

**Office of the Auditor General**  
Performance Audit Report

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**Bellamy Creek Correctional Facility**  
Department of Corrections

October 2015

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State of Michigan Auditor General  
Doug A. Ringler, CPA, CIA

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**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*

### *Bellamy Creek Correctional Facility*

### *Department of Corrections*

**Report Number:**  
471-0208-15

**Released:**  
October 2015

Bellamy Creek Correctional Facility is located in Ionia, Michigan. The Facility opened in 2001 and has the capacity to house 1,888 prisoners. For fiscal year 2015, the Facility's General Fund appropriation was \$43.4 million to support 390.2 full-time equated positions.

Audit Objective			Conclusion
Objective: To assess the Department of Corrections' (DOC's) compliance with selected policies and procedures related to safety and security at the Facility.			Generally complied
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
The Facility did not properly complete 56 (59%) of 95 gate manifests, exposing the Facility to greater risk of introduction of contraband and theft of State property ( <u>Finding #1</u> ).		X	Agrees
The Facility allowed 8 (5%) of 151 employees to enter the secure perimeter without walking through the metal detector or otherwise being subjected to a search during three shift changes that we observed. This potentially allowed metal objects or contraband into the Facility ( <u>Finding #2</u> ).		X	Agrees
The Facility did not conduct or document all required radio checks that help to ensure the safety and security of corrections officers ( <u>Finding #3</u> ).		X	Agrees
The Facility did not ensure monthly searches of all employees, decreasing its ability to detect and confiscate contraband. The noncompliance rate was 4% for September 2014 and April 2015 ( <u>Finding #4</u> ).		X	Agrees

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<http://audgen.michigan.gov>

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**Doug A. Ringler, CPA, CIA**  
Auditor General

October 20, 2015

Ms. Heidi E. Washington, Director  
Department of Corrections  
Grandview Plaza Building  
Lansing, Michigan

Dear Ms. Washington:

I am pleased to provide this performance audit report on Bellamy Creek Correctional Facility, Department of Corrections.

Your agency provided preliminary responses to the recommendations at the end of our fieldwork. The *Michigan Compiled Laws* and administrative procedures require an audited agency to develop a plan to comply with the recommendations and submit it within 60 days of the date above 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 dark ink that reads "Doug Ringler". The signature is written in a cursive style with a large, prominent "D" and "R".

Doug Ringler  
Auditor General



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# AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

## **SAFETY AND SECURITY**

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### **BACKGROUND**

Bellamy Creek Correctional Facility operates under policy directives and operating procedures established by the Department of Corrections (DOC) in addition to operating procedures developed by the Facility. These policies and procedures were designed to have a positive impact on the safety and security of the Facility as well as to help ensure that prisoners receive proper care and services. They address numerous aspects of the Facility's operations, including:

- Arsenal
- Gate manifests\*
- Key control
- Tool control
- Medication inventory
- Prisoner counts
- Radio checks
- Prisoner shakedowns\*
- Cell searches\* and area searches\*
- Metal detector calibration
- Electronic perimeter
- Firearm security
- Employee and visitor searches
- Security monitoring exercises\*
- Prisoner drug testing
- Sanitation and food service inspections
- Preventative maintenance
- 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 safety and security risks.

### **AUDIT OBJECTIVE**

To assess DOC's compliance with selected policies and procedures related to safety and security at the Facility.

### **CONCLUSION**

Generally complied.

### **FACTORS IMPACTING CONCLUSION**

- Substantial compliance with most DOC policies and procedures and Facility procedures relating to safety and security.
- Reportable conditions\* related to gate manifests, metal detectors, radio checks, and employee searches.

\* See glossary at end of report for definition.

## **FINDING #1**

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### **Improvements are needed when completing and distributing gate manifests.**

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59% of gate manifests were not fully completed.

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The Facility did not properly complete or distribute gate manifests to help control the movement of items into and out of the prison.

Gate manifests serve as a tracking mechanism for items (tools, supplies, medications, and other items) 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 95 gate manifests prepared during the periods December 1, 2014 through December 5, 2014 and February 15, 2015 through February 19, 2015 disclosed:

- a. The gate officers did not ensure that 56 (59%) gate manifests were fully completed. Specifically:
  - The gate officer's report was not completed on 30 (32%) gate manifests to indicate the proper disposition of the manifested items.
  - The carrier's report was not completed on 23 (24%) gate manifests to indicate the proper destination of the items.
  - The gate officer did not sign 3 (3%) gate manifests to indicate that he or she was aware that items were carried into the prison.

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

- b. The gate officers did not properly distribute 29 (31%) gate manifests to ensure the proper receipt or return of the manifested items.

Facility operating procedure 04.04.100F 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.

The Facility indicated that staff did not strictly adhere to the Facility operating procedure when completing gate manifests and that gate manifests were not properly reconciled each day. Facility operating procedure 04.04.100F requires that all gate manifests be reconciled daily to ensure that all sections are completed, appropriate copies of the gate manifests have been returned, and the tracking numbers recorded match the gate manifest log.

\* See glossary at end of report for definition.

**RECOMMENDATION**

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

**AGENCY  
PRELIMINARY  
RESPONSE**

DOC provided us with the following response:

*The Facility agrees with the findings and has complied by providing additional direction to staff who regularly work with and process gate manifests. The Facility requires staff to submit completed gate manifests to the 10 - 6 shift commander who is responsible to inspect and review the gate manifests for proper completion and distribution. The shift commander is closely monitoring the deficiencies identified by the auditors. Facility administrators will continue to monitor the process to ensure that facility and departmental operating procedures are being followed.*

## **FINDING #2**

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**Improvements are needed over employees entering the secure perimeter.**

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

Facility operating procedure 04.04.110 requires all employees to submit to the use of a hand-held screening device or a walk-through device. The Facility has five walk-through metal detectors: one located at the entrance to the multi-level secure perimeter, two located in the school building, one in the Michigan State Industries building, and one portable metal detector. Metal detectors are one of the primary mechanisms used by the Facility to identify contraband and prevent it from entering the prison.

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Eight employees averted the walk-through metal detector and alternate screening device.

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We observed video footage of Facility staff entering through the front entrance of the multi-level secure perimeter for one shift change each on April 15, 23, and 28, 2015. Eight (5%) of the 151 staff members who entered the multi-level secure perimeter during the three shift changes did not walk through the metal detector and were not subjected to a hand-held screening device.

## **RECOMMENDATION**

We recommend that the Facility ensure that all staff walk through the metal detector or are subjected to a search using a hand-held screening device prior to entering the secure perimeter.

## **AGENCY PRELIMINARY RESPONSE**

DOC provided us with the following response:

*The Facility agrees and has complied. Gate and bubble staff have been reminded that all staff must pass through the metal detector or be screened utilizing the hand-held metal detector. Facility administrators and supervisors continue to monitor this issue. The Facility will provide additional training as deemed necessary to ensure compliance with policy requirements.*

## **FINDING #3**

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### **Improvements are needed for conducting and documenting radio checks.**

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

Facility operating procedure 04.04.1001 requires periodic Facility-wide radio checks to be completed and documented with an entry in the bubble logbook and by indicating the date, time, shift, and operator's name for each individual radio check on the radio log sheet.

Our review of the Facility's documentation for all radio checks required for the periods March 1, 2015 through March 3, 2015 and April 20, 2015 through April 22, 2015 disclosed that the bubble officer did not conduct or document 23 (12%) of the 192 required radio checks in the bubble logbook, on the radio log sheet, or both.

The Facility indicated that the reasons for radio checks not being completed could include an institutional emergency that would require the Facility to keep radio traffic to a minimum until resolved; however, staff did not document why they did not complete the radio checks.

## **RECOMMENDATION**

We recommend that the Facility conduct and document all required radio checks to help ensure the safety and security of corrections officers.

## **AGENCY PRELIMINARY RESPONSE**

DOC provided us with the following response:

*The Facility agrees and has complied by educating staff on the requirements of the policy and operating procedure. Facility administrators and supervisors are monitoring this issue and will ensure continuous compliance. The Facility will provide additional training as deemed necessary to ensure proper completion and documentation of radio checks.*

**FINDING #4**

**Improvements are needed over Facility employee searches.**

**4% of required employee searches were not performed.**

The Facility did not ensure that all employees were searched at least once a month. As a result, the Facility was less likely to detect and confiscate contraband.

Facility operating procedure 04.04.110 requires each Facility employee to be searched at least once a month.

Our review of monthly employee search records for September 2014 and April 2015 disclosed that the Facility did not perform 31 (4%) of the 797 minimum required employee searches.

The Facility indicated that shift commanders did not routinely check employee lists and that employees must be searched by employees of the same sex, who were not always available.

**RECOMMENDATION**

We recommend that the Facility ensure that all employees are searched at least once a month.

**AGENCY PRELIMINARY RESPONSE**

DOC provided us with the following response:

*The Facility agrees and has complied. Supervisory staff have been advised to ensure that all employees are searched at least once a month. In addition, Facility administrators are monitoring compliance. Additional direction will be provided if deemed necessary to ensure compliance.*

## AGENCY DESCRIPTION

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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.

Bellamy Creek Correctional Facility is located on over 600 acres in Ionia, Michigan. The Facility opened in 2001 and has the capacity to house 1,888 male prisoners. The Facility has 11 housing units: 3 level I\* general population, 3 level II\* general population, 2 level IV\* general population, 1 administrative segregation unit, 1 temporary segregation unit, and 1 specialized housing unit.

The Facility offers academic programs, including adult basic education, General Educational Development (GED), Title I, and special education for students with learning disabilities. The Facility also offers employment readiness and vocational training in building trades and horticulture; evidence-based cognitive thinking courses, such as Thinking for a Change and Cage Your Rage; a violence prevention program; substance abuse services; the Michigan sex offender program; parole re-entry services; and intramural sports.

For fiscal year 2015, the Facility's General Fund appropriation was \$43.4 million to support 390.2 full-time equated positions. As of July 17, 2015, the Facility housed 1,841 prisoners.

\* See glossary at end of report for definition.



## **AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION**

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### **AUDIT SCOPE**

To examine the program and other records of Bellamy Creek Correctional Facility. We conducted this performance audit\* in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusion based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusion based on our audit objective.

### **PERIOD**

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, 2013 through June 30, 2015.

### **METHODOLOGY**

We conducted a preliminary survey to gain an understanding of the Facility's operations and activities in order to establish our audit objectives, scope, and methodology. During our preliminary survey, we:

- Interviewed various Facility staff regarding their functions and responsibilities.
- Observed various Facility operations.
- Examined Facility records and reviewed policy directives and operating procedures.
- Reviewed the warden's monthly reports to the DOC director, critical incident reports, and self-audits\* of the Facility.

### **OBJECTIVE**

To assess DOC's compliance with selected policies and procedures related to safety and security at the Facility.

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

- Arsenal inventories and operations
- Gate manifests
- Key control
- Prisoner counts
- Cell searches and area searches
- Preventative maintenance
- Perimeter security
- Metal detector calibration

\* See glossary at end of report for definition.

- Radio checks
- Tool control
- Food service
- Housekeeping sanitation
- Prisoner shakedowns
- Medication inventory
- Prisoner drug testing
- Security monitoring exercises
- Firearm certifications and weapons permits
- Fire safety
- Employee and visitor searches

**CONCLUSIONS**

We base our conclusions on our audit efforts and the resulting material conditions\* and reportable conditions.

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

**AGENCY RESPONSES**

Our audit report contains 4 findings and 4 corresponding recommendations. DOC's preliminary response indicates that it agrees with all 4 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 an audited agency to develop a plan to comply with the 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.

**PRIOR AUDIT FOLLOW-UP**

We released our prior performance audit of Bellamy Creek Correctional Facility, Department of Corrections (47-208-04), in April 2005. Within the scope of this audit, we followed up 6 of the 9 prior audit recommendations. The Facility complied with all 6 recommendations.

\* See glossary at end of report for definition.

## **GLOSSARY OF ABBREVIATIONS AND TERMS**

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<b>area search</b>	The act of searching common areas of the prison for contraband.
<b>cell search</b>	The act of going through a prisoner's cell and belongings looking for contraband.
<b>contraband</b>	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.
<b>DOC</b>	Department of Corrections.
<b>gate manifest</b>	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
<b>level I</b>	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.
<b>level II</b>	A security classification assigned to a facility or a prisoner. The facilities are transitional prisons where prisoners who show good institutional adjustment and have a low security risk go to complete programs and prepare for eventual release. Long-term or prisoners sentenced to life terms may also qualify for level II facilities if their security and management risks are low.
<b>level IV</b>	A security classification assigned to a facility or a prisoner. The facilities are general population medium-high security prisons for new commitments and prisoners who are a higher management and/or escape risk. Level IV facilities may have less mass movement, more restricted programming, and fewer group activities than lower level classifications.
<b>material condition</b>	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.

<b>mission</b>	The main purpose of a program or an entity or the reason that the program or the entity was established.
<b>performance audit</b>	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.
<b>reportable condition</b>	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.
<b>security monitoring exercise</b>	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.
<b>self-audit</b>	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.
<b>shakedown</b>	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.







