

DEPARTMENT OF CORRECTIONS LANSING

HEIDI E. WASHINGTON

DIRECTOR

RICK SNYDER GOVERNOR

September 13, 2017

Office of the State Budget

Rick Lowe, Chief Internal Auditor Office of Internal Audit Services

George W. Romney Building 111 South Capitol, 6th Floor

Lansing, MI 48913

Dear Rick:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached is a summary table identifying our responses and a corrective action plan to address the recommendations contained within the Office of Auditor General's performance audit of the Women's Huron Valley Correctional Facility.

Questions regarding the summary table or corrective action should be directed to Julie Hamp, Administrator, Procurement, Monitoring and Compliance Division at 335-6886.

Singerely,

Signature Redacted

Heidi E. Washington Director

Attachment

c: Executive Office

Office of the Auditor General

House Fiscal Agency

Senate Fiscal Agency

House Appropriations Sub-Committee on Corrections

Senate Appropriations Sub-Committee on Corrections

House Oversight Committee

Senate Oversight Committee

K. McKee

J. Sherry

S. Pike

S. Brewer

J. Hamp

R. McCoy

Responses to Office of the Auditor General's Performance Audit of Women's Huron Valley Correctional Facility

Summary Table

Audit recommendations the agency complied with:

Audit recommendations the agency will comply with and expected compliance date: 1,2,3,4

Corrective Action Plan

1. Completion of cell searches and prisoner shakedowns needs improvement

The auditors recommended that the facility perform and document all required cell searches and prisoner shakedowns.

Agency Preliminary Response

DOC agrees with the recommendation and has taken steps to comply.

MDOC Policy Directive 04.04.110 – Search and Arrest in Correctional Facilities was revised, effective 8/14/2017. The facility is updating their Operating Procedure and the Facility Assignment Post Orders to coincide with the changes in Policy Directive. The facility has also begun editing and developing Security Monitoring Exercises (SMEs) to enhance search processes and review supporting video surveillance recordings.

The CSJ-468 Prisoner Search Record is no longer required by Policy Directive. The facility is working on a method to submit prisoner search records electronically. Search record books were revised to improve consistency and reduce likelihood of staff errors.

MDOC's expected compliance with this audit factor and improved search processes is October 1, 2017

2. Employee search procedures need improvement

The auditors recommended that the Facility conduct all required employee searches.

Agency Preliminary Response

DOC agrees with the recommendation and has taken steps to comply.

Shift Commanders are required daily to have all employees entering the facility, during a random time period, submit to a pat-down or clothed body search as part of a general periodic search of all employees. Those staff searches will be recorded on the search records located on assignment. Search records located in the administrative gates will be reviewed each shift by the shift commander on duty for compliance. Additionally, a new SME was written for each shift to further evaluate compliance with searches completed in the gates. Anticipated compliance: October 1, 2017.

The facility operating procedure has been updated effective August 2017.

3. Improved control over tools needed

The auditors recommended that the facility maintain proper control over all tools.

Agency Preliminary Response

DOC agrees with the recommendation and will comply.

The facility will be consolidating tool control areas. Currently the Inspector assigned to Tool Control is working to consolidate tool control areas: identifying non-tool equipment for removal from tool inventory. That equipment will be accounted for on a separate inventory. Each tool will be systematically inspected to ensure required painting and etching as required by Policy Directive 04.04.120 Tool Control. A follow-up Tool Audit will be completed no later than December 1, 2017 to ensure the reviewed inventories, equipment inventories, and all required documentation for tool control are continued as required.

Training on the requirements of PD 04.04.120, proper completion of required forms, and proper tool storage with all Work Area Managers and Work Area Supervisors has been completed. Training will be issued annually for Work Area Manager, Work Area Supervisor and as needed.

4. Improvements needed over required training

The auditors recommended that the Facility ensure that officers assigned to specialized staffing assignments are properly trained.

Agency Preliminary Response

DOC agrees with the recommendation and has taken steps to comply.

The facility will be standardizing assignment sheets for all custody complements with one legend of symbols that denotes specialized assignment and training completion. The Shift Commander will verify the assignment sheets daily – including if staff are reassigned through the shift. Updated Training Records (TR-121) are available for all shift supervisors in an electronic and printed form for reference with all shift assignments and reassignments as necessary.

The Transportation Cadre staffs have all completed necessary fit-testing.

The facility has established a centralized retention location with single authority access to ensure that historical records are easily identifiable and retrievable.

Anticipated compliance: October 1, 2017.