MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT

PERFORMANCE AUDIT
OF

CHIPPEWA CORRECTIONAL FACILITY AND STRAITS CORRECTIONAL FACILITY

DEPARTMENT OF CORRECTIONS

April 2005

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

47-246-04

"...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

Chippewa Correctional Facility and Straits Correctional Facility

Department of Corrections

Report Number:
47-246-04

Released:
April 2005

The mission of Chippewa Correctional Facility (CCF) and Straits Correctional Facility (SCF) is to protect society by providing a safe, secure, and humane setting for staff and prisoners. CCF opened in 1989 and has a prisoner capacity of 1,150. CCF houses minimum security (level I), medium security (level III), and close security (level IV) male prisoners. SCF opened in 1988, has a prisoner capacity of 960, and houses minimum security (level I) male prisoners. CCF and SCF are located in Kincheloe, Michigan.

Audit Objective:
To assess CCF's and SCF's compliance with selected policies and procedures related to safety and security.

Audit Conclusion:
We concluded that CCF and SCF were generally in compliance with selected policies and procedures related to safety and security. However, we noted reportable conditions related to gate manifests, employee searches, prisoner shakedowns and cell searches, key security, tool control, metal detector calibration, and preventive maintenance (Findings 1 through 7).

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Audit Objective:
To assess the effectiveness and efficiency of CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations.

Audit Conclusion:
We concluded that CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations were generally effective and efficient. Our report does not include any reportable conditions related to this audit objective.

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Agency Response:
Our audit report includes 7 findings and 10 corresponding recommendations. CCF's and SCF's preliminary response indicates that they agree with the recommendations and have 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

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

April 15, 2005

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 Chippewa Correctional Facility and Straits Correctional Facility, Department of Corrections.

This report contains our report summary; description of agencies; audit objectives, scope, and methodology and agency responses and prior audit follow-up; 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 agencies' responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agencies 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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STRAITS CORRECTIONAL FACILITY
DEPARTMENT OF CORRECTIONS

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Description of Agencies

The mission* of Chippewa Correctional Facility (CCF) and Straits Correctional Facility (SCF) is to protect society by providing a safe, secure, and humane setting for staff and prisoners. CCF opened in 1989 and has a prisoner capacity of 1,150. CCF houses minimum security* (level I), medium security* (level III), and close security* (level IV) male prisoners. SCF opened in 1988, has a prisoner capacity of 960, and houses minimum security (level I) male prisoners. The security perimeters of the facilities are protected by electronically monitored chain link fences and are patrolled by alert response vehicles.

CCF and SCF are located in Kincheloe, Michigan, and are under the jurisdiction of the Department of Corrections. One warden serves as the chief administrative officer for both facilities. Shared services include: business management, human resources, training, physical plant services, and warehouse services.

For fiscal year 2002-03, CCF and SCF operating expenditures were approximately $38.3 million. As of September 11, 2004, CCF and SCF had 584 employees.

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

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

Audit Objectives

Our performance audit* of Chippewa Correctional Facility (CCF) and Straits Correctional Facility (SCF), Department of Corrections (DOC), had the following objectives:

1. To assess CCF's and SCF's compliance with selected policies and procedures related to safety and security.

2. To assess the effectiveness* and efficiency* of CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations.

Audit Scope

Our audit scope was to examine the program and other records of Chippewa Correctional Facility and Straits 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.

Audit Methodology

Our audit procedures, performed from July through September 2004, included examination of program records and activities for the period October 1, 2002 through August 31, 2004.

To establish our audit objectives and to gain an understanding of CCF and SCF activities, we conducted a preliminary review of their operations. This included discussions with CCF and SCF staff regarding their functions and responsibilities and examination of program records, DOC policy directives and operating procedures, and CCF and SCF operating procedures. In addition, we reviewed self-audits*, monthly reports to the warden, community liaison committee meeting minutes, and the Commission on Accreditation for Corrections evaluation reports.

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

To assess CCF's and SCF's compliance with selected policies and procedures related to safety and security, we conducted tests of records related to firearm inventories; employee firearm qualifications; medication control; drug testing; prisoner, cell, and employee searches; and accounting for prisoners. On a test basis, we inventoried keys, critical tools*, and dangerous tools*. In addition, we reviewed security monitoring exercises and documentation of items taken into and out of the facilities. We also reviewed procedures and conducted tests of records related to fire safety activities, preventive maintenance programs, and housekeeping and sanitation inspections.

To assess the effectiveness and efficiency of CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations, we tested food service records and procedures related to Statewide menus, production, and quality evaluations. In addition, we analyzed prisoner store financial information and reviewed controls for prisoner funds and prisoner store operations.

Agency Responses and Prior Audit Follow-Up

Our audit report includes 7 findings and 10 corresponding recommendations. CCF's and SCF's preliminary response indicates that they agree with the recommendations and have complied or will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agencies' written comments and oral discussions subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and Department of Management and Budget Administrative Guide procedure 1280.02 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 Chippewa Correctional Institutions: Chippewa Correctional Facility and Chippewa Temporary Correctional Facility, Department of Corrections (#4724697), in December 1997. CCF and SCF had complied with 4 of the 6 prior audit recommendations. We repeated the other 2 prior audit recommendations in this report.

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

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: Chippewa Correctional Facility (CCF) and Straits Correctional Facility (SCF) operate under policy directives established by the Department of Corrections (DOC) in addition to operating procedures that were developed by CCF and SCF. These policies and procedures are designed to have a positive impact on the safety and security of CCF and SCF as well as to help ensure that prisoners receive proper care and services. The procedures address many aspects of CCF and SCF operations, including key, tool, and firearm security; prisoner, visitor, employee, and housing unit searches; prisoner counts; fire safety, preventive maintenance, and disaster planning; and food, medical, and educational services. Although compliance with these 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 procedures will not entirely eliminate the safety and security risks.

Audit Objective: To assess CCF's and SCF's compliance with selected policies and procedures related to safety and security.

Conclusion: We concluded that CCF and SCF were generally in compliance with selected policies and procedures related to safety and security. However, we noted reportable conditions* related to gate manifests*, employee searches, prisoner shakedowns* and cell searches*, key security, tool control, metal detector calibration, and preventive maintenance (Findings 1 through 7).

FINDING

1. Gate Manifests

   CCF and SCF did not properly complete gate manifests to help ensure that the movement of critical and dangerous items into and out of the facilities was properly controlled.

   Gate manifests provide a record of items (critical and dangerous tools, supplies, materials, etc.) entering and leaving the facilities and are used to control and prevent the introduction of contraband* and the theft of State property. Failure to properly complete and monitor gate manifests could result in critical and dangerous

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

items being left inside the facilities and endangering the safety of staff and prisoners.

Our review of 138 gate manifests for CCF and 248 gate manifests for SCF completed in June 2004 disclosed:

a. Thirty-one (22.5%) manifests for CCF and 99 (39.9%) manifests for SCF had omissions of important information, with several having multiple omissions. For example, 21 manifests omitted the name of the individual carrying items into the facility, 88 manifests omitted the name of the individual carrying items back through the gate, 14 manifests did not have an authorized signature, and 28 manifests did not include the gate officer's signature and time of inspection.

b. CCF and SCF assigned numbers to gate manifests but did not number the manifests sequentially. In many cases, duplicate numbers were assigned to manifests at both CCF and SCF. Without an effective numbering system, CCF and SCF cannot ensure that all gate manifests are properly accounted for and that critical items have not been left in the facilities.

CCF and SCF operating procedure 04.04.110E requires gate manifests to be numbered sequentially and to include a complete description of transported items, an authorized approval, documentation of an inspection by a gate officer, and verification of items returned through the gates.

We noted similar circumstances in our prior audit. CCF and SCF responded that they would remind all appropriate staff of the operational procedure requirements and conduct security monitoring exercises and inspections of completed gate manifests to ensure compliance.

RECOMMENDATION

WE AGAIN RECOMMEND THAT CCF AND SCF PROPERLY COMPLETE GATE MANIFESTS TO HELP ENSURE THAT THE MOVEMENT OF CRITICAL AND DANGEROUS ITEMS INTO AND OUT OF THE FACILITIES IS PROPERLY CONTROLLED.

AGENCY PRELIMINARY RESPONSE

CCF and SCF agree and informed us that they have established a system to ensure that gate manifests are completed in full. CCF and SCF responded that a DOC operating procedure was recently issued which provides specific directions to be followed. CCF and SCF informed us that inspectors have trained staff and that the inspectors review all manifests daily and, if discrepancies are noted, the manifest is returned to the shift commander for follow-up and correction. CCF and SCF also informed us that gate manifests are now numbered sequentially to ensure that all manifests are properly accounted for.

FINDING

2. Employee Searches

CCF and SCF should develop procedures to ensure that all employees who normally enter the security perimeter are periodically searched.

Random searches of employees who routinely work inside the security perimeter can be an effective deterrent to contraband entering a facility.

Our review of records related to employee searches disclosed:

a. CCF did not have a process in place to ensure that all employees who normally enter the security perimeter were periodically searched. CCF conducted random searches on a monthly basis on all shifts but did not maintain a log of employee searches for the morning and afternoon shifts to monitor whether all employees were searched each month. The night shift did maintain a log, but our review of a log for the month of June 2004 disclosed that 34 (41.0%) of 83 employees who normally entered the security perimeter were not searched.

b. SCF employee search logs for January and June 2004 indicated that SCF did not perform searches of 41 (19.3%) of 212 employees and of 30 (14.2%) of 211 employees who normally entered the security perimeter.

DOC policy directive 04.04.110 requires correctional facilities to establish the frequency of random searches of employees entering a facility. CCF and SCF

operating procedure 04.04.110B requires a search at least once a month of all employees who normally enter the security perimeter.

RECOMMENDATION

We recommend that CCF and SCF develop procedures to ensure that all employees who normally enter the security perimeter are periodically searched.

AGENCY PRELIMINARY RESPONSE

CCF and SCF agree and informed us that they believe that the recording and retention of documentation supporting employee searches was inadequate at the facilities. CCF and SCF will establish a consistent recording and retention process. All shifts will record searches conducted on a common monthly search log. Monthly search logs will be forwarded to the inspectors for review and retention. Deputy wardens will perform periodic audits of search records to ensure that all employees who normally enter the secure perimeter are periodically searched.

In addition, CCF and SCF informed us that they have eliminated the frequency requirement from their operating procedure to avoid complacency that may occur after the monthly search has been completed. Random searches will be augmented with inspector-directed searches to ensure that all employees are periodically searched. This will assist in achieving the desired deterrent effect of keeping staff aware that a search may occur at any time.

FINDING

3. Prisoner Shakedowns and Cell Searches

CCF and SCF did not ensure that all officers performed and documented the required number of prisoner shakedowns. Also, SCF did not ensure that all officers performed and documented the required number of cell searches.

Conducting the required number of prisoner shakedowns and cell searches improves a facility's likelihood of detecting and confiscating contraband and improves the safety and security of staff and prisoners.

Our review of prisoner shakedown and cell search records disclosed:

a. For six days tested in January and June 2004, 68 (22.7%) of 299 CCF and 29 (10.7%) of 272 SCF corrections officers assigned to the morning and afternoon shifts did not complete the required daily minimum of five prisoner shakedowns.

   DOC policy directive 04.04.110 requires non-housing unit corrections officers and corrections medical aides to perform five prisoner shakedowns per day and to document them in the appropriate logbook.

b. Resident unit officers at SCF did not perform the required daily minimum of three cell searches per officer for 63 (51.6%) of 122 shifts tested in January and June 2004 for SCF's four housing units. However, some SCF resident unit officers performed more than the minimum number of searches on their shifts. For our test period, resident unit officers completed 2,078 (94.6%) of 2,196 total required cell searches.

   DOC policy directive 04.04.110 requires all resident unit officers, except for the night shift, to perform a minimum of three cell searches per day and to document them in the appropriate logbook.

RECOMMENDATIONS

We recommend that CCF and SCF ensure that all officers perform and document the required number of prisoner shakedowns.

We also recommend that SCF ensure that all officers perform and document the required number of cell searches.

AGENCY PRELIMINARY RESPONSE

CCF and SCF agree and will comply. CCF and SCF believe that a number of the missed shakedowns were due to officers being reassigned to non-prisoner contact positions after the beginning of the shift and that shakedown logs were not designed to document reassignments. CCF and SCF informed us that shakedown logs have been revised to indicate days when officers were reassigned or absent to more accurately reflect which officers were expected to complete five prisoner shakedowns during that shift. CCF and SCF also informed us that procedures

have been established to hold officers accountable for completing a minimum of five prisoner shakedowns daily and that deputy wardens will audit shakedown records on a biannual basis to ensure compliance.

In addition, CCF and SCF informed us that supervisors will monitor cell searches and ensure that each officer completes, at a minimum, the required daily number of cell searches. CCF and SCF also informed us that search records will be included in the monthly report to the assistant deputy warden of housing for review and that the deputy wardens will biannually audit search records to ensure compliance.

FINDING

4. Key Security

CCF did not conduct annual physical inventories of its security keys. Also, CCF did not maintain a set of emergency keys in its bubble* and perform required monthly tests of the emergency keys.

Both CCF and SCF account for all key rings at the end of each shift. However, each key ring has multiple keys. An annual inventory of all keys on the key rings ensures that none are missing and that all key rings have the appropriate keys. Accountability for all keys is essential to help ensure the safety of staff.

Our review disclosed:

a. CCF did not conduct annual physical inventories of all keys on each key ring in calendar years 2002 and 2003 and, as of July 2004, had not conducted any physical inventories in 2004. Our review of 30 key rings, which contained 255 keys, disclosed that the master key inventory listing did not agree with the actual keys on 9 (30.0%) key rings.

   DOC policy directive 04.04.100 requires security keys to be physically inventoried at least annually. Conducting annual physical inventories helps ensure that the master key inventory listing is accurate and up-to-date.

   Prior to the completion of the audit, CCF conducted a physical inventory and located all CCF keys.

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

b. CCF did not maintain a set of emergency keys in its bubble. However, CCF did maintain a set of emergency keys in the bubble at SCF but did not perform the required monthly tests of the emergency keys.

Emergency keys are critical during an emergency because they are used for unlocking egress doors or locks securing fire cabinets, fire hose systems, and fire alarms. Therefore, it would be more advantageous to keep the emergency keys in CCF's bubble.

CCF and SCF operating procedure 04.04.100N requires that one set of emergency keys be kept in the bubble. DOC policy directive 04.04.100 requires all emergency keys to be tested on a monthly basis.

RECOMMENDATIONS

We recommend that CCF conduct annual physical inventories of its security keys.

We also recommend that CCF maintain a set of emergency keys in its bubble and perform required monthly tests of the emergency keys.

AGENCY PRELIMINARY RESPONSE

CCF agrees and will comply. CCF and SCF informed us that their operating procedure has been revised to clearly identify responsibility for completing annual physical inventories of security keys. In addition, CCF and SCF informed us that their operating procedure has also been revised to indicate that a set of emergency keys is maintained in the bubble at SCF and in the control center at CCF. CCF and SCF responded that the set of CCF emergency keys in the SCF bubble has been removed. CCF and SCF also responded that emergency keys will be tested monthly and that the deputy wardens will perform biannual audits of these requirements to ensure compliance.

FINDING

5. Tool Control

CCF and SCF did not ensure that work area supervisors and tool control officers completed required weekly tool inventory reports and monthly tool inspection reports.

Because CCF and SCF staff did not comply with reporting procedures, they did not have assurance that their tools were properly controlled and that opportunities were limited for prisoners to have unauthorized access to tools.

Our review of CCF and SCF tool records disclosed:

a. Work area supervisors at SCF did not always submit required weekly tool inventory reports to the tool control officer. We noted that 50 (18.4%) of 272 required weekly tool inventory reports for the period February through May 2004 were not submitted.

b. The tool control officers at CCF and SCF did not always complete required monthly tool inspection reports. We noted that 40 (20.8%) of 192 required monthly tool inspection reports for CCF for the period January through June 2004 were not completed. Also, 63 (78.8%) of 80 required monthly tool inspection reports for SCF for the period January through May 2004 were not completed.

During our audit fieldwork, we inventoried a sample of tools and were able to locate all sampled tools in the proper location. DOC policy directive 04.04.120 requires that the tool control officer perform monthly tool inspections of each tool storage area. This policy directive also requires that work area supervisors submit weekly tool inventory reports to the tool control officer.

RECOMMENDATION

We recommend that CCF and SCF ensure that work area supervisors and tool control officers complete required weekly tool inventory reports and monthly tool inspection reports.

AGENCY PRELIMINARY RESPONSE

CCF and SCF agree and will comply. CCF and SCF believe that the problem was with the recordkeeping and filing of documentation rather than with inventories being completed. CCF and SCF informed us that they have implemented a process to ensure that weekly and monthly reports are logged and properly filed for retention. Inspectors will also be required to verify in their monthly report to the deputy warden that all inspections have been completed. Deputy wardens will audit these records on a biannual basis to ensure compliance.

FINDING

6. Metal Detector Calibration

SCF did not perform a weekly calibration of its metal detector and record the calibration in its logbook.

Calibration is important because SCF relies on the metal detector to assist in screening visitors for contraband, thereby helping to prevent entry of contraband into the facility.

At the time of our audit, SCF had not documented in its logbook for the previous three months that the metal detector had been calibrated.

CCF and SCF operating procedure 04.04.110 requires that the metal detector at each facility be calibrated on a weekly basis. A post order approved by the warden requires that the weekly calibration of the metal detector be recorded in the bubble logbook.

We noted similar circumstances in our prior audit. SCF responded that it had complied by performing and logging the completion of weekly calibrations.

RECOMMENDATION

WE AGAIN RECOMMEND THAT SCF PERFORM A WEEKLY CALIBRATION OF ITS METAL DETECTOR AND RECORD THE CALIBRATION IN THE LOGBOOK.

AGENCY PRELIMINARY RESPONSE

SCF agrees and will comply. SCF believes that the problem was with recordkeeping rather than with calibrations being performed. The day shift captain will be responsible for ensuring that calibration is completed and logged and will include this in the monthly report to the assistant deputy warden. The deputy warden will audit for compliance on a biannual basis.

FINDING

7. Preventive Maintenance

CCF and SCF did not include all required systems in their preventive maintenance plan. Also, the maintenance department did not always perform and document inspections required by the preventive maintenance plan.

The documented completion of all required preventive maintenance and safety inspections is necessary to reduce the risk of equipment or system failures. Also, these inspections may help CCF and SCF identify potential safety and security hazards to visitors, staff, and prisoners.

Our review of CCF's and SCF's preventive maintenance plan and maintenance records disclosed:

a. Fire suppression and detection, waste material storage and disposal, sewage and storm water systems, and health care equipment were not included in the preventive maintenance plan.

b. The maintenance department did not have documentation that it completed 39 (63.9%) of 61 required preventive maintenance inspections that we tested for fiscal year 2003-04.

DOC policy directive 04.03.100 provides that each facility develop a preventive maintenance plan to ensure that all systems and equipment are functioning properly. The policy directive identifies each system that should be included in the preventive maintenance plan. The preventive maintenance plan is to be designed to provide scheduled inspections, investigations, and coordinated repairs with the intent of minimizing equipment failures and breakdowns. In addition, the policy directive states that the maintenance department shall develop inspection checklists, logs, or computer software to facilitate monitoring and to document maintenance activities.

RECOMMENDATIONS

We recommend that CCF and SCF include all required systems in their preventive maintenance plan.

We also recommend that the maintenance department perform and document inspections required by the preventive maintenance plan.

AGENCY PRELIMINARY RESPONSE

CCF and SCF agree and will comply. CCF and SCF informed us that the preventive maintenance plan has been rewritten to include all required systems, except health care equipment. CCF and SCF also informed us that the systems

have been incorporated into the existing computerized preventive maintenance work order system, which provides for the scheduling and documentation of inspections and maintenance at the required frequency.

In addition, CCF and SCF informed us that the Bureau of Health Care Services will prepare the preventive maintenance plan for health care equipment, including the frequency of inspections and maintenance and the scheduling of qualified service providers. Upon receipt of the plan, CCF and SCF will incorporate requirements for health care equipment into the work order system to ensure that services are provided at the required frequency.

FOOD SERVICE OPERATIONS, PRISONER ACCOUNTS, AND PRISONER STORE OPERATIONS

COMMENT

Audit Objective: To assess the effectiveness and efficiency of CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations.

Conclusion: We concluded that CCF's and SCF's food service operations, prisoner accounts, and prisoner store operations were generally effective and efficient. Our report does not include any reportable conditions related to this audit objective.

GLOSSARY

Glossary of Acronyms and Terms

bubble	Central point of entry into and exit from the facility.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
CCF	Chippewa Correctional Facility.
close security (level IV)	The classification assigned to prisons that 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 from close security.
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.
effectiveness	Program success in achieving mission and goals.

efficiency	Achieving the most outputs and outcomes practical with the minimum amount of resources.
gate manifest	A record used to control materials and supplies entering and leaving the facility through the front gates and sallyport.
medium security (level III)	The classification assigned to prisons that house prisoners who generally have longer sentences than minimum security prisoners, who need more supervision but who are not likely to escape, or who are not difficult to manage. This classification is high medium and covers institutions with individual rooms or cells.
minimum security (level I)	The classification assigned to prisons that house prisoners who can live in facilities with a minimal amount of security. These prisoners are normally relatively near parole, are not serving time for a sexual offense, and have no history of certain kinds of arson behavior.
mission	The agency's main purpose or the reason that the agency was established.
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.
SCF	Straits Correctional Facility.

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.
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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