



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

July 30, 2025

Chief Internal Auditor
State Budget Office
Office of Internal Audit Services
111 S Capitol Ave
7th Floor, Romney Building
Lansing MI 48933

Dear Jessica Thomas,

In accordance with the State of Michigan, [Financial Management Guide, Part VII](#), enclosed is our final corrective action plan to address recommendations contained within the report from the Office of Auditor General Performance Audit of the Richard A. Handlon Correctional Facility.

Questions regarding the corrective action plan should be directed to Audit Liaison/Deputy Director Julie Hamp HampJ@michigan.gov.

Sincerely,

Julie Hamp
Deputy Director
Michigan Department of Corrections
Budget and Operations Administration

Enclosure (1)

cc: JoAnne Huls, Chief of Staff, Executive Office
Shellia Marshall-Curtis, Chief Compliance Officer, Executive Office
Trish Foster, Chief Operating Officer, Executive Office
Doug Ringler, Auditor General, Office of the Auditor General
Ann Bollin, House Appropriations Committee Chair
Sarah Anthony, Senate Appropriations Committee Chair
Mary Ann Cleary, Director, House Fiscal Agency
Kathryn Summers, Director, Senate Fiscal Agency
Heidi E. Washington, Director, Michigan Department of Corrections
Jeremy Bush, Deputy Director, Correctional Facilities Administration
Shawn Brewer, Assistant Deputy Director
Kyle Kaminski, Offender Success Administrator/Legislative Liaison
Mindy Braman, Warden, Handlon Correctional Facility
Sharene Johnson, Administrator, Procurement, Monitoring, and Compliance Division
Tony Costello, Audit Manager, Procurement, Monitoring, and Compliance Division

Michigan Department of Corrections
Performance Audit of the Richard A. Handlon Correctional Facility 471-0215-23
Issued By the Office of the Auditor General
March 2025
Department Final Corrective Action Plan

Summary Response Matrix

| | Complied | Will Comply | Partially Complied | Will Not Comply |
|------------------|----------|-------------------|--------------------|-----------------|
| Agrees | | Findings 1 thru 4 | | |
| Partially Agrees | | | | |
| Disagrees | | | | |

Final Corrective Action Plan (CAP)

Finding 1 Material: Corrections officers likely falsified cell search logbooks 4% of the time. Also, over one third of the cell searches we observed on the surveillance video footage were completed in less than one minute, bringing into question the thoroughness of the searches.

Agency Response: *The Department agrees and will comply.*

Anticipated Compliance Date: November 1, 2025

These cell search exceptions were mainly caused by staff needing additional training. Of the 46 cell searches completed in less than a minute, 35 (76%) of those were segregation cells or mental health designated cells (RTP, ASRP) that contain very little property. The other searches that were done in less than one minute were a result of the cell in question being empty/vacant, or it being a targeted search where staff could tell if large items (like a stolen TV) were present in less than a minute.

Due to some of the exceptions noted, five (5) Requests for Investigation were made. Staff were issued corrective action or disciplined as appropriate if they incorrectly logged cell searches that they did not complete.

To ensure cell searches are being done as required by policy, a Security Monitoring Exercise (SME) has been added to custody monthly duties in their Post Orders. This SME requires custody supervisors to observe two cell searches a month for accuracy. In addition, each Residential Unit Manager (RUM) must review six cell searches a month on camera and report the length of each search on their Monthly Report to the Assistant Deputy Warden (ADW) of Housing. Finally, there was additional training done for custody staff on thorough cell searches.

MTU Operating Procedure 04.04.110 “Search and Arrest of Prisoners, Employees, & Visitors” was updated as to reflect these updated procedures. An internal audit will be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 2 Reportable: Our review of surveillance video showed 6% of the time, items, vehicles, and/or individuals were not fully searched when entering the Facility through the front or sallyport gates. Also, approximately one quarter of sallyport gate foot and vehicle traffic we reviewed was not properly documented.

Agency Response: *The Department agrees and will comply.*

Anticipated Compliance Date: November 1, 2025

The instances where the vending machine operator’s bins weren’t searched, when vehicle searches or patdowns were missed, and vehicle or foot traffic were not logged were the result of staff not following operating procedures and/or Post Orders and needing additional training. Requests for investigation (RFI) were made for these exceptions, and staff were issued corrective action or disciplined as appropriate.

To ensure searches are being done as required by policy, changes have been implemented. Post Orders were updated to clarify search and logging procedures that the sallyport and gate officer must complete when vehicles or foot traffic enter the front gate or sallyport. Security monitoring exercises (SME) are also conducted monthly in the sallyport and at the front gate to ensure compliance with policy. Department wide, additional technology is being deployed (package scanners) to allow for a more thorough search of items. An internal audit will be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should help mitigate this issue in the future.

Finding 3 Reportable: The Facility did not complete 15% of required daily tool inspections reviewed and 23% of required monthly tool inspections reviewed.

Agency Response: *The Department agrees and will comply.*

Anticipated Compliance Date: November 1, 2025

Copies of weekly and monthly tool reports were not properly retained during the audit period. The Dental Clinic was shut down and the school principal, school secretary, and inspector all retired during the audit period. These staff kept weekly and monthly tool reports on their personal hard drives and it could not be recovered after they retired. Therefore, MTU was unable to retrieve and provide some of the requested reports.

This issue was identified during a facility self-audit and a corrective action plan was developed to remediate it in early 2023. Most of the tool report exceptions noted by the OAG were found in 2021 and 2022, not 2023.

Due to the exceptions noted, area managers now put their weekly and monthly tool reports on a shared drive for retention and send a copy attached to their monthly reports. The tool control officer rectifies and audits these reports monthly. There was also additional training done for school staff on tool control.

MTU Operating Procedure 04.04.120 “Tool Control” was updated to reflect these updated procedures. The Department will continue to look at emerging technologies to assist with the tracking of tool inventories and usage. An internal audit will be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 4 Reportable: Required weekly arsenal inspections were not completed 30% of the time, and daily arsenal inspections were not properly documented nearly half the time.

Agency Response: *The Department agrees and will comply.*

Anticipated Compliance Date: November 1, 2025

The weekly arsenal inspections were not always logged for several reasons: in some instances, it was due to having a newer arsenal sergeant after the former one went off on long-term leave unexpectedly, and the fact that the arsenal sergeant position wasn’t manned daily. The arsenal sergeant position was required to work on shift in areas other than the arsenal. The arsenal was sealed when not in use and seals were documented, so this did not cause a security breach.

We would like to note that Policy Directive 04.04.100 “Custody, Security, and Safety Systems” doesn’t require facilities to fill out any type of arsenal checklist to notate daily inspections. It just says all inspections and inventories shall be documented. The arsenal daily inventory checklist that is used by MTU isn’t an official form and isn’t located in our Document Access System (DAS). It is more of a guide for staff that are unfamiliar with auditing the arsenal. While we agree the daily checklists reviewed by the OAG team were not fully completed or always signed by the officer responsible for completing the inspection, the dated checklist itself suggests the daily inspections were performed as required per policy.

Due to the exceptions noted, MTU staff that work in the arsenal were required to complete additional training on arsenal operating procedures. There is also a full-time arsenal sergeant to ensure all inspections are meeting policy requirements.

In addition, the Assistant Deputy Warden is auditing daily, weekly, and monthly arsenal inspections and reporting outcomes on his monthly report. The Department will continue to explore technologies to help track and document the use of equipment. An internal audit will be conducted by the MDOC Audit Section to review OAG identified deficiencies. All these changes should mitigate this issue moving forward.

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