

PERFORMANCE AUDIT  
OF THE

COLDWATER CORRECTIONAL FACILITIES:  
FLORENCE CRANE WOMEN'S FACILITY  
AND  
LAKELAND CORRECTIONAL FACILITY

DEPARTMENT OF CORRECTIONS

December 1997

## EXECUTIVE DIGEST

# COLDWATER CORRECTIONAL FACILITIES

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### INTRODUCTION

This report, issued in December 1997, contains the results of our performance audit\* of the Coldwater Correctional Facilities (CCF), Department of Corrections (DOC).

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### AUDIT PURPOSE

This performance audit was conducted as part of the constitutional responsibility of the Office of the Auditor General. Performance audits are conducted on a priority basis related to the potential for improving effectiveness\* and efficiency\*.

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### BACKGROUND

CCF includes the Florence Crane Women's Facility (FCWF) and the Lakeland Correctional Facility (LCF). These facilities are under the jurisdiction of DOC and are physically separate with a warden as the chief administrative officer for each facility. The DOC director appoints the wardens, who are classified under the State civil service system.

The two facilities have one administrative officer for the areas of administrative services, personnel, physical plant, food service, fire safety, and waste program.

The mission\* of the facilities is to protect society by providing a safe, secure, and humane environment for staff and prisoners. FCWF, opened in April 1985, is a

\* See glossary on page 31 for definition.

level II medium security\* facility for females and has a capacity of 460 prisoners. LCF, opened in December 1985, has a capacity of 480 level I minimum security\* and 720 level II medium security male prisoners.

FCWF had appropriations of approximately \$14.0 million for fiscal year 1996-97 and, as of March 31, 1997, had 207 employees. LCF had appropriations of approximately \$20.5 million for fiscal year 1996-97 and, as of March 31, 1997, had 309 employees.

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**AUDIT OBJECTIVES,  
CONCLUSIONS, AND  
NOTEWORTHY  
ACCOMPLISHMENTS**

**Audit Objective:** To assess the effectiveness of CCF's safety and security operations.

**Conclusion:** We concluded that CCF was generally effective in its safety and security operations. However, we noted reportable conditions\* related to prisoner searches, tool inventory records, firearms inventory, gate manifests\*, the self-contained breathing apparatus (SCBA) squad, and fire safety inspections (Findings 1 through 6).

**Audit Objective:** To assess the effectiveness and efficiency of selected CCF operations.

**Conclusion:** We concluded that selected CCF operations were generally effective and efficient. However, we noted reportable conditions related to prisoner reimbursement costs, warehouse inventory, emergency power supply, preventive maintenance, medical clearance for food service workers, prisoner store inventory, and the community liaison committee (Findings 7 through 13).

\* See glossary on page 31 for definition.

**Noteworthy Accomplishments:** Both FCWF and LCF have been accredited by the Commission on Accreditation for Corrections of the American Correctional Association.

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**AUDIT SCOPE AND  
METHODOLOGY**

Our audit scope was to examine the program and other records of the Coldwater Correctional Facilities. 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 methodology included testing of records for the period October 1, 1994 through March 31, 1997. Our methodology also included a preliminary survey of CCF operations. This included discussions with various CCF personnel regarding their functions and responsibilities; tests of program records; and a review of directives, policies and procedures, reports, and other reference materials to gain an understanding of facility activities. We conducted tests of records related to safety and security, prisoner care, and preventive maintenance activities for compliance with applicable policies and procedures and overall program effectiveness and efficiency.

In addition, we developed a survey (see supplemental information) requesting input from certain individuals and businesses regarding their association with the facilities.

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**AGENCY RESPONSES  
AND PRIOR AUDIT  
FOLLOW-UP**

Our report contains 13 findings and 14 recommendations. CCF indicated that it has either complied with or has taken steps to comply with all the recommendations.

CCF had complied with all 28 prior audit recommendations relating to both FCWF and LCF.

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Mr. Kenneth L. McGinnis, Director  
Department of Corrections  
Grandview Plaza  
Lansing, Michigan

Dear Mr. McGinnis:

This is our report on the performance audit of the Coldwater Correctional Facilities, Department of Corrections.

This report contains our executive digest; description of agency; audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; description of survey and summary of survey responses, presented as supplemental information; 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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## Description of Agency

The Coldwater Correctional Facilities (CCF) include the Florence Crane Women's Facility (FCWF) and the Lakeland Correctional Facility (LCF). These facilities are under the jurisdiction of the Department of Corrections (DOC) and are physically separate with a warden as the chief administrative officer for each facility. The DOC director appoints the wardens, who are classified under the State civil service system.

The two facilities have one administrative officer for the areas of administrative services, personnel, physical plant, food service, fire safety, and waste program.

The mission of the facilities is to protect society by providing a safe, secure, and humane environment for staff and prisoners. FCWF, opened in April 1985, is a level II medium security facility for females and has a capacity of 460 prisoners. LCF, opened in December 1985, has a capacity of 480 level I minimum security and 720 level II medium security male prisoners.

CCF consists of buildings formerly operated by the Department of Mental Health. Both facilities offer a variety of educational opportunities, including Adult Basic Education, Special Education, and general educational development preparation and testing. There are vocational programs in building trades, business education, data processing, food technology, graphic arts, and horticulture. FCWF also offers college programs for prisoners.

FCWF had appropriations of approximately \$14.0 million for fiscal year 1996-97 and, as of March 31, 1997, had 207 employees. LCF had appropriations of approximately \$20.5 million for fiscal year 1996-97 and, as of March 31, 1997, had 309 employees.

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

### Audit Objectives

Our performance audit of the Coldwater Correctional Facilities (CCF), Department of Corrections (DOC), had the following objectives:

1. To assess the effectiveness of CCF's safety and security operations.
2. To assess the effectiveness and efficiency of selected CCF operations.

### Audit Scope

Our audit scope was to examine the program and other records of the Coldwater Correctional Facilities. 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.

### Audit Methodology

Our audit procedures were performed between March and July 1997 and included testing of records for the period October 1, 1994 through March 31, 1997. To establish our audit objectives, we conducted a preliminary survey of CCF operations. This included discussions with various CCF personnel regarding their functions and responsibilities; tests of program records; and a review of directives, policies and procedures, reports, and other reference materials to gain an understanding of facility activities.

To assess the effectiveness of CCF's safety and security operations, we conducted tests of records related to perimeter security, firearms inventories, employee firearm qualifications, and searches of employees. Also, we examined records related to prisoner shakedowns and cell searches. On a test basis, we inventoried critical and dangerous tools and reviewed fire safety inspections.

To assess the effectiveness and efficiency of selected CCF operations, we conducted tests of records related to inventory controls, emergency electrical backup tests,

prisoner care, and preventive maintenance activities. We tested food service records and procedures related to Statewide menus, production, quality evaluations, employee meals, prisoner medical clearance, and cost data. In addition, we analyzed prisoner store financial information and inventory controls and reviewed prisoner account transaction activity for potential reimbursement of prisoner cost of care.

In addition, we developed a survey (see supplemental information) requesting input from certain individuals and businesses regarding their association with the facilities.

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

Our report contains 13 findings and 14 recommendations. CCF indicated that it has either complied with or has taken steps to comply with all the recommendations.

The agency preliminary response which 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 Department of Management and Budget Administrative Guide procedure 1280.02 require DOC to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

CCF had complied with all 28 prior audit recommendations relating to both FCWF and LCF.

# COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

## SAFETY AND SECURITY OPERATIONS

### COMMENT

**Background:** The Coldwater Correctional Facilities (CCF) operate under the policy directives established by the Department of Corrections (DOC) as well as Florence Crane Women's Facility (FCWF) and Lakeland Correctional Facility (LCF) operating procedures, which are developed internally at each facility. CCF is responsible for providing a safe, secure, and humane environment for staff and prisoners. The security perimeter is protected by electronically monitored chain link fences and is patrolled by alert response vehicles. Procedures have been implemented to ensure the security of keys, tools, and firearms. CCF staff conduct periodic searches of prisoners, their cells, and their belongings to detect contraband\* . All visitors must go through a metal detector when entering the facilities and are subject to a search. Employees are also randomly searched when entering and exiting the facilities.

**Audit Objective:** To assess the effectiveness of CCF's safety and security operations.

**Conclusion:** We concluded that CCF was generally effective in its safety and security operations. However, we noted reportable conditions related to prisoner searches, tool inventory records, firearms inventory, gate manifests, the self-contained breathing apparatus (SCBA) squad, and fire safety inspections.

### FINDING

#### 1. Prisoner Searches

CCF did not perform prisoner searches and did not maintain documentation to support that all prisoners were searched as required.

Facility procedures require that each non-housing custody officer\* with prisoner contact perform five prisoner shakedowns\* per day. Housing unit officers\* are

\* See glossary on page 31 for definition.

required to perform a minimum of three cell searches\* per day. In addition, one pack-up\* of prisoner belongings is to be completed per shift per housing officer each day.

These searches are necessary to ensure that all contraband is detected and confiscated to provide for the safety and security of staff and other prisoners.

We conducted a review of FCWF and LCF search practices for a five-month and three-month period, respectively. FCWF and LCF could not provide documentation to support that the prisoner shakedowns were performed by the non-housing custody officers as recorded in the monthly reports.

FCWF housing unit officers did not complete the required number of cell searches and cell pack-ups for the housing units for the months of October 1996 through February 1997. We determined that, on the average, only 69% of the cell searches required by CCF procedures were performed. In addition, only 94% of the cell pack-ups required by CCF procedures were performed.

LCF housing unit officers did not complete the required number of cell searches in 3 of 5 housing units for the month of November 1996 and in 5 of 5 housing units in the months of January and February 1997. The percentage of the required cell searches that were completed ranged from 58% to 136% for November and from 59% to 98% for the months of January and February.

Without the required searches of prisoners and their belongings, FCWF and LCF management lack a high level of assurance that contraband is detected to help ensure the safety and security of staff and prisoners.

### **RECOMMENDATION**

We recommend that CCF perform prisoner searches and maintain documentation to support that all prisoners were searched as required.

\* See glossary on page 31 for definition.

## **AGENCY PRELIMINARY RESPONSE**

FCWF agrees and has complied. FCWF had identified the need for improved compliance prior to the start of the audit through DOC's self audit process. LCF agrees and has complied by developing forms which supervisory staff will monitor to ensure compliance.

## **FINDING**

### **2. Tool Inventory Records**

CCF did not effectively monitor its inventory of critical and dangerous tools used by staff and prisoners.

DOC policy and facility procedures require that work area supervisors complete and submit weekly tool inventories and that tool control officers complete monthly tool inventories and review, update, and reissue the master tool inventory list annually.

Our review of critical and dangerous tool inventory records disclosed:

- a. LCF weekly tool inventories were not always submitted to the tool control officer. We noted that at least 8 of 47 tool service areas did not submit all weekly tool inventories for the months of January through March 1997.
- b. Several discrepancies existed between master inventory lists and inventories on-hand:
  - (1) One FCWF housing unit was missing the documentation for the location of a hot stove, and the master inventory incorrectly listed thirty 25-pound weights and fifteen 10-pound weights.
  - (2) The FCWF cosmetology unit was missing the documentation for the location of one curling iron and had one blow dryer and one set of clippers incorrectly listed on the master inventory.
  - (3) One LCF housing unit was missing a snow shovel and a pair of toenail clippers. Another LCF housing unit was missing a pair of toenail clippers

and had three electric irons in addition to the ones listed on the master inventory.

- (4) The LCF control center\* was missing four pairs of officer pants and two belts.
- (5) The LCF greenhouse had a nozzle sprayer and a spade shovel that were not listed on the master inventory.
- (6) LCF food service was missing two spatulas and five spoons and had an egg whip, two plastic spoons, a plastic ladle, and a dough cutter that were not listed on the master inventory.

Because of these tool control weaknesses, CCF did not have assurance that all critical and dangerous tools were adequately accounted for. Without this assurance, the safety and security of staff and prisoners is jeopardized.

### **RECOMMENDATION**

We recommend that CCF effectively monitor its inventory of critical and dangerous tools used by staff and prisoners.

### **AGENCY PRELIMINARY RESPONSE**

CCF agrees and has complied by updating the inventory records to show the actual location or disposition of the tools.

### **FINDING**

#### **3. Firearms Inventory**

CCF did not provide a proper separation of duties for its firearms inventory control program.

\* See glossary on page 31 for definition.

To maintain effective control over these critical items, management should assign inventory recordkeeping and monitoring responsibilities to an employee who is independent from the ordering, receiving, and disposing of firearms.

The master inventory records are maintained and monitored by the individuals responsible for firearms. The master inventories should be maintained and annual monitoring should be performed by someone independent of the custodial function to ensure that new purchases and disposals are properly accounted for.

Without proper separation of duties, transactions deleting firearms may be recorded on the master inventory records without proper authorization or detection. Thus, management does not have assurance that all critical items are properly accounted for. Unaccounted for firearms could jeopardize the safety and security of staff and prisoners.

### **RECOMMENDATION**

We recommend that CCF provide a proper separation of duties for its firearms inventory control program.

### **AGENCY PRELIMINARY RESPONSE**

CCF agrees and has complied by assigning Business Office staff to participate in inventory control of firearms.

### **FINDING**

#### **4. Gate Manifests**

CCF did not effectively monitor gate manifests to ensure that the movement of critical and dangerous items into and out of the facilities was properly controlled.

Facility procedures require gate manifests to include a complete description of items transported with an authorized approval. The procedures also require that the front gate officer inspect and verify items returned through the gate.

Our review of 20 and 32 gate manifests for FCWF and LCF, respectively, for the month of February 1997 disclosed:

- a. FCWF and LCF had 3 and 5 manifests, respectively, that included items to be returned through the gates; however, documentation did not exist to support that the items were removed from the facility.
- b. Manifests were not always complete or properly approved. FCWF had 3 manifests which lacked approval and 1 additional manifest which did not have the signature of the person taking the items into the facility. LCF had 1 manifest which did not contain the front gate officer's signature and 3 manifests which did not indicate whether the items going in would be returned through the gate.
- c. FCWF did not have a numbering system for the manifests which would ensure that all manifests were returned to the front gate officer. Without a numbering system, the facility could not account for all manifests and could not verify that all items were removed from the facility as required.

Failure to follow procedures could result in critical and dangerous items being left inside the facilities.

### **RECOMMENDATION**

We recommend that CCF effectively monitor gate manifests to ensure that the movement of critical and dangerous items into and out of the facilities is properly controlled.

### **AGENCY PRELIMINARY RESPONSE**

CCF agrees and has complied by increasing monitoring of gate manifests.

### **FINDING**

#### **5. SCBA Squad**

CCF did not ensure that all custody officers were qualified in the use of the self-contained breathing apparatus (SCBA) prior to assigning them to the SCBA squad. FCWF did not assign the minimum number of persons to the SCBA squad.

Facility procedures require that all employees using the SCBA equipment in the performance of their duties be qualified prior to the assignment to that duty. This equipment is used by staff for respiratory protection when they must assist with the evacuation of prisoners from a smoke-contaminated area. In addition, the procedures require that 5 staff persons per shift be assigned to the squad.

We reviewed the SCBA qualification records of the officers assigned for all shifts for a four-day period. Of FCWF's 29 assignments to the SCBA squad, 7 (24%) officers were not qualified in the use of the SCBA equipment. Of LCF's 60 assignments to the SCBA squad, 7 (12%) officers were not qualified in the use of the SCBA equipment.

For 9 (75%) of 12 squads reviewed, FCWF assigned from 0 to 3 persons to the squad rather than the minimum of 5 persons to a squad.

Because CCF did not always assign the minimum number of staff qualified in the use of the SCBA equipment to the SCBA squads, CCF did not have assurance that adequate safety precautions existed in the event of a prison disturbance or fire.

### **RECOMMENDATIONS**

We recommend that CCF assign only custody officers who are qualified in the use of SCBA equipment to the SCBA squads.

We also recommend that FCWF assign the minimum number of persons to the SCBA squad.

### **AGENCY PRELIMINARY RESPONSE**

CCF agrees and will comply.

### **FINDING**

#### **6. Fire Safety Inspections**

LCF fire safety staff did not perform the required weekly fire safety inspections.

LCF operating procedure 52.06 requires that fire safety staff shall conduct weekly inspections of assigned areas to ensure compliance with the fire safety standards. Operating procedure 52.54 specifically addresses the requirement of the weekly inspection of portable fire extinguishers.

Our test of records disclosed that the housing units did not document that the portable fire extinguishers were inspected on a weekly basis as required by policy. Also, we noted that the cabinet containing corrosive materials was not locked and there was an obstruction blocking both the fire exit and fire extinguisher in one housing unit.

A review of the weekly fire inspection checklist for February 1997 disclosed that 3 of 46 service areas did not submit all of the weekly inspections required for that month.

Noncompliance with the fire safety inspections and standards may result in obstructed exits or fire extinguishers and equipment not operating properly when an emergency arises, resulting in the loss of lives and personal property.

### **RECOMMENDATION**

We recommend that LCF fire safety staff perform the required weekly fire safety inspections.

### **AGENCY PRELIMINARY RESPONSE**

LCF agrees and will comply.

## **SELECTED FACILITY OPERATIONS**

### **COMMENT**

**Background:** CCF is responsible for providing a safe, secure, and humane environment for staff and prisoners. CCF has developed procedures for its operations involving preventive maintenance programs, sanitation and housekeeping inspections, warehouse operations, food service activities, power plant operations, prisoner accounting, and prisoner store operations.

**Audit Objective:** To assess the effectiveness and efficiency of selected CCF operations.

**Conclusion:** We concluded that selected CCF operations were generally effective and efficient. However, we noted reportable conditions related to prisoner reimbursement costs, warehouse inventory, emergency power supply, preventive maintenance, medical clearance for food service workers, prisoner store inventory, and the community liaison committee.

**Noteworthy Accomplishments:** Both FCWF and LCF have been accredited by the Commission on Accreditation for Corrections of the American Correctional Association.

## **FINDING**

### **7. Prisoner Reimbursement Costs**

DOC had not established procedures to effectively monitor prisoner financial transaction activity for potential reimbursement of prisoner cost of care.

Act 282, P. A. 1984, allows for the State to secure, through the Department of Attorney General, prisoner assets to reimburse the State for expenses incurred for the cost of care of certain prisoners in State correctional facilities.

"Prisoner assets" are identified as including income from workers' compensation, veterans' compensation, pension benefits, previously earned salary or wages, bonuses, annuities, retirement benefits, or any other source.

Prisoner assets do not include the homestead of a prisoner up to \$50,000 in value, money received from the State as settlement of a claim against DOC, money received from the State as a result of a civil action in which DOC was a named defendant and found to be liable, or money saved from wages and bonuses paid while confined to a State correctional facility.

Act 282, P. A. 1984, also requires DOC to obtain information from all prisoners regarding their assets. Prisoners complete a financial status report at the Reception and Guidance Center which identifies amounts being received at the time of commitment. Facilities review prisoner files for any changes. This information is forwarded to the Department of Attorney General.

LCF has an older population of prisoners with the State's only geriatric ward, housing approximately 80 older prisoners. Our review of prisoner account balances, transaction activity, and prisoner files disclosed that there were prisoners who were receiving money from outside sources on a regular basis.

A review of files for 30 prisoners disclosed that, upon commitment, 17 prisoners had monthly income from pension or retirement benefits, workers' compensation, or veterans' compensation. At the time of our audit, 3 of these prisoners were reimbursing the State through the Department of Attorney General for their cost of care and 2 others had been identified by LCF as potential candidates for reimbursement. Of the remaining 12 prisoner's files, we noted that upon commitment 6 prisoners identified amounts received for pension benefits or veterans' compensation on their financial status report and 6 did not identify amounts for pension benefits. Of the 6 not reporting any pension benefits, there was no documentation that the files had been reviewed for potential reimbursement for cost of care. We noted 2 prisoners who were receiving monthly income at LCF from pension benefits.

### **RECOMMENDATION**

We recommend that DOC establish procedures to effectively monitor prisoner financial transaction activity for potential reimbursement of prisoner cost of care.

### **AGENCY PRELIMINARY RESPONSE**

DOC agrees and will comply by reviewing its procedures to ensure that monitoring and reporting of prisoner financial transaction activity are documented.

### **FINDING**

#### **8. Warehouse Inventory**

CCF did not maintain an effective inventory control program for its supplies and materials.

Department of Management and Budget Administrative Guide procedure 1270.04 states that agencies must establish and maintain a supplies and materials inventory control program that includes annual physical inventory counts.

Our review of the supplies and materials inventory controls in place at CCF disclosed that annual physical inventory counts were not always conducted. FCWF conducted a full inventory count for fiscal year ended September 30, 1996, but only a partial inventory for fiscal year ended September 30, 1995. A full inventory count was not conducted at LCF for the fiscal year ended September 30, 1996.

Periodic physical inventory counts provide a means for assessing the effectiveness of the overall inventory control program and identifying shortages or overages.

### **RECOMMENDATION**

We recommend that CCF maintain an effective inventory control program for its supplies and materials.

### **AGENCY PRELIMINARY RESPONSE**

CCF agrees and will comply by ensuring that a full yearly inventory count is performed.

### **FINDING**

#### 9. **Emergency Power Supply**

LCF lacked effective controls and procedures to ensure that the emergency power supply for the newly constructed level I minimum security facility was periodically tested to ensure proper operation.

DOC policy requires weekly testing of emergency generators and at least one load test per month to ensure that emergency power will be available in the event of a power outage. The policy further requires that records be maintained documenting the test results.

Our review of records related to the testing of the LCF level I facility's emergency power generator disclosed that documentation was not available to support the testing of the generator. LCF maintenance staff informed us that this generator has established testing times programmed, and tests are run automatically. However, because logs were not maintained to document the test results, we could not determine the frequency or test results of the emergency generator for the period after installation in October 1996 through April 1997.

## **RECOMMENDATION**

We recommend that LCF establish effective controls and procedures to ensure that the emergency power supply for the level I facility is periodically tested to ensure proper operation.

## **AGENCY PRELIMINARY RESPONSE**

LCF agrees and has maintained documentation of the test results since April 1997 when LCF staff were trained and the generator was turned over to LCF by the contractor.

## **FINDING**

### **10. Preventive Maintenance**

FCWF did not maintain documentation to demonstrate that preventive maintenance inspections and repairs were conducted on a timely basis.

FCWF operating procedures establish schedules for inspecting the facility's equipment and also for conducting various inspections and tests of the facility's mechanical, electrical, security, and plumbing systems.

Our review of compliance with the procedures for fiscal years 1994-95 and 1995-96 disclosed that no documentation was available to demonstrate that required inspections were conducted. FCWF maintenance staff informed us that their participation in ongoing remodeling projects within the facility reduced the time available for preventive maintenance activities.

Adequately documenting preventive maintenance activities provides assurance that necessary inspections and repairs are conducted on a timely basis. Preventive maintenance logs also provide a means for determining when future inspections should be conducted.

## **RECOMMENDATION**

We recommend that FCWF maintain documentation to demonstrate that preventive maintenance inspections and repairs are conducted on a timely basis.

## **AGENCY PRELIMINARY RESPONSE**

FCWF agrees and will comply.

## **FINDING**

### 11. **Medical Clearance for Food Service Workers**

CCF did not ensure that all prisoners were medically cleared prior to placement in the food service program.

DOC policy requires that, prior to placing prisoners' names on the food service worker pool list, the Bureau of Health Care Services must review the prisoners' health records to ensure that they are medically cleared to work in food service. The Bureau issues a notification when prisoners are medically cleared.

Our review of medical clearance documentation for a sample of prisoner food service workers from FCWF and LCF disclosed:

- a. At FCWF, 1 (5%) of 20 prisoners had not received medical clearance prior to placement into a food service position.
- b. At LCF, 5 (25%) of 20 prisoners who were placed in food service positions prior to October 1996 had not received medical clearance prior to placement.

All of the prisoners discussed in items a. and b. were eventually determined to be medically fit to work in food service positions. However, without proper medical clearance prior to placement, CCF cannot be assured of the safety of staff or other prisoners.

## **RECOMMENDATION**

We recommend that CCF ensure that all prisoners are medically cleared prior to placement in the food service program.

## **AGENCY PRELIMINARY RESPONSE**

FCWF agrees and will comply. LCF agrees and had identified and corrected this finding prior to the start of the audit.

## **FINDING**

### **12. Prisoner Store Inventory**

CCF did not maintain an adequate prisoner store inventory control program.

DOC policy requires periodic physical inventories of prisoner store merchandise as well as verification of selected inventory items on a test basis by business office personnel.

Our review of FCWF prisoner store inventory records disclosed that the count sheets used by store employees to record physical inventory results included the balances recorded on the inventory system. To ensure that physical inventories provide an independent verification of recorded balances, the inventory system balances should be excluded from the count sheets.

Our review also disclosed that the business office inventory verifications for both facilities were not documented and the results of the inventory could not be determined.

## **RECOMMENDATION**

We recommend that CCF maintain an adequate prisoner store inventory control program.

## **AGENCY PRELIMINARY RESPONSE**

CCF agrees and will comply.

## **FINDING**

### **13. Community Liaison Committee**

The CCF Community Liaison Committee had not met on a regular basis as required.

DOC policy states that the Community Liaison Committee should meet as needed on a regular basis at the discretion of the community representatives, but at least quarterly.

The Committee was established to provide a system of communication between the correctional facilities and the local community for relaying DOC goals and policies, receiving and responding to community concerns and ideas, and disseminating and gathering useful information.

Our review of Community Liaison Committee minutes disclosed that during calendar year 1996 the Committee met one time, in August of 1996, and did not meet again until June 1997.

In response to our survey of certain individuals and businesses, one of the concerns mentioned involved the lack of communication between the correctional facilities and the local community. Facility programs can be adversely affected by a lack of public understanding and support.

#### **RECOMMENDATION**

We recommend that the CCF Community Liaison Committee meet on a regular basis.

#### **AGENCY PRELIMINARY RESPONSE**

CCF agrees. The Community Liaison Committee requested that quarterly meetings be abolished because of their schedules and instead be held at the call of the Chair or local institution head. CCF will take steps to ensure that quarterly meetings are held.

## SUPPLEMENTAL INFORMATION

## Description of Survey

We developed a survey requesting input from certain individuals and businesses regarding their association with the Coldwater Correctional Facilities.

We mailed this survey to 50 individuals and businesses and received 18 responses. A review of the responses indicated that most respondents were highly satisfied with the facility administration. There were some concerns identified involving communication between the facilities and the community. The respondents requested improvements in the area of notifying the community of any problems or emergency situations. We provided a summary of this information to each facility warden.

**COLDWATER CORRECTIONAL FACILITIES**

**Florence Crane Women's Facility and Lakeland Correctional Facility**

**Department of Corrections**

**Summary of Survey Responses**

Copies of Survey Distributed 50  
Number of Responses 18  
Response Rate 36%

1. How would you rate your satisfaction with the frequency of contacts between you or your organization and the Coldwater Correctional Facilities (Florence Crane and Lakeland)?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
9	5	1	0	3

2. How satisfied are you with how management of the Coldwater Correctional Facilities has addressed your individual concerns?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
12	3	0	0	3

3. How satisfied are you with the timeliness in which your individual concerns are addressed by the Coldwater Correctional Facilities?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
10	4	0	0	4

4. How satisfied are you with the Coldwater Correctional Facilities' process to notify the community of any problems or emergency situations related to the facilities?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
5	3	3	0	7

5. Do you have any specific safety or security concerns that have not been addressed by Coldwater Correctional Facilities' personnel?

<u>Yes</u>	<u>No</u>
1	17

6. If you have visited the Coldwater Correctional Facilities, were you satisfied with the security provided to you while at the facilities?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
13	2	0	0	3

7. Overall, how satisfied are you with the extent of communication between the Coldwater Correctional Facilities and the community?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
7	7	2	0	2

## Glossary of Acronyms and Terms

<b>bubble</b>	Central point of entry into and exit from the facility.
<b>CCF</b>	Coldwater Correctional Facilities.
<b>cell search</b>	The act of going through a prisoner's cell and belongings looking for contraband.
<b>contraband</b>	Property which is not allowed on facility property or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property which they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property which has been altered without permission.
<b>control center</b>	Central area of communication for the facility. The control center has contact with all officers by radio and loudspeaker.
<b>custody officer</b>	Corrections officers who do not work in the housing units. These officers work in the prison yard, bubble, control center, information desk, or visiting room.
<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 for the amount of resources applied or minimizing the amount of resources required to attain a certain level of outputs or outcomes.
<b>FCWF</b>	Florence Crane Women's Facility.

<b>gate manifest</b>	A record used to track tools, supplies, and materials entering and leaving the facility through the front gate and sallyport.
<b>housing unit officers</b>	Corrections officers who work in the housing units and perform the shakedowns, pack-ups, and cell searches.
<b>LCF</b>	Lakeland Correctional Facility.
<b>level I minimum security</b>	A classification of prisoners who can live in facilities with a minimal amount of security and are normally relatively near parole.
<b>level II medium security</b>	A classification of prisoners who generally have longer sentences than do minimum security prisoners, who need more supervision but are not likely to escape, or who are not difficult to manage.
<b>mission</b>	The agency's main purpose or the reason the agency was established.
<b>pack-up</b>	Procedure in which a corrections officer packs up all of a prisoner's belongings into a footlocker and duffel bag. Any belongings (food, clothing, etc.) that do not fit into these two items become contraband and are removed. This procedure is to keep prisoners from accumulating too many belongings. Legal documents are exempt from the pack-ups.
<b>performance audit</b>	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.
<b>reportable condition</b>	A matter coming to the auditor's attention that, in his/her judgment, should be communicated because it represents

either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.

**SCBA**

self-contained breathing apparatus.

**shakedown**

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