



# 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*

*Macomb Correctional Facility*

*Department of Corrections*

Report Number:  
471-0216-13

Released:  
September 2013

*The Macomb Correctional Facility opened in 1993 and is located in New Haven, Michigan. The Facility housed 1,371 male prisoners as of April 30, 2013 and contains one level I housing unit, four level II housing units, and two level IV housing units. One of the level IV housing units is designated as a Secure Status Segregation Unit within the Residential Treatment Program. This Program provides residential mental health services for assaultive inmates.*

***Audit Objective:***

To assess the effectiveness of the Department of Corrections' (DOC's) efforts to comply with selected policies and procedures related to safety and security at the Macomb Correctional Facility.

***Audit Conclusion:***

We concluded that DOC's efforts to comply with selected policies and procedures related to safety and security at the Macomb Correctional Facility were moderately effective. We noted five reportable conditions (Findings 1 through 5).

***Reportable Conditions:***

The Facility did not maintain proper control over weapons stored in its arsenal (Finding 1).

The Facility did not perform and document all required prisoner cell searches (Finding 2).

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

The Facility did not conduct and document all required prisoner counts (Finding 4).

The Facility did not conduct and document all required radio checks (Finding 5).

***Noteworthy Accomplishments:***

The Facility works with several nationally known external organizations to offer a number of volunteer programs. Also, the Facility operates quilting and teddy bear projects and a horticulture program, all of which are used to provide donations to the local community. In addition, the Facility experienced a 47% reduction in the number of critical incidents from calendar year 2011 to calendar year 2012.

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**Agency Response:**

Our audit report contains 5 findings and 5 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied 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

September 4, 2013

Mr. Daniel H. Heyns, Director  
Department of Corrections  
Grandview Plaza Building  
Lansing, Michigan

Dear Mr. Heyns:

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

This report contains our report summary; a description of agency; our 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 response subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

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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## Description of Agency

The Department of Corrections' (DOC's) mission\* is to create a safer Michigan through effective offender management and supervision in its facilities and Michigan's communities while holding offenders accountable and promoting their rehabilitation. DOC's Correctional Facilities Administration is responsible for the operation of all State correctional institutions.

The Macomb Correctional Facility opened in 1993 and is located in New Haven, Michigan, on 100 acres. The Facility has the capacity to house 1,416 male prisoners and contains one level I\* housing unit, four level II\* housing units, and two level IV\* housing units. The Facility also has separate buildings that house the school, administration offices, support services, and storage.

The Facility's perimeter is enclosed by two 12-foot galvanized chain-link fences topped with and encompassing coiled stainless steel razor-ribbon wire. A third 12-foot galvanized chain-link fence topped with stainless steel razor-ribbon wire provides an additional buffer between the Facility's property lines and the perimeter road. Also, the Facility uses an electronic detection system to monitor the inner perimeter and the buffer fences and operates two armed gun towers.

The Facility offers special education services, general education development preparation, adult basic education classes, and vocational training classes. Also, one of the Facility's level IV housing units is designated as a Secure Status Segregation Unit\* within the Residential Treatment Program. This Program provides residential mental health services for assaultive inmates. Routine health and dental care are provided on site. Major emergencies are treated in a community hospital or at the Duane Waters Health Center in Jackson.

For fiscal year 2012-13, the Facility's General Fund appropriation was \$32.5 million to support its operations with 298 full-time equated positions. As of April 30, 2013, the Facility housed 1,371 prisoners and had 298 employees supported by its appropriations and 52 employees supported by other DOC appropriations.

\* 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 Macomb Correctional Facility, Department of Corrections (DOC), was to assess the effectiveness\* of DOC's efforts to comply with selected policies and procedures related to safety and security at the Macomb Correctional Facility.

### Audit Scope

Our audit scope was to examine the program and other records of the Macomb 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 conclusion based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusion based on our audit objective. Our audit procedures, performed from February through May 2013, generally covered the period October 1, 2011 through April 30, 2013.

### 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 staff regarding their functions and responsibilities; observations; and an examination of program records, policy directives, and Facility operating procedures. Also, we reviewed the warden's monthly reports to the DOC director and the Facility's critical incident\* reports and self-audits\*.

To assess the effectiveness of DOC's efforts to comply with selected policies and procedures related to safety and security at the Facility, we reviewed procedures and examined records related to arsenal\* inventories and operations; key control; tool control; gate pass assignments\*; electronic perimeter; metal detector; visitor searches; prisoner drug testing; mailroom operations; prisoner security classification\*; fire safety; telephone monitoring; gate manifests\*; medication inventory; prisoner counts; radio

\* See glossary at end of report for definition.

checks; food service and housekeeping sanitation; prisoner and employee searches; cell searches\* and area searches\*; preventative maintenance; security threat groups\*; security monitoring exercises\*; and firearm certifications and weapon permits. In addition, we inventoried critical tools\*, dangerous tools\*, keys, and padlocks on a test basis.

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. To the extent practical, we add balance to our audit reports by presenting noteworthy accomplishments for exemplary achievements identified during our audits.

#### Agency Responses and Prior Audit Follow-Up

Our audit report contains 5 findings and 5 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied 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 plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We released our prior performance audit of the Macomb Correctional Facility, Department of Corrections (47-216-01), in November 2001. We rewrote the 1 prior audit recommendation for inclusion in Finding 2 of this audit report.

\* See glossary at end of report for definition.

COMMENT, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

## SAFETY AND SECURITY

### COMMENT

**Background:** The Macomb 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; radio checks; security monitoring exercises; metal detector calibration; electronic perimeter tests; sanitation and food service inspections; preventative maintenance; and fire safety. 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 DOC's efforts to comply with selected policies and procedures related to safety and security at the Macomb Correctional Facility.

**Audit Conclusion:** We concluded that DOC's efforts to comply with selected policies and procedures related to safety and security at the Macomb Correctional Facility were moderately effective. Our assessment disclosed five reportable conditions\* related to the arsenal, cell searches, tool control, prisoner counts, and radio checks (Findings 1 through 5).

**Noteworthy Accomplishments:** The Facility works with several nationally known external organizations to offer a number of volunteer programs, including the Inside Out Program operated through the University of Michigan and the Chance for Life Program, the One Day With God Camp, and the Operation Starting Line organized through Forgiven Ministries.

\* See glossary at end of report for definition.

The Facility operates quilting and teddy bear projects in which community volunteers assist the prisoners in producing a large number of quilts, teddy bears, and knitted clothing that they donate to numerous social service and nonprofit agencies for children in need. Also, the Facility operates a horticulture program that, within the past year, grew over 12,000 pounds of vegetables and donated them to the New Haven Food Pantry, the Facility's Culinary Arts Program, and the Facility's Food Service Program. These programs enhance safety and security by providing prisoners with the opportunity to give back to the community, engage in positive programs and charitable behaviors, reduce idleness, and provide a constructive use of time and a sense of purpose.

The Facility experienced a 47% reduction in the number of critical incidents from 279 in calendar year 2011 to 149 in calendar year 2012. Also, for the first three months of calendar year 2013, the Facility experienced only 31 critical incidents. This is even more notable when coupled with the fact that the Facility opened a Secure Status Segregation Unit in the latter part of calendar year 2011. This Unit houses prisoners with serious mental health illnesses who frequently exhibit behavior considered to be a threat to the safety and security of staff and other prisoners.

## **FINDING**

### **1. Arsenal**

The Facility did not maintain proper control over weapons stored in its arsenal. Failure to maintain control over weapons resulted in one rifle not being identified on the master weapons inventory and could result in lost or misplaced weapons not being detected and recovered in a timely manner, thereby compromising the safety and security of staff and prisoners.

We reviewed the master weapons inventory records and conducted physical inventories of the arsenal weapons on March 12, 2013 and April 10, 2013. Our review disclosed:

- a. The Facility did not maintain an accurate master weapons inventory. Our physical inventory of the arsenal on March 12, 2013 noted that one rifle was not identified on the master weapons inventory and that the serial numbers

inscribed on 8 (57%) of the other 14 rifles did not agree with serial numbers recorded on the master weapons inventory.

Facility operating procedure 04.04.100J requires the shift supervisor to perform a daily inventory of the arsenal, the arsenal sergeant to perform weekly and monthly inventories, and both the shift supervisor and the arsenal sergeant to immediately report any discrepancies to the assistant deputy warden of custody. Although the shift supervisors and arsenal sergeant performed the required arsenal inventories, they performed these procedures using the weapons inventory maintained in the arsenal and did not identify discrepancies between the master weapons inventory and the weapons inventory record maintained in the arsenal.

After we brought this discrepancy to the Facility's attention, it reviewed documentation regarding the receipt and disposal of weapons since 2009, properly accounted for all weapons acquired and disposed of since 2009, and appropriately updated its master weapons inventory.

- b. The Facility did not independently verify the master weapons inventory record on an annual basis. Our review disclosed that the Facility's arsenal sergeant issued and received arsenal equipment; maintained and updated the master weapons inventory record; and was responsible for the operation, cleanliness, and good order of the arsenal. Also, the business office informed us that, as a result of an oversight on its part, it did not perform annual audits of the arsenal inventory.

To ensure proper control over the arsenal's physical inventory, an independent third party should maintain and periodically verify the master weapons inventory record. Also, the Facility's operating procedure 04.04.100J requires business office personnel to conduct an annual audit of all firearms during the month of March.

## **RECOMMENDATION**

We recommend that the Facility maintain proper control over weapons stored in its arsenal.

## **AGENCY PRELIMINARY RESPONSE**

The Facility agrees and informed us that it has complied. The Facility indicated that it will maintain proper control over the weapons stored in the arsenal by ensuring that serial numbers are updated when weapons are replaced and that out-of-service weapons are reflected on the master inventory. The Facility also indicated that the inspector will be the independent third party who will periodically verify the master weapons inventory record and conduct the annual audit of all firearms during the month of March.

## **FINDING**

### **2. Cell Searches**

The Facility did not perform and document all required prisoner cell searches. As a result, the Facility was less likely to detect and confiscate contraband\* that could compromise the safety and security of staff and prisoners.

DOC policy directive 04.04.110 requires that each housing unit officer\* on the first and second shifts conduct at least three randomly selected cell searches per shift and record them in the appropriate log.

We reviewed prisoner cell search records for the period December 6, 2012 through December 10, 2012 and January 14, 2013 through January 18, 2013. The Facility's documentation indicated that it did not complete 198 (55%) of the 360 required cell searches.

We determined that the shift commander did not ensure that the housing unit officers performed the required searches and documented them in the housing unit shakedown log.

## **RECOMMENDATION**

We recommend that the Facility perform and document all required prisoner cell searches.

\* See glossary at end of report for definition.

## **AGENCY PRELIMINARY RESPONSE**

The Facility agrees and informed us that it has complied. The Facility indicated that it created a new, user-friendly form that housing unit officers are using to record their completed cell searches. The Facility also indicated that this new form allows shift commanders to quickly determine if the housing unit officers have completed their daily task of searching the identified cells for contraband.

## **FINDING**

### **3. Tool Control**

The Facility did not maintain proper control over critical and dangerous tools. Failure to maintain control over tools could result in tools being unaccounted for and lost or misplaced tools not being detected and recovered in a timely manner, thereby compromising the safety and security of staff and prisoners.

Facility operating procedure 04.04.120 requires that the tool control officer and tool managers maintain a computer-generated inventory of all critical and dangerous tools and maintain a copy of the inventory, including the identification of each tool's classification, at each of the respective tool storage areas. This procedure also requires that the Facility identify each tool by tool storage area, etch each tool to reflect the tool's unique inventory number, and color-code each tool's classification as either critical or dangerous.

The Facility accounted for approximately 5,350 tools, excluding medical tools, in 26 tool storage areas. Our review of tool records for 9 judgmentally selected tool storage areas for the periods March 19, 2013 through March 21, 2013 and April 16, 2013 through April 18, 2013 disclosed:

- a. The Facility did not appropriately etch tools in 4 tool storage areas. We noted that the Facility etched 5 tools in the food service area with the wrong numbers and etched 2 rakes in the yard shed area with the same number. We also noted that the Facility did not etch 2 screwdrivers in the horticulture area and a pair of scissors in the barbershop area. The Facility could not explain why some tools were etched with the same or wrong numbers; however, for the tools that were not etched, the Facility indicated that the etchings wore over time and were no longer visible.

- b. The Facility did not appropriately color code all tools in 5 tool storage areas. We noted that the Facility color coded 28 drill bits, a drill bit set, 6 chisels, a chisel set, and a wrench in the building trades area as dangerous tools (blue) when, in fact, the Facility's operating procedure 04.04.120, Attachment A, identifies these particular tools as critical tools (red). We also noted that the Facility did not color code 1 critical tool and 25 dangerous tools, including 8 metal blades and attachments, a pair of scissors, and 4 electric clippers in the barbershop areas; 12 tools in the maintenance tool crib area; and 1 weed cutter in the yard shed area. The Facility could not explain why some tools were color coded with the wrong color; however, for the tools that were not color coded, the Facility indicated that the color-coding wore over time and was no longer visible.
- c. The Facility did not include all tools on the tool inventory listings for 2 tool storage areas. We noted that the tool storage area inventory listings did not include items such as clippers and trimmers.
- d. The Facility's tool inventory listing posted in the building trades area did not designate that any of the tools in the area were critical or dangerous. We observed both critical and dangerous tools in the building trades area, such as chisels, hammers, wrenches, and screwdrivers.

In addition to the explanations noted in this finding, the Facility indicated that tool managers did not thoroughly inspect the tool areas to ensure the accuracy of the tool inventory during their monthly inspections.

### **RECOMMENDATION**

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

### **AGENCY PRELIMINARY RESPONSE**

The Facility agrees and informed us that it has complied. The Facility indicated that the tool officer has corrected the etching of the identified tools found with incorrect numbers, re-etched and repainted those tools where numbers and paint were worn, properly color-coded the tools as critical or dangerous, and reviewed and added all tools to the appropriate tool inventories and designated their level of control.

## **FINDING**

### **4. Prisoner Counts**

The Facility did not conduct and document all required prisoner counts. Prisoner counts and corresponding documentation help to ensure that the Facility accounts for all prisoners on a regular basis throughout the day.

The Facility's informal operating procedure requires that the Facility conduct informal counts\* at the beginning of each shift in the housing unit that houses the level I prisoners. Also, the Facility's operating procedure 04.04.101 requires informal counts to be documented in the housing unit logbook and on informal count sheets in the control center\*.

Our review of Facility documentation disclosed that the Facility did not conduct and document 13 (36%) of the 36 required informal counts for the one housing unit for the periods December 16, 2012 through December 21, 2012 and February 2, 2013 through February 9, 2013. The Facility indicated that it conducted prisoner counts in accordance with the Facility's operating procedures; however, it did not consistently document the counts.

## **RECOMMENDATION**

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

## **AGENCY PRELIMINARY RESPONSE**

The Facility agrees and informed us that it has complied. The Facility indicated that custody supervisors have communicated with their staff the importance of recording informal prisoner counts in the non-secure level I housing unit logbook. The Facility also indicated that control center staff will continue to record informal counts in the appropriate control center logbook. In addition, the Facility indicated that supervisors and shift commanders will ensure that logbooks are appropriately maintained.

\* See glossary at end of report for definition.

## **FINDING**

### **5. 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 and security of the officers.

The Facility's informal operating procedure requires the Facility to conduct and log radio status checks of single person assignments\* on an hourly basis during daylight hours and every half hour during hours of darkness. The operating procedure also requires the Facility to conduct and document radio checks with all staff at least twice per shift.

Our review of the Facility documentation for the periods December 2, 2012 through December 6, 2012; January 7, 2013 through January 11, 2013; and February 11, 2013 through February 15, 2013 disclosed that the Facility did not document that it conducted 240 (80%) of the 300 required radio checks.

In November 2011, the Facility implemented new procedures and new forms for conducting and documenting radio checks. We noted that the new forms differed by shift and may have contributed to the noncompliance identified.

## **RECOMMENDATION**

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

## **AGENCY PRELIMINARY RESPONSE**

The Facility agrees and informed us that it has complied. The Facility indicated that custody supervisors have ensured that radio checks are conducted twice per shift and hourly for single person assignments and every half hour for single person assignments during the hours of darkness. The Facility also indicated that documentation is now recorded in the logbook.

\* See glossary at end of report for definition.

# GLOSSARY

## Glossary of Acronyms and Terms

area search	The act of searching common areas of the prison for contraband.
arsenal	Secure area adjacent to the bubble area (central point of entry into and exit from a facility) where weapons and equipment are stored.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
control center	Central area of communication for a facility. The control center has contact with all officers by radio and loudspeaker.
critical incident	An unusual event, situation, or threat that is identified by the Department of Corrections that may affect the safety and/or security of staff, prisoners, visitors and/or operations of a correctional facility, attract public or media attention, or expose the Department to potential liability.
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.
gate pass assignment	Assignment of a supervised prisoner to a work duty on DOC grounds but outside the security perimeter of the facility.
housing unit officer	A corrections officer who works in the housing units.
informal count	A count of the prisoner population in which staff and supervisors account for all prisoners for whom they are responsible, including work and off-site assignments.
level I	A security classification assigned to a facility or a prisoner. The facilities house prisoners who have met certain criteria and whose behavior has shown that they can be safely housed there. This is the lowest custody level supervised by the Correctional Facility Administration.
level II	A security classification assigned to a facility or a prisoner. The facilities are transitional prisons where prisoners who show good institutional adjustment and have a low security risk go to complete programs and prepare for eventual release. Long-term or prisoners sentenced to life terms may also qualify for level II facilities if their security and management risks are low.

level IV	A security classification assigned to a facility or a prisoner. The facilities are general population medium-high security prisons for new commitments and prisoners who are a higher management and/or escape risk. Level IV facilities may have less mass movement, more restricted programming, and fewer group activities than lower level classifications.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and 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 audit objectives; 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.
Secure Status Segregation Unit	The housing unit that contains the secure status Residential Treatment Program. The Program provides a safe and secure alternative treatment option to prisoners

with a serious mental illness who would meet admission criteria for the Residential Treatment Program and who would be in administrative segregation because of behavior that is considered a threat to safety and security of staff or to other prisoners.

security  
classification

The classification assigned to a prisoner that indicates the potential for the prisoner to attempt an escape or assault another person.

security monitoring  
exercise

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

A group of prisoners designated by the director as possessing common characteristics that distinguish it from other prisoners or groups of prisoners and who, as a discrete entity, pose a threat to staff or other prisoners or to the custody and security of the facility.

self-audit

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

single person  
assignment

An assignment that requires an officer to work a position by himself/herself.







