

PERFORMANCE AUDIT
OF THE

G. ROBERT COTTON CORRECTIONAL FACILITY
AND CAMP WATERLOO

DEPARTMENT OF CORRECTIONS

March 2000

EXECUTIVE DIGEST

G. ROBERT COTTON CORRECTIONAL FACILITY AND CAMP WATERLOO

INTRODUCTION

This report, issued in March 2000, contains the results of our performance audit* of the G. Robert Cotton Correctional Facility (GRCCF) and Camp Waterloo (CW), Department of Corrections (DOC).

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*.

BACKGROUND

GRCCF, located in Jackson County, and CW, located in Washtenaw County, are under the jurisdiction of DOC. The warden, who is the chief administrative officer for both facilities, is a classified State employee under the State's civil service system. The warden is appointed by the DOC director.

The mission of GRCCF and CW is to protect society by providing a safe, secure, and humane environment for staff and prisoners. GRCCF, which opened in December 1985, is a multi-level facility that houses minimum security (level I)* , low medium security (level II)*, high medium security (level III)*, and close custody security (level IV)*

* See glossary at end of report for definition.

male prisoners, with a capacity of 1,728 prisoners. Prisoners are housed in individual cells within a secured, fenced perimeter. CW, which was placed under the jurisdiction of GRCCF in September 1997, houses 150 minimum security (level I)* male prisoners within a fenced perimeter.

For fiscal year 1997-98, GRCCF and CW operating expenditures were approximately \$27.7 million and \$2.6 million, respectively. As of May 31, 1999, GRCCF and CW had 433 and 42 employees, respectively.

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

Audit Objective: To assess the effectiveness of GRCCF's and CW's safety and security operations.

Conclusion: We concluded that GRCCF's and CW's safety and security operations were generally effective in preventing escapes and protecting employees and prisoners from serious injury. However, we noted reportable conditions* related to gate manifests*, prisoner shakedowns* and cell searches, firearms recertification, tool control, and security monitoring exercises (Findings 1 through 5).

Noteworthy Accomplishments: In 1959, the Braille Program began at the State Prison of Southern Michigan, which at that time had four prisoners working for the Program learning Braille. In the years that followed, the Program grew and prisoner workers increased. Because of the rapid growth of the Program, it was restructured in 1972 through a three-way contract between the Jackson Intermediate School District (fiscal agent), DOC (landlord and labor pool), and the Lions Clubs International, Multiple

* See glossary at end of report for definition.

District 11-B-1 (financial sponsor). At that time, a full-time civilian director began administering the Program.

In 1983, a computerized Braille production section was added to the operation. In 1998, over 2 million pages of Braille text was produced. Textbooks were sent throughout the United States as well as to other countries, including the United Arab Emirates, Bermuda, and Canada. On April 14, 1999, the Michigan Braille Transcribing Fund donated to DOC a building valued at \$500,000 housing the Program. This 4,000 square foot building is located at GRCCF. The cost of the building, equipment, and furniture was paid for by money earned from the sale of Braille merchandise and without cost to taxpayers.

Audit Objective: To assess the effectiveness of GRCCF's and CW's prisoner care and maintenance operations.

Conclusion: We concluded that GRCCF's and CW's prisoner care and maintenance operations were generally effective. However, we noted reportable conditions related to emergency generator tests, physical plant inspections, and a written preventive maintenance plan (Findings 6 through 8).

**AUDIT SCOPE AND
METHODOLOGY**

Our audit scope was to examine the program and other records of the G. Robert Cotton Correctional Facility and Camp Waterloo. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

Our audit procedures included examination of GRCCF and CW records and activities principally for the period October 1997 through May 1999. Our audit methodology included a preliminary review of GRCCF and CW operations. This included discussions with various GRCCF and CW staff regarding their functions and responsibilities and a review of program records, DOC policy directives, and GRCCF and CW operating procedures. To gain an understanding of GRCCF and CW activities and to form a basis for selecting certain operations for audit, we conducted tests of records related to safety and security, prison operations, prisoner care, and maintenance activities for compliance with applicable policies and procedures and for program effectiveness and efficiency. In addition, we developed a survey (see supplemental information) requesting input from certain individuals and businesses regarding their association with GRCCF.

AGENCY RESPONSES

Our audit report includes 8 findings and 8 corresponding recommendations. GRCCF agrees with all of the findings and informed us that it either has complied or will comply with the recommendations.

Mr. Bill Martin, Director
Department of Corrections
Grandview Plaza
Lansing, Michigan

Dear Mr. Martin:

This is our report on the performance audit of the G. Robert Cotton Correctional Facility and Camp Waterloo, Department of Corrections.

This report contains our executive digest; description of agency; audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; a 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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AND CAMP WATERLOO
DEPARTMENT OF CORRECTIONS**

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Description of Agency

The G. Robert Cotton Correctional Facility (GRCCF), located in Jackson County, and Camp Waterloo (CW), located in Washtenaw County, are under the jurisdiction of the Department of Corrections (DOC). The warden, who is the chief administrative officer for both facilities, is a classified State employee under the State's civil service system. The warden is appointed by the DOC director.

The two facilities share the records office, personnel office, and training office. The deputy warden oversees custody (safety and security), housing, and prisoner programs. The administrative officer oversees the business office, physical plant, fire safety, warehouse, and food service operations.

The mission of GRCCF and CW is to protect society by providing a safe, secure, and humane environment for staff and prisoners. GRCCF, which opened in December 1985, is a multi-level facility that houses minimum security (level I), low medium security (level II), high medium security (level III), and close custody security (level IV) male prisoners, with a capacity of 1,728 prisoners. Prisoners are housed in individual cells within a secured, fenced perimeter that includes motion detection systems, two gun towers that are staffed 24 hours per day, and an alert response vehicle that constantly patrols the facility perimeter. CW, which was placed under the jurisdiction of GRCCF in September 1997, houses 150 minimum security (level I) male prisoners within a fenced perimeter.

For fiscal year 1997-98, GRCCF and CW operating expenditures were approximately \$27.7 million and \$2.6 million, respectively. As of May 31, 1999, GRCCF and CW had 433 and 42 employees, respectively.

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit of the G. Robert Cotton Correctional Facility (GRCCF) and Camp Waterloo (CW), Department of Corrections (DOC), had the following objectives:

1. To assess the effectiveness of GRCCF's and CW's safety and security operations.
2. To assess the effectiveness of GRCCF's and CW's prisoner care and maintenance operations.

Audit Scope

Our audit scope was to examine the program and other records of the G. Robert Cotton Correctional Facility and Camp Waterloo. 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 conducted during March through July 1999 and included examination of GRCCF and CW records and activities principally for the period October 1997 through May 1999.

To establish our audit objectives and to gain an understanding of GRCCF and CW activities, we conducted a preliminary review of GRCCF and CW operations. This included discussions with various GRCCF and CW staff regarding their functions and responsibilities and a review of program records, DOC policy directives, and GRCCF and CW operating procedures. To gain an understanding of GRCCF and CW activities and to form a basis for selecting certain operations for audit, we conducted tests of records related to safety and security, prison operations, prisoner care, and maintenance activities for compliance with applicable policies and procedures and for program effectiveness and efficiency.

To assess the effectiveness of GRCCF's and CW's safety and security operations, we conducted tests of records related to firearms inventories and employee firearms qualifications at GRCCF and CW. Also, we examined records related to prisoner shakedowns and cell searches and employee searches. On a test basis, we inventoried keys and critical and dangerous tools. In addition, we reviewed visitor safety searches, telephone monitoring systems, and documentation of items taken into and out of the facilities.

To assess the effectiveness of GRCCF and CW prisoner care and maintenance operations, we conducted tests of records and reviewed prisoner care and preventive maintenance disaster management, inventory controls, fire safety procedures, emergency back-up tests, food service operations, prisoner care, and cash receipts. Also, we analyzed prisoner store financial information and inventory controls.

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

Agency Responses

Our audit report includes 8 findings and 8 corresponding recommendations. GRCCF agrees with all of the findings and informed us that it either has complied or will comply with 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.

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY OPERATIONS

COMMENT

Background: G. Robert Cotton Correctional Facility (GRCCF) and Camp Waterloo (CW) operate under the policy directives established by the Department of Corrections (DOC) as well as operating procedures that are developed at each facility. GRCCF and CW are responsible for providing a safe, secure, and humane environment for staff and prisoners. GRCCF operates within a secured, electronically monitored, double-fenced perimeter that includes two gun towers that are staffed around the clock with perimeter patrols by an alert response vehicle. CW is a minimum security prison camp surrounded by a fence. DOC policy directives and local operating procedures have been implemented to help ensure the security of keys, tools, and firearms. GRCCF and CW staff conduct periodic searches of prisoners, housing units, and prisoner belongings to detect contraband* . All visitors must register when entering the facilities and are subject to search. DOC policy directives provide for periodic random searches of employees entering and exiting the facilities.

Audit Objective: To assess the effectiveness of GRCCF's and CW's safety and security operations.

Conclusion: We concluded that GRCCF's and CW's safety and security operations were generally effective in preventing escapes and protecting employees and prisoners from serious injury. However, we noted reportable conditions related to gate manifests, prisoner shakedowns and cell searches, firearms recertification, tool control, and security monitoring exercises.

Noteworthy Accomplishments: In 1959, the Braille Program began at the State Prison of Southern Michigan, which at that time had four prisoners working for the Program learning Braille. In the years that followed, the Program grew and prisoner

* See glossary at end of report for definition

workers increased. Because of the rapid growth of the Program, it was restructured in 1972 through a three-way contract between the Jackson Intermediate School District (fiscal agent), DOC (landlord and labor pool), and the Lions Clubs International, Multiple District 11-B-1 (financial sponsor). At that time, a full-time civilian director began administering the Program.

In 1983, a computerized Braille production section was added to the operation. In 1998, over 2 million pages of Braille text was produced. Textbooks were sent throughout the United States as well as to other countries, including the United Arab Emirates, Bermuda, and Canada. On April 14, 1999, the Michigan Braille Transcribing Fund donated to DOC a building valued at \$500,000 housing the Program. This 4,000 square foot building is located at GRCCF. The cost of the building, equipment, and furniture was paid for by money earned from the sale of Braille merchandise and without cost to taxpayers.

FINDING

1. Gate Manifests

GRCCF did not sufficiently document on gate manifests all movement of critical and dangerous items into and out of the facility.

GRCCF operating procedures require gate manifests to include a complete description of the transported items and an authorized approval. The procedures also require that the gate officer inspect the items and later verify that the items were returned through the gates.

Our review of 186 gate manifests for February 1999 disclosed that manifests were not always fully completed. We noted that 34 (18%) of the manifests were missing at least one item. Eighteen manifests were missing a staff signature verifying that the items were returned through the gates. Fifteen manifests did not contain the date the items were returned; 4 were not signed by the person who carried the items into the facility; 3 were not signed by the gate officer; 1 did not contain a description of the items going into the facility; and 1 did not identify where the items were being taken. As a result, GRCCF did not have complete documentation for inspections made by gate officers.

Failure to sufficiently document all movement of critical and dangerous items on gate manifests could result in critical and dangerous items being left inside the facility. Examples of items listed on the manifests with missing information included tools as defined by DOC policy, such as drills, telephones, ladders, grinders, cords, plungers, and torches. Omitting information from the manifests makes it difficult to determine if all items are appropriately accounted for within GRCCF.

RECOMMENDATION

We recommend that GRCCF sufficiently document on gate manifests all movement of critical and dangerous items into and out of the facility.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it has taken steps to comply by ensuring appropriate supervisory review of manifest forms to ensure that they are fully and accurately completed on a routine basis.

FINDING

2. Prisoner Shakedowns and Cell Searches

GRCCF did not ensure that GRCCF and CW custody officers* and housing unit officers* performed and documented the required number of prisoner shakedowns and cell searches.

DOC policy directive 04.04.110 requires each custody officer with prisoner contact to perform five prisoner shakedowns each day. Also, all housing unit officers assigned to first and second shifts are required to perform a minimum of three cell searches each day. Third shift housing unit officers are responsible for searches of the common areas (laundry rooms, bathrooms, and television rooms).

* See glossary at end of report for definition.

Our test of prisoner shakedown and cell search records showed:

- a. GRCCF custody officers performed and documented only 400 (84%) of the 475 required prisoner shakedowns for the five-day period ended June 30, 1999.
- b. CW custody officers performed and documented only 50 (83%) of the 60 required prisoner shakedowns for the seven-day period ended June 19, 1999.
- c. GRCCF housing unit officers performed and documented only 2,507 (94%) of the 2,668 required cell searches for 4 housing units during November 1998 and February 1999.
- d. CW housing unit officers performed and documented only 475 (89%) of the 534 required cell searches for 1 housing unit during February, March, and June 1999.

Conducting the required number of prisoner shakedowns and cell searches reduces the risk that prisoners possess contraband that is not detected and confiscated in a timely manner. This helps provide for the safety of staff and prisoners.

RECOMMENDATION

We recommend that GRCCF ensure that GRCCF and CW custody officers and housing unit officers perform and document the required number of prisoner shakedowns and cell searches.

AGENCY PRELIMINARY RESPONSE

GRCCF and CW agree and informed us that they have taken steps to comply by establishing monitoring procedures to ensure that the required number of shakedowns and cell searches are performed and documented. GRCCF and CW will further comply by developing a monthly audit sheet to ensure that prisoner shakedowns and cell searches are performed and documented.

FINDING

3. Firearms Recertification

GRCCF did not ensure that all custody officers were annually recertified in the use of the firearms required for their positions.

DOC policy directive 03.03.100 and GRCCF operating procedures require that various custody officers be certified in the use of a shotgun, rifle, or handgun. Certification is required for custody officers who may be assigned to the emergency response team* , perimeter security, gun towers, and off-site prisoner transportation details. Custody officers must be annually recertified in the use of the firearms required for their positions.

Our review of custody officer training records and assignments for 8 days during February 1998 disclosed that, for 112 assignments made that required the use of a firearm, 8 (7%) assignments were made to officers whose certifications were expired at the time of assignment. We noted that the time lapse for the period without recertification ranged from 1 to 31 days.

Ensuring that all officers who are assigned to duties requiring the use of firearms meet the requisite certification contributes to the overall safety and security of the facility.

RECOMMENDATION

We recommend that GRCCF ensure that all custody officers are annually recertified in the use of the firearms required for their positions.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it will comply by verifying that staff have current firearm certifications before assigning them to positions where the use of the firearms is required for their positions.

* See glossary at end of report for definition.

FINDING

4. **Tool Control**

GRCCF needs to improve the level of staff compliance with procedures related to control of critical and dangerous tools.

GRCCF operating procedure 04.04.120 requires that the tool control officer thoroughly inspect tool storage areas each month, thereby ensuring that all tool storage areas are inspected at least once during the year. In addition, the tool control officer shall maintain a master inventory list of tools and establish limits for tools in each storage area; receive and mark all tools for identification; and review, update, and reissue the master tool inventory lists annually. Tool storage area officers are required to complete daily tool reports and submit them weekly to the tool control officer.

Our review of the tool control process disclosed:

- a. GRCCF daily tool reports for critical or dangerous tools were not submitted to the tool control officer as required. We reviewed daily inventories for March, April, and May 1999 for 5 tool storage areas. We noted that 68 (43%) of 157 daily tool inventory reports were not submitted for 2 of the areas.
- b. The tool control officer did not perform monthly tool inventories to ensure that all tool areas were thoroughly inspected and inventoried. The 1998 annual tool report identified 46 (68%) of the 68 tool storage areas that were not thoroughly inspected and inventoried during the year. In addition, we identified 3 master tool inventory listings that had not been updated since 1997.

Because of the tool control weaknesses, GRCCF did not have assurance that critical and dangerous tools were properly controlled to protect the safety and security of staff and prisoners.

RECOMMENDATION

We recommend that GRCCF improve the level of staff compliance with procedures related to control of critical and dangerous tools.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it has taken steps to improve the level of staff compliance with tool control procedures by ensuring that all new or replacement tools are sent directly to the tool control officer for numbering and inventory updating purposes. The monthly tool inventories report will be monitored monthly by the assistant deputy warden of custody and security to ensure compliance.

FINDING

5. Security Monitoring Exercises

GRCCF did not ensure that CW staff completed and properly documented security monitoring exercises (SMEs).

CW operating procedure 04.04.100-C requires that plans be developed for SMEs and that SMEs be performed as planned. SMEs were developed to test established procedures by simulating the condition, behavior, or emergency that the procedures were designed to prevent and/or control. The SMEs were designed to ensure staff understanding and alertness.

SME records for February, April, and June 1999 showed that only 55 (75%) of the 73 required SMEs were completed. Staff informed us that they completed the SMEs; however, documentation was not provided to support their review.

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

RECOMMENDATION

We recommend that GRCCF ensure that CW staff complete and properly document SMEs.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it has taken steps to comply by requiring supervisors to ensure that the required SMEs are performed and documented. The supervisors' reviews will be reported in CW's monthly report to GRCCF.

PRISONER CARE AND MAINTENANCE OPERATIONS

COMMENT

Background: GRCCF and CW are responsible for providing a safe, secure, and humane environment for staff and prisoners. GRCCF and CW have developed procedures involving preventive maintenance, disaster planning, fire safety, food service activities, power plant operations, prisoner accounting, and prisoner store operations.

Audit Objective: To assess the effectiveness of GRCCF's and CW's prisoner care and maintenance operations.

Conclusion: We concluded that GRCCF's and CW's prisoner care and maintenance operations were generally effective and efficient. However, we noted reportable conditions related to emergency generator tests, physical plant inspections, and a written preventive maintenance plan.

FINDING

6. Emergency Generator Tests

GRCCF did not ensure that GRCCF and CW staff performed and properly documented the required weekly and monthly emergency generator tests.

DOC policy directive 04.03.100 and GRCCF operating procedures require that generators be tested weekly and under full load at least monthly.

Our review of weekly and monthly emergency generator tests during the 14-month period ended April 1999 disclosed:

- a. GRCCF did not perform and properly document 7 (12%) of the 60 required weekly emergency generator tests.
- b. CW did not perform and properly document any monthly tests of emergency generators during the 14-month period.

Timely completion of required weekly and monthly testing of emergency generators at GRCCF and CW provides assurance that emergency power will be available during an emergency situation.

RECOMMENDATION

We recommend that GRCCF ensure that GRCCF and CW staff perform and properly document the required weekly and monthly emergency generator tests.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it has complied by developing an annual schedule for monthly full-load tests, as well as required weekly tests.

GRCCF informed us that CW recently installed a new emergency generator. With this new generator, CW will ensure that the emergency generator is tested on a monthly basis and that the tests are properly documented.

FINDING

7. Physical Plant Inspections

GRCCF did not ensure that CW maintenance staff properly completed and submitted annual physical plant inspection reports.

DOC policy directive 04.03.100 requires that the physical plant supervisor conduct an annual inspection of all buildings to determine needed repairs and submit a report to the warden. The policy directive provides that the areas to be inspected

include concrete and cement work, brickwork and structural tile, wall and floor tile units, waterproofing, metal work, roofing, flooring, woodwork, painting, and fences.

CW maintenance staff did not document annual physical plant inspections. Staff informed us that they conducted visual observations of buildings; however, they had not issued reports to the warden to document inspection findings.

Without documentation of inspections and submission of reports to the warden, CW lacks assurance that maintenance staff properly completed and reviewed physical plant inspections.

RECOMMENDATION

We recommend that GRCCF ensure that CW maintenance staff properly complete and submit annual physical plant inspection reports.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it will comply by ensuring that CW physical plant inspections are documented and forwarded to the GRCCF deputy warden and warden.

FINDING

8. Preventive Maintenance Plan

GRCCF had not ensured that CW staff developed a comprehensive, written preventive maintenance plan and submitted the plan to DOC central office for approval.

DOC policy directive 04.03.100 requires each facility to develop a written preventive maintenance plan and submit it for approval to the Physical Plant Division in the DOC central office. The plan is to be designed to provide economical use of all equipment and to ensure that all equipment will operate effectively during emergency situations. Also, the plan must include regularly scheduled inspections and maintenance tasks for 11 areas.

The facility had a routine monthly and weekly maintenance schedule. However, the CW maintenance schedule had not been submitted to DOC for approval. The CW maintenance schedule did not identify all the individual equipment that required preventive maintenance along with scheduled inspections and maintenance tasks. The routine monthly and weekly schedule included weekly inspections of heating and cooling equipment and systems. However, the schedule did not include inspections and maintenance tasks for other required areas, including plumbing, refrigeration, and security systems and food services equipment.

CW was originally built during the 1940's. Because of CW's age, there is a heightened need for a comprehensive preventive maintenance program. Without the development and monitoring of a comprehensive preventive maintenance plan, CW lacks assurance that its facility and equipment will function and operate effectively and efficiently.

RECOMMENDATION

We recommend that GRCCF ensure that CW develop a comprehensive, written preventive maintenance plan and submit it to DOC central office for approval.

AGENCY PRELIMINARY RESPONSE

GRCCF agrees and informed us that it has taken the necessary steps to bring CW into compliance. The camp supervisor is in the process of preparing a preventive maintenance plan that will be sent to DOC central office for approval.

SUPPLEMENTAL INFORMATION

Description of Survey

We developed a survey requesting input from certain individuals and businesses regarding their association with the G. Robert Cotton Correctional Facility (GRCCF).

We mailed surveys to 50 individuals and businesses located in the vicinity of GRCCF and received 18 responses. A review of these responses indicated that most respondents were highly satisfied with the GRCCF administration. Also, the responses indicated that public concerns are generally addressed in a timely manner.

The total number of responses for each item may not agree with the total number of responses received because respondents did not answer all questions.

G. ROBERT COTTON 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 G. Robert Cotton Correctional Facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion
11	1	0	0	2

2. How satisfied are you with how management of the G. Robert Cotton Correctional Facility has addressed your individual concerns?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion
10	0	1	0	3

3. How satisfied are you with the timeliness in which your individual concerns are addressed by the G. Robert Correctional Facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion
8	3	1	0	2

4. How satisfied are you with the G. Robert Cotton Correctional Facility's process to notify the community of any problems or emergency situations related to the facility?

Highly Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Highly Dissatisfied	No Opinion
7	4	1	0	2

5. Do you have any specific safety or security concerns that have not been addressed by G. Robert Cotton Correctional Facility?

<u>Yes</u>	<u>No</u>
0	12

6. If you visited the G. Robert Cotton Correctional Facility, were you satisfied with the security provided to you while at the facility?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
10	1	0	0	3

7. Overall, how satisfied are you with the extent of communication between the G. Robert Cotton Correctional Facility and the community?

<u>Highly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Highly Dissatisfied</u>	<u>No Opinion</u>
10	2	0	0	2

Glossary of Acronyms and Terms

close custody security (level IV)	A classification of prisoners who need close supervision because of the likelihood that they may try to escape or because they are difficult to control.
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.
custody officers	Corrections officers who do not work in a housing unit. These officers are assigned to the prison yard, school, control center, visiting room, or bubble (central point of entry into and exit from the facility).
CW	Camp Waterloo.
DOC	Department of Corrections.
effectiveness	Program success in achieving mission and goals.
efficiency	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.
emergency response team (ERT)	A specially trained team at each prison that responds to security needs or emergencies that may arise during the day-to-day operation of the institution. These teams respond to situations that may threaten the safety of the institution or pose a threat to the community.

gate manifest	A record used to control materials and supplies entering and leaving the facility through the front gates and sallyport.
GRCCF	G. Robert Cotton Correctional Facility.
housing unit officers	Corrections officers who work in the housing units.
low medium security (level II)	A classification of prisoners who generally have longer sentences than do minimum security prisoners, who need more supervision, but who are not likely to escape or who are not difficult to manage. Prisoners in this classification generally live in open, barracks-style housing.
medium security (level III)	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. Prisoners in this classification generally live in individual rooms or cells.
minimum security (level I)	A classification of prisoners who can live in facilities with a minimum amount of security. They are normally relatively near parole.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.
reportable condition	A matter 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.

sallyport	Outside area that allows entry into the prison through a gate that is monitored by a custody officer.
shakedown	The act of searching a prisoner or a visitor to ensure that he/she does not have any contraband in his/her possession.
SME	security monitoring exercise.