



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT



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

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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Michigan
Office of the Auditor General
REPORT SUMMARY

Performance Audit

Report Number:
471-0233-09

Ionia Maximum Correctional Facility

Department of Corrections

Released:
October 2009

The mission of the Ionia Maximum Correctional Facility is to protect the people of the State of Michigan, including staff and prisoners in the Department of Corrections, by providing a safe and secure environment for prisoners who must be housed in a level V prison. The Facility has the capacity to house 706 male prisoners with security classifications of levels II and V. The Facility, opened in 1987, 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 two material conditions (Findings 1 and 2) and eight reportable conditions (Findings 3 through 10).

Material Conditions:

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

The Facility did not maintain proper control over tools (Finding 2).

Reportable Conditions:

The Facility did not conduct and document all required prisoner counts (Finding 3).

The Facility did not conduct and document all required radio checks (Finding 4).

The Facility did not document the calibration of the walk-through metal detector at the front gate (Finding 5).

The Facility did not ensure that it performed and documented the required number of prisoner shakedowns and cell searches (Finding 6).

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

The Facility did not properly document all required weekly and monthly sanitation inspections (Finding 8).

The Facility did not conduct and document the required number of cell searches for prisoners classified as security threat group prisoners (Finding 9).

The Facility did not document the required number of electronic perimeter security tests (Finding 10).

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Agency Response:

Our audit report contains 10 findings and 10 corresponding recommendations. The Department of Corrections' preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

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



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AUDITOR GENERAL

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 Ionia Maximum 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

Ionia Maximum Correctional Facility opened in 1987 and is located in Ionia, Michigan. The Facility has a capacity to house 280 level II* and 426 level V* male prisoners.

The mission* of the Facility is to protect the people of the State of Michigan, including staff and prisoners in the Department of Corrections, by providing a safe and secure environment for prisoners who must be housed in a level V prison.

The Facility provides increased security for level V prisoners who have proven to be assaultive to staff and other prisoners, who were unmanageable in lower custody levels, or who were high escape risks. The Facility's level V population is operated on a highly regulated schedule, including highly controlled movement, limited out-of-cell activity in small groups, limited employment programs, and significantly fewer out-of-cell program opportunities than in other facilities.

At the Facility, security consists of two 12-foot wire fences (which incorporate a Stun Fence), razor ribbon, gun towers, security surveillance cameras, and a personal alarm system for staff throughout the prison. Enclosed officers' stations separate each wing within the level V housing units. A patrol vehicle, with armed personnel, constantly patrols the prison perimeter.

For fiscal year 2007-08, the Facility's operating expenditures were \$31.1 million. As of July 31, 2009, the Facility had 674 prisoners and 346 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 Ionia Maximum 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 Ionia Maximum 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 10 findings and 10 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and 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 5 of the 8 prior audit recommendations. The Facility complied with 2 of the 5 prior audit recommendations, and the other 3 prior audit recommendations were rewritten for inclusion in this report.

COMMENT, FINDINGS, RECOMMENDATIONS,
AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: The Ionia Maximum 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 gate manifests; 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 two material conditions*. The Facility did not effectively monitor gate manifests (Finding 1). Also, the Facility did not maintain proper control over tools (Finding 2).

We also noted eight reportable conditions* related to prisoner counts, radio checks, metal detector calibration, prisoner shakedowns* and cell searches*, security monitoring exercises, sanitation inspections, security threat groups, and electronic perimeter security tests (Findings 3 through 10).

* See glossary at end of report for definition.

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 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 129 gate manifests prepared for the periods January 12, 2009 through January 16, 2009 and March 16, 2009 through March 20, 2009 disclosed that 86 (67%) manifests were not properly documented; were not properly accounted for; 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, 67 (52%) manifests were not signed by an individual inside the prison indicating that the items were received; 56 (43%) manifests that indicated the items were entering and leaving the same day were not signed by the gate officer verifying that the items left the prison; 7 (5%) manifests were not signed by the gate officer verifying that the items entered and/or left the prison; and 1 (1%) manifest was not approved by an authorized individual.
- b. Gate officers did not ensure that gate manifests were properly accounted for. For example, 10 (8%) manifests were not numbered with a unique identifying number; 6 (5%) manifests did not have a gate manifest number; and 2 (2%) manifests were missing.

* See glossary at end of report for definition.

- c. Gate officers did not ensure that gate manifests contained all important information. For example, 11 (9%) manifests did not indicate whether the items were entering or leaving the prison; 4 (3%) manifests did not indicate the time that the item entered or left the prison; 3 (2%) manifests did not indicate a destination where the item would be carried to within the prison; 3 (2%) manifests did not indicate the date; 1 (1%) manifest did not indicate the carrier's name and the carrier's signature; and 1 (1%) manifest did not indicate who requested the gate manifest.

RECOMMENDATION

We recommend that the Facility effectively monitor gate manifests.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with this recommendation and informed us that it has taken steps to comply. The Facility indicated that it reviewed the manifests cited by the audit team and found that many of the missing receiver signatures were instances in which the items were carried into the facility by the receiver. The Facility informed us that staff have been instructed to sign as both the carrier and the receiver in these instances. The Facility also informed us that, to ensure that gate manifests are properly completed, it is clarifying its operating procedure and will establish a process for monitoring and correcting errors. In addition, the Facility informed us that the shift commander for the third shift will be responsible for monitoring gate manifests for all aspects of completeness and that those found with deficiencies will be forwarded to the assistant deputy warden of custody/housing for further corrective action. Furthermore, the facility informed us that DOC is currently reviewing the gate manifest form for possible revision.

FINDING

2. 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. We selected 7 tool areas, including 120 tools, to verify that the tools in the areas agreed with the master tool

inventory, were identified with a unique number, and were properly color coded. We also reviewed the required annual tool audits and monthly tool storage area inspection reports for fiscal year 2007-08.

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 disclosed that 1 critical tool (an etching tool) and 2 dangerous tools (a needle nose pliers and a set of 6 upholstery needles) in 3 tool areas that could not be located. We informed the Facility of these missing tools; however, these tools were not recovered as of the end of our fieldwork. In addition, we observed 3 dangerous tools (a multi-tool, a ratchet box-end wrench, and a needle nose pliers) in 3 tool areas that were not included on the master tool inventory.

DOC policy directive 04.04.120 requires that the tool control officer maintain an accurate tool inventory list for each tool storage area.

- b. The Facility did not ensure that all tools were etched with a unique identifying number or color coded with the proper identifying color. Our review disclosed that 4 critical tools and 2 dangerous tools in 4 tool areas were not etched with the unique identifying number identified on the master tool inventory list. In addition, we noted 1 critical tool (color coded as "dangerous") and 9 dangerous tools (8 color coded as "critical" and 1 color coded as "other") in 4 tool areas were not appropriately color coded.

DOC policy directive 04.04.120 requires that all critical and dangerous tools be assigned a unique identification number that is etched on each tool being placed in service. The policy directive also requires all tools to be color coded prior to being placed in service.

- c. The Facility did not ensure that the master tool inventory list included all required tool identification information. We noted that 3 (43%) of the 7 master tool inventory lists did not include the classification of the tools as critical or dangerous.

DOC policy directive 04.04.120 requires that the tool inventory list for each tool storage area include the classification (i.e., critical or dangerous) of each tool.

RECOMMENDATION

We recommend that the Facility maintain proper control over tools.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with this recommendation and informed us that it has taken steps to comply. The Facility indicated that it located the missing tools in the property room, quartermaster area, and Michigan State Industries factory. The Facility informed us that the tool control officer has corrected the items noted in the audit and will verify and update the master tool inventory during the upcoming annual tool audit to ensure that the master tool inventory is complete and accurate and that all tools are properly etched and color coded.

FINDING

3. Prisoner Counts

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

Facility operating procedure 04.04.101 requires that informal prisoner counts* be conducted hourly and logged in the unit logbook, documenting the time and the number of prisoners out of the unit.

Our review of records for the periods December 7, 2008 through December 11, 2008 and March 18, 2009 through March 22, 2009 disclosed that the Facility did not conduct and document 84 (44%) of the 190 required informal counts.

* See glossary at end of report for definition.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

The Facility agrees with this recommendation and informed us that it has complied. The Facility indicated that the resident unit managers of each housing unit will ensure that hourly informal prisoner counts are appropriately documented in the unit logbook noting the time and the number of prisoners out of the unit at the time the count is taken. The Facility also indicated that the shift commanders for the third shift will ensure that housing unit officers document hourly "informal count rounds." The Facility noted that the level V housing units were documenting hourly "rounds" instead of hourly "informal count rounds," particularly evident on the third shift as prisoners are not normally out of the housing unit on third shift.

FINDING

4. 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 radio checks with officers assigned to single staff assignments every hour during daylight hours and every half hour during hours of darkness. Also, Facility operating procedure 04.04.100F requires the bubble officer to log the radio check in the appropriate logbook. 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 1,234 (62%) of the 1,981 required radio checks.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

The Facility agrees with this recommendation and informed us that it has taken steps to comply. The Facility indicated that shift commanders are responsible for ensuring that all required radio checks are conducted and appropriately documented on each shift. The Facility also indicated that the facility operating procedure will be updated to clarify radio check expectations, including updating a listing of single staff assignments and the requirement for half hour radio checks during the hours of darkness.

FINDING

5. Metal Detector Calibration

The Facility did not document the calibration of the walk-through metal detector at the front gate. As a result, the Facility could not ensure that the metal detector was properly calibrated to detect potentially dangerous metal objects on individuals attempting to enter the prison.

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 detector, located at the entrance of the secured prison, is one of the primary mechanisms used by the Facility to identify and prevent contraband from entering the prison. Our random physical testing of the walk-through metal detector noted that it was operating effectively. However, the Facility did not document in its logbook that staff calibrated the walk-through metal detector located at the front gate for the period January through March 2009.

RECOMMENDATION

We recommend that the Facility document the calibration of the walk-through metal detector at the front gate.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with this recommendation and informed us that it has complied. The Facility indicated that it has added three security monitoring exercises (SMEs) (one per shift each month) to test and calibrate the walk-through metal detectors. The Facility also indicated that each shift commander is responsible for ensuring that the SME has been conducted and documented by completing the appropriate SME sheet. The Facility informed us that the SME sheets will be forwarded to the assistant deputy warden of custody/housing, with the respective monthly reports, who will monitor for compliance.

FINDING

6. 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. In addition, Facility operating procedure 04.04.110B requires that each occupied cell be thoroughly searched a minimum of once every 7 days, per shift. Documentation provides assurance that all required prisoner shakedowns and cell searches were performed.

* See glossary at end of report for definition.

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 364 (24%) of the 1,535 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 110 (32%) of the 344 required cell searches for the periods January 25, 2009 through January 31, 2009 and March 1, 2009 through March 7, 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 this recommendation and informed us that it has taken steps to comply. The Facility indicated that the appropriate number of searches are now being conducted. The Facility informed us that it is revising its operating procedure for prisoner searches to accurately reflect the non-housing unit officer positions required to conduct pat-down searches or clothed-body searches. In addition, the Facility informed us that it is revising its operating procedure for housing unit searches to accurately reflect the required number of cell searches for each housing unit officer.

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 that SMEs 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 36 (10%) of the 357 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 informed us that the assistant deputy warden of custody/housing has directed the shift commanders and inspector on the expectations of SMEs and their frequency. The Facility also informed us that the assistant deputy warden of custody/housing will monitor all SMEs monthly for completion.

FINDING

8. Sanitation Inspections

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

DOC policy directive 04.03.102 requires that weekly sanitation inspections be conducted in all institution areas and that monthly comprehensive sanitation inspections be conducted by staff who have received appropriate training in and are familiar with sanitation requirements.

We reviewed weekly sanitation inspections for the periods December 7, 2008 through December 20, 2008 and March 15, 2009 through March 28, 2009 and monthly sanitation inspections for the months of December 2008 and March 2009 for the 15 areas within the Facility that require sanitation inspections. Our review disclosed:

- a. The Facility did not document that it conducted 11 (18%) of the 60 required weekly inspections.

- b. The Facility did not document that it conducted 2 (7%) of the 30 required monthly inspections.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that the facility inspector has revised the method of documenting and recording all required weekly and monthly sanitation inspections to ensure that they are being completed. The Facility also informed us that the facility inspector has established a method to ensure that all reports are properly retained.

FINDING

9. Security Threat Groups (STGs)

The Facility did not conduct and document the required number of cell searches for prisoners classified as STG prisoners. Conducting all required cell searches assists in preventing violence and improves the overall safety and security of the Facility.

DOC and the Facility classify prisoners considered a threat to the safety and security of the correctional facility because of gang-related activities or affiliations as STG prisoners. Known leaders of gangs or groups are classified as STG II prisoners; affiliates are classified as STG I prisoners. DOC policy directive 04.04.113 requires that STG II prisoner cells be searched at least twice per week and STG I prisoner cells be searched at least weekly.

As of January 19, 2009, the Facility had 24 STG II prisoners and 11 STG I prisoners. Our review of 3 STG II and 2 STG I prisoners' cell search records for the period January 13, 2009 through January 19, 2009 and 3 STG II and 2 STG I prisoners' cell search records for the period March 1, 2009 through March 14, 2009 indicated that the Facility did not conduct and document 12 (50%) of the 24 required cell searches.

RECOMMENDATION

We recommend that the Facility conduct and document the required number of cell searches for prisoners classified as STG prisoners.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that it has instructed unit supervisors and staff of all units housing STG I and STG II prisoners to ensure that searches are performed and documented in the cell search logbooks as required. The Facility also indicated that the STG coordinator will monitor compliance. The Facility informed us that it will also revise its operating procedure and provide each level V housing unit with a check sheet on which to record all required cell searches and that the STG coordinator will review the check sheets monthly to ensure that all STG I and STG II designated prisoners received the required number of shakedowns.

FINDING

10. Electronic Perimeter Security Tests

The Facility did not document the required number of electronic perimeter security tests. 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 04.04.100 states that the electronic perimeter systems shall be tested at the beginning of each shift, after a major power loss, and at any time deemed necessary by the shift commander or higher authority. Documentation provides assurance that all required tests are performed.

Our review of the monitor room logbooks for the periods of December 15, 2008 through December 19, 2008 and February 9, 2009 through February 13, 2009 disclosed that 4 (7%) of the 60 required perimeter security tests were not documented.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has complied. The Facility indicated that, although the auditors found that some of the required perimeter security tests were not properly documented in the monitor room logbooks, the Facility later found that the electronic perimeter security tests were documented in the center courtyard logbook by the yard officers who performed the tests. The Facility informed us that it has taken action to ensure that all control center supervisors and shift commanders monitor that all electronic perimeter security checks are documented in both logbook locations.

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.

informal prisoner count	A count of the prisoner population in which staff in each area of the facility (including housing units, school areas, and work assignments) and supervisors of off-site details account for all prisoners for whom they are responsible.
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.
level V	A security classification assigned to a facility or a prisoner. The facility has maximum security, including a full security perimeter with double fences, concertina wire, and a perimeter detection system with gun towers. These facilities house prisoners who need close supervision because they are difficult to control or because of the likelihood they may try to escape.
material condition	A reportable condition that could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.
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.
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.

