



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

RICK SNYDER
GOVERNOR

DANIEL H. HEYNS
DIRECTOR

January 25, 2013

Doug Ringler, Director
Office of Internal Audit Services
Office of the State Budget
George W. Romney Building
111 South Capitol, 6th Floor
Lansing, MI 48913

Dear Mr. Ringler:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached is a summary table identifying our responses and a corrective action plan to address the recommendations contained within the Office of the Auditor General's performance audit of the Central Michigan Correctional Facility covering the period October 1, 2010 through May 31, 2012.

Please direct questions regarding the summary table or corrective action plans to Julie Hamp at (517) 335-6886.

Sincerely,

Signature Redacted

Daniel Heyns, Director
Attachment
DH/22/cm

c: Executive Office
Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
House Appropriations Sub-Committee on Corrections
Senate Appropriations Sub-Committee on Judiciary and Corrections
House Judiciary Committee
Senate Judiciary Committee
E. Balcarcel M. Curley T. Finco
J. Hamp C. MacKenzie

1. Audit recommendations the agency complied with:

2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

2. Audit recommendations the agency will comply with:

Number	Expected compliance Date
1	February 2013

3. Audit recommendations the agency disagrees with:

None

1. Tool Control

The auditors recommended that the Facility maintain proper control over dangerous tools, equipment, and other controlled inventory items.

Agency Response

The Facility agrees with the recommendation and has taken steps to comply. The Facility operating procedure and post orders were revised. A team has been established to provide directives and correct deficiencies. They continue to work in the building trades and maintenance areas. The remainder of the Facility is in compliance. Supervisors conduct random inspections to ensure compliance and take corrective action as appropriate. Deficiencies pertaining to weekly and monthly tool inventories were corrected in January 2012.

2. Prisoner Shakedowns and Cell Shakedowns

The auditors recommended that the Facility ensure that its officers perform and document all required prisoner shakedowns and cell searches.

Agency Response

The Facility agrees and has complied. Operating procedures were revised to clarify staff responsibilities for documentation and retention. Assistant resident unit supervisors and sergeants inspect cell/shakedown logs daily. Resident unit managers and captains monitor and submit supporting documentation to their respective deputy warden at the end of each month, who reviews for compliance and to ensure proper retention of documentation.

3. Employee Shakedowns

The auditors recommended that the Facility ensure that it performs and documents all required employee shakedowns.

Agency Response

The Facility agrees and has complied. Written directives were provided to relevant staff and the Facility operating procedure has been revised. Shift commanders enter shakedowns daily and forward statistics to the operations deputy at the end of each month. Facility inspectors conduct intermittent checks throughout the month and incorporate findings into the monthly report to the operations deputy, who takes corrective action as necessary and ensures that all records are retained as required.

4. Key Control

The auditors recommended that the Facility improve its controls over keys and padlocks.

Agency Response

The Facility agrees and has complied. The Facility operating procedure has been revised. High security keys were identified by the warden and the keys were stamped. The inventories are complete. Padlock system changes have been finalized.

5. Radio and PPD Checks

The auditors recommended that the Facility document that it conducts all required radio and PPD checks.

Agency Response

The Facility agrees and has complied. The Facility operating procedure has been updated. Checklists outlining daily requirements are now utilized by bubble and control and communications center officers. Shift commanders and the operations deputy perform monthly security checks to ensure compliance and retention as appropriate.

6. Gate Manifest

The auditors recommended that the Facility properly complete, reconcile, and maintain gate manifests.

Agency Response

The Facility agrees and has complied. The Facility assigned responsibility for issuing all manifests to the east information desk officer for consistency and to provide for one sequential numbering process. The 10:00 p.m. to 6:00 a.m. shift commander reconciles and accounts for all manifests daily. Deficiencies are submitted to the operations deputy for corrective action, follow-up and retention as appropriate. The Facility operating procedure was updated to reflect these changes.

7. Preventive Maintenance

The auditors recommended that the Facility implement a comprehensive preventive maintenance plan. The auditors also recommended that the Facility complete preventive maintenance and other maintenance tasks in a timely manner.

Agency Response

The Facility agrees and has complied. The Facility's preventive maintenance plan and procedures were revised. The warden holds monthly project meetings to monitor compliance with due dates. In addition, the business manager conducts intermittent checks and reports findings in his monthly report to the warden. Problems cited with alternative fuel system were repaired in June 2012.

8. Arsenal

The auditors recommended that the Facility properly document the issuance and return of weapons from its arsenal.

Agency Response

The Facility agrees and has complied. Shift commanders are responsible for ensuring the issuance and return of weapons is documented as required. Directives were posted in the arsenal and incorporated into relevant post orders. Affected staff have been trained and advised of these

requirements at monthly staff meetings. In addition, the arsenal sergeant performs daily inspections and reports any deficiencies to the operations deputy.

9. Sanitation Inspections

The auditors recommended that the Facility complete all required monthly sanitation inspections.

Agency Response

The Facility agrees and has complied. The Facility has revised its operating procedure to provide more detailed instructions for completion, corrective action, and retention of sanitation inspections. Staff training was conducted and the proper departmental forms are now being utilized. Resident unit managers conduct monthly inspections and submit findings to the deputy wardens and warden. Relevant issues are addressed at the warden's monthly executive staff meeting as needed.

10. Fire Safety

The auditors recommended that the Facility document that it completes all required weekly fire safety inspections. The auditors also recommended that the Facility propose corrective action plans and ensure that timely corrective action is taken on deficiencies noted in its monthly and annual fire safety inspections.

Agency Response

The Facility agrees and has complied. Staff training has been provided. The operating procedure was revised to provide detailed staff responsibilities, steps for corrective action, directives on repeat deficiencies and retention requirements. Findings are addressed at the warden's monthly executive staff meetings as needed.

11. Security Monitoring Exercises (SMEs)

The auditors recommended that the Facility complete all required SMEs.

Agency Response

The Facility agrees and has complied. The Facility revised its SME requirements in February 2012. Records reflect 100% compliance since that time.

12. Criminal History Checks

The auditors recommended that the Facility maintain documentation that it conducts annual criminal history checks for officers whose assignments require the use of a firearm.

Agency Preliminary Response

The Facility agrees and has complied. While there was a system in place, some records could not be located for the audit period. Records retention requirements have been addressed with appropriate staff.