport officers did not perform any employee searches during March 2008.

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

RECOMMENDATION

We recommend that the Facility ensure that its officers perform all required prisoner and employee searches.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that it has established spreadsheets to assist in monitoring for completion and that supervisors and the assistant deputy warden of the area now perform monthly follow-up and take corrective action where needed.

FINDING

2. Cell Searches

The Facility did not ensure that its officers performed and documented the required number of cell searches. As a result, the Facility was less likely to detect and confiscate contraband that could compromise the safety and security of staff and prisoners.

Facility operating procedure 04.03.102A requires that its housing unit officers search each occupied prisoner cell or living area a minimum of four times each month.

Our review of Facility records for 3,397 required prisoner cell or living area searches of four housing units in November 2007 and March 2008 disclosed that housing unit officers did not perform 349 (10%) searches. Also, the Facility could not provide documentation for an additional 560 (16%) searches that the Facility indicated it had performed.

RECOMMENDATION

We recommend that the Facility ensure that its officers perform and document the required number of cell searches.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that assistant resident unit supervisors and resident unit managers verify that all required areas have been searched and take appropriate corrective action as

necessary. The Facility also informed us that action has been taken to ensure that all cell search documentation is submitted and retained.

FINDING

3. Tool Control

The Facility did not maintain proper control over tools. Failure to maintain control over tools could result in tools being unaccounted for or in lost or misplaced tools not being detected and recovered in a timely manner, thereby increasing the potential for misuse by prisoners.

The Facility has 52 different tool storage areas maintaining approximately 4,400 tools. We selected six tool areas to verify that the tools in the areas agreed with the master tool inventory. We reviewed the Facility's May 2008 master tool inventory to determine if tools were classified correctly, described appropriately, and identified with a unique number. We also reviewed the required annual tool audits and monthly tool storage area inspection reports for fiscal years 2005-06 and 2006-07.

Our review of tool records and tool storage areas disclosed:

a. The Facility did not have an accurate, up-to-date master tool inventory list for each tool storage area. Our review did not identify any missing critical or dangerous tools; however, one tool area had 2 critical tools and 2 dangerous tools that were not included on the most current master tool inventory list. In addition, 5 critical tools and 9 dangerous tools in three tool areas were not etched with the number identified in the master tool inventory list and 4 critical tools and 8 dangerous tools in three tool areas were not appropriately color coded.

   DOC policy directive 04.04.120 requires the tool control officer to maintain an accurate tool inventory list for each tool storage area. The policy directive also requires that all critical and dangerous tools be assigned a unique identification number for the purpose of identifying any missing tools and that critical and dangerous tools be color coded prior to being placed into service.

b. The Facility did not classify its tools with the proper critical or dangerous designation. Our review of the Facility's master tool inventory list as of May 2008 identified 106 critical or dangerous tool classification discrepancies within 18 (35%) of the 52 tool areas. For example, we noted 67 dangerous tools that were classified as critical, 30 critical tools that were classified as dangerous, and 9 critical or dangerous tools that were classified as other items requiring strict control.

   DOC policy directive 04.04.120 requires the tool control officer to properly classify all tools on the inventory lists.

c. The Facility did not perform an annual tool audit of critical and dangerous tools for fiscal years 2005-06 and 2006-07.

   DOC policy directive 04.04.120 requires the tool control officer to conduct an annual tool audit to verify the accuracy of the inventory record by comparing it with the actual tool inventory.

d. The Facility did not conduct 302 (73%) of the 416 required monthly tool storage area inspections for the period October 2007 through May 2008.

   DOC policy directive 04.04.120 requires work area supervisors to conduct a monthly inspection of all tool storage areas in their work areas to ensure that all tools are accounted for, an accurate inventory list is posted, and unauthorized tools are not in the storage area. The work area supervisor is required to document and submit the inspections to the tool control officer monthly.

e. The Facility did not ensure that all tool inventory lists were signed by the tool control officer and tool managers. We noted that 38 (73%) of the 52 tool inventory lists were not signed by the tool control officer and that 3 (6%) of the 52 tool inventory lists were not signed by the tool manager.

   DOC policy directive 04.04.120 requires the tool control officer and appropriate tool manager to review and sign the tool inventory lists.

RECOMMENDATION

We recommend that the Facility maintain proper control over tools.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that a master tool inventory list for each tool storage area was updated and a tool audit was completed for the current year and will be scheduled annually to ensure the accuracy of tool inventory lists, tool markings, color-coding, and classifications and to ensure that lists are properly signed. The Facility also informed us that a report/tracking system has been established to ensure that monthly area inspections and proper documentation have been completed.

FINDING

4. Gate Manifests

The Facility did not effectively monitor gate manifests. Improper monitoring of gate manifests could result in critical and dangerous items being left inside the prison, thus endangering staff and prisoners.

Gate manifests provide a record of items (tools, supplies, medications, etc.) entering and leaving the prison 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 all gate manifests be reconciled daily; that the designated individual ensure that all sections of the gate manifests have been completed with dates, times, and proper signatures; that the appropriate copies of the gate manifest have been returned; and that tracking numbers match the numbers listed in the gate manifest log.

Our review of 156 gate manifests prepared at the Facility for the weeks of March 9, 2008 through March 15, 2008 and April 20, 2008 through April 26, 2008 disclosed:

a. Fourteen (9%) of the 156 gate manifests were not approved by an authorized individual and 5 (3%) were not signed by the gate officer verifying that the items should and did enter the prison.

b. Nine (12%) of 74 gate manifests identifying items that were to remain inside the prison were not signed by an individual inside the prison indicating that the items were received.

c. Five (17%) of 29 gate manifests identifying items that were to be brought back out of the prison were not signed by the gate officer verifying that the items actually left the prison.

RECOMMENDATION

We recommend that the Facility effectively monitor gate manifests.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that additional staff training regarding completion of the gate manifest form has been completed and that the supervisor of this area has also been retrained to properly review for completion of this form. The Facility also informed us that the inspector monitors gate manifests for compliance.

FINDING

5. Criminal History Checks

The Facility did not conduct annual criminal history checks for all officers whose assignment required the use of a firearm. Failure to conduct periodic reviews of each officer's criminal history record could result in the Facility assigning ineligible officers to assignments requiring the use of a firearm.

DOC policy directive 03.03.100 prohibits employees from being issued or allowed to possess a firearm if they have been convicted of a felony or a misdemeanor crime of domestic violence or if prohibited by a personal protection order. In addition, DOC operating procedure 03.03.100 requires that shift commanders perform annual criminal history checks on their officers using the Law Enforcement Information Network (LEIN) prior to issuing a DOC weapons permit for officers to carry a handgun while on duty.

Our review of criminal history checks disclosed that the Facility had not conducted LEIN checks within the prior 12 months for 107 (74%) of 145 officers who were issued firearms as part of their work assignments for the period March 9, 2008

through March 15, 2008. Furthermore, of those officers reviewed, the Facility had not conducted LEIN checks for 43 (58%) of 74 officers assigned to positions requiring the use of a handgun.

RECOMMENDATION

We recommend that the Facility conduct annual criminal history checks for all officers whose assignment requires the use of a firearm.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that a procedure was established requiring completion of criminal history checks at the time of annual qualification of weapons.

FINDING

6. Self-Contained Breathing Apparatus (SCBA)

The Facility did not ensure that all officers assigned to the SCBA squad were properly certified in the use of SCBA equipment. As a result, the Facility did not have assurance that adequate safety precautions existed in the event of a prison disturbance or fire or that qualified officers would be available when necessary.

Facility operating procedure 04.03.120M requires that SCBA equipment be used only by staff who have successfully completed DOC's SCBA training course and that these staff be recertified semiannually in the use of the SCBA equipment.

Our review of records related to SCBA assignments and qualifications for the week of March 9, 2008 through March 15, 2008 disclosed that the Facility assigned 23 (22%) of 105 SCBA assignments to officers who were not currently certified in the use of SCBA equipment.

RECOMMENDATION

We recommend that the Facility ensure that all officers assigned to the SCBA squad are properly certified in the use of SCBA equipment.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that staff had been certified for SCBA; however, the list of certified officers had not

been updated and new sergeants were not aware of properly utilizing the list. The Facility also informed us that the list has been updated and shift command and shift supervisors have been trained on the procedure for ensuring that only qualified staff are assigned to SCBA squads.

FINDING

7. Security Monitoring Exercises (SMEs)

The Facility did not complete all required SMEs. As a result, the Facility could not ensure that its custody staff* were adequately trained in critical security measures.

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. DOC policy directive 04.04.100 requires that SMEs be conducted at least quarterly. Facility operating procedure 04.04.100C requires SMEs to be conducted monthly on all three shifts, with certain exceptions for the night shift.

Our review of the SME forms for the period January through March 2008 disclosed that the Facility did not complete 55 (22%) of the 255 required exercises. The Facility indicated that it had misinterpreted the requirement of some SMEs to perform the reviews on each shift for all applicable locations.

RECOMMENDATION

We recommend that the Facility complete all required SMEs.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that a procedure was established and that mid-managers, shift command, and shift supervisors were made aware of the requirements. The Facility also informed us that a tracking sheet, which is monitored by the inspector, was also established for ensuring that all SMEs are completed.

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

FINDING

8. Metal Detector Calibration

The Facility did not test and calibrate its walk-through metal detectors at the bubble and the vehicle sallyport as required by Facility management. Failure to routinely test and calibrate the metal detectors could result in the Facility's custody staff not identifying potentially dangerous metal objects on individuals attempting to enter the prison.

The walk-through metal detectors are the primary tools used by the gate officers to identify and prevent illegal items from entering the secured prison. Facility management requires the metal detectors to be calibrated weekly and the calibrations to be logged in either the bubble logbook or the vehicle sallyport logbook, noting the date and time of the calibration.

Our review of the bubble and vehicle sallyport logbooks for January through April 2008 noted that the Facility had not calibrated the metal detectors for 5 (28%) of 18 weeks and 17 (94%) of 18 weeks for the metal detectors located at the bubble and vehicle sallyport, respectively. In addition, under observation of the bubble and vehicle sallyport officers, we walked through the metal detectors 19 times on four different days carrying metal objects, such as a set of keys, coins, a money clip, and a vehicle remote device, in our pockets. The metal detectors detected the objects only 3 (16%) of the 19 times.

RECOMMENDATION

We recommend that the Facility test and calibrate its walk-through metal detectors at the bubble and the vehicle sallyport as required by Facility management.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that the supervisor of this area has established a process to ensure that a periodic testing of the metal detectors is performed and documented and that the documentation is properly maintained.

FINDING

9. Administrative Staff Rounds

The Facility did not ensure that its supervisory staff performed all required administrative staff rounds. Failure to perform administrative staff rounds could result in the Facility not identifying operational and security deficiencies.

Facility operating procedure 04.04.100D requires the Facility's supervisory, management, and administrative staff to make rounds inside the prison at various locations and intervals. In addition, the operating procedure requires that all rounds be documented in the appropriate location logbook.

Our review of unit logbooks for documentation of administrative staff rounds made by the Facility's shift commanders, yard sergeants, resident unit managers, assistant resident unit supervisors, weekend duty officers, and the food service director for five locations for the month of March 2008 disclosed that these staff did not perform 135 (20%) of 668 required administrative staff rounds.

RECOMMENDATION

We recommend that the Facility ensure that its supervisory staff perform all required administrative staff rounds.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility informed us that supervisory staff who were not in full compliance have been instructed to comply. The Facility also informed us that executive staff now review logbooks to ensure that supervisory staff are documenting their rounds on all sites.

GLOSSARY

Glossary of Acronyms and Terms

bubble	Central point of entry into and exit from a facility.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
clothed-body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
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 tool	An item 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.
custody staff	Corrections officers and resident unit officers.
dangerous tool	An item 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.
effectiveness	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.

LEIN Law Enforcement Information Network.

level I A security classification assigned to a facility or a prisoner. The facility has minimum security, including a single security fence. These facilities house prisoners who are relatively near parole, who are not serving time for a sexual offense, and who have no history of certain kinds of arson behavior.

level II A security classification assigned to a facility or a prisoner. The facility has low medium security, including open barracks-style housing and a full security perimeter with double fences, concertina wire, and a perimeter detection system. These facilities house prisoners who generally have longer sentences than do the level I prisoners and who need more supervision but who are not difficult to manage or likely to escape.

level IV A security classification assigned to a facility or a prisoner. The facility has close security, including a full security perimeter with double fences, concertina wire, and a perimeter detection system with gun towers. These facilities house prisoners who have a sentence of more than 60 months, who can generally be managed in the general population of prisons, and who have not shown a tendency to escape.

mission The main purpose of an agency or the reason that the agency was established.

pat-down search A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items that may be required to be removed are outerwear (e.g., coats, jacket, and hats) and shoes; however, all items shall be removed from pockets.

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, falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the objectives of the audit; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.

sallyport A controlled, secure gate by which vehicles can enter the facility grounds through the perimeter fencing.

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.

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.

security threat group (STG) prisoner A prisoner who is considered a threat to the safety and security of a facility because of gang-related activities or affiliations or violence toward staff or other prisoners. Prisoners can be designated as STG I (members of gangs or

groups) or STG II (leaders of gangs or groups). Prisoners who are designated as STG II must generally be housed in a level V facility.

self-audit An audit performed by facility staff that enables management and staff to ensure that an operational unit complies with policy directives and takes proactive steps to correct any noncompliance. Performing self-audits is intended to maximize safe and efficient operations by DOC.

self-contained breathing apparatus (SCBA) An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

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