



# 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*

*Huron Valley Complex*

*Department of Corrections*

Report Number:  
471-0241-07

Released:  
January 2008

*The Huron Valley Complex (HVC) consists of the Huron Valley Men's Correctional Facility (HVM), the Huron Valley Women's Correctional Facility (WHV), and Camp Valley. HVM houses level IV male prisoners, most of whom have a mental illness. WHV houses level I and level II female prisoners, a small percentage of whom are mentally ill. Camp Valley houses level I female prisoners. HVC is located in Ypsilanti, Michigan, and has a combined capacity of 1,741 prisoners.*

***Audit Objective:***

To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to safety and security.

***Audit Conclusion:***

We concluded that HVC's efforts to comply with selected policies and procedures related to safety and security were not effective. We noted one material condition (Finding 1) and seven reportable conditions (Findings 2 through 8).

***Material Condition:***

HVC did not maintain proper control over critical and dangerous tools (Finding 1).

***Reportable Conditions:***

Our audit also disclosed seven reportable conditions related to prisoner shakedowns and cell searches; gate manifests; firearm clearances, certifications, and permits; self-contained breathing apparatus; security monitoring exercises; key and

padlock controls, and radio checks (Findings 2 through 8).

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***Audit Objective:***

To assess the effectiveness of the Department of Corrections' (DOC's) efforts to control the inventory and distribution of medication at HVC.

***Audit Conclusion:***

We concluded that DOC's efforts to control the inventory and distribution of medication at HVC were effective. Our report does not include any reportable conditions related to this audit objective.

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***Audit Objective:***

To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to food service.

**Audit Conclusion:**

We concluded that HVC's efforts to comply with selected policies and procedures related to food service were effective. However, we noted one reportable condition related to sanitation inspections and meal evaluations (Finding 9).

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**Audit Objective:**

To assess the effectiveness of HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded.

**Audit Conclusion:**

We concluded that HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded were moderately effective. We noted one reportable condition related to inventory records (Finding 10).

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**Audit Objective:**

To assess the efficiency of HVC's mailroom operations.

**Audit Conclusion:**

We could not determine the efficiency of HVC's mailroom operations because of the lack of data necessary to assess efficiency. We noted one reportable condition related to mail processing and cash receipts (Finding 11).

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**Agency Response:**

Our audit report contains 11 findings and 15 corresponding recommendations. DOC's preliminary response indicates that HVC agrees with 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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January 23, 2008

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 Huron Valley Complex, Department of Corrections.

This report contains our report summary; description of agency; audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the 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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## GLOSSARY

Glossary of Acronyms and Terms

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## Description of Agency

The Huron Valley Complex (HVC) consists of the Huron Valley Men's Correctional Facility (HVM), the Huron Valley Women's Correctional Facility (WHV), and Camp Valley.

HVM opened in 1981 and was converted to a jointly staffed Department of Corrections (DOC) and Department of Community Health (DCH) facility in 2004. In December 2004, WHV, formerly DCH Huron Valley Center, was converted to a DOC facility. In March 2007, DOC opened and added Camp Valley to HVC. HVC is located in Ypsilanti, Michigan, and has a combined capacity of 1,741 prisoners.

HVC is served by one warden and two deputy wardens, one as chief administrative officer over HVM and the other as chief administrative officer over WHV and Camp Valley. HVM, WHV, and Camp Valley share business management, human resources, physical plant management, warehouse, food service, and prisoner store services.

The mission\* of HVM is to provide a safe, secure, and humane environment for prisoners sentenced by the courts and to provide the prisoners with opportunities for self-improvement to be better equipped to make choices that can lead toward becoming positive, contributing members of society.

The mission of WHV is to provide a safe, secure, and humane environment for prisoners sentenced by the courts and to provide the prisoners with the behavioral and practical skills necessary to secure and maintain gainful employment upon release to become positive, contributing members of society.

Inpatient psychiatric care is provided in inpatient units at HVM for male prisoners and at WHV for female prisoners. All inpatient psychiatric care provided to prisoners at HVC is provided under the direction of DCH. DOC's Bureau of Health Care Services is responsible for medical services and pharmaceutical operations at HVC.

HVM has the capacity to house 554 level IV\* male prisoners. As of July 1, 2007, HVM housed 521 prisoners, including approximately 80 general population prisoners and 441 mentally ill prisoners. WHV has the capacity to house 927 level I\* and level II\*

\* See glossary at end of report for definition.

female prisoners. As of July 1, 2007, WHV housed 863 prisoners, including approximately 843 general population prisoners and 20 mentally ill prisoners. Camp Valley has the capacity to house 232 level I female prisoners. As of July 1, 2007, Camp Valley housed 226 general population prisoners.

For fiscal year 2006-07, HVC's operating appropriation totaled \$65 million. As of August 2007, HVC had 668 DOC employees.

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

### Audit Objectives

Our performance audit\* of the Huron Valley Complex, Department of Corrections (DOC), had the following objectives:

1. To assess the effectiveness\* of HVC's efforts to comply with selected policies and procedures related to safety and security.
2. To assess the effectiveness of DOC's efforts to control the inventory and distribution of medication at HVC.
3. To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to food service.
4. To assess the effectiveness of HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded.
5. To assess the efficiency\* of HVC's mailroom operations.

Our audit objectives did not include an assessment of the effectiveness of HVC's efforts to manage its food service operations. An assessment of DOC's efforts to manage food service costs will be reported on in the performance audit of Prisoner Transportation and Food Services, Department of Corrections (471-0621-07L).

### Audit Scope

Our audit scope was to examine the program and other records of the Huron Valley Complex with the exclusion of Camp Valley. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances. Our audit procedures, performed from April through August 2007, generally covered the period October 1, 2004 through July 31, 2007.

\* See glossary at end of report for definition.

## Audit Methodology

To establish our audit objectives and to gain an understanding of HVC's activities, we conducted a preliminary review of HVC's operations. This included discussions with various staff regarding their functions and responsibilities and examination of program records, policy directives, and operating procedures. In addition, we reviewed self-audits\*, monthly reports to the warden, and community liaison committee meeting minutes.

To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to safety and security, we examined records related to firearm inventories, employee firearm qualifications, medication controls, prisoner shakedowns\* and cell searches\*, accounting for prisoners, and administrative rounds. We also examined records for fire safety and preventive maintenance. We reviewed procedures and records for security monitoring exercises and documentation of items taken into and out of the complex. On a test basis, we inventoried keys, critical tools\*, dangerous tools\*, and firearms.

To assess the effectiveness of DOC's efforts to control the inventory and distribution of medication at HVC, we inquired of the pharmacist, nurses, nurse supervisors and managers regarding policies and procedures for medication controls. We observed the distribution of medication and, on a test basis, we inventoried medication storage areas.

To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to food service, we examined inventory controls over food service operations and usage of food prepared for prisoners. Also, we tested food service records and procedures related to Statewide menus and production and reviewed documentation for inspections and evaluations.

To assess the effectiveness of HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded, we examined the processes and controls over the purchasing and receiving of goods for prisoner store operations. Also, we inventoried selected prisoner store items.

To assess the efficiency of HVC's mailroom operations, we inquired of staff and observed and analyzed mailroom operations throughout our fieldwork.

\* See glossary at end of report for definition.

We use a risk and opportunity based approach when selecting activities or programs to be audited. Accordingly, our audit efforts are focused on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. By design, our limited audit resources are used to identify where and how improvements can be made. Consequently, our performance audit reports are prepared on an exception basis.

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

Our audit report contains 11 findings and 15 corresponding recommendations. DOC's preliminary response indicates that HVC agrees with 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 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 Huron Valley Men's Facility, Department of Corrections (47-241-93), in February 1993. Within the scope of this audit, we followed up all 13 prior audit recommendations. HVC complied with 5 of the prior audit recommendations, 4 prior audit recommendations were rewritten for inclusion in this report, and 4 prior audit recommendations were no longer applicable.

COMMENTS, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

# SAFETY AND SECURITY

## COMMENT

**Background:** The Huron Valley Complex (HVC) operates under policy directives and operating procedures established by the Department of Corrections (DOC) in addition to operating procedures developed by the individual facilities and the Department of Community Health for mental health related issues. These policy directives and operating procedures were designed to have a positive impact on the safety and security of HVC as well as to help ensure that prisoners receive proper care and services. The procedures address many aspects of HVC's operations, including key, tool, and firearm security; prisoner, employee, and visitor shakedowns; housing unit searches; prisoner counts; medication controls; fire safety, preventive maintenance, and disaster planning; and prisoner transportation. Although compliance with these procedures contributes to a safe and secure facility, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance with the procedures will not entirely eliminate the safety and security risks.

**Audit Objective:** To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to safety and security.

**Conclusion:** We concluded that HVC's efforts to comply with selected policies and procedures related to safety and security were not effective. We noted one material condition\*. HVC did not maintain proper control over critical and dangerous tools (Finding 1).

We also noted seven reportable conditions\* related to prisoner shakedowns and cell searches; gate manifests; firearm clearances, certifications, and permits; self-contained breathing apparatus (SCBA); security monitoring exercises (SMEs); key and padlock controls; and radio checks (Findings 2 through 8).

## FINDING

### 1. Tool Controls

HVC did not maintain proper control over critical and dangerous tools. As a result, HVC's tool inventory contained many discrepancies, including 17 critical or dangerous tools that could not be located.

\* See glossary at end of report for definition.

Proper control over the tool inventory helps to ensure that all critical and dangerous tools are accounted for and that any lost or misplaced tools are detected and recovered in a timely manner. Accounting for all tools and locating lost or misplaced tools in a timely manner help ensure the safety and security of staff and prisoners.

We determined that HVC had 82 different tool areas, 48 at Huron Valley Men's Correctional Facility (HVM) and 34 at Huron Valley Women's Correctional Facility (WHV). We reviewed the master tool inventory for HVC to determine if tools were classified correctly, appropriately described, and identified with a unique number. We selected 5 tool areas from each facility to verify that the tools in the area agreed with the master tool inventory. We also reviewed the required annual physical count and inspection reports for fiscal years 2005-06 and 2004-05.

Our review of tool records and tool storage areas disclosed:

- a. HVC did not have an accurate, up-to-date inventory of critical and dangerous tools. Our review of HVC's most current master tool inventory list as of May 2007 identified discrepancies with 36 (75%) of the 48 tool areas at HVM and 17 (50%) of the 34 tool areas at WHV. We could not physically locate 17 of the 266 critical and dangerous tools that, per the master tool inventory list, should have been in the 10 tool areas reviewed. These tools included shovels, putty knives, a wire brush, a garden rake, hand trowels, barber tools, and an exacto blade. In addition, we located 21 critical and dangerous tools in the tool areas that were not on the master tool inventory list, noted tools that were not appropriately classified as critical or dangerous, and noted tools that were not uniquely numbered.

DOC policy directive 04.04.120 requires the tool control officer to maintain an accurate tool inventory list for each tool storage area. The policy directive also requires all tools on the inventory lists to be properly classified as critical or dangerous and to be assigned a unique identification number.

- b. HVC did not document its annual tool audit of critical and dangerous tools for fiscal years 2005-06 and 2004-05.

DOC policy directive 04.04.120 requires the tool control officer to conduct an annual tool audit to verify the accuracy of the inventory record by comparing it to the actual tool inventory.

- c. HVC did not complete all required daily tool inspections. We noted that, of the 549 and 417 required daily tool inspections for HVM and WHV, respectively, for the months of October 2006 and April 2007, HVM did not conduct or document 186 (34%) daily tool inspections and WHV did not conduct or document 268 (64%) daily tool inspections.

DOC policy directive 04.04.120 requires tool managers to perform a daily inspection of all tool storage areas for which they are responsible to ensure that all tools are accounted for and in usable condition. The tool manager is required to document and submit the daily inspections to the work area supervisor weekly.

- d. HVC did not complete all monthly tool storage area inspections as required. We noted that, of the 40 and 34 required monthly tool storage area inspections for HVM and WHV, respectively, for the period October 2006 through May 2007, HVM did not conduct or document 30 (75%) tool storage area inspections and WHV did not conduct or document 14 (41%) tool storage area inspections.

DOC policy directive 04.04.120 requires work area supervisors to conduct a monthly inspection of all tool storage areas in their work area to ensure that all tools are accounted for, an accurate inventory list is posted, and no unauthorized tools are in the storage area. The work area supervisor is required to document and submit the inspections to the tool control officer monthly.

- e. HVC did not post tool inventory lists in all tool areas as required. In addition, HVC did not ensure that all tool inventory lists were signed by the tool managers and the tool control officer. We noted that the tool inventory list was not posted in 4 (80%) of the 5 tool areas reviewed at WHV. We also noted that, of the 48 tool inventory lists at HVM, 8 (17%) were not signed by the tool managers and 3 (6%) were not signed by the tool control officer. Of the 34 tool inventory lists at WHV, 32 (94%) were not signed by the tool managers and 1 (3%) was not signed by the tool control officer.

DOC policy directive 04.04.120 requires that an accurate tool inventory list be posted in the applicable storage area and that the tool inventory lists be reviewed and signed by the tool control officer and appropriate tool manager.

## **RECOMMENDATION**

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

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees with the recommendation and informed us that it has complied. HVC stated that the tools that could not be located at the time of the audit were located after the test results were reported to facility officials. HVC informed us that it has updated the master tool inventory list and corrected all inaccuracies on the master list during its recent annual tool audit. In addition, HVC informed us that no tools will be added to any inventory except through the inspector, that all broken tools will be turned in to the inspector along with a tool turn-in receipt, and that the replacement tools will go through the inspector who will then issue them to the respective area.

HVC informed us that it has created a form which will assist tool supervisors in providing assurance that all daily tool inspections are performed and that all weekly reports are submitted.

HVC informed us that the tool control officer is responsible for ensuring that all work area supervisors submit monthly tool inspection reports and assurances regarding the daily inspections for their area and that they will report instances of noncompliance to the appropriate assistant deputy warden for appropriate action.

HVC also informed us that, during its recent annual tool audit, HVC took steps to ensure that all tool inventory lists were properly posted and signed.

## **FINDING**

### **2. Prisoner Shakedowns and Cell Searches**

HVC did not document all required prisoner shakedowns and cell searches. In addition, DOC had not developed a formal policy regarding cell searches of inpatient units.

Prisoner shakedowns and cell searches improve a prison's likelihood of detecting and confiscating contraband\* and improve the safety and security of staff and prisoners.

DOC policy directive 04.04.110 requires each non-housing unit corrections officer who has 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 at HVM and two housing units at WHV from March 11, 2007 through March 17, 2007 disclosed:

- a. Non-housing unit corrections officers did not document whether they performed 245 (19%) of the required 1,270 prisoner shakedowns.
- b. Housing unit officers did not document whether they performed 466 (68%) of the required 690 cell searches.

Our testing of cell searches included both general population housing units and inpatient housing units. We acknowledge that residential treatment prisoners housed in inpatient units are subject to individual management plans that may impact the required frequency of their cell searches. However, DOC has not developed a formal policy to identify when the management plan requirements should supersede DOC safety and security policies related to cell searches.

## **RECOMMENDATIONS**

We recommend that HVC document all required prisoner shakedowns and cell searches.

We also recommend that DOC develop a formal policy regarding cell searches of inpatient units.

\* See glossary at end of report for definition.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and will comply. HVC stated that it will create spreadsheets to assist supervisors in monitoring compliance with prisoner shakedown requirements and that shift commanders will be responsible for reviewing the spreadsheets monthly.

HVC informed us that the exception rate for cell searches would be lower had a misplaced logbook been available to the auditors during the audit fieldwork. HVC also informed us that assistant resident unit supervisors and managers will be responsible for ensuring that all required cell searches are performed and will be required to document their review in the logbook. In addition, DOC informed us that it will clarify its cell search policy to address cell searches of prisoners in inpatient status.

## **FINDING**

### **3. Gate Manifests**

HVC did not effectively monitor and reconcile gate manifests. Improperly monitoring and reconciling gate manifests could result in dangerous items being left inside the prison, 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 signatures; that the appropriate copies of the gate manifest have been returned; and that tracking numbers match the numbers listed in the gate manifest log.

Our review of HVC gate manifests prepared from March 11, 2007 through March 17, 2007 disclosed:

- a. Of the 89 gate manifests reviewed at WHV, none were logged or reconciled and 59 (66%) were not properly completed with dates, times, or appropriate signatures or did not indicate whether the items brought into the prison subsequently left the prison or rightfully remained in the prison.

- b. Of the 23 gate manifests reviewed at HVM, 6 (26%) were not properly completed with dates, times, or appropriate signatures or did not indicate whether the items brought into the prison subsequently left the prison or rightfully remained in the prison.

## **RECOMMENDATION**

We recommend that HVC effectively monitor and reconcile gate manifests.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and will comply. HVC stated that WHV will properly log all manifests and that officers on the night shift will reconcile the manifests and turn the manifests and logs over to the inspector for retention and follow-up of outstanding items.

HVC also informed us that it will provide training to staff who approve manifests to ensure that manifests are properly completed and that the inspector will monitor gate manifests for compliance.

## **FINDING**

### **4. Firearm Clearances, Certifications, and Permits**

HVC did not ensure that all officers whose assignment required the use of a firearm were annually cleared through Law Enforcement Information Network (LEIN), annually recertified, or were in possession of a valid concealed weapons permit while in possession of a handgun.

Using LEIN to conduct a periodic review of each officer's criminal history record can help HVC ensure that it does not assign ineligible officers to assignments requiring the use of a firearm. Also, annual firearm certifications and issuance of carrying a concealed weapon (CCW) permits 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 prohibits employees from being issued or allowed to possess a firearm if they have been convicted of a felony or a misdemeanor crime of domestic violence. The policy directive also requires officers to be recertified annually in the use of handguns, shotguns, or rifles before being issued

these firearms or scheduled for assignments requiring the use of any of these firearms. In addition, the policy directive requires that officers who are assigned to a perimeter security vehicle, a transportation vehicle, or an emergency response team and who are required to carry a handgun be in possession of a CCW permit.

Our review of firearm LEIN clearances, certifications, and CCW permit documentation for 10 days during calendar year 2007 disclosed:

- a. HVC had not conducted LEIN checks for 65 (39%) of 167 officers within the prior 12 months who had been issued firearms as part of their assignment.
- b. Shift commanders assigned officers whose firearm certifications had expired to 112 (12%) of 907 HVC assignments that required the use of a firearm.
- c. HVC did not document the issuance of CCW permits for 338 (94%) of the 360 assignments that required a CCW permit.

### **RECOMMENDATION**

We recommend that HVC ensure that all officers whose assignment requires the use of a firearm are annually cleared through LEIN, annually recertified, and in possession of a valid concealed weapons permit while in possession of a handgun.

### **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has complied. HVC stated that it has implemented a block scheduling process for firearm recertifications and LEIN checks which has greatly simplified the recertification process and that shift commanders have been instructed to ensure that only officers with current qualifications are assigned to assignments that require the use of firearms.

HVC informed us that it has discontinued use of the CCW permit log and that the issuance of CCW permits will be recorded on the weapons authorization form (CAJ-210) that will be reconciled when the items are returned. HVC also stated that additional CCW logs were located after the audit.

## **FINDING**

### **5. Self-Contained Breathing Apparatus (SCBA)**

HVC did not ensure that all officers assigned to the SCBA squad were properly qualified in the use of SCBA equipment. As a result, HVC did not have assurance that adequate safety precautions existed in the event of a prison disturbance or fire or that qualified officers were available when necessary.

DOC Training Manual sections I and II require that only corrections officers who are properly qualified in the use of SCBA equipment be assigned to the SCBA squad and that these officers be requalified semiannually.

Our review of records related to SCBA assignments and qualifications for 10 days during calendar year 2007 disclosed:

- a. HVM assigned 34 (25%) of 135 SCBA assignments to officers with expired SCBA qualifications.
- b. WHV assigned 128 (84%) of 152 SCBA assignments to officers with expired SCBA qualifications.
- c. HVM did not assign officers to SCBA assignments on the night shift for 3 of the 10 days reviewed.

In addition, we reviewed monthly fire inspection records for the 27-month period from March 2005 through May 2007. During this time, the regional fire safety inspector reported noncompliance related to SCBA in 19 (70%) and 10 (37%) months for HVM and WHV, respectively.

## **RECOMMENDATION**

We recommend that HVC ensure that all officers assigned to the SCBA squad are properly qualified in the use of SCBA equipment.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has complied. HVC stated that it has implemented a biannual block scheduling process to medically clear staff and that all medically cleared staff were recently recertified. HVC informed us that shift commanders are responsible for ensuring that staff assigned to the SCBA squad

are properly qualified in the use of SCBA equipment as reflected on the current training reports.

## **FINDING**

### **6. Security Monitoring Exercises (SMEs)**

HVC did not complete all required SMEs.

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. Performing the required SME helps to ensure that custody staff are adequately trained in critical security measures. Documenting the occurrence of SMEs provides assurance that custody staff received the intended training.

HVM operating procedure 04.04.100A requires SMEs to be conducted monthly. WHV's SME documentation states that SMEs are to be run monthly on all three shifts, with certain exceptions for night shift.

Our review of the SME forms for the period January through March 2007 disclosed that HVM did not complete 50 (48%) of the 105 required exercises and WHV did not complete 7 (6%) of the 111 required exercises.

## **RECOMMENDATION**

We recommend that HVC complete all required SMEs.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has taken steps to comply. HVC informed us that at HVM, new exercises have been written and submitted for approval and that HVC inspectors will be responsible for ensuring that SMEs are conducted in accordance with the approved schedule.

## **FINDING**

### **7. Key and Padlock Controls**

HVC needs to improve its controls over keys and padlocks.

Proper controls would help ensure that all keys and padlocks are accounted for and that any lost or missing keys and padlocks are detected and recovered in a timely manner, thereby helping to ensure the safety and security of staff and prisoners.

DOC policy directive 04.04.100 requires that the key control officer maintain an up-to-date inventory of keys and padlocks and that keys and padlocks be physically inventoried at least annually. The policy directive also requires each emergency key to be identifiable by touch and sight (a silver rivet attached to the head of the key). In addition, HVC operating procedure 04.04.100D requires each high security key to be identified with an "H" stamped on the key and the tag attached to the ring. The operating procedure also requires each shift to inventory and account for all keys daily.

Our review of keys and padlocks and the related controls disclosed:

- a. HVC did not have an up-to-date inventory of keys. Our review of the master key inventory list as of May 2007 identified discrepancies with 11 (73%) of the 15 key rings sampled at HVM and 15 (88%) of the 17 key rings sampled at WHV. Discrepancies consisted of keys being included on the master inventory list but not on the key ring and keys being included on the key ring but not on the master inventory list. Also, none of the pass-along keys\* used at WHV were included in the master key inventory list. Further, keyholders could not identify the purpose for all keys on 11 (73%) of the 15 key rings reviewed at HVM and 12 (71%) of the 17 key rings reviewed at WHV. We noted that these 23 key rings contained a total of 17 keys identified as emergency keys.
- b. HVC did not conduct the annual inventory of all keys and padlocks as required. We determined that HVM did not conduct an annual inventory of the keys and padlocks for fiscal year 2004-05. We also determined that WHV did not conduct an annual inventory of the keys and padlocks for fiscal year 2005-06 or fiscal year 2004-05.

\* See glossary at end of report for definition.

- c. HVM did not ensure that each emergency key was identifiable by both touch and sight. Our review of 15 key rings at HVM identified 11 (27%) of 41 emergency keys that were not identifiable by touch and sight.
- d. HVC did not ensure that all keys to areas designated as high security were identified with an "H" stamped on the key and the key tag attached to the key ring. Our review of 6 key rings designated as high security at HVM identified 4 high security keys and 2 key tags that were not stamped with an "H." Our review of 7 key rings designated as high security at WHV identified 2 high security keys and 5 key tags that were not stamped with an "H."
- e. HVM did not complete all daily inventories of keys. Our review of daily inventories at HVM disclosed that the control center\* did not include the keys secured in the Key Watcher\* boxes in the daily key inventory checks.

## **RECOMMENDATION**

We recommend that HVC improve its controls over keys and padlocks.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has complied. HVC stated that it had performed various key and padlock inventory activities during 2005 and 2006 but was unable to document that complete annual inventories were completed. HVC informed us that it recently completed its annual audit of the keys and padlocks and corrected all deficiencies, including issues related to the inventory list, stamping, and emergency keys. HVC also informed us that a regional team recently conducted its annual key audits of the facilities and that both facilities were found to be in compliance. Furthermore, HVM informed us that it has also resolved the issue related to the daily inventory of Key Watcher boxes.

## **FINDING**

### **8. Radio Checks**

HVC did not ensure that base station officers conducted all required radio checks.

\* See glossary at end of report for definition.

Periodic contact with corrections officers ensures that radio equipment is in working order and helps 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.

Our review of radio check records disclosed:

- a. For the period March 18, 2007 through March 24, 2007, base station officers at HVM did not conduct any of the 56 radio checks required for the day shift, 60 (95%) of 63 radio checks required for the afternoon shift, and 76 (72%) of 105 radio checks required for the night shift.
- b. For the period May 13, 2007 through May 19, 2007, base station officers at WHV did not conduct any of the 56 radio checks required for the day shift, 44 (79%) of 56 radio checks required for the afternoon shift, and 84 (80%) of 105 radio checks required for the night shift.

### **RECOMMENDATION**

We recommend that HVC ensure that base station officers conduct all required radio checks.

### **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has taken steps to comply. HVC stated that shift commanders are responsible for ensuring that all required radio checks are conducted and documented on each shift.

## **MEDICATION CONTROLS**

**Audit Objective:** To assess the effectiveness of DOC's efforts to control the inventory and distribution of medication at HVC.

**Conclusion:** We concluded that DOC's efforts to control the inventory and distribution of medication at HVC were effective. Our report does not include any reportable conditions related to this audit objective.

## FOOD SERVICE

### COMMENT

**Audit Objective:** To assess the effectiveness of HVC's efforts to comply with selected policies and procedures related to food service.

Our audit objectives did not include an assessment of the effectiveness of HVC's efforts to manage its food service operations. An assessment of DOC's efforts to manage food service costs will be reported on in the performance audit of Prisoner Transportation and Food Services, Department of Corrections (471-0621-07L).

**Conclusion:** We concluded that HVC's efforts to comply with selected policies and procedures related to food service were effective. However, we noted one reportable condition related to sanitation inspections and meal evaluations (Finding 9).

### FINDING

#### 9. Sanitation Inspections and Meal Evaluations

HVC did not perform daily sanitation inspections and meal evaluations. In addition, HVC did not properly label and discard leftovers. As a result, HVC could not ensure compliance with required quality standards.

We reviewed the daily sanitation reports and requested the meal evaluation reports for HVM and WHV for the month of April 2007. We noted:

- a. HVC did not submit 180 (43%) of the required 420 daily sanitation reports for 7 food service areas for 2 shifts. In addition, it did not document the daily meal evaluation reports for the entire month.

DOC policy directive 04.07.103 requires that self-inspections of all food service areas (e.g., dining area or food preparation area) and equipment be conducted on each shift by appropriate food service staff to ensure that food sanitation and safety requirements are being met. In addition, DOC policy directive 04.07.102 and HVC operating procedure 04.07.100 require that selected DOC staff, including the shift commander, and selected prisoners evaluate the meals daily for flavor, texture and temperature, consistency, tenderness, appearance, and overall eating quality. This evaluation is required to be documented on the daily report on food service (CAJ-105).

- b. HVC did not process leftovers in accordance with DOC policy. We examined 15 refrigerated leftovers in July 2007. None of the items had the date that the items were to be used by or a supervisor's signature. In addition, 6 (40%) items did not have food labels that included the production date and name of the food and 2 (13%) items were not discarded in a timely manner.

DOC policy directive 04.07.102 requires that food items not served at the meal be labeled with the production date, the last date to use by, and a supervisor's signature. The policy directive also requires that the food service director or designee inspect the food service areas to ensure that food is used by the due date or appropriately discarded. In addition, the policy directive states that food items not frozen and not served within 48 hours of preparation should be discarded.

### **RECOMMENDATIONS**

We recommend that HVC perform daily sanitation inspections and meal evaluations.

We also recommend that HVC properly label and discard leftovers.

### **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has complied. HVC stated that it has revised its operating procedure to require the assistant food service director (AFSD) to review the sanitation inspection forms daily for discrepancies and to ensure compliance by each shift. HVC informed us that the pre-service quality checks are being made at least 30 minutes before each meal and are recorded and that the AFSD is reviewing meal evaluation forms daily for quality of product and to ensure compliance. HVC also informed us that the food service director reviews all sanitation inspection forms and meal evaluation forms. Furthermore, HVC informed us that proper labeling of leftover products is being completed and that the AFSD is conducting daily documented rounds to inspect the food service areas, including the cooler and freezer, to ensure that all products are properly labeled.

## PRISONER STORE INVENTORY

### COMMENT

**Audit Objective:** To assess the effectiveness of HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded.

**Conclusion:** We concluded that HVC's efforts to ensure that the prisoner store inventory is appropriately accounted for and safeguarded were moderately effective. We noted one reportable condition related to inventory records (Finding 10).

### FINDING

#### 10. Inventory Records

HVC did not maintain accurate inventory records for the prisoner store inventory. In addition, HVC did not always maintain prisoner store inventory in a secure location. Inaccurate inventory records and unsecured inventory increase the risk of mismanagement, theft, abuse, and errors in financial reporting.

DOC policy directive 04.02.130 requires that facilities conduct a monthly inventory of store stock and that business office staff not involved in conducting the inventory verify its accuracy. The policy directive also requires that a perpetual inventory record be maintained for items stocked in the store and that the results of the physical inventory be reconciled with the perpetual inventory record and significant differences be investigated. In addition, the policy directive requires that controls be established to account for prisoner store inventory and to prevent loss, including the use and recording of door seals on all doors to areas containing store merchandise.

We observed prisoner store operations, the performance of monthly physical prisoner store inventory counts, and reconciliations for May and June 2007. Also, we reviewed documentation to support the prisoner store financial statements for January 2006, November 2006, and February 2007. Our review disclosed:

- a. HVC did not record merchandise into the perpetual inventory on a timely basis. Also, HVC did not appropriately reconcile the monthly physical inventory count to the perpetual inventory records.

Our review of the perpetual inventory records as of May 1, 2007 indicated a negative inventory of 401 items for one product. However, we counted 275 items of this product on the shelf at that time. Also, we noted differences between the inventory count sheets and the perpetual inventory records for January 2006, November 2006, and February 2007 ranging from a shortage of \$2,293 to an overage of \$5,601.

We were informed by business office staff that storekeepers did not always enter merchandise into the inventory records upon receipt, the business office adjusted the perpetual inventory records to match the physical inventory without investigating the differences, and storekeepers sometimes entered merchandise into the perpetual inventory records after the records had been adjusted by the business office.

- b. HVC did not always maintain prisoner store merchandise in a secure area. As a result, merchandise could be stolen or misplaced.

We observed HVC's warehousing operations and noted that store merchandise was stored in an open area, near the exterior door, and not always within sight of employees.

## **RECOMMENDATIONS**

We recommend that HVC maintain accurate inventory records for the prisoner store inventory.

We also recommend that HVC maintain prisoner store inventory in a secure location.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has complied. HVC stated that store receivers are now processed by the accounting assistant, who also reconciles the physical inventory taken by other accounting staff to the commissary inventory report and the State's financial records, and that differences are reviewed and investigated by the accounting supervisor. HVC informed us that prisoner store merchandise that is not kept in the prisoner store area is now stored in a secure area and that prisoners are only allowed into the area with staff escort.

## MAILROOM OPERATIONS

### COMMENT

**Audit Objective:** To assess the efficiency of HVC's mailroom operations.

**Conclusion:** We could not determine the efficiency of HVC's mailroom operations because of the lack of data necessary to assess efficiency. We noted one reportable condition related to mail processing and cash receipts (Finding 11).

### FINDING

#### 11. Mail Processing and Cash Receipts

HVC did not process prisoner mail in a timely manner. Also, HVC needs to improve internal control over mail opening and processing of cash receipts.

Untimely mail processing resulted in delays in the deposit of prisoners' funds and additional staff time was needed to respond to prisoner complaints regarding delayed mail. In addition, weaknesses in internal control increase the risk that mail could be lost and cash receipts could be misappropriated.

For the period October 1, 2005 through March 31, 2007, HVC collected \$2,246,480 of prisoner receipts through the mailroom and drop boxes.

We observed mailroom operations on 16 days between April 19, 2007 and June 20, 2007 and noted:

- a. HVC's mailroom had a backlog of unopened mail ranging from 4 to 19 days and averaging 11 days. HVC paid approximately \$240,000, including overtime, to 4 mailroom staff on an annual basis for the purpose of processing mail.

DOC policy directive 05.03.118 states that facilities shall endeavor to process all incoming and outgoing mail within one business day after receipt.

- b. HVC did not ensure that mail was opened by two employees and in only one secure location. As a result, HVC could not ensure that all cash received was subsequently deposited into prisoner accounts.

DOC policy directive 05.03.118 states that all incoming mail shall be opened in one location at each facility and inspected at that location to determine if it contains money, controlled substances, or other physical contraband. Also, the State of Michigan Financial Management Guide (Part II, Chapter 9, Section 100) provides that two persons should open mail under controlled conditions.

We observed that each of the four mailroom employees opened the mail at their respective desks instead of in a common area. We also observed that another HVC employee opened the mail outside of the mailroom and that the HVC cashier collected and opened drop box envelopes alone in a secluded office.

- c. HVC did not require mailroom clerks to restrictively endorse all checks immediately upon receipt. Instead, checks were restrictively endorsed by the cashier after they were delivered by the mailroom clerks. As a result, HVC could not ensure that all cash received was subsequently deposited into prisoner accounts.

The State of Michigan Financial Management Guide (Part II, Chapter 9, Section 100) states that checks and money orders must be restrictively endorsed immediately upon receipt.

## **RECOMMENDATIONS**

We recommend that HVC process prisoner mail in a timely manner.

We also recommend that HVC improve internal control over mail opening and processing of cash receipts.

## **AGENCY PRELIMINARY RESPONSE**

HVC agrees and informed us that it has taken steps to comply. HVC stated that the mailroom had a backlog during the time of the audit due to staff vacancies and that the mailroom is now fully staffed and mailroom staff endeavor to process mail within one day of receipt. HVC informed us that mailroom staff now sit across from each other in one room while opening mail. HVC also informed us that, together, the cashier and an accounting assistant collect, open, log, and run a tape of the drop box receipts daily and that rubber stamps are now used to restrictively endorse all checks immediately upon receipt.

# GLOSSARY

## Glossary of Acronyms and Terms

AFSD	assistant food service director.
CCW	carrying a concealed weapon.
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.
control center	Central area of communication for a facility. The control center has contact with all officers by radio and loudspeaker.
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.
DCH	Department of Community Health.

<b>DOC</b>	Department of Corrections.
<b>effectiveness</b>	Program success in achieving mission and goals.
<b>efficiency</b>	Achieving the most outputs and outcomes practical with the minimum amount of resources.
<b>HVC</b>	Huron Valley Complex.
<b>HVM</b>	Huron Valley Men's Correctional Facility.
<b>KeyWatcher box</b>	Electronic key storage cabinet that employees use to access their assigned key rings using specific pass codes that release only their key rings from the cabinet.
<b>LEIN</b>	Law Enforcement Information Network.
<b>level I</b>	A security classification assigned to a facility or a prisoner. The facility has minimum security, including a single security fence. These facilities house prisoners who are relatively near parole, who are not serving time for a sexual offense, and who have no history of certain kinds of arson behavior.
<b>level II</b>	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.
<b>level IV</b>	A security classification assigned to a facility or a prisoner. The facility has close security, including a full security perimeter with double fences, concertina wire, and a perimeter detection system with gun towers. These facilities house prisoners who have a sentence of more than 60

months, who can generally be managed in the general population of prisons, and who have not shown a tendency to escape.

**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 agency's main purpose or the reason that the agency was established.

**pass-along keys** Keys that are passed on 24-hour assignment from the officer who is ending his/her shift to the officer beginning his/her shift. The employee giving the keys is to record in the appropriate logbook to whom the keys were passed.

**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, jackets, 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 public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.

**reportable condition** A matter that, in the auditor's judgment, represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.

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.
self-contained breathing apparatus (SCBA)	An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.
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.
SME	security monitoring exercise.
WHV	Huron Valley Women's Correctional Facility.



