



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT



THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

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– Article IV, Section 53 of the Michigan Constitution

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Michigan
Office of the Auditor General
REPORT SUMMARY

Performance Audit

Ryan Correctional Facility

Department of Corrections

Report Number:
471-0232-10

Released:
April 2011

The Ryan Correctional Facility opened in 1991 and is located on the east side of Detroit on 39 acres, off Ryan Road. The Facility has the capacity to house 1,056 security level II male prisoners. The mission of the Facility is to provide incarceration for adult male prisoners and to protect the community, the prisoners, and employees while ensuring that secured prisoners are prepared to return to the community as productive citizens. The Facility provides each prisoner with opportunities for self-improvement through social, educational, and vocational programming.

Audit Objective:

To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Audit Conclusion:

We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted seven reportable conditions (Findings 1 through 7).

Reportable Conditions:

The Facility did not maintain an accurate master inventory record of arsenal equipment (Finding 1).

The Facility did not properly complete and monitor gate manifests (Finding 2).

The Facility did not conduct annual criminal history checks for all officers whose assignments required the use of a firearm (Finding 3).

The Facility did not maintain proper control over critical and dangerous tools (Finding 4).

The Facility did not document all required radio checks (Finding 5).

The Facility did not test and calibrate its walk-through metal detector as required (Finding 6).

The Facility did not properly document all required weekly sanitation inspections (Finding 7).

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Agency Response:

Our audit report contains 7 findings and 7 corresponding recommendations. The Department of Corrections' preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

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A copy of the full report can be
obtained by calling 517.334.8050
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<http://audgen.michigan.gov>



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THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

April 15, 2011

Mr. Richard M. McKeon, Director
Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Mr. McKeon:

This is our report on the performance audit of the Ryan Correctional Facility, Department of Corrections.

This report contains our report summary; description of agency; audit objective, scope, and methodology and agency responses and prior audit follow-up; comment, findings, recommendations, and agency preliminary responses; two exhibits, presented as supplemental information; and a glossary of acronyms and terms.

The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to address the audit 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.

We appreciate the courtesy and cooperation extended to us during this audit.

AUDITOR GENERAL

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Description of Agency

The Ryan Correctional Facility opened in 1991 and is located on the east side of Detroit on 39 acres, off Ryan Road. The Facility has the capacity to house 1,056 security level II* male prisoners.

The mission* of the Facility is to provide incarceration for adult male prisoners and to protect the community, the prisoners, and employees while ensuring that secured prisoners are prepared to return to the community as productive citizens. The Facility provides each prisoner with opportunities for self-improvement through social, educational, and vocational programming.

The Facility contains buildings for housing, including a small segregation unit; educational and vocational instruction; food services; a health clinic; a dialysis unit; administrative offices; warehouse storage; and security. The Facility is separated from the surrounding area by a six-foot landscaped berm with evergreen and deciduous trees and a 12-foot security fence.

For fiscal year 2009-10, the Facility's operating expenditures were \$30 million. As of December 2010, the Facility had 332 employees and housed 1,047 prisoners.

** See glossary at end of report for definition.*

Audit Objective, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

Audit Objective

The objective of our performance audit* of the Ryan Correctional Facility, Department of Corrections (DOC), was to assess the effectiveness* of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Audit Scope

Our audit scope was to examine the program and other records of the Ryan 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 conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. Our audit procedures, performed from August through December 2010, generally covered the period October 1, 2008 through November 30, 2010.

Audit Methodology

To establish our audit objective and to gain an understanding of the Facility's activities, we conducted a preliminary review of the Facility's operations. This included discussions with various Facility staff regarding their functions and responsibilities; observations; and examination of program records, policy directives, and operating procedures. In addition, we reviewed monthly reports to the warden and the American Correctional Association evaluation report.

To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security, we reviewed procedures and examined records related to gate manifests*; arsenal inventories; employee firearm qualifications; employee training; security threat group (STG) prisoners*; drug testing; radio checks; food service sanitation inspections; electronic perimeter checks; housekeeping inspections; fire safety; prisoner, cell, employee, and visitor searches; prisoner counts;

** See glossary at end of report for definition.*

metal detector calibration; preventive maintenance; and security monitoring exercises*. In addition, we inventoried keys, critical tools*, and dangerous tools* on a test basis.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis.

Agency Responses and Prior Audit Follow-Up

Our audit report contains 7 findings and 7 corresponding recommendations. DOC's preliminary response indicates that the Facility agrees with all of the recommendations and has complied or will comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to 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 DOC to develop a plan to address the audit 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.

We released our prior performance audit of the Ryan Correctional Facility, Department of Corrections (47-232-00), in September 2000. Within the scope of this audit, we followed up 4 of the 8 prior audit recommendations. The Facility complied with all 4 of the prior audit recommendations.

* See glossary at end of report for definition.

COMMENT, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

SAFETY AND SECURITY

COMMENT

Background: The Ryan 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 policy directives and operating 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. The policies and procedures address many aspects of the Facility's operations, including arsenal, key, tool, and firearm security; prisoner, employee, visitor, and housing unit searches; gate manifests; prisoner counts; medication controls; sanitation and food service inspections; security threat group (STG) prisoners; metal detectors; preventive maintenance; and disaster planning. Although compliance with these policies and procedures contributes to a safe and secure facility, the nature of the prison population and environment is unpredictable and inherently dangerous. Therefore, compliance with the policies and procedures will not entirely eliminate the safety and security risks.

Audit Objective: To assess the effectiveness of the Facility's efforts to comply with selected policies and procedures related to safety and security.

Audit Conclusion: We concluded that the Facility's efforts to comply with selected policies and procedures related to safety and security were moderately effective. We noted seven reportable conditions* related to arsenal inventory, gate manifests, criminal history checks, tool control, radio checks, metal detector calibration, and sanitation inspections (Findings 1 through 7).

FINDING

1. Arsenal Inventory

The Facility did not maintain an accurate master inventory record of arsenal equipment. An accurate master inventory record would help ensure accountability and security of the Facility's arsenal inventory.

* See glossary at end of report for definition.

Facility operating procedure 04.04.100E requires the arsenal sergeant to inventory all arsenal equipment on a weekly basis. An accurate, up-to-date master equipment inventory is essential for reconciling those weekly inventories.

When purchased, each rifle is identified with a serial number. Also, the Facility assigned each rifle a facility number. Over time, the Facility reassigned and reused the facility numbers but did not update the serial numbers on the master inventory list.

We completed a physical inventory of the arsenal equipment in October 2010. Although we were able to account for 21 rifles, none of the serial numbers on the 21 rifles were correctly recorded on the Facility's master inventory.

RECOMMENDATION

We recommend that the Facility maintain an accurate master inventory record of arsenal equipment.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has complied by updating the serial numbers on the master inventory list. The Facility indicated that the arsenal sergeant has been instructed to ensure that serial numbers are recorded on the master inventory list as weapons are purchased.

FINDING

2. Gate Manifests

The Facility did not properly complete and monitor gate manifests. Failure to properly complete and monitor gate manifests could result in dangerous items being left inside the prison, thus endangering staff and prisoners.

Gate manifests (see Exhibit 1) serve as the tracking mechanism for items (tools, supplies, medications, etc.) entering and leaving the prison and are used to control and prevent the introduction of contraband* and the theft of State property. DOC operating procedure 04.04.100 requires that all gate manifests be reconciled daily; that the designated individual ensure that all sections of the gate manifest have

* See glossary at end of report for definition.

been completed with dates, times, and proper signatures; that the appropriate copies of the gate manifests have been returned; and that tracking numbers match the numbers listed in the gate manifest log.

We reviewed 60 sallyport* gate manifests and 58 front gate manifests prepared for the periods August 23, 2009 through August 26, 2009 and July 11, 2010 through July 14, 2010 and noted that 81 (69%) manifests were not properly documented or had omissions of important information, with several manifests having multiple omissions. Specifically, we noted:

- Eleven (9%) manifests were not signed by the individual inside the prison who received the items.
- Fifty-seven (48%) manifests that indicated that the items were leaving the prison were not signed by the gate officer verifying that the items actually left the prison.
- Five (4%) manifests were not signed by the gate officer verifying that items entering the prison had been searched prior to entry.
- Four (3%) manifests were signed as authorized by an unauthorized individual.
- Twenty-eight (24%) manifests did not indicate whether items were entering the prison, leaving the prison, or entering and leaving the prison on the same day.
- Fourteen (12%) manifests were not signed by the carrier when leaving the prison.

We also reviewed gate manifest logs for the sallyport and front gate for July 2010 and noted that gate officers did not reconcile and account for all gate manifests. Specifically, we noted:

- Seventy (17%) of 412 gate manifests were not reconciled.
- Thirty-two (8%) of 412 gate manifests were missing.

* See glossary at end of report for definition.

- Five gate manifest tracking numbers were issued twice.
- Five of the gate manifests that were completed with all required signatures were not issued tracking numbers or recorded on the gate manifest log.

RECOMMENDATION

We recommend that the Facility properly complete and monitor gate manifests.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that the supervisors assigned to monitor the gate during shift change review and reconcile the gate manifests for their shifts and that the midnight shift has enhanced the daily reconciliation process and prepares a more comprehensive report after the daily review. Also, the Facility indicated that the shift commanders will train all gate officers to thoroughly review all gate manifests to ensure that all required information is included on the manifests before the items are allowed to pass through the gate. In addition, the Facility indicated that it will also stress the importance of properly completing the manifests at staff meetings.

FINDING

3. Criminal History Checks

The Facility did not conduct annual criminal history checks for all officers whose assignments required the use of a firearm. Failure to conduct periodic reviews of each officer's criminal history could result in the Facility assigning ineligible officers to assignments requiring the use of a firearm.

DOC policy directive 03.03.100 prohibits employees from being issued or allowed to possess a firearm if they have been convicted of a specified felony as defined by the *Michigan Compiled Laws* or a misdemeanor crime of domestic violence for which the ordered sentence has not been fully served or if prohibited by a personal protection order. In addition, Facility operating procedure 03.03.100 requires that Law Enforcement Information Network* (LEIN) checks be run prior to an officer's firearm qualification and annually thereafter, prior to his or her requalification.

* See glossary at end of report for definition.

Our review disclosed that the Facility had not conducted LEIN checks within the prior 12 months for 65 (53%) of 122 officers who were assigned to positions requiring the use of firearms as part of their work assignment for the period July 11, 2010 through July 15, 2010.

RECOMMENDATION

We recommend that the Facility conduct annual criminal history checks for all officers whose assignments require the use of a firearm.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it will comply. The Facility indicated that it will change its operating procedure to require staff to conduct annual LEIN checks by March 1st for all employees whose assignments require the use of a weapon.

FINDING

4. Tool Control

The Facility did not maintain proper control over critical and dangerous tools. Failure to maintain control over tools could result in tools being unaccounted for or in lost or misplaced tools not being detected and recovered in a timely manner, thereby increasing the potential for misuse by prisoners.

The Facility accounted for approximately 2,600 tools in 44 tool storage areas. We reviewed 7 tool storage areas. We also reviewed daily tool inspection reports for the 44 storage areas for the periods September 20, 2009 through September 26, 2009 and June 6, 2010 through June 12, 2010 and monthly tool inspection reports for September 2009 and June 2010. Our review of tool records and tool storage areas disclosed:

- a. The Facility did not maintain accurate, up-to-date tool inventory listings. Of the 7 tool storage areas examined, one (14%) tool storage area did not post an inventory list, one (14%) tool storage area had an outdated inventory list that did not agree with the Facility's master tool inventory listing, and one (14%) tool storage area's inventory list did not contain the required signatures.

DOC policy directive 04.04.120 requires that the facility post an accurate and up-to-date inventory list for each area and that each list be signed by the tool control officer and tool area manager.

- b. The Facility did not document that it had completed 138 (23%) of the 609 required daily tool inspections.

Policy directive 04.04.120 requires tool area managers to inspect their respective tool areas at the end of their work shift and to document the inspection.

RECOMMENDATION

We recommend that the Facility maintain proper control over critical and dangerous tools.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that the master tool inventory book was updated and reviewed by the tool control officer to ensure that the tool inventories matched the inventories posted in the tool storage areas and that the tool inventory list has been signed by the tool area manager. The Facility also indicated that the tool control officer will continue to monitor tool storage areas and the tool inventory lists to ensure compliance. However, the Facility wishes to clarify that the tool storage area inventory list that had not been posted was for a locker that had been sealed due to an employee's extended leave and subsequent retirement. The seal on the locker was broken for the auditor and the inventory list matched the tools in the locker.

In addition, the Facility stated that the tool control officer has provided instructions to facility department heads regarding the required steps to properly complete and submit a tool report form (CAJ-346); the Facility will update the operating procedure for tool control to clarify the requirements for proper completion and submission of the tool report form and ensure that the tool report form has the required signatures; the tool control officer will conduct training with all tool area managers and work area supervisors to ensure proper completion and submission of tool reports; and the tool control officer will monitor compliance regarding the tool

inspections and documentation and will report all deficiencies to the appropriate department head for appropriate action.

FINDING

5. Radio Checks

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

DOC policy directive 04.04.100 requires that an officer assigned to the base station conduct and document radio checks with officers assigned to single staff assignments every hour during daylight hours and every half hour during the hours of darkness. It also requires that the base station test the 800 MHz radios by contacting another DOC facility or the Michigan Department of State Police at least once each shift and that the date and time of the radio checks, along with the operator's name and title, be recorded in the appropriate logbook.

Our review of the control center* logbooks for August 25, 2009, February 3, 2010, and July 14, 2010 disclosed that the Facility did not document 23 (31%) of the 74 required radio checks. Also, the Facility did not document 1 (11%) of 9 checks of its 800 MHz radios.

RECOMMENDATION

We recommend that the Facility document all required radio checks.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that its review of the 24 undocumented radio checks revealed that 8 occurred on one shift for which the staff person failed to document any of the required checks and that the majority of the remaining incidents of noncompliance occurred within the last half hour of the affected shifts. The Facility stated that shift commanders have been instructed to conduct and document all radio checks as required by policy.

** See glossary at end of report for definition.*

FINDING

6. Metal Detector Calibration

The Facility did not test and calibrate its walk-through metal detector as required. Failure to routinely test and calibrate the walk-through metal detector could result in the Facility's officers not identifying potentially dangerous metal objects on individuals attempting to enter the prison.

The walk-through metal detector is the primary security system used by the gate officer to identify and prevent illegal items from entering the prison. DOC policy directive 04.04.100 requires the testing of security systems at least quarterly.

Our random physical testing of the Facility's walk-through metal detector indicated that the metal detector was working properly. However, our review of the front gate logbooks for August 2009 through June 2010 disclosed that the Facility had not tested and calibrated the metal detector for 1 (33%) of the 3 quarters.

RECOMMENDATION

We recommend that the Facility test and calibrate its walk-through metal detector as required.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that it has assigned the arsenal sergeant to ensure that the required calibration tests are completed quarterly and documented in the logbook at the gate officer assignment. Also, the Facility stated that supplemental documentation of the metal detector calibrations will be maintained in the deputy warden's office.

FINDING

7. Sanitation Inspections

The Facility did not properly document all required weekly sanitation inspections. Regular formalized inspections of Facility buildings and grounds are essential to ensure good sanitation and housekeeping practices and to maintain a safe environment for staff and prisoners.

DOC policy directive 04.03.102 requires that weekly sanitation inspections (see Exhibit 2) be conducted in all facility areas by staff who have received appropriate training in and are familiar with sanitation requirements.

We reviewed weekly sanitation inspections for the periods August 9, 2009 through August 15, 2009, September 6, 2009 through September 12, 2009, and July 4, 2010 through July 17, 2010 for the 22 areas within the Facility that require sanitation inspections. Our review disclosed that the Facility did not document that it conducted 11 (13%) of the 88 required weekly inspections. Also, of the 77 weekly inspections completed, we noted the following discrepancies:

- a. Documentation for 37 (48%) inspections did not record water temperatures.
- b. Documentation for 24 (31%) inspections did not record air temperatures.
- c. Documentation often identified areas, such as windows and doors for the same building or housing unit, as not applicable in one period but applicable and compliant in another period.

RECOMMENDATION

We recommend that the Facility properly document all required weekly sanitation inspections.

AGENCY PRELIMINARY RESPONSE

The Facility agrees with the recommendation and informed us that it has taken steps to comply. The Facility indicated that it has designated staff to review and monitor the weekly sanitation inspection reports. The Facility also indicated that it has required all Facility staff that complete weekly sanitation inspections to complete an in-service training course titled "Conducting Weekly Sanitation Inspections."

SUPPLEMENTAL INFORMATION

RYAN CORRECTIONAL FACILITY
Department of Corrections
Gate Manifest

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-404

GATE MANIFEST01/06
4835-3404**ALL SHADED AREAS TO BE FILLED OUT BY GATE STAFF**

Date:	Facility:	Tracking/Manifest #:
Point of Entry/Exit:	<input type="checkbox"/> Front Gate <input type="checkbox"/> Sallyport <input type="checkbox"/> Other: _____	
Carrying Items	<input type="checkbox"/> IN or <input type="checkbox"/> OUT	<input type="checkbox"/> Same Day Turn Around (✓ if the item is to be taken back out or brought back into the secure perimeter that same day)
From:		
Destination:		

VEHICLE DELIVERIES ONLY		<input type="checkbox"/> Not Applicable
Vehicle Type:	<input type="checkbox"/> Van <input type="checkbox"/> Semi <input type="checkbox"/> Cube Van <input type="checkbox"/> Other: _____	Vehicle Plate Number:

Items To Be Carried Through (list each item) OR ☐ See attached List/Packing Slip

Carrier/Driver Name (print):	Signature:
<input type="checkbox"/> Approval Verified	Authorized Signature:
Time Through Gate:	Gate Officer's Signature:

ITEMS TO REMAIN INSIDE FACILITY

<input type="checkbox"/> N/A	Receiver's Name (print):	Date:
	Signature:	

ITEMS CARRIED BACK OUT THROUGH GATE

<input type="checkbox"/> N/A	Carrier's Name (print):	Date:
	Signature:	

Time Carried Out:	Gate Officer's Signature:
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NOTE: Carrier MUST Return Pink Copy To The Gate Officer

- Distribution: ☐ White: Retain at Gate
☐ Canary: Receiver (if applicable)
☐ Pink: Returned to Gate to reconcile with White Copy. Both copies forwarded to designee.
☐ Goldenrod: ... Sender/Carrier

RYAN CORRECTIONAL FACILITY

Department of Corrections

Sanitation Inspection Report

MICHIGAN DEPARTMENT OF CORRECTIONS

SANITATION INSPECTION REPORT☐ WEEKLY (check one) ☐ MONTHLYCAH-950
REV. 07/03

Facility: _____

In accordance with PD 04.03.102 a sanitation inspection was conducted of this area today. Items of non-compliance are indicated.

Department/Housing Unit:				Date:			
INSPECTED AREAS	YES	NO	N/A	INSPECTED AREAS	YES	NO	N/A
LIGHTING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TEMPERATURES: Air: _____°F Hot water: _____°F (100 – 120 °F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUND LEVELS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VENTILATION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/SCREEN/DOORS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WALLS/CEILINGS/ATTACHMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESTROOMS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHOWERS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOMS/CELLS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOORS/STAIRS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CELL/ROOM VENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STORAGE AREAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD SLOTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAZARDOUS MATERIALS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLID WASTE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATTRESS/PILLOW/BLANKET:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAUNDRY FACILITIES:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL AREAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOP CLOSETS/SINKS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMON AREAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOUSEKEEPING PLAN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BARBERING AREAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEST CONTROL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/CORRECTIVE ACTION:

Please initiate corrective action as soon as possible.

Inspection Report Prepared by: _____

Person in Charge During Inspection: _____

GLOSSARY

Glossary of Acronyms and Terms

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.
control center	Central area of communication for a facility. The control center has contact with all officers by radio and loudspeaker.
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.
effectiveness	Success in achieving mission and goals.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gate and sallyport.
Law Enforcement Information Network (LEIN)	A computerized criminal justice database that includes a person's criminal history, including arrests, convictions, and driving record. It is maintained by the Michigan Department of State Police and interfaces with the Federal Bureau of Investigation's (FBI's) National Crime Information Center.

level II	A security classification assigned to a facility or a prisoner. The facility has low medium security, including open barracks-style housing and a full security perimeter with double fences, concertina wire, and a perimeter detection system. These facilities house prisoners who generally have longer sentences than do level I prisoners and who need more supervision but who are not difficult to manage or likely to escape.
mission	The main purpose of a program or an agency or the reason that the program or the agency was established.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve program operations, to facilitate decision making by parties responsible for overseeing or initiating corrective action, and to improve public accountability.
reportable condition	A matter that, in the auditor's judgment, 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 objectives of the audit; 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.
sallyport	A controlled, secure gate by which vehicles can enter the facility grounds through the perimeter fencing.
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.

security threat group
(STG) prisoner

A prisoner who is considered a threat to the safety and security of a facility because of gang-related activities or affiliations or violence toward staff or other prisoners. Prisoners can be designated as STG I (members of gangs or groups) or STG II (leaders of gangs or groups). Prisoners who are designated as STG II must generally be housed in a level V facility.

