



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT

PERFORMANCE AUDIT
OF THE

MARQUETTE BRANCH PRISON

DEPARTMENT OF CORRECTIONS

February 2015



Doug A. Ringler, CPA, CIA
AUDITOR GENERAL

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

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Performance Audit

Marquette Branch Prison

Department of Corrections

Report Number:
471-0205-14

Released:
February 2015

The Marquette Branch Prison (MBP) is located on 35 acres in Marquette, Michigan. MBP opened in 1889 and has the capacity to house 1,201 prisoners. MBP has 10 housing units: 4 level V general population, 2 level V administrative segregation, and 4 level I general population. For fiscal year 2014, MBP's General Fund appropriation was \$38.0 million to support 308.4 full-time equated positions.

Audit Objective			Audit Conclusion
To assess the Department of Corrections' (DOC's) compliance with selected policies and procedures related to safety and security at MBP.			Generally complied
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
MBP did not inspect or inventory weapons stored in its Emergency Response Team arsenal, increasing the potential for misuse or theft, thereby compromising the safety and security of staff and prisoners (<u>Finding 1</u>).		X	Agrees
MBP did not properly complete or distribute all gate manifests, which could result in critical and dangerous items being left inside the prison (<u>Finding 2</u>).		X	Agrees
MBP did not ensure that all staff walked through the metal detector or were subjected to a hand-held screening device before entering the level V secure perimeter. Six of 112 staff members we observed via video footage entered the secure perimeter unhindered (<u>Finding 3</u>).		X	Agrees
MBP needs to improve its controls over keys and padlocks. Proper controls would help ensure that all keys and padlocks are secured and accounted for and that any lost or missing keys and padlocks are detected and recovered in a timely manner (<u>Finding 4</u>).		X	Agrees

Findings Related to This Audit Objective (Continued)	Material Condition	Reportable Condition	Agency Preliminary Response
DOC did not ensure that its food service vendor properly completed and retained the required daily and weekly food service sanitation inspection reports to help prevent staff and prisoner exposure to food-borne illnesses caused by unsanitary conditions (<u>Finding 5</u>).		X	Agrees

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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Doug A. Ringler, CPA, CIA
Auditor General

February 18, 2015

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 Marquette Branch Prison, 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 abbreviations and terms.

The agency preliminary responses were taken from the agency's response at the end of 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,

A handwritten signature in black ink that reads "Doug Ringler". The signature is written in a cursive, flowing style.

Doug Ringler
Auditor General

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Description of Agency

The Department of Corrections' (DOC's) mission* is to create a safer Michigan by holding offenders accountable while promoting their success. DOC's Correctional Facilities Administration is responsible for the operation of all DOC correctional facilities.

Marquette Branch Prison (MBP) opened in 1889 and is located on 35 acres in Marquette, Michigan. MBP has 10 housing units: 4 level V* general population, 2 level V administrative segregation, and 4 level I* general population. MBP has the capacity to house 1,201 prisoners.

MBP offers academic programs including adult basic education, General Educational Development (GED), digital literacy, and business education technology. MBP also offers evidence-based cognitive thinking courses such as Thinking for a Change and Cage Your Rage; Violence Prevention and Incentives in Segregation Programs; and substance abuse, mental health, medical, and prisoner reentry services. MBP also offers recreational activities, a general library, and a law library.

The level V perimeter is surrounded by a concrete wall, razor-ribbon wire, electronic detection systems, and gun towers. The level I perimeter is surrounded by two chain-link fences, razor-ribbon wire, and an electronic detection system.

For fiscal year 2014, MBP's General Fund appropriation was \$38.0 million to support 308.4 full-time equated positions. As of August 24, 2014, MBP housed 1,074 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 Marquette Branch Prison (MBP), Department of Corrections (DOC), was to assess DOC's compliance with selected policies and procedures related to safety and security at MBP.

Audit Scope

Our audit scope was to examine the program and other records of the Marquette Branch Prison. 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, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered the period October 1, 2012 through September 30, 2014.

Audit Methodology

We conducted a preliminary survey to gain an understanding of MBP's operations. Our preliminary survey included:

- Discussions with various staff regarding their functions and responsibilities.
- Observations of various MBP operations.
- Examination of program records, policy directives, and MBP operating procedures.
- Review of the warden's monthly reports to the DOC director, critical incident reports, and self-audits*.

* See glossary at end of report for definition.

To accomplish our objective, we reviewed procedures, examined records, and assessed DOC's compliance with policies and procedures related to safety and security at MBP, including:

- Arsenal inventories and operations
- Gate manifests*
- Key control
- Prisoner counts
- Radio checks
- Tool control
- Food service
- Housekeeping sanitation
- Prisoner and employee shakedowns*
- Cell searches* and area searches*
- Preventive maintenance
- Perimeter security
- Metal detector calibration
- Prisoner drug testing
- Security monitoring exercises*
- Firearm certifications and weapons permits
- Fire safety

We based our audit conclusion on our audit efforts as described in the preceding paragraphs and the resulting reportable conditions* noted in the comment, findings, recommendations, and agency preliminary responses section. The reportable conditions are less severe than a material condition* but represent deficiencies in internal control*.

When selecting activities or programs for audit, we direct our efforts based on risk and opportunities to improve the operations of State government. Consequently, we prepare our performance audit reports on an exception basis.

Agency Responses and Prior Audit Follow-Up

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

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion at the end of 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.

* See glossary at end of report for definition.

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 Marquette Branch Prison and Camp Ottawa, Department of Corrections (47-205-99), in January 2001. MBP complied with 7 of the 9 prior audit recommendations. We rewrote the other 2 prior audit recommendations for inclusion in Findings 2 and 4 of this audit report.

COMMENT, FINDINGS, RECOMMENDATIONS,
AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: The Marquette Branch Prison (MBP) operates under policy directives and operating procedures established by the Department of Corrections (DOC) in addition to operating procedures developed by MBP. These policies and procedures were designed to have a positive impact on the safety and security of MBP as well as to help ensure that prisoners receive proper care and services. They address numerous aspects of MBP's operations, including the arsenal; gate manifests; key, tool, electronic perimeter, and firearm security; prisoner, employee, visitor, and housing unit searches; prisoner counts; radio checks; security monitoring exercises; metal detector calibration; prisoner drug testing; sanitation and food service inspections; preventive maintenance; and fire safety. Although compliance with these policies and procedures contributes to a safe and secure prison, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance will not entirely eliminate the safety and security risks.

Audit Objective: To assess DOC's compliance with selected policies and procedures related to safety and security at MBP.

Audit Conclusion: Generally complied.

Factors leading to this conclusion included the:

- Substantial compliance with all of the other DOC policies and procedures and MBP procedures relating to safety and security as identified in our audit methodology.
- Reportable conditions related to the arsenal, gate manifests, metal detector, key control, and food service sanitation inspections.

FINDING

1. Arsenal

MBP did not inspect or inventory weapons stored in its Emergency Response Team (ERT) arsenal, increasing the potential for misuse or theft, thereby compromising the safety and security of staff and prisoners.

DOC policy directive 04.04.100 (DD) requires that facilities inspect stored firearms, chemical agents, ammunition, and related security equipment at least once during each shift or conduct a weekly visual inspection if the cabinets are sealed and the seals are inspected each shift. The directive also requires that facilities inventory and monitor arsenal equipment at least monthly.

MBP's records indicated that it maintained weapons in its ERT arsenal, including shotguns, rifles, pistols, and gas guns. For the ERT arsenal, we determined that MBP did not complete any of the 15 required shift inspections for the period May 11 through May 15, 2014; the weekly visual inspection for the week of May 11, 2014; or the monthly inventory for May 2014. MBP recognized the critical nature of this ERT arsenal and used a biometric hand scanner to enhance security. However, this control mechanism will not recognize when a weapon is removed from the ERT arsenal or the employee who removed it.

RECOMMENDATION

We recommend that MBP inspect and inventory weapons stored in its ERT arsenal.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

MBP agrees and has complied. MBP will continue to secure the ERT arsenal in a vault which has constant video surveillance and limited access through the use of a key pad and biometric scanner. MBP now uses seals on the door to detect and record entry into the vault and inspects the seals each shift and records the inspections on the daily seal log. A person designated by the Team Commander now performs weekly and monthly inventories of all equipment stored in the vault. In addition, MBP will conduct a formal quarterly follow-up review of this area to ensure compliance.

FINDING

2. Gate Manifests

MBP did not properly complete or distribute all gate manifests, which could result in critical and dangerous items being left inside the prison.

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.

Our review of 165 gate manifests prepared during the periods June 1, 2014 through June 10, 2014 and January 11, 2014 through January 20, 2014 disclosed:

- a. The gate officer did not ensure that 137 (83.0%) gate manifests were properly completed. Specifically, the gate staff did not indicate the proper disposition of the manifested items on 85 (51.5%) gate manifests; the carriers did not cross through the blank spaces in the items list on 55 (33.3%) gate manifests, allowing the potential for anyone with access to the form to add unauthorized items to the list; and the gate officers did not sign or date 3 (1.8%) gate manifests, including 2 gate manifests for items leaving the prison and 1 gate manifest for items entering the prison.

MBP operating procedure 04.04.100H requires that the designated staff ensure the proper completion of the gate manifests, including various signatures.

- b. The gate officers did not properly maintain their copy of 47 (28.5%) gate manifests. Specifically, we noted 11 (6.7%) gate manifests with original and carbon copies fully intact and 36 gate manifests that contained the receiver's signature on the gate officer's 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.

MBP operating procedure 04.04.100H requires that the gate officers 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.

MBP staff indicated that they had not properly followed procedures to complete and distribute all gate manifests.

RECOMMENDATION

We recommend that MBP properly complete and distribute all gate manifests.

* See glossary at end of report for definition.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

MBP agrees with the finding and has complied by clarifying its operating procedure and providing additional training to staff who regularly work with and process gate manifests. MBP requires staff to submit completed gate manifests to the 10 - 6 shift commander who is responsible to inspect and review the gate manifests for compliance with policy and procedure. The shift commander is closely monitoring the deficiencies identified by the auditors. MBP now also distributes gate manifests in increments of 100 to three separate areas to ensure consistency and provide for a sequential numbering process that can be easily monitored.

MBP also added an inspector position to the facility whose core responsibilities include monitoring, evaluating, and critiquing the gate manifest process. MBP will also conduct a formal quarterly follow-up review of this area to ensure compliance.

FINDING

3. Metal Detector

MBP did not ensure that all staff walked through the metal detector or were subjected to a hand-held screening device before entering the level V secure perimeter. As a result, MBP may not have detected potentially dangerous metal objects or contraband on individuals entering the prison.

MBP operating procedure 04.04.100X requires that all foot traffic must submit to the use of a hand-held screening device or a walk-through device. MBP has four walk-through metal detectors located at the entrances to the level V secure perimeter, the level I prison area, the Michigan State Industries area, and the central kitchen. These metal detectors are one of the primary mechanisms used by MBP to identify and prevent contraband from entering the prison.

We observed video footage of MBP staff entering through the front entrance of the level V secure perimeter for one shift change each on August 15, 18, 21, and 25, 2014. We noted that 6 (5.4%) of the 112 staff members, who entered the level V secure perimeter during the four shift changes, did not walk through the metal detector and were not subjected to a hand-held screening device.

RECOMMENDATION

We recommend that MBP ensure that all staff walk through the metal detector to enter the level V secure perimeter.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

MBP agrees and complied by clarifying its operating procedure to require staff to clear the metal detector. MBP also instructed arsenal and big gate staff to ensure compliance. MBP will address noncompliance through formal corrective action and will conduct a formal quarterly follow-up review of this area.

FINDING

4. Key Control

MBP needs to improve its controls over keys and padlocks. Proper controls would help ensure that all keys and padlocks are secured and accounted for and that any lost or missing keys and padlocks are detected and recovered in a timely manner.

DOC policy directive 04.04.125 requires that MBP ensure that an up-to-date inventory of all facility keys, key blanks, store pre-cut keys, and padlocks is maintained and that these items are physically inventoried at least annually. The policy directive also requires that padlocks not be relocated or reassigned without prior approval of the key control officer.

Our review of keys, padlocks, and the related controls on August 6, 2014 and September 18, 2014 disclosed that MBP did not maintain an up-to-date inventory of keys and padlocks. Our review of the master padlock inventory identified discrepancies with 7 (58.3%) of the 12 padlocks selected, and our review of the master key inventory identified discrepancies with 3 (25.0%) of the 12 key rings selected. Specifically, we noted:

- a. MBP could not locate 4 (33.3%) of the 12 padlocks.
- b. The location of 3 (25.0%) of the 12 padlocks did not match the location identified on the master padlock inventory. All 3 padlocks were in use in other areas of the prison.

- c. The location of 2 (16.7%) of the 12 key rings did not match the location identified on the master key inventory. Both key rings were in use in other areas of the prison.
- d. One (8.3%) of the 12 key rings identified on the master key inventory had previously been destroyed.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

MBP agrees and has taken steps to comply. MBP had recently installed a new KeyWatcher system which required extensive changes and movement of keys. During the changeover, all information was not properly recorded or deleted. The locksmith has completed an inventory of all key rings in the KeyWatcher key boxes and corrected all discrepancies. MBP is also establishing a new inventory system to identify the specific areas where padlocks are utilized. The locksmith completed an inventory of all padlocks and is correcting any discrepancies. MBP will also conduct a formal quarterly follow-up review of these areas to ensure compliance.

FINDING

5. Food Service Sanitation Inspections

DOC did not ensure that its food service vendor properly completed and retained the required daily and weekly food service sanitation inspection reports to help prevent staff and prisoner exposure to food-borne illnesses caused by unsanitary conditions.

DOC's food service contract states that the vendor must maintain all required inspection reports. DOC policy directive 04.07.103 (U)(V) requires that self-inspections of all food service areas shall be conducted on each shift on a daily and weekly basis. MBP operating procedure 04.07.103 requires that staff record the appropriate dish machine, refrigeration, and freezer temperatures to ensure compliance with public health requirements.

We reviewed MBP's documentation for the 74 daily food service inspections of the level I kitchen for the periods April 1, 2014 through April 30, 2014 and June 1, 2014 through June 7, 2014 and for the 28 daily food service inspections of the level V kitchen for the periods April 1, 2014 through April 7, 2014 and June 1, 2014 through June 7, 2014. We also reviewed the reports for the 24 weekly food service inspections of the level I and level V kitchens for March, April, and June 2014. Our review disclosed:

- a. The vendor did not document that it completed 38 (51.4%) of 74 daily food service inspections for the level I kitchen.
- b. The vendor did not document that it completed 2 (16.7%) of 12 weekly food service inspections for the level I kitchen.
- c. The vendor did not ensure that its food service director signed the food service inspection reports for 38 (59.4%) of the remaining 64 daily food service inspections for the level I and level V kitchens to verify that the inspections were properly completed.
- d. The vendor did not document the time and temperature of the dish machine and coolers on 29 (45.3%) of remaining 64 daily food service inspections for the level I and level V kitchens.

In April 2014, DOC's contract monitor began conducting on-site inspections of MBP's food service sanitation conditions, food storage and handling procedures, and food service inspection forms completed by the food service vendor.

RECOMMENDATION

We recommend that DOC ensure that its food service vendor properly complete and retain the required daily and weekly food service sanitation inspection reports.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

DOC agrees and has complied. The vendor began food service operations in December 2013 and DOC provided technical assistance and support during the transition. In January 2014, DOC began its compliance monitoring efforts which it formalized and made more comprehensive in the following months. Since

April 2014, DOC has been conducting bi-weekly inspections using a comprehensive monitoring tool and has worked with the vendor to achieve necessary corrective action.

The vendor has also implemented a management tool entitled the "Red Book" that contains all daily and weekly food service inspection reports. Vendor management is responsible to review the Red Book to ensure compliance. Training of vendor staff has also occurred and will continue on a routine basis.

GLOSSARY

Glossary of Abbreviations 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.
DOC	Department of Corrections.
ERT	Emergency Response Team.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
internal control	The plan, policies, methods, and procedures adopted by management to meet its mission, goals, and objectives. Internal control includes the processes for planning, organizing, directing, and controlling program operations. It also includes the systems for measuring, reporting, and monitoring program performance. Internal control serves as a defense in safeguarding assets and in preventing and detecting errors; fraud; violations of laws, regulations, and provisions of contracts and grant agreements; or abuse.
level I	A security classification assigned to a facility or a prisoner. The facilities house prisoners who have met certain criteria and whose behavior has shown that they can be safely housed there. This is the lowest custody level supervised by the Correctional Facilities Administration.

level V	A security classification assigned to a facility or a prisoner. The facilities have a high level of institutional security for prisoners who have a high security and management risk. Often, these prisoners show little or no institutional adjustment and are a high or very high assault risk. They may have attempted escapes during their supervision in State or local correctional facilities.
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and 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.
MBP	Marquette Branch Prison.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are

inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.

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.

