



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

Alger Correctional Facility

Department of Corrections

Report Number:
471-0206-13

Released:
August 2013

The Alger Correctional Facility opened in 1990 and is located in Munising, Michigan. The Facility has the capacity to house 896 male level IV and level II prisoners. The Facility has 6 housing units as well as separate buildings for administration, food service/healthcare, school, and maintenance/warehouse.

Audit Objective:

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

Audit Conclusion:

We concluded that DOC's efforts to comply with selected policies and procedures related to safety and security at the Alger Correctional Facility were effective. However, we noted three reportable conditions (Findings 1 through 3).

Reportable Conditions:

The Facility did not properly complete or distribute gate manifests ([Finding 1](#)).

The Facility did not document that it conducted all required radio and personal protection device checks ([Finding 2](#)).

The Facility did not complete all scheduled preventive maintenance tasks in a timely manner ([Finding 3](#)).

Noteworthy Accomplishments:

The Facility created the Incentives in Segregation Program in 2009. The Facility noted reductions in critical incidents, major misconducts, and cell damages for the segregation prisoners.

The Facility implemented a shelter dog program in early 2012. Through this program, prisoners train animal shelter dogs to assist in their adoption, resulting in successful adoptions of 17 dogs. This program reduces prisoner idleness, and it provides prisoners with a sense of purpose and the opportunity to give back to the community.

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Agency Response:

Our audit report contains 3 findings and 3 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied with them.

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



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

August 20, 2013

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

Dear Mr. Heyns:

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

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

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

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,


Thomas H. McTavish, C.P.A.
Auditor General

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Description of Agency

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

The Alger Correctional Facility (formerly Alger Maximum Correctional Facility) opened in 1990 and is located in Munising, Michigan, on approximately 80 acres in Alger County. The Facility was converted from a level V* facility to a level IV* facility in August 2009. Also, the Facility's related Camp Cusino was closed in July 2009. The Facility has the capacity to house 896 male prisoners.

The Facility has 6 housing units: three that house level IV general population prisoners, one that houses level II* general population prisoners, and two that serve as level IV segregation units. In addition, the Facility has buildings for administration, food service/healthcare, school, and maintenance/warehouse.

The Facility offers academic classes in adult basic education and general education development and a vocational basic computer training program. The Facility also offers other programs including the Incentives in Segregation Program, a shelter dog program, pre-release preparation, psychological counseling, Thinking for a Change, and substance-abuse treatment. In addition, the Facility offers on-site routine medical and dental care, general and law library services, hobby craft, religious services, recreation programs, barbershop, and a variety of voluntary self-help programs.

The Facility is surrounded by two 12-foot fences that are monitored by an electronic detection system. The interior fence is a nonlethal electric fence. The exterior fence is topped with razor-ribbon wire and razor-ribbon wire occupies the open space between the two fences to enhance the barrier.

* See glossary at end of report for definition.

For fiscal year 2012-13, the Facility's General Fund appropriation was \$26.4 million to support 250.1 full-time equated positions. As of June 25, 2013, the Facility housed 865 prisoners and had 243 employees supported by its appropriation and 39 employees supported by other DOC appropriations.

Audit Objective, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

Audit Objective

The objective of our performance audit* of the Alger Correctional Facility, Department of Corrections (DOC), was to assess the effectiveness* of DOC's efforts to comply with selected policies and procedures related to safety and security at the Alger Correctional Facility.

Audit Scope

Our audit scope was to examine the program and other records of the Alger Correctional Facility. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusion based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusion based on our audit objective. Our audit procedures, performed from April through June 2013, generally covered the period October 1, 2011 through May 31, 2013.

Audit Methodology

To establish our audit objective and to gain an understanding of the Facility's activities, we conducted a preliminary review of the Facility's operations. This included discussions with various staff regarding their functions and responsibilities; observations; and an examination of program records, policy directives, and Facility operating procedures. Also, we reviewed the warden's monthly reports to the DOC director, critical incident reports, self-audits*, and the Facility's most recent accreditation review.

To assess the effectiveness of DOC's efforts to comply with selected policies and procedures related to safety and security at the Facility, we reviewed procedures and examined records related to safety and security, including arsenal inventories and operations; gate manifests*; prisoner counts; radio checks; housekeeping sanitation; prisoner and employee shakedowns*; cell searches* and area searches*; preventive

* See glossary at end of report for definition.

maintenance; security monitoring exercises*; firearm certifications and weapons permits; and fire safety. In addition, we inventoried critical tools*, dangerous tools*, keys, and padlocks on a test basis.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis. To the extent practical, we add balance to our audit reports by presenting noteworthy accomplishments for exemplary achievements identified during our audits.

Agency Responses and Prior Audit Follow-Up

Our audit report contains 3 findings and 3 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DOC to develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We released our prior performance audit of the Alger Maximum Correctional Facility and Camp Cusino, Department of Corrections (47-206-98), in August 1999. Within the scope of this audit, we followed up 6 of the 9 prior audit recommendations. The Alger Correctional Facility complied with all 6 prior audit recommendations.

* See glossary at end of report for definition.

COMMENT, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

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

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

Audit Conclusion: **We concluded that DOC's efforts to comply with selected policies and procedures related to safety and security at the Alger Correctional Facility were effective.** However, our assessment disclosed three reportable conditions* related to gate manifests, radio and personal protection device* (PPD) checks, and maintenance (Findings 1 through 3).

Noteworthy Accomplishments: The Facility created the Incentives in Segregation Program in 2009. The objective of the Program is to motivate prisoners to demonstrate appropriate behavior in segregation by offering short-term incentives that encourage positive adjustment. The Facility's segregation prisoners experienced a 69.4% reduction in the number of critical incidents, a 74.0% reduction in the number of major misconducts, and an 83.6% reduction in cell damages since its inception. The Facility also informed us that correctional facilities nationwide and overseas have expressed interest in this Program.

* See glossary at end of report for definition.

The Facility implemented a shelter dog program in early 2012. Security level II prisoners, approved by the shelter committee, review the program rules and training materials and train animal shelter dogs to assist in their adoption. The Facility indicated that, as of June 28, 2013, its prisoners have worked with 33 dogs, and at least 17 of these dogs have been successfully adopted. This program reduces prisoner idleness by providing a constructive use of time, and it provides prisoners with a sense of purpose and the opportunity to give back to the community.

FINDING

1. Gate Manifests

The Facility did not properly complete or distribute gate manifests. As a result, the Facility increased its risk that critical and dangerous items could be left inside the prison, thus endangering staff and prisoners.

Gate manifests serve as a 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. We reviewed 112 gate manifests prepared during the periods January 1, 2013 through January 10, 2013, November 1, 2012 through November 10, 2012, August 13, 2012 through August 22, 2012, and March 1, 2012 through March 10, 2012. Our review disclosed:

- a. The gate officer did not properly complete 49 (43.8%) gate manifests. Specifically, we noted that the gate officer did not properly complete the "Gate Officer's Report" section on 33 (29.5%) gate manifests to indicate the proper disposition of the manifested items; the gate officers did not sign 16 (14.3%) gate manifests to indicate that they were aware that items were carried into the prison; 4 (3.6%) gate manifests did not contain an authorizing signature to indicate that the appropriate Facility employee authorized the item; and the carrier did not cross through the blank spaces in the items list on 11 (9.8%) gate manifests allowing the potential for unauthorized items to be added.

Facility operating procedure 04.04.100-Q requires that Facility staff ensure the proper completion of the gate manifests including various signatures and verifications. Also, the gate manifest form (CSJ-404) requires that blank spaces be crossed through to preclude the addition of unauthorized items.

* See glossary at end of report for definition.

- b. The gate officer did not properly distribute the carbon copies of 30 gate manifests. Specifically, we noted 13 (11.6%) fully intact gate manifests and 17 (15.2%) gate manifests that contained the receivers' signature on the gate officer's (white) copy. Both of these situations indicate that the gate officer gave all of the gate manifest copies to the carrier, therefore, losing the tracking mechanism.

The gate manifest form (CSJ-404) requires that the gate officer retain the gate officer copy when manifested items enter the prison, and match the gate officer copy with the carrier copy when the carrier leaves the prison. This procedure ensures that the Facility tracks all items entering and leaving the prison.

The Facility indicated that it had not properly followed procedures to complete and distribute gate manifests.

RECOMMENDATION

We recommend that the Facility properly complete and distribute gate manifests.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility indicated that its operating procedure and two post orders were revised. Also, the Facility indicated that the 6:00 a.m. to 2:00 p.m. shift sergeant assists the 6:00 a.m. to 2:00 p.m. shift commander in the distribution and reconciliation process. In addition, the Facility indicated that training for completion and distribution of the gate manifests is in progress on each shift.

FINDING

2. Radio and PPD Checks

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

Facility operating procedures 04.04.100-F and 04.04.100-W require the Facility to conduct radio checks and test PPDs at the beginning of each shift.

We reviewed all required radio and PPD checks for the period July 21, 2012 through July 27, 2012. Also, we reviewed first shift radio and PPD checks for the period of November 17, 2012 through November 19, 2012, second shift radio and PPD checks for the period of November 27, 2012 through November 29, 2012, and third shift radio and PPD checks for the period of November 19, 2012 through November 21, 2012. Our review of radio and PPD checks disclosed:

- a. The Facility did not document that it conducted 49 (6.2%) of the 791 required beginning of shift radio checks.

The Facility did not design an effective control to ensure that it completed and documented all radio checks.

The Facility had not listed any of the first shift supervisors on the beginning of shift radio checklist, accounting for 45 of the undocumented radio checks. After we brought this to its attention, the Facility updated the radio checklist to include the first shift supervisors.

- b. The Facility did not document that it conducted 355 (23.1%) of the 1,540 required beginning of shift PPD checks.

The Facility did not design an effective control to ensure that it completed and documented all PPD checks.

RECOMMENDATION

We recommend that the Facility document that it conducts all required radio and PPD checks.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility indicated that its operating procedure was revised to require all PPD checks to be completed prior to entering the secure perimeter or daily as required. The Facility also indicated that all shift supervisors have been added to the radio checklist.

FINDING

3. Maintenance

The Facility did not complete all scheduled preventive maintenance tasks in a timely manner. Timely maintenance minimizes unexpected mechanical and other maintenance interruptions that can compromise staff and prisoner safety.

Facility operating procedure 04.03.100 requires the Facility to develop preventive maintenance checklists, logs, or computer software to monitor and document maintenance activities.

Our review disclosed that the Facility did not have documentation that it had completed 5 (10.9%) of 46 sampled preventive maintenance tasks required to be completed during our audit period.

The Facility indicated that the exceptions were primarily due to employee departure.

RECOMMENDATION

We recommend that the Facility complete all scheduled preventive maintenance tasks in a timely manner.

AGENCY PRELIMINARY RESPONSE

The Facility agrees and informed us that it has complied. The Facility indicated that the physical plant supervisor and business manager will ensure that all scheduled preventive maintenance tasks are completed on time. The Facility also indicated that open work orders are reviewed twice weekly to ensure that the employee assigned to the task has completed the task and, if necessary, the task is reassigned to another employee to ensure timely completion.

GLOSSARY

Glossary of Acronyms and Terms

area search	The act of searching common areas of the prison for contraband.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
critical tool	An item designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools are to be stored only in a secure area and accounted for at all times.
dangerous tool	An item that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools are to be stored only in a secure area and accounted for at all times.
DOC	Department of Corrections.
effectiveness	Success in achieving mission and goals.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
level II	A security classification assigned to a facility or a prisoner. The facility has low medium security, including open barracks-style housing and a full security perimeter with

	double fences, concertina wire, and a perimeter detection system. These facilities house prisoners who generally have longer sentences than do level I prisoners and who need more supervision but who are not difficult to manage or likely to escape.
level IV	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.
level V	A security classification assigned to a facility or a prisoner. The facility has maximum security, including a full security perimeter with double fences, concertina wire, and a perimeter detection system with gun towers. These facilities house prisoners who need close supervision because they are difficult to control or because of the likelihood they may try to escape.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.

personal protection device (PPD)	A one-way device that can signal the need for assistance when an individual is in a confrontational position. The device submits a signal to the control center indicating the area where assistance is needed.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
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.
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.
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.

