



# MICHIGAN

OFFICE OF THE AUDITOR GENERAL

## AUDIT REPORT



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

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– Article IV, Section 53 of the Michigan Constitution

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Michigan  
*Office of the Auditor General*  
**REPORT SUMMARY**

*Performance Audit*

*Richard A. Handlon Correctional Facility*

*Department of Corrections*

Report Number:  
471-0215-09

Released:  
October 2009

*The mission of the Richard A. Handlon Correctional Facility is to confine prisoners securely and to provide a safe and humane living and working environment with opportunities for personal growth and development. The Facility is a level II security facility and has a capacity of 1,294 male prisoners. The Facility, opened in 1958, is located in Ionia, 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 eight reportable conditions (Findings 1 through 8).

***Reportable Conditions:***

The Facility did not effectively monitor gate manifests (Finding 1).

The Facility did not complete all required security monitoring exercises (Finding 2).

The Facility did not document the calibration of its walk-through metal detectors (Finding 3).

The Facility did not ensure that it documented all required employee searches (Finding 4).

The Facility did not ensure that it performed and documented the required number of prisoner shakedowns and cell searches (Finding 5).

The Facility did not ensure that all officers whose assignment required the use of a firearm were annually requalified (Finding 6).

The Facility did not document the required number of electronic perimeter security tests. Also, the Facility did not conduct electronic perimeter security tests in a timely manner. (Finding 7)

The Facility did not conduct and document all required radio checks (Finding 8).

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**Agency Response:**

Our audit report contains 8 findings and 9 corresponding recommendations. The Department of Corrections' preliminary response indicates 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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October 30, 2009

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 Richard A. Handlon 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.

AUDITOR GENERAL



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## Description of Agency

Richard A. Handlon Correctional Facility, opened in 1958, is located in Ionia, Michigan. The Facility is a level II\* security facility and has a capacity of 1,294 male prisoners.

The mission\* of the Facility is to confine prisoners securely and to provide a safe and humane living and working environment with opportunities for personal growth and development.

The Facility's major program emphasis revolves around academic, vocational, and special education. Vocational trade programs include building trades, machine shop, welding, and automobile mechanics. The Facility has a Social Skills Development Unit that serves prisoners who are lacking in skills necessary to live normal, productive lives. Some of these prisoners are considered developmentally disabled, many with long histories of institutionalization. This program works to enable these prisoners to be released to the general population within the Department of Corrections or to the community with improved basic living and work skills. In addition, the Facility houses prisoners who have been placed in the Residential Treatment Program\*, an integral component of the mental health continuum of care, which includes outpatient mental health teams, crisis stabilization programs, and inpatient hospital units.

At the Facility, double fences, concertina wire, and electronic detection systems make up the perimeter security. Also, an emergency response vehicle patrols the perimeter.

For fiscal year 2007-08, the Facility's operating expenditures were \$25.4 million. As of July 31, 2009, the Facility had 1,222 prisoners and 331 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 Richard A. Handlon 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 Richard A. Handlon 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 objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. Our audit procedures, performed from April through July 2009, generally covered the period October 1, 2007 through June 30, 2009.

### 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 and observation and examination of program records, policy directives, and operating procedures. In addition, we reviewed 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 reviewed procedures and examined records related to gate manifests\*; firearm inventories; employee firearm qualifications; employee training; security threat group prisoners\*; medication control; drug testing; prisoner, cell, and employee searches; prisoner counts; metal detector calibration; preventive maintenance; and security monitoring exercises\*. In addition, we inventoried keys, critical tools\*, and dangerous tools\* on a test basis.

\* See glossary at end of report for definition.

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 contains 8 findings and 9 corresponding recommendations. DOC's preliminary response indicates 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 Ionia Correctional Facilities: Richard A. Handlon Michigan Training Unit and Ionia Maximum Correctional Facility, Department of Corrections (47-233-98), in September 1999. Within the scope of this audit, we followed up 4 of the 8 prior audit recommendations. The Facility complied with 2 of the 4 prior audit recommendations, and the other 2 prior audit recommendations were rewritten for inclusion in this report.

COMMENT, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

# SAFETY AND SECURITY

## COMMENT

**Background:** The Richard A. Handlon 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; gate manifests; prisoner counts; medication controls; and preventive maintenance. 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 eight reportable conditions\* related to gate manifests, security monitoring exercises (SMEs), metal detector calibration, employee searches, prisoner shakedowns\* and cell searches\*, firearm certifications, electronic perimeter security tests, and radio checks (Findings 1 through 8).

## FINDING

### 1. 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

\* See glossary at end of report for definition.

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 manifests have been returned; and that tracking numbers match the number listed in the gate manifest log.

Our review of 57 gate manifests prepared for the periods January 12, 2009 through January 16, 2009 and March 16, 2009 through March 20, 2009 disclosed that 27 (47%) manifests were not properly documented or had omissions of important information, with several manifests having multiple omissions. Specifically, we noted:

- a. Gate officers did not ensure that gate manifests were properly documented. For example, 15 (26%) manifests were not signed by an individual inside the prison indicating that the items were received; 7 (12%) manifests that indicated the items were entering and leaving the same day were not signed by the gate officer verifying that the items actually left the prison; 3 (5%) manifests were not approved by an authorized individual; 2 (4%) manifests were not signed by the gate officer verifying that the items entered and/or left the prison; and 1 (2%) manifest was signed as authorized by an unauthorized individual.
- b. Gate officers did not ensure that gate manifests contained all important information. For example, 6 (11%) manifests did not indicate the time that the item entered or left the prison and 1 (2%) manifest did not indicate the carrier's name and the carrier's signature.

### **RECOMMENDATION**

We recommend that the Facility effectively monitor gate manifests.

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that the inspector will monitor gate manifests for compliance. Also, the Facility informed us that additional staff training regarding completion of the form has been completed.

## **FINDING**

### **2. 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 04.04.100D requires SMEs to be conducted monthly on all three shifts, unless otherwise indicated.

Our review of the SME forms for the months of December 2008 and March 2009 disclosed that the Facility did not complete 37 (35%) of the 106 required SMEs.

## **RECOMMENDATION**

We recommend that the Facility complete all required SMEs.

## **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that the operating procedure has been reviewed with the shift commanders on all shifts to ensure compliance. The Facility also indicated that a tracking sheet, which is monitored by the assistant deputy warden of custody, was established for ensuring that all SMEs are completed.

## **FINDING**

### **3. Metal Detector Calibration**

The Facility did not document the calibration of its walk-through metal detectors. As a result, the Facility could not ensure that the metal detectors were properly calibrated to detect potentially dangerous metal objects on individuals attempting to enter the prison and on prisoners leaving the school building.

DOC policy directive 04.04.100 requires that facilities test security systems quarterly. Also, Facility management indicated that it requires monthly calibration

of the walk-through metal detectors. Documentation provides assurance that all metal detectors are properly calibrated.

The walk-through metal detectors located at the entrance of the secured prison and the school building are two of the primary mechanisms used by the Facility to identify and prevent contraband from entering or leaving these areas. Our random physical testing of the walk-through metal detectors noted that they were operating effectively. However, the Facility did not document in the logbook that it had calibrated the walk-through metal detectors located at the front gate and the school building for the period January through March 2009.

### **RECOMMENDATION**

We recommend that the Facility document the calibration of its walk-through metal detectors.

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that the assistant deputy warden of custody has established a process to ensure that periodic testing is performed and documented and that the documentation is properly maintained.

### **FINDING**

#### 4. Employee Searches

The Facility did not ensure that it documented all required employee searches. Conducting employee searches improves the likelihood of detecting and confiscating contraband and improves the safety and security of staff and prisoners. Documentation provides assurance that all required searches are performed.

Facility operating procedure 04.04.110A requires that front desk officers on the first and second shifts randomly select at least 10 employees on a daily basis for a pat-down search\* or a clothed-body search\*. The procedure also requires that the

\* See glossary at end of report for definition.

shift commander for the third shift randomly select 5 employees on a daily basis and perform a pat-down search or a clothed-body search.

During our audit fieldwork, we occasionally observed random employee searches. However, our request for documentation of random employee searches for the periods December 7, 2008 through December 11, 2008 and March 16, 2009 through March 20, 2009 disclosed that the Facility did not document any of the 250 required monthly searches of employees entering the prison.

### **RECOMMENDATION**

We recommend that the Facility ensure that it documents all required employee searches.

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility informed us that a process has been established to assist in monitoring for completion. The Facility indicated that the supervisors and the assistant deputy warden of custody perform monthly follow-ups and take corrective action where needed.

### **FINDING**

#### **5. 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.

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, each housing unit officer shall conduct searches of at least three randomly selected cells, rooms, or living areas per shift, except the night shift. Documentation provides assurance that all required prisoner shakedowns and cell searches were performed.

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 150 (11%) of the 1,365 required prisoner shakedowns for the periods December 7, 2008 through December 11, 2008 and March 18, 2009 through March 22, 2009.
- b. The Facility did not perform or have documentation that it performed 20 (11%) of the 180 required cell shakedowns for the periods January 25, 2009 through January 29, 2009 and March 1, 2009 through March 5, 2009.

### **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 with the recommendation and informed us that it has complied. The Facility informed us that it has developed a cell/shakedown log. For prisoner shakedowns, the Facility indicated that the sergeant is required to check the log daily to ensure that shakedowns are performed and properly recorded and to take corrective action as necessary. The captain then certifies the log at the end of the month and forwards it to the assistant deputy warden of housing.

For cell shakedowns, the Facility indicated that the assistant resident unit supervisor is required to check the shakedown log daily to ensure that the shakedowns are performed and properly recorded and to take any corrective action as necessary. The resident unit manager then certifies the log at the end of the month and forwards it to the assistant deputy warden of housing for review and retention.

### **FINDING**

#### **6. Firearm Certifications**

The Facility did not ensure that all officers whose assignment required the use of a firearm were annually requalified. Annual firearm certification ensures that officers are properly qualified in the use of the firearms issued, thereby helping to ensure

the safety of staff, prisoners, and the general public and limiting DOC's potential liability.

DOC policy directive 03.03.100 requires officers to be requalified annually in the use of firearms before being issued firearms or scheduled for assignments requiring the use of firearms.

We reviewed firearm certification documentation for the periods December 7, 2008 through December 11, 2008 and March 18, 2009 through March 22, 2009. Our review disclosed that shift commanders assigned officers whose firearm certifications had expired to 22 (6%) of 376 assignments that required the use of a firearm.

### **RECOMMENDATION**

We recommend that the Facility ensure that all officers whose assignment requires the use of a firearm are annually requalified.

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that shift commanders have been instructed to ensure that only officers with current qualifications are assigned to assignments that require the use of firearms.

### **FINDING**

#### **7. Electronic Perimeter Security Tests**

The Facility did not document the required number of electronic perimeter security tests. Also, the Facility did not conduct electronic perimeter security tests in a timely manner. Periodically testing the electronic perimeter provides assurance that the systems are working properly. Perimeter security helps to ensure that prisoners are contained within the perimeter, that unauthorized persons are denied access through the perimeter, and that contraband does not come into the prison by way of the perimeter.

Facility operating procedure 04.04.100W requires the inside perimeter to be tested at the beginning and end of each shift and requires the outside perimeter to be checked at the beginning of each shift. The operating procedure also requires

electronic perimeter checks to be conducted within the first hour of the shift. Documentation provides assurance that all required tests are performed.

Our review of the control center logbooks for the periods December 15, 2008 through December 19, 2008 and February 9, 2009 through February 13, 2009 disclosed that 18 (13%) of the 140 required electronic perimeter security tests were not documented. In addition, 15 (19%) of the 80 electronic perimeter security tests required to be conducted at the beginning of the shift were not conducted within the first hour of the assigned shift.

### **RECOMMENDATIONS**

We recommend that the Facility document the required number of electronic perimeter security tests.

We also recommend that the Facility conduct electronic perimeter security tests in a timely manner.

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendations and informed us that it has complied. The Facility indicated that shift commanders have been instructed to ensure that electronic perimeter security checks are documented and conducted within the first hour of the shift.

### **FINDING**

#### **8. Radio Checks**

The Facility did not conduct and document all required radio checks. Periodic contact with corrections officers ensures that radio equipment is in working order and helps to ensure the safety of the officers and prisoners.

DOC policy directive 04.04.100 requires that an officer assigned to the base station conduct and document radio checks with officers assigned to single staff assignments every hour during daylight hours and every half hour during hours of darkness. Facility operating procedure 04.04.100H requires the front gate officer to document radio checks at the beginning of every shift on the Daily Inventory Sheet. Documentation provides assurance that all required tests are performed.

Our review of radio check records for the period December 8, 2008 through December 12, 2008 and for January 21, 2009 disclosed that the Facility did not conduct and document 207 (10%) of the 2,100 required radio checks.

**RECOMMENDATION**

We recommend that the Facility conduct and document all required radio checks.

**AGENCY PRELIMINARY RESPONSE**

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that shift commanders have been instructed to ensure that all required radio checks are conducted and documented on each shift.

# GLOSSARY

## Glossary of Acronyms and Terms

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 are to be stored only in a secure area and accounted for at all times.
dangerous tool	An item that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools are to be stored only in a secure area and 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.

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 level I prisoners and who need more supervision but who are not difficult to manage or likely to escape.
mission	The main purpose of a program or an agency or the reason that the program or 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 program operations, to facilitate decision making by parties responsible for overseeing or initiating corrective action, and to improve public accountability.
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.

Residential Treatment Program (RTP)	A prison-based treatment unit for mentally ill prisoners who require a sheltered environment offering psychosocial rehabilitation and on-unit mental health staff. A small number of secure status RTP beds are designated in the system for prisoners who meet the RTP admission criteria but require more secure confinement due to dangerous antisocial behavior that is not directly related to mental illness.
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.
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.







