



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

GRETCHEN WHITMER
GOVERNOR

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 Baraga Correctional Facility.

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

Sincerely,

Julie Hamp
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
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Cindy Dodds-Dugan, Assistant Deputy Director
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Terry Wilkins, Warden, Baraga 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 Baraga Correctional Facility 471-0207-23
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 7		
Partially Agrees				
Disagrees				

Final Corrective Action Plan (CAP)

Finding 1 Material: Corrections officers falsified cell search logbooks about a quarter of the time. Also, nearly half 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 exceptions were caused mainly by staff needing additional training. Cell searches were being recorded by each officer on individual paper forms that were turned in daily and logged. This could have also contributed to clerical errors.

The searches that were done in less than one minute were mainly a result of the cell in question being empty/vacant, or the search was done in segregation cells that may contain very little property to search. Of the 32 cell searches completed in less than a minute, 19 (59%) of those were segregation cells and 4 of those segregation cells were also empty.

Due to some of the exceptions noted, several Requests for Investigation were made. Officers were disciplined if they incorrectly logged cell searches that they did not complete.

To ensure cell searches are being done as required by policy, AMF Sergeants now conduct a daily check to ensure all cell searches have been completed and logged in the newly implemented spiral shakedown books and Resident Unit Managers review cell searches on a weekly basis and follow-up with staff on any deficiencies. Video reviews are also done randomly on the 11 pm to 7 am shift by shift command. Finally, there was additional training provided for custody staff through the State of Michigan Learning Center on thorough cell searches.

AMF Operating Procedure 04.04.110 “Search and Arrest of Prisoners, Employees, & Visitors” has been updated as of August 2023 to reflect these updated procedures. An internal audit will also be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 2 Material: We identified 30 former Facility employees and contractors who continued to have access to key storage cabinets located in the Facility lobby. These individuals departed Facility employment, on average, nearly 2.5 years ago and had access to an average of 13 Facility keys each.

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

Anticipated Compliance Date: November 1, 2025

We agree with the finding that in the instances reviewed some of the unique individuals with Keywatcher access no longer work at the Facility. Many of these individuals were contractors, others were shared-services employees stationed at another facility, and some were retired AMF staff.

These exceptions were caused by several factors, including a breakdown of communication between AMF HR and the Inspector/Key Control Officer when state employees retired, the AMF HR Manager and Inspector not being notified by Health Care or another facility when a contractor or a shared-services state employee stopped working at their facility, not having a standardized process for offboarding contractors or shared-services staff, and the fact that many of our contractors and shared-services staff perform services at several different facilities. They might only visit a facility weekly, monthly, or yearly depending on their job title and facility need.

AMF’s Keywatcher boxes are under 24-7 video surveillance that allows the facility to track keys once pulled, if necessary, and these boxes are also visible from the Entry Control Officer, Gate Officer, and Information Desk Officer. Of the 30 former contractors and employees identified with access to high security keys, we determined that while their keys would allow access to common areas like the warden’s suite, it would not allow them access to specific administrative offices like the Warden’s, Deputy Warden’s, or Administrative Assistant’s since those keys are only assigned to the administrators that work in those specific offices. It’s also extremely unlikely they would have access to sensitive or restricted areas within the secure perimeter since they would not be allowed through the front gate or sallyport without a current and active ID card. These two areas are the only means of access to the secure perimeter inside the facility on foot or in a vehicle. Policies and procedures regarding perimeter security are in place to limit the other ways someone could get keys over the fence and inside the secure perimeter.

To ensure key access is removed for all departed State employees and contractors moving forward, the Department updated PD 04.04.125 “Key Control” to include language that the annual key audit shall include ensuring an employee’s/contract employee’s access to the Key Watcher System has been removed within two business days of notification that the employee/contractor has departed from the facility. The procedure for Health Care (and other

program managers that oversee contractors) will include notifying facility HR Managers and Wardens upon departure of a contractor.

AMF Operating Procedure 04.04.125 “Security Key Control” has been updated and requires the Inspector to immediately remove Keywatcher access for staff that leave employment after notification from Human Resources. This is reconciled weekly. An internal audit will also be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 3 Material: The Facility did not always include tools, such as a saw, screwdriver, and hand drill, on tool inventories; sign out when in use; or maintain periodic inventory check documentation.

Agency Response: The Department agrees and will comply.

Anticipated Compliance Date: November 1, 2025

These exceptions were caused by several factors, including having several different tool control officers during the audit period that had different interpretations of policy and what differentiated equipment vs tools, documentation retention issues, and inexperienced staff needing additional training.

While the Department agrees there were issues with tool inventories and documentation, there were no instances of missing tools, or critical incidents stemming from missing tools during the audit period. This was more of a training and paperwork issue.

To ensure tool reports and procedures are being done as required by policy, AMF’s tool control officer conducted a facility wide tool audit in August 2023 and 2024 to review each area and correct any deficiencies. Tool area managers were instructed to complete daily tool inventory checks at the beginning and end of shift, as well as throughout the workday/work week to ensure the appropriate inventory sheets are signed in accordance with policy. Supervisors have been given directions to complete the required monthly inventory checks and update their master tool inventory as needed.

AMF Operating Procedure 04.04.120 “Tool Control” has been updated to reflect the above changes and current tool audit requirements. The MDOC will continue to look at emerging technologies to assist with the tracking of tool inventory and usage in the facilities. An internal audit will also be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 4 Material: The Facility did not always complete required interviews or document all necessary approvals for prisoners placed in segregation. Also, when the Facility Security Classification Committee recommended prisoners continue administrative segregation, it did not document a reason in 15% of applicable instances reviewed.

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

Anticipated Compliance Date: November 1, 2025

The documentation exceptions were caused by several things, including staff not including the reason the prisoner was placed in temporary segregation or getting the warden's approval on every form. As a note, the Daily Security Report is sent to the warden daily, which also serves as a notification of prisoners placed in segregation for non-bondable issues.

In terms of instances where the reason was missing for Security Classification Committee (SCC) continuing segregation, some staff were using the older version of the CSJ-283 form that did not include a dropdown for the continuation reason, and as a result they failed to complete the form in its entirety. The Department is ensuring that staff are using the current version of the form and documented the reason for continuation in segregation in the electronic offender management system (COMS).

For instances where the former warden's signature was missed, the practice was to have a designee (usually the Assistant Deputy Warden (ADW) of Housing) sign it. Since the ADW of Housing was also on SCC, it could be a conflict of interest. The warden now signs the form in all cases after reviewing and there will not be a designee.

The two Assistant Deputy Director (ADD) interviews that were missed happened during quarantines. These specific cases were not properly tracked for interviews during that time after being rescheduled due to quarantines, but the Department now ensures that all required interviews are conducted timely.

Finally, segregation forms not being filled out completely were by caused by staff error and were mainly documentation issues.

To ensure all segregation forms are being filled out correctly and procedures are being followed as required by policy, AMF is having Prison Counselors and the ADW of Housing review all CSJ-283 forms for accuracy. The Department has also implemented additional training for SCC members. The warden is also reviewing all segregation forms he receives and ensuring he signs them directly. A new dashboard is being implemented statewide, and it will contain information on SCC reviews that will help improve the tracking of segregation prisoners in the future. An internal audit will also be conducted by the MDOC Audit Section to review OAG identified deficiencies. These changes should mitigate this issue in the future.

Finding 5 Reportable: The Facility allowed Facility-owned vehicles to pass in and out of the Facility's sallyport without a gate manifest in 28% instances we observed, including skid steers carrying building equipment and materials, a box truck carrying unknown items, and a utility vehicle pulling trolleys containing unknown items.

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

Anticipated Compliance Date: November 1, 2025

Sallyport officers did perform inspections of all vehicles entering through the sallyport gates as required by policy and AMF operating procedures but did not require all of them to have manifests. When manifests were used, there were also instances where manifests and the accompanying log were filled out incorrectly or incompletely. During the audit period the sallyport at AMF experienced a frequent number of custody staff in that position who were not regularly assigned to the sallyport.

Due to the exceptions noted, all AMF staff members were required to complete an additional PowerPoint training on Gate Manifests in 2023 on the State of Michigan Learning Center (SOMLC). The PowerPoint is available for all staff on the AMF Public Drive for continuous review. Administrative manifests have also been updated for staff bringing in prisoner store bags, quartermaster, and prisoner property.

In addition, Shift Commanders are now completing daily reconciliations and monthly audits of Gate Manifests and logs on the 11 pm to 7 am shift. Post Orders for the 8 am to 4 pm Sergeant were also revised to note weekly reconciliation requirements. Monthly Security Monitoring Exercises for gate security are also required and will be completed. Lastly, random video reviews of gate and sallyport traffic have been added to the monthly audit requirements for Shift Commanders. AMF OP 04.04.100E and 04.04.100G were revised to reflect these requirements. Statewide, additional technology is being deployed (package scanners) to allow for more thorough search of items entering the facilities. An internal audit will also be conducted by the MDOC Audit Section to review OAG identified deficiencies. All these changes should mitigate this issue moving forward.

Finding 6 Reportable: The Facility did not conduct 25% of required level I informal prisoner counts for the dates reviewed

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

Anticipated Compliance Date: November 1, 2025

AMF did not conduct or was late with some informal prisoner counts from June 1, 2022 until April 30, 2023 as required per AMF Operating Procedure 04.04.101 "Prisoner Counts." This operating procedure contained contradictory language regarding informal count times. It required AMF staff to conduct an informal count of prisoners at a set hourly schedule, but it also stated that these counts had be conducted at irregular intervals and staggered times.

Policy Directive 04.04.101 "Prisoner Counts." allows for informal count to be done with rounds. Staff did not consistently log when they completed informal counts while they were making rounds.

AMF OP 04.04.101 "Prisoner Counts" while contradictory, went over and above the standard of our statewide Policy Directive 04.04.101 "Prisoner Counts." All formal counts were done on-time during this audit period and this policy directive doesn't specify how often informal counts must be conducted, so AMF fully complied with our policy.

AMF Operating Procedure 04.04.101 “Prisoner Counts” was updated on 10/15/23 to align with Policy Directive 04.04.101 “Prisoner Counts,” which should mitigate this issue.

Finding 7 Reportable: The Facility did not always conduct required radio checks in a timely manner and did not conduct 7% of base station radio checks were reviewed.

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

Anticipated Compliance Date: November 1, 2025

Of the individual radio checks that were sampled, most were completed although some were late. Also, 93% of base station checks were completed at the beginning of shift as required. If a radio check falls during mass movement or when fences are being checked it may be delayed. It creates a security concern to tie up radios during mass movement, which is when many of the issues with prisoners occur.

To address this issue, facility radio checks will begin prior to zone checks at the beginning of shift to allow for both checks (radio and zones) to be completed in accordance with policy. Applicable Post Orders and OP-04.04.100 “Custody Security and Safety Systems” were updated in 2024 to reflect this, and applicable staff were directed to a posted memo in the work area on the changes. Shift Commanders, the ADW, Deputy Warden, and Inspectors have been directed to monitor logbooks to ensure radio checks and base station checks are completed at the beginning of each shift. Since person assignments have been eliminated at AMF so there is no need to conduct 60-minute/30-minute checks for those assignments anymore. The supervisors (named above) that are conducting the logbook review will document this review by signing and noting it in the appropriate logbook.

While the MDOC agrees that an opportunity for improved timeliness exists, AMF is completing all required individual radio checks.

cc: JoAnne Huls, Chief of Staff, Executive Office
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