

Office of the Auditor General
Performance Audit Report

Women's Huron Valley Correctional Facility
Department of Corrections

July 2017

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

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Article IV, Section 53 of the Michigan Constitution



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Report Summary

Performance Audit

Women's Huron Valley Correctional Facility

Department of Corrections

Report Number:
471-0241-17

Released:
July 2017

The Women's Huron Valley Correctional Facility is located in Ypsilanti. In 2009, it became the State of Michigan's only all-women's facility. For fiscal year 2017, the Facility's General Fund appropriation was \$59.1 million to support 501.9 full-time equated positions. As of April 18, 2017, the Facility housed 2,216 prisoners.

Audit Objective			Conclusion
Objective: To assess the Facility's compliance with selected policies and procedures related to safety and security.			Partially complied
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
For the two periods tested, the Facility did not conduct or document 23% of the required cell searches and 24% of the required prisoner shakedowns and documented that it conducted 58 cell searches that it did not conduct. Also, the Facility did not search 3% and 6% of the cells during July 2016 and December 2016, respectively (Finding #1).	X		Agrees
During two test periods, the Facility did not conduct nearly 1/3 of the required employee searches. Because the Facility is required to search only a minimum of 20 employees per shift, this situation poses an increased security risk to the Facility (Finding #2).	X		Agrees
At the time of our review, 1 critical tool, 2 dangerous tools, and 18 other tool inventory items were missing and daily and weekly reports were missing or incomplete (Finding #3).	X		Agrees
The Facility did not ensure that officers assigned to specialized staffing assignments had completed all required training, including 7% who had not completed the annual shotgun requalification training, 11% who had not completed the cell extraction training, and 52% who had not completed the semiannual self-contained breathing apparatus training (Finding #4).		X	Agrees

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Doug A. Ringler, CPA, CIA
Auditor General

July 13, 2017

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 the Women's Huron Valley 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 black ink that reads "Doug Ringler". The signature is written in a cursive, flowing style.

Doug Ringler
Auditor General

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AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

SAFETY AND SECURITY AT THE FACILITY

BACKGROUND

The Women's Huron Valley Correctional Facility has 13 housing units and includes general population prisoners in levels I*, II*, and IV*. As of April 18, 2017, the Facility housed 2,216 prisoners, and as of April 30, 2017, the Facility had 461 employees.

The Facility operates under policy directives and operating procedures established by the Department of Corrections (DOC) and 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
- Medications inventory
- Prisoner counts
- Radio checks
- Security monitoring exercises*
- Cell searches* and area searches*
- Metal detector calibration
- Preventive maintenance
- Firearm security
- Training
- Employee searches
- Visitor searches
- Prisoner shakedowns*
- Prisoner drug testing
- Sanitation and food service inspections
- Electronic perimeter security
- 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 the Facility's compliance with selected policies and procedures related to safety and security.

CONCLUSION

Partially complied.

FACTORS IMPACTING CONCLUSION

- The Facility did not achieve compliance in 5 of the operational areas as noted in the material conditions* related to cell searches and prisoner shakedowns, employee searches, and tool control (Findings #1 through #3) and the reportable condition* related to training (Finding #4).
- The Facility achieved compliance in the other areas that we reviewed.

* See glossary at end of report for definition.

FINDING #1

Completion of cell searches and prisoner shakedowns needs improvement.

The Facility did not conduct all required cell searches and prisoner shakedowns, which decreases the likelihood of detecting and confiscating contraband* and compromises the safety and security of staff and prisoners. Also, the Facility documented that it conducted cell searches that either were not conducted or were conducted in unrealistically short periods of time.

DOC policy directive 04.04.110 and Facility operating procedure 04.04.110 require that each first and second shift officer assigned to a housing unit conduct thorough and complete searches of at least two randomly selected prisoner cells per shift and record them in the logbook. The policy directive also requires that each cell be searched at least once per month. Also, the operating procedure requires each female corrections officer who has direct prisoner contact to conduct pat-down searches* or clothed-body searches* of at least five randomly selected prisoners per first and second shift and record them on the daily prisoner shakedown report and in the appropriate logbook. In addition, the operating procedure requires monitoring to ensure that required cell searches and prisoner shakedowns are completed and properly documented or that corrective action is initiated.

We reviewed cell search records and prisoner shakedown records as follows:

- a. Our review of cell search records for 2 housing units for July 6, 2016 through July 10, 2016 and 3 housing units for December 4, 2016 through December 8, 2016 and prisoner shakedown records for 10 housing unit officers for December 4, 2016 through December 8, 2016 disclosed:
 - (1) The Facility did not conduct or document 60 (23%) of the 260 required cell searches. Also, documentation indicated that 61 (47%) of the 130 housing unit officers conducted less than the two required searches per shift.
 - (2) The Facility did not document that it completed 470 (94%) of the 500 required prisoner shakedowns on the daily prisoner shakedown reports. The Facility also did not document that it completed 118 (24%) of these in the logbooks.
 - (3) The Facility did not search 19 (3%) and 42 (6%) of the 669 cells at least once during July 2016 and December 2016, respectively, and did not shakedown 11 (18%) of the 61 prisoners assigned to the unsearched cells for the same time period.

23% of required cell searches not conducted or documented.

24% of the required prisoner shakedowns not conducted and documented, including prisoners whose cells were not searched.

* See glossary at end of report for definition.

Surveillance video did not support documented cell searches.

b. Our review of surveillance video for 170 required cell searches for 4 housing units during July and December 2016 disclosed:

- (1) Surveillance video did not support 58 (34%) cell searches documented in housing unit logbooks.
- (2) Surveillance video documented that officers conducted the remaining 112 (66%) cell searches in 3 seconds to 84 seconds, raising concerns regarding the thoroughness of the searches or whether the searches actually occurred.

We noted a similar situation in our January 2008 performance audit of the Huron Valley Complex. In response to that audit report, DOC stated that it agreed and that it would comply.

We consider this finding to be a material condition because of the significant exception rates, potential falsification of documented cell searches, significant percentage of prisoners not having either their person or cells searched, and the impact that contraband could have on the safe operation of the Facility.

RECOMMENDATION

We recommend that the Facility perform and document all required cell searches and prisoner shakedowns.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

The Facility agrees and will comply.

The Facility established a cell search logbook tracking each cell searched daily, verifying that all cells in the unit are searched at least monthly. Staff was trained on procedure and documentation requirements. The onsite supervisor (ARUS/PC) will audit the logbook daily, Resident Unit Managers will audit weekly and the Housing Deputy Warden will audit monthly for compliance. The Facility will periodically review cameras to support documented cell searches.

The Facility requires all female custody staff with direct prisoner contact to complete a CSJ-468 Prisoner Shakedown Report to be submitted to Control Center 2 hours prior to the end of shift. In the case of routine prisoner searches, PD 04.04.110 - Search and Arrest in Correctional Facilities, prohibits male custody officers from shaking down female prisoners.

The Department will initiate an investigation around all concerns of falsification of documentation.

FINDING #2

Employee search procedures need improvement.

The Facility did not conduct all required employee searches, potentially increasing the risk that drugs and other contraband could enter the Facility's secure perimeter.

Facility operating procedure 04.04.110 requires each gate officer to conduct a pat-down search of a minimum of 10 employees during each shift. Such searches are intended to improve the likelihood of detecting and confiscating contraband.

Our review of employee shakedown records for all 3 shifts at each of the 2 gates from December 12, 2016 through December 16, 2016 and January 3, 2017 through January 9, 2017 noted that the Facility:

- a. Did not conduct 227 (32%) of the 720 required employee searches.
- b. Did not meet the minimum number of employee searches during 33 (46%) of the 72 shifts reviewed, including not searching any employees during 19 shifts and searching only 2 employees during 1 shift.

The Facility indicated that justification for these discrepancies may include failing to conduct the searches, entering searches in the wrong logbook, accidentally starting a new logbook, or misplacing logbook pages that had fallen out due to wear and tear.

After bringing this to its attention, the Facility addressed this deficiency by issuing a memorandum to staff instructing the captains to ensure that all required employee shakedowns be conducted.

We consider this finding to be a material condition primarily because of the significant exception rates. Also, as the minimum number of required employee searches per shift is fairly minimal, not meeting the minimum further increases the Facility's security risk.

RECOMMENDATION

We recommend that the Facility conduct all required employee searches.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

The Facility agrees and will comply.

Shift Command will monitor the Employee Shakedown Logbook for completion of daily searches of employees. The Facility has updated their operating procedure on Search and Arrest of Prisoners, Employees, and Visitors to include a requirement for daily periodic searches of employees.

FINDING #3

Improved controls over tools needed.

Critical and dangerous tools were missing, and tool documentation was missing or incomplete.

The Facility did not maintain proper control over tools. The Facility could not locate 1 critical tool*, 2 dangerous tools*, and 18 other controlled inventory items at the time of our review.

DOC policy directive 04.04.120 requires that the Facility maintain an accurate tool inventory list for each tool storage area, conduct and document daily inspections of tool storage areas each shift, and submit weekly reports of the daily inspections for all tool storage areas.

We reviewed tool inventory records for 10 of the Facility's 93 tool storage areas and the daily and weekly tool inspection reports for 21 tool storage areas for the weeks ended May 21, 2016 and November 19, 2016. Our review disclosed that the Facility could not locate:

- a. 21 tools in 5 of the 10 tool storage areas, consisting of 1 cutting machine, classified as a critical tool; 2 snow shovels, classified as dangerous tools; and 18 other tools.
- b. 13 (17%) of the 75 required weekly tool inspection reports and only partially completed 38 (51%) others, including at least 108 (21%) of the 525 required daily tool inspections.

The Facility's self-audit* identified similar discrepancies. Also, we noted a similar situation in our January 2008 performance audit of the Huron Valley Complex. In response to that audit report, DOC stated that it agreed and that it had complied.

We consider this finding to be a material condition because tools were missing and a significant percentage of the daily inspections that should identify missing tools either could not be located or were not completed. Also, based on the lack of controls in the 10 areas that we reviewed, there is potential that tools from other areas may also have been missing.

RECOMMENDATION

We recommend that the Facility maintain proper control over all tools.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

The Facility agrees and will comply.

The Facility agrees that some required documentation on tool disposition was incomplete and/or missing. The Facility Tool Control Officer issued a memorandum of instruction to all staff on the proper handling of tools and the correct use of forms. Tool Area Manager(s) will complete daily inventory of tools, submitting the CAJ-346 Tool Report weekly to the Work Area Supervisor. The Supervisor will monitor for compliance, submitting to the Tool Control Officer/Inspector monthly.

* See glossary at end of report for definition.

FINDING #4

Improvements needed over required training.

The Facility did not ensure that officers assigned to specialized staffing assignments had received all required training. This training helps to ensure that staff are properly prepared, decreasing the risk of serious injury, illness, or even death of prisoners, staff, or the general public.

DOC policy directive 04.05.100 requires the Facility to ensure that staff who could potentially be assigned to squads and transportation posts receive adequate training. Also, policy directive 04.05.112 states that staff shall not perform cell extractions prior to completing all required training.

Our review of squad and transportation assignments and the respective training records for all three shifts from December 4 through December 11, 2016 noted:

- a. Officers assigned to 14 (7%) of the 200 shotgun squad assignments had not completed the annual shotgun requalification training.
- b. Officers assigned to 20 (11%) of the 181 cell extraction squad assignments had not completed the one-time cell extraction squad training.
- c. Officers assigned to 58 (52%) of the 111 self-contained breathing apparatus (SCBA) squad assignments had not completed the semiannual SCBA training and had not completed the annual SCBA mask fit test.
- d. Officers assigned to 203 (63%) of the 320 assignments requiring chemical agent masks had not completed their annual chemical agent mask fit test.
- e. None (100%) of the 13 transportation officers had completed their annual tuberculosis mask fit test.

These circumstances occurred because the Facility neglected to review training records prior to creating daily staffing assignments.

We noted a similar situation related to the SCBA training in our January 2008 performance audit of the Huron Valley Complex. In response to that audit report, DOC stated that it agreed and that it had complied.

RECOMMENDATION

We recommend that the Facility ensure that officers assigned to specialized staffing assignments are properly trained.

AGENCY PRELIMINARY RESPONSE

DOC provided us with the following response:

The Facility agrees and will comply.

The Facility has added the Tads Report (TR121) to the Equalization Book to ensure training requirements are met and verified for those assigned in specialized positions. A control center supervisor will reconcile shift assignments daily with the captain monitoring weekly for accuracy.

AGENCY DESCRIPTION

DOC's mission* is to create a safer Michigan through effective offender management and supervision while holding offenders accountable and promoting their rehabilitation. DOC's Correctional Facilities Administration is responsible for the operation of all DOC correctional facilities.

The Women's Huron Valley Correctional Facility, formerly known as the Huron Valley Complex, is located in Ypsilanti, Michigan. The Facility became an all-women's facility in 2009 and is the only prison in Michigan that houses female prisoners.

Facility services and programming includes a reception and guidance center, a Special Alternative Incarceration Program, psychological services, a Residential Treatment Program, residential substance abuse treatment, medical and mental health acute care, and re-entry programming. In addition, the Facility offers academic programs including adult basic education, General Educational Development (GED), and vocational training.

For fiscal year 2017, the Facility's General Fund appropriation was \$59.1 million to support 501.9 full-time equated positions. The Facility has the capacity to house 2,260 prisoners and housed 2,216 prisoners as of April 18, 2017.

* See glossary at end of report for definition.

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

AUDIT SCOPE

To examine the records and processes related to selected safety and security policies and procedures at the 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.

We did not include any aspect of the Facility's food services operation or prisoner store operations within the scope of this audit.

PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered October 1, 2015 through April 30, 2017.

METHODOLOGY

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

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

OBJECTIVE

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

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:

- Preventive maintenance
- Gate manifests
- Key control
- Arsenal
- Firearm security
- Training

* See glossary at end of report for definition.

- Tool control
- Medications inventory
- Prisoner counts
- Radio checks
- Prisoner shakedowns
- Cell searches and area searches
- Metal detector calibration
- Employee searches
- Visitor searches
- Fire safety
- Prisoner drug testing
- Sanitation inspections
- Electronic perimeter security
- Security monitoring exercises

We used judgmental and random sampling to reduce bias and increase audit efficiency. Therefore, we could not project the results to the overall populations.

CONCLUSIONS

We base our conclusions on our audit efforts and any resulting material conditions or 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 the Facility 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**

Following is the status of the reported findings from our January 2008 performance audit of the Huron Valley Complex, Department of Corrections (471-0241-07):

Prior Audit Finding Number	Topic Area	Current Status	Current Finding Number
1	Tool Controls	Rewritten	3
2a	Documentation of Prisoner Shakedowns and Cell Searches	Rewritten	1
2b	Inpatient Unit Cell Search Policy	No longer applicable.	
3	Gate Manifests	Complied	Not applicable
4	Firearm Clearances, Certifications, and Permits	Complied	Not applicable
5	Self-Contained Breathing Apparatus (SCBA)	Rewritten	4
6	Security Monitoring Exercises (SMEs)	Complied	Not applicable
7	Key and Padlock Controls	Complied	Not applicable
8	Radio Checks	Complied	Not applicable
9	Sanitation Inspections and Meal Evaluations	Not in scope of this audit.	
10	Inventory Records	No longer applicable.	
11a	Timely Processing of Prisoner Mail	Complied	Not applicable
11b	Internal Control Over Cash Receipts	No longer applicable.	

GLOSSARY OF ABBREVIATIONS AND TERMS

area search	The act of going through a housing unit's common areas looking for contraband.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
clothed body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
contraband	Property that is not allowed on facility grounds or in visiting rooms by State law, rule, or DOC policy. For prisoners, this includes any property that they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property that has been altered without permission.
critical tool	An item designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools are to be stored only in a secure area and accounted for at all times.
dangerous tool	An item that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools are to be stored only in a secure area and accounted for at all times.
DOC	Department of Corrections.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
level I	A security classification assigned to a facility or a prisoner. The facilities house prisoners who have met certain criteria and whose behavior has shown that they can be safely housed there. This is the lowest custody level supervised by the Correctional Facilities Administration.
level II	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.

level IV	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.
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.
pat-down search	A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats) and shoes; however, all items shall be removed from pockets.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
security monitoring exercise	A systematic method of safely and effectively testing and monitoring security standards of a facility to enable staff to have an opportunity to practice the standards under controlled conditions.
self-audit	An audit performed by facility staff that enables management and staff to ensure that an operational unit complies with policy directives and takes proactive steps to correct any noncompliance. Performing self-audits is intended to maximize safe and efficient operations by DOC.

self-contained breathing apparatus (SCBA)

An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

shakedown

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



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