



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT



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

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Michigan
Office of the Auditor General
REPORT SUMMARY

Performance Audit

Mound Correctional Facility

Department of Corrections

Report Number:
471-0253-10

Released:
April 2011

The Mound Correctional Facility opened in 1994 and is located on the east side of Detroit on 39 acres, off Mound Road. The Facility has the capacity to house 1,048 security level II male prisoners. The Department of Corrections' (DOC's) mission is to create a safer Michigan through effective offender management and supervision in its facilities while holding offenders accountable and promoting their success. Through its facilities, DOC provides supervision of offenders and protects the public by providing a secure, safe, and humane environment for staff and prisoners.

Audit Objective:

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

Audit Conclusion:

We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted eight reportable conditions (Findings 1 through 8).

Reportable Conditions:

The Facility did not ensure that its officers performed and documented all required prisoner shakedowns and cell searches (Finding 1).

The Facility did not properly complete and monitor gate manifests (Finding 2).

The Facility did not ensure that all officers whose assignments required the

use of a firearm were annually requalified (Finding 3).

The Facility did not conduct annual criminal history checks for all officers whose assignments required the use of a firearm (Finding 4).

The Facility did not complete all of the required security monitoring exercises (Finding 5).

The Facility did not calibrate its walk-through metal detector as required by Facility procedures (Finding 6).

The Facility did not document all required radio checks (Finding 7).

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

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Agency Response:

Our audit report contains 8 findings and 8 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and will comply with them.

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



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April 15, 2011

Mr. Richard M. McKeon, Director
Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Mr. McKeon:

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

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

The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to address 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.

AUDITOR GENERAL

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Description of Agency

The Mound Correctional Facility opened in 1994 and is located on the east side of Detroit on 39 acres, off Mound Road. The Facility has the capacity to house 1,048 security level II* male prisoners.

The Department of Corrections' (DOC's) mission* is to create a safer Michigan through effective offender management and supervision in its facilities while holding offenders accountable and promoting their success. Through its facilities, DOC provides supervision of offenders and protects the public by providing a secure, safe, and humane environment for staff and prisoners.

The Facility participates in the Michigan Prisoner ReEntry Initiative* as an "in-reach" center and has the capability to place 120 prisoners in the program at a time. As parole dates near, community groups and parole agents reach into the prisons to begin developing a transition plan of structure, support, and supervision.

The Facility offers academic programs to provide for special and remedial education through completion of General Educational Development (GED) certification for prisoners. The priority is to develop reading skills for each prisoner at least to the eighth grade level. Most prisoners are required to obtain GED certification prior to release from the Facility. The career and technical education programs include horticulture, building maintenance, building trades, and computer literacy.

The Facility is separated from the community along Mound Road by buffer fencing, a planting berm with evergreen and deciduous trees, as well as two perimeter security fences. The Facility has four gun towers to complement double 12-foot fences that are topped with coiled stainless steel razor wire and an electronic detection system. An armed vehicle patrols the perimeter 24 hours a day.

For fiscal year 2009-10, the Facility's operating expenditures were \$28 million. As of December 11, 2010, the Facility had 321 employees and housed 994 prisoners.

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

Audit Scope

Our audit scope was to examine the program and other records of the Mound Correctional Facility. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. Our audit procedures, performed from August through December 2010, generally covered the period October 1, 2008 through November 30, 2010.

Audit Methodology

To establish our audit objective and to gain an understanding of the Facility's activities, we conducted a preliminary review of the Facility's operations. This included discussions with various Facility staff regarding their functions and responsibilities; observations; and examination of program records, policy directives, and operating procedures. In addition, we reviewed monthly reports to the warden and the American Correctional Association evaluation report.

To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security, we reviewed procedures and examined records related to gate manifests*; arsenal inventories; employee firearm qualifications; employee training; security threat group (STG) prisoners*; drug testing; radio checks; food service sanitation inspections; electronic perimeter checks; housekeeping inspections; fire safety; prisoner, cell, employee, and visitor searches; prisoner counts;

* See glossary at end of report for definition.

metal detector calibration; preventive maintenance; and security monitoring exercises*. In addition, we inventoried keys, critical tools*, and dangerous tools* 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.

Agency Responses and Prior Audit Follow-Up

Our audit report contains 8 findings and 8 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DOC to develop a plan to address 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 Mound Correctional Facility, Department of Corrections (47-253-03), in July 2004. Within the scope of this audit, we followed up 15 of the 22 prior audit recommendations. The Facility complied with 9 of the 15 prior audit recommendations. The other 6 prior audit recommendations were repeated in Findings 1, 2, 3, 5, and 8 in this audit report.

* See glossary at end of report for definition.

COMMENT, FINDINGS, RECOMMENDATIONS,
AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: The Mound 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; preventive maintenance; and disaster planning. Although compliance with these policies and procedures contributes to a safe and secure facility, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance with the policies and procedures will not entirely eliminate the safety and security risks.

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

Audit Conclusion: We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted eight reportable conditions* related to prisoner shakedowns* and cell searches*, gate manifests, firearm qualifications, criminal history checks, security monitoring exercises, metal detector calibration, radio checks, and sanitation inspections (Findings 1 through 8).

FINDING

1. **Prisoner Shakedowns and Cell Searches**

The Facility did not ensure that its officers performed and documented all required prisoner shakedowns and 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.

* See glossary at end of report for definition.

DOC policy directive 04.04.110 requires each non-housing unit 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, Facility operating procedure 04.04.110A requires all housing unit officers assigned to conduct pat-down searches or clothed-body searches of at least five prisoners per shift. In addition, the policy directive also requires that all housing unit officers shall conduct searches of at least three randomly selected cells, rooms, or living areas per shift, except the night shift.

We reviewed documentation of prisoner shakedowns and cell searches for the periods August 24, 2009 through August 28, 2009 and July 11, 2010 through July 15, 2010. Our review disclosed:

- a. Non-housing and housing unit officers did not document whether they performed 1,215 (31%) of the 3,940 required prisoner shakedowns.
- b. Housing unit officers did not document whether they performed 56 (16%) of 360 required cell searches.

We noted similar conditions in our prior audit report. The Facility agreed with our prior audit recommendation and stated that it had taken steps to comply with the recommendation by changing the documentation retention practice.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE FACILITY ENSURE THAT ITS OFFICERS PERFORM AND DOCUMENT ALL REQUIRED PRISONER SHAKEDOWNS AND CELL SEARCHES.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that its operating procedure requirements exceed the prisoner shakedowns required by DOC policy and will be brought into line with policy. Also, the Facility indicated that it has instructed non-housing staff to turn in their required prisoner shakedown sheets to the yard sergeant by the end of the

* See glossary at end of report for definition.

shift daily and that the shift commander will ensure that weekly checks are made of all prisoner shakedown sheets to track and ensure that staff have turned them in as required and to ensure that the proper form was used.

In addition, the Facility informed us that it has also directed housing staff to maintain better control of their cell shakedown documentation and indicated that housing unit officers are now documenting cell searches in a logbook designated for cell searches that is maintained in the unit. Furthermore, the Facility indicated that the area supervisor will review the logbook daily to ensure that the required number of cell searches are being completed by the day and afternoon officers; the resident unit manager will do a weekly follow-up review of the logbook to ensure compliance and take corrective action as necessary; and the resident unit managers will be required to include this data in their monthly report.

FINDING

2. Gate Manifests

The Facility did not properly complete and monitor gate manifests. Failure to properly complete and monitor gate manifests could result in dangerous items being left inside the prison, thereby endangering staff and prisoners.

Gate manifests serve as the tracking mechanism for 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 manifest have been completed with dates, times, and proper signatures; that the appropriate copies of the gate manifests have been returned; and that tracking numbers match the numbers listed in the gate manifest log. The operating procedure also requires that all items brought through the gates shall be searched.

Our review of 70 gate manifests prepared for the periods August 23, 2009 through August 27, 2009, February 21, 2010 through February 27, 2010, and July 11, 2010

through July 17, 2010 disclosed that 54 (77%) manifests were not properly documented. Specifically, we noted:

- a. Twenty-four (34%) manifests that indicated that the items were leaving the prison were not signed by the gate officer verifying that the items actually left the prison.
- b. Four (6%) manifests were not signed by the gate officer verifying that items entering the prison had been searched prior to entry.
- c. Thirty-seven (53%) manifests did not indicate whether items were entering the prison, leaving the prison, or entering and leaving the prison on the same day.
- d. Five (7%) manifests were not signed by the carrier when entering the prison.

We noted similar conditions in our prior audit report. The Facility agreed with the prior audit recommendation and indicated that it would take steps to comply; however, our review indicated that it had not complied.

Our review also disclosed that gate officers did not reconcile and account for all gate manifests. Our review of the gate manifest log for July 2010 noted that 16 (16%) of the 98 gate manifests recorded on the log were not reconciled. We further noted that 10 (10%) of these 98 gate manifests were missing.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE FACILITY PROPERLY COMPLETE AND MONITOR GATE MANIFESTS.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that shift supervisors will provide training to the gate officers, clear and simple instructions will be provided with the post orders, and the 10:00 p.m. to 6:00 a.m. shift control center supervisor will do daily checks of the manifests to ensure that they are being completed correctly and to reconcile and account for all manifests.

FINDING

3. Firearm Qualifications

The Facility did not ensure that all officers whose assignments required the use of a firearm were annually requalified. Annual firearm certification ensures that officers are properly qualified in the use of firearms issued, thereby helping to ensure the safety of staff, prisoners, and the general public and limiting DOC's potential liability.

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

We reviewed firearm certification documentation for the officers assigned to the ground post, information desk, gun tower, alert response vehicle, gun squad, and hospital transportation assignments on all three shifts for the periods September 22, 2009 through September 26, 2009 and July 11, 2010 through July 15, 2010.

We determined that the Facility assigned 18 officers whose firearm qualifications had expired to 32 (7%) of 452 possible assignments that required the use of a firearm.

We noted a similar condition in our prior audit report. The Facility agreed with the prior audit recommendation and stated that it had taken steps to comply with the recommendation.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE FACILITY ENSURE THAT ALL OFFICERS WHOSE ASSIGNMENTS REQUIRE THE USE OF A FIREARM ARE ANNUALLY REQUALIFIED.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that the human resource director will ensure that the training report (TR-121) is updated as training occurs and will distribute updated copies of the report to the shift commanders and arsenal sergeant. Also, the Facility indicated that the human resource director has developed and is maintaining a

backup document which shows all weapons qualifications dates for officers assigned to the Facility and is distributing this to the arsenal sergeant and shift commanders. In addition, the Facility stated that the arsenal sergeant and any shift supervisor who issues a weapon will ensure that only officers who have a current qualification date are assigned to assignments requiring firearms.

FINDING

4. Criminal History Checks

The Facility did not conduct annual criminal history checks for all officers whose assignments required the use of a firearm. Failure to conduct periodic reviews of each officer's criminal history record could result in the Facility assigning ineligible officers to assignments requiring the use of a firearm.

DOC policy directive 03.03.100 prohibits employees from being issued or allowed to possess a firearm if they have been convicted of a specified felony as defined by the *Michigan Compiled Laws* or a misdemeanor crime of domestic violence for which the ordered sentence has not been fully served or if prohibited by a personal protection order. In addition, Facility operating procedure 03.03.100 requires that criminal history background checks be conducted using the Law Enforcement Information Network* (LEIN) prior to an officer's firearm qualification and annually thereafter, prior to his or her requalification.

Our review disclosed that the Facility had not conducted annual LEIN checks for 111 (71%) of 157 officers who were assigned to positions requiring the use of firearms as part of their work assignment for the periods September 22, 2009 through September 26, 2009 and July 11, 2010 through July 15, 2010.

RECOMMENDATION

We recommend that the Facility conduct annual criminal history checks for all officers whose assignments require the use of a firearm.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that in November 2010, criminal

* See glossary at end of report for definition.

history (LEIN) checks were conducted on all employees whose assignments required the use of weapons. Also, the Facility stated that it has directed the Facility's human resource developer to conduct LEIN checks on all officers whose assignments require the use of a firearm prior to the end of February annually and indicated that this will ensure that checks are conducted prior to the start of the annual firearms requalification training, which is conducted from May to September.

FINDING

5. Security Monitoring Exercises (SMEs)

The Facility did not complete all of the required SMEs. As a result, the Facility could not ensure that its officers were adequately trained in critical security measures.

SMEs are developed to test the effectiveness of established procedures and the alertness of staff by simulating the condition, behavior, or emergency that the procedures were designed to prevent or control. DOC policy directive 04.04.100 requires that SMEs be conducted at least quarterly. Facility operating procedure 04.04.100P requires SMEs to be conducted at least monthly.

Our review of the SME forms for the months of August 2009 and May and June 2010 disclosed that the Facility did not complete 103 (44%) of the 234 required SMEs.

We noted a similar condition in our prior audit report. The Facility agreed with the prior audit recommendation and stated that it had taken steps to comply with the recommendation.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE FACILITY COMPLETE ALL OF THE REQUIRED SMEs.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that its operating procedure requirements exceed DOC policy and require performance of SMEs monthly instead of quarterly. The Facility stated

that it will change its procedure to match DOC policy. The Facility also stated that the inspector will ensure that SMEs are completed and turned in at the end of each quarter and will review the completed exercises before forwarding them to the deputy warden.

FINDING

6. Metal Detector Calibration

The Facility did not calibrate its walk-through metal detector as required by Facility procedures. Failure to routinely test and calibrate the metal detector could result in the Facility's officers not identifying potentially dangerous metal objects on individuals attempting to enter the prison.

The walk-through metal detector is the primary security system used by the gate officer to identify and prevent illegal items from entering the secured prison. Facility operating procedure 04.04.100R requires the metal detectors to be calibrated monthly and the calibration test to be logged in the bubble* logbook, noting the date, time, and results of the calibration test.

Our random physical testing of the Facility's walk-through metal detector indicated that the metal detector was working properly. However, our review of the bubble logbooks for January 2009 through September 2010 disclosed that the Facility had not calibrated the metal detectors for 6 (29%) of 21 months.

RECOMMENDATION

We recommend that the Facility calibrate its walk-through metal detector as required by Facility procedures.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that it has assigned the arsenal sergeant to ensure that the metal detector is calibrated monthly. Also, the Facility indicated that the Facility inspector will review the log and conduct random testing of the equipment to ensure that the calibration is being completed.

* See glossary at end of report for definition.

FINDING

7. Radio Checks

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

DOC policy directive 04.04.100 requires that an officer assigned to the base station conduct and document radio checks with officers assigned to single staff assignments every hour during daylight hours and every half hour during the hours of darkness. Also, each check-in shall be recorded in the log.

Our review of the radio check records for August 25, 2009, February 12, 2010, and July 14, 2010 disclosed that the Facility did not document 55 (74%) of the 74 required radio checks.

RECOMMENDATION

We recommend that the Facility document all required radio checks.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that radio checks were conducted as required by policy and procedure; however, they were not properly documented. The Facility stated that shift commanders now verify that radio checks are being documented in the arsenal bubble officer's logbook and on a check-off list and that completed check-off lists will be submitted to the assistant deputy warden for review.

FINDING

8. Sanitation Inspections

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

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

We reviewed weekly sanitation inspections for the periods August 9, 2009 through August 15, 2009, September 6, 2009 through September 12, 2009, and July 4, 2010 through July 17, 2010 for the 20 areas within the Facility that require sanitation inspections. Our review disclosed that the Facility did not document that it conducted 34 (43%) of the 80 required weekly inspections. Also, of the 46 weekly inspections completed, we noted the following discrepancies:

- a. Documentation for 38 (83%) inspections did not record water temperatures.
- b. Documentation for 11 (24%) inspections did not record air temperatures.
- c. Documentation often identified areas, such as mechanical areas for the same building or housing unit, as not applicable in one period but applicable and compliant in another period.

We noted similar conditions in our prior audit report. The Facility agreed with the prior audit recommendation and indicated that it would take steps to comply; however, our review indicated that it had not complied.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE FACILITY PROPERLY DOCUMENT ALL REQUIRED WEEKLY SANITATION INSPECTIONS.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that it has assigned the physical plant supervisor to ensure that all required weekly sanitation inspections are completed. The Facility stated that it has also created a check-off sheet listing each area of the facility that is to be inspected as a means to track the inspections.

Also, the Facility indicated that staff will be trained in taking proper readings and department heads will ensure compliance. In addition, the Facility indicated that because custody staff do not have access to all maintenance areas, certain areas on the weekly sanitation reports that are completed by area staff will be premarked as nonapplicable; however, for monthly sanitation reports that are conducted by the maintenance staff, these areas will be marked as applicable.

GLOSSARY

Glossary of Acronyms and Terms

bubble	Central point of entry into and exit from a facility.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
clothed-body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
critical tool	An item designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools are to be stored only in a secure area and accounted for at all times.
dangerous tool	An item that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools are to be stored only in a secure area and accounted for at all times.
DOC	Department of Corrections.
effectiveness	Success in achieving mission and goals.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gate and sallyport.

GED	General Educational Development.
Law Enforcement Information Network (LEIN)	A computerized criminal justice database that includes a person's criminal history, including arrests, convictions, and driving record. It is maintained by the Michigan Department of State Police and interfaces with the Federal Bureau of Investigation's (FBI's) National Crime Information Center.
level II	A security classification assigned to a facility or a prisoner. The facility has low medium security, including open barracks-style housing and a full security perimeter with double fences, concertina wire, and a perimeter detection system. These facilities house prisoners who generally have longer sentences than do the level I prisoners and who need more supervision but who are not difficult to manage or likely to escape.
Michigan Prisoner ReEntry Initiative	A collaborative effort that draws the State, police officers, community groups, and other individuals together to give prisoners the tools they need to succeed in a process that begins when they enter prison and continues through parole and reintegration into the community.
mission	The main purpose of a program or an agency or the reason that the program or the agency was established.
pat-down search	A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items that may be required to be removed are outerwear (e.g., coats, jacket, and hats) and shoes; however, all items shall be removed from pockets.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve program operations, to facilitate decision

making by parties responsible for overseeing or initiating corrective action, and to improve public accountability.

reportable condition

A matter that, in the auditor's judgment, falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the objectives of the audit; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.

security monitoring exercise (SME)

A systematic method of safely and effectively testing and monitoring security standards of a facility to enable staff to have an opportunity to practice the standards under controlled conditions.

security threat group (STG) prisoner

A prisoner who is considered a threat to the safety and security of a facility because of gang-related activities or affiliations or violence toward staff or other prisoners. Prisoners can be designated as STG I (members of gangs or groups) or STG II (leaders of gangs or groups). Prisoners who are designated as STG II must generally be housed in a level V facility.

shakedown

The act of searching a prisoner, an employee, or a visitor to ensure that he/she does not have any contraband in his/her possession.

