

# Office of the Auditor General

## Performance Audit Report

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### **Baraga Correctional Facility**

Michigan Department of Corrections

March 2025

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The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

The auditor general may make investigations pertinent to the conduct of audits.

*Article IV, Section 53 of the Michigan Constitution*

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Office of the Auditor General

## Report Summary

### *Performance Audit*

### *Baraga Correctional Facility*

### *Michigan Department of Corrections*

**Report Number:**

**471-0207-23**

**Released:**

**March 2025**

The Baraga Correctional Facility is located in Michigan's Upper Peninsula. The Facility opened in 1993 and has the capacity to house 176 level I and 528 level V adult male prisoners. For fiscal year 2024, the Facility's General Fund appropriation was \$38.68 million to support 295.8 full-time equated positions. As of October 23, 2024, the Facility housed 595 prisoners.

Audit Objective			Conclusion
Objective 1: 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
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 ( <a href="#">Finding 1</a> ).	X		Agrees
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 ( <a href="#">Finding 2</a> ).	X		Agrees
The Facility did not always include tools, such as a saw, screwdriver, and hand drill, on tool inventories; sign out tools when in use; or maintain periodic inventory documentation ( <a href="#">Finding 3</a> ).	X		Agrees
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 ( <a href="#">Finding 4</a> ).	X		Agrees

<b>Findings Related to This Audit Objective (Continued)</b>	<b>Material Condition</b>	<b>Reportable Condition</b>	<b>Agency Preliminary Response</b>
The Facility allowed Facility-owned vehicles to pass in and out of the Facility's sallyport without a gate manifest in 28% of 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 ( <u>Finding 5</u> ).		X	Agrees
The Facility did not conduct 25% of required level I informal prisoner counts for the dates reviewed ( <u>Finding 6</u> ).		X	Agrees
The Facility did not always conduct required radio checks in a timely manner and did not conduct 7% of base station radio checks we reviewed ( <u>Finding 7</u> ).		X	Agrees

<b>Audit Objective</b>			<b>Conclusion</b>
Objective 2: To report data related to the Facility's staffing.			Data provided
<b>Findings Related to This Audit Objective</b>	<b>Material Condition</b>	<b>Reportable Condition</b>	<b>Agency Preliminary Response</b>
None reported.	Not applicable.		

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**Doug A. Ringler, CPA, CIA**  
Auditor General

March 27, 2025

Heidi E. Washington, Director  
Michigan Department of Corrections  
Grandview Plaza Building  
Lansing, Michigan

Director Washington:

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

We organize our findings and observations by audit objective. 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 to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, 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,

Doug Ringler  
Auditor General



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# AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

# COMPLIANCE WITH SELECTED SAFETY AND SECURITY POLICIES AND PROCEDURES

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## BACKGROUND

The Baraga Correctional Facility had 1 housing unit (general population\*) for level I\* prisoners and 7 housing units (4 general population and 3 segregation) for level V\* prisoners and housed an average of 708 prisoners during the audit period. In October 2023, the Facility moved the level I prisoners from one housing unit into another existing housing unit resulting in a total capacity of 704 prisoners. As of October 23, 2024, the Facility housed 595 prisoners.

The Facility operates under the Michigan Department of Corrections' (MDOC's) policy directives and operating procedures and the Facility's operating procedures, all of which are designed to have a positive impact on the safety and security of Facility prisoners and staff. They address numerous aspects of Facility operations, such as physical access, prisoner counts, key and tool control, and prisoner and cell searches\*, among others.

Although compliance with these policy directives and operating 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 eliminate all 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

- All firearms, including pistols, shotguns, and rifles, were properly accounted for within the arsenal.
- The Facility documented all formal prisoner counts reviewed in accordance with policy.
- Searches of items entering and exiting the Facility through the sallyport\* were thorough based on our surveillance video review.
- The Facility physically accounted for all keys reviewed.
- The Facility did not achieve compliance in 7 of the 11 selected operational areas reviewed as noted in the material conditions\* related to cell searches, key access, tool inventory, and segregation reviews (Findings 1 through 4) and the reportable conditions\* related to gate manifests\*, informal prisoner counts, and radio checks (Findings 5 through 7).

\* See glossary at end of report for definition.

## FINDING 1

### Significant improvements needed in conducting or thoroughly performing cell searches.

The Facility did not conduct or thoroughly perform all required searches of prisoner cells intended to detect and confiscate contraband\* which could compromise the safety and security of staff and prisoners. Compounding the severity of this situation, corrections officers often logged cell searches as completed; however, our surveillance video review showed the searches were not conducted.

MDOC policy directive 04.04.110 requires each first and second shift corrections officer assigned to a housing unit to conduct thorough and complete searches of at least two randomly selected prisoner cells per shift. The policy directive also requires the cell search to be documented in a logbook and to include the date, shift, prisoner's name and number whose cell was searched, area searched, and corrections officer's name who conducted the search.

We judgmentally and randomly selected 93 documented level V cell searches from a population of 1,344 from March 1, 2023 through March 29, 2023 and reviewed the corresponding surveillance video footage to confirm the searches were conducted. We noted:

- a. In 24 (26%) of 93 instances reviewed, the corrections officers logged the cell number, date, and time of the search in the logbook, yet the surveillance video evidence we reviewed showed no corrections officer entered the cell.
- b. For the remaining 69 cell searches reviewed, the surveillance video footage showed corrections officers conducted 32 (46%) of the searches in less than one minute, raising concerns about the thoroughness of the searches.

The following table summarizes our surveillance video review results:

Cell Searches Observed on Surveillance Video		
Length of Cell Search Time	Count (Percent)	Cumulative Count (Percent)
5 seconds or less	4 ( 5.8%)	4 ( 5.8%)
6 seconds to less than 1 minute	28 ( 40.6%)	32 ( 46.4%)
1 minute to less than 3 minutes	29 ( 42.0%)	61 ( 88.4%)
3 minutes to less than 5 minutes	6 ( 8.7%)	67 ( 97.1%)
5 minutes or more	2 ( 2.9%)	69 (100.0%)
Total	69 (100.0%)	
Average length of time	1 minute and 36 seconds	

Nearly half of cell searches were completed by corrections officers in less than one minute.

\* See glossary at end of report for definition.

MDOC policy directives and Facility operating procedures do not establish a minimum cell search time and do not define a "thorough and complete" search. However, MDOC's training curriculum teaches new corrections officers to be systematic, thorough, and curious when conducting searches including examination of shelves and/or cabinets and all articles on or in them, clothing, shoes, blankets, sheets, books, letters, magazines, packages, light sockets, toilets, faucets, crossbars of the cell, heaters, ventilation grills, any bored holes in furniture, and the entire floor of the cell, among others.

The housing unit manager is required by Facility operating procedure 04.04.110 to monitor the cell search process to ensure searches are completed and properly documented. However, the operating procedure does not specify the nature, frequency, or documentation requirements for this monitoring. MDOC stated the need for additional training and possible clerical errors may have contributed to issues noted in this finding.

We consider this finding to be a material condition because of the:

- Significant exception rate.
- Falsification of cell search logbook documentation, which represents a violation of MDOC Employee Handbook work rules.
- Likelihood a 1-minute and 36 second average time for a cell search does not meet the spirit of the cell search requirement intended to detect contraband and help prevent violence and escape.
- Potential negative impact on the safe operation of the Facility.

## **RECOMMENDATIONS**

We recommend the Facility conduct all required cell searches.

We also recommend the Facility improve the thoroughness of cell searches.

## **AGENCY PRELIMINARY RESPONSE**

MDOC provided us with the following response:

*The Department agrees and will comply.*

*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 done. 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. Resident Unit Managers also review cell searches on a weekly basis and follow-up with staff on any deficiencies. Finally, there was additional training done for custody staff 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. These changes should mitigate this issue in the future.*

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

## FINDING 2

**Key access was not always removed for former Facility employees and contractors.**

30 individuals who no longer worked at the Facility had access to Facility key storage cabinets, averaging 2.5 years since departing Facility employment.

The Facility did not ensure access to electronic key storage cabinets was removed for all employees or contractors who departed Facility employment. Key access should be tightly controlled to ensure the security of the Facility and, ultimately, the safety of prisoners and staff.

MDOC policy directive 04.04.125 requires the Facility to maintain a key receipt system, referred to as a Keywatcher system, that controls and records the distribution and return of keys. The Facility has five electronic key storage cabinets called Keywatcher boxes\* to house key rings, including three in the Facility lobby and two within the secure perimeter. Employees and contractors are assigned access to specific key rings based on their job responsibilities and are provided a personal identification number (PIN) or can use their State-issued identification card to open the Keywatcher box and remove or replace their assigned key rings before and after each shift. State of Michigan Technical Standard 1340.00.020.01 requires data custodians to remove Keywatcher access within two business days of notification of an employee's departure.

Our comparison of the detailed key list reports from the Keywatcher system as of August 28, 2023 with the Facility's staff listing noted 30 (16%) of the 191 unique individuals with box access no longer worked at the Facility. The Facility could not provide employment departure dates for 10 of the former employees or contractors. For the remaining 20 individuals, their departure dates spanned from September 2016 through June 2023, ranging from 79 days to nearly 7 years and averaging nearly 2.5 years since departing Facility employment.

The 30 former employees and contractors with Keywatcher box access had access to a total of 76 unique Facility keys with access ranging from 5 to 23 keys each, averaging access to 13 keys each. We noted all these keys were on key rings inside two Keywatcher boxes located in the Facility lobby. The Facility lobby is open to the public and an individual is not required to pass through any security measures to access the lobby or the lobby boxes. Our on-site observations noted the front desk in the lobby intended for staff to oversee lobby activity was often unmanned.

The 76 unique Facility keys were composed of:

- 12 unique high security keys which control access to sensitive areas. Twenty-four of the former employees and contractors had access to at least one high security key, averaging access to 3 high security keys each. For the 12 security keys:
  - 3 keys provided access to the Facility warehouse located outside the secure perimeter. Two of the former employees had access to these keys.

\* See glossary at end of report for definition.

- 8 keys unlocked healthcare-related areas located within the secure perimeter, such as the pharmacy and emergency room cabinet, narcotics cabinet, healthcare critical tool\* cabinet, psychologists' office door, and the medication/medical supply room. Twenty-two individuals had access to one or more of these keys.
- 1 key provided access to a tool storage area located inside the secure perimeter. One individual had access to this key.
- 64 unique low security keys. All 30 former employees and contractors had access to at least 5 low security keys, averaging about 10 keys each. For these 64 keys:
  - 1 key provided entry to the Facility's administrative offices located adjacent to the Facility's lobby. Like the lobby, an individual is not required to pass through Facility security to enter the administrative offices. This key also unlocks 155 different padlocks and various doors throughout the Facility. All 30 former employees and contractors had access to this key.
  - 2 keys provided access to the Facility maintenance and transportation office, which is located outside the secure perimeter and does not require going through security. Ten of the individuals had access to the maintenance key and one individual had access to the transportation office key.
  - 61 keys opened areas, such as healthcare-related areas and the warden's and deputy warden's suites, as well as fire extinguisher cabinets and various other cabinets and desks.

Neither MDOC policy directive 04.04.125 nor Facility operating procedures outline requirements for removal of Keywatcher box access for departed employees or contractors. Also, the Facility internally conducts an annual key control audit; however, the Facility-conducted audit focuses on verification of key inventories and does not require a review of key access for current or departed employees.

MDOC informed us it reviewed its Keywatcher system and determined none of the 30 former employees or contractors accessed Facility keys after their departure date.

We consider this finding to be a material condition because of the significant exception rate and potential safety risk posed by unauthorized access to the Facility.

\* See glossary at end of report for definition.

## RECOMMENDATION

We recommend the Facility ensure key access is removed for all departed employees and contractors.

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*We agree with the finding that in the instances reviewed the unique individuals identified with Keywatcher access no longer work at the Facility. Many of these individuals were contractors, others were shared-services employees stationed out of 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 would have only visited the 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 is investigating updating PD 04.04.125 "Key Control" to include a standard procedure for offboarding all staff (including contractors) and removing Keywatcher access. 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. We will also be updating the requirements of our annual key audits to include a review of*



*Keywatcher access to ensure we remove access for all departed staff, including contractors and shared-services staff.*

*AMF Operating Procedure 04.04.125 "Key Control" has been updated as of December 2023 and requires the Inspector to immediately remove Keywatcher access for staff that leave employment. These changes should mitigate this issue in the future.*

## FINDING 3

### **Controls over critical and dangerous tools need improvement.**

The Facility did not maintain proper controls over critical and dangerous tools\*, increasing the risk unaccounted for tools could compromise the safety and security of staff and prisoners.

MDOC policy directive 04.04.120 requires the Facility to maintain an accurate tool inventory for each tool storage area which identifies each tool with a unique identification number, name/description, and classification (i.e., critical, dangerous). The policy directive also requires daily inspections of tool storage areas at the beginning and end of each shift, the use of a check out system to identify tools currently in use, the submission of weekly tool reports to the work area supervisor, and a monthly audit demonstrating required tool inspections have been completed.

We randomly and judgmentally selected 17 of the Facility's 66 tool storage areas and performed on-site observations of the storage areas on March 28, May 9, May 23, and June 7, 2023, including 3 tool areas in the Facility arsenal. We also reviewed inventory-related documentation during the month of December 2022 for 63 judgmentally selected tool areas. We noted the Facility:

- a. Did not always include all critical and/or dangerous tools on the tool inventory for 4 (24%) tool areas reviewed, including tools such as a screwdriver, wrench, and hand drill in the Facility arsenal; a saw and screwdriver in two of the maintenance areas reviewed; and a syringe and needle for use with a glucose vial located in an emergency response kit. Our observation of the arsenal also noted additional tools were not on any tool inventory, such as pepper ball gun magazines and metal detector wands.

- b. Did not always sign out tools when in use.

In 4 (24%) tool areas, we observed tools in use but not listed on the sign-out log, including food prep tools being used by prisoner workers in the kitchen and tools in the maintenance area. We also observed one tool area did not have a sign-out log.

- c. Did not always maintain or properly complete required inventory documentation. We noted:

- (1) 7 (41%) of 17 tool areas did not have the daily inventory check completed at the start of the shift, including 2 tool areas without a daily inventory check form.
- (2) 10 (16%) of 63 selected weekly reports could not be located and 8 (13%) weekly reports were not fully completed. We noted missing signatures and check boxes not marked as completed.

Facility tools such as a saw, screwdriver, hand drill, and kitchen tools were not always inventoried or signed out when in use.

\* See glossary at end of report for definition.

(3) 3 (5%) of 63 selected monthly reports could not be located.

MDOC stated these exceptions were caused by several factors, including several different tool control officers who had different interpretations of the policy directive and what differentiated equipment and tools, documentation retention issues, and inexperienced staff needing additional training.

We consider this finding to be a material condition because of the significant exception rates and the potential safety risk to prisoners and staff when critical and dangerous tools are not properly controlled.

## RECOMMENDATION

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

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*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 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 direction on completing required monthly inventory checks and updating their master tool inventory as needed. Additional PowerPoint training relating to tool control was also provided to all staff.*

*AMF Operating Procedure 04.04.120 "Tool Control" has been updated to reflect the above changes and current tool audit requirements. These changes should mitigate this issue in the future.*

## FINDING 4

### Reviews of prisoners placed in segregation need improvement.

The Facility did not always comply with policy for reviews of prisoners placed in temporary or administrative segregation\*, increasing the risk prisoners may remain unnecessarily in restrictive housing or be inappropriately returned to general population.

MDOC uses segregation cells to physically separate prisoners with special management needs from the general population and limit prisoners' movement inside the Facility. This confinement helps achieve effective administrative management, maximum disciplinary control, and individual prisoner protection. MDOC policy directive 04.05.120 requires the Facility to routinely evaluate, typically monthly and biannually, a prisoner's placement in segregation, including an MDOC interview with the prisoner.

We randomly selected 25 prisoners placed in administrative segregation during the audit period from the population of 699 prisoners housed at the Facility as of March 29, 2023. We reviewed the 276 associated segregation behavior review forms used to document the Facility's evaluation of the prisoner's progress toward returning to the general population. We noted:

- a. The reason a prisoner was placed in temporary segregation was not documented or approved by the warden within 72 hours for 7 (24%) of 29 applicable instances reviewed.

MDOC's policy directive requires a prisoner's placement in temporary segregation, including the reason for such placement, to be documented in writing and approved by the warden or designee within 72 hours after the prisoner's placement in temporary segregation.

The Facility stated this occurred because the warden's process was to review a daily incident report for any incidents which caused prisoners to be placed in temporary segregation. The warden also reviewed critical incident reports sent from shift commanders. The Facility stated that unless the warden specifically disapproved of the temporary placement, there was blanket approval based on the reports reviewed.

- b. The Facility's Security Classification Committee (SCC) recommended the prisoner continue administrative segregation but did not document a reason in 36 (15%) of 243 applicable instances reviewed.

The SCC recommended prisoners continue administrative segregation but did not document a reason in 15% of applicable instances reviewed.

The SCC, appointed by the warden, is responsible for ensuring proper prisoner placement at a facility. The policy directive requires the SCC to review the prisoner's progress within 7 calendar days of classification to administrative segregation and at least every 30 calendar days thereafter until the prisoner is reclassified to general

\* See glossary at end of report for definition.

population status and document the review on the segregation behavior review forms.

The Facility stated this was likely a training issue in which staff missed filling in the reason on the form.

- c. The warden did not approve prisoner reclassification from administrative segregation to general population status in 9 (28%) of 32 applicable instances reviewed.

MDOC's policy directive states a prisoner shall be reclassified from administrative segregation status only with the approval of the SCC and the concurrence of the warden or designee.

The Facility stated the former warden's practice was to have the designee sign the form; however, the designee was also on the SCC, which the Facility acknowledged could be a conflict of interest.

- d. The MDOC assistant deputy directors (ADDs) did not conduct prisoner interviews for 2 (40%) of 5 prisoners in administrative segregation longer than 12 consecutive months.

MDOC policy directive states MDOC ADDs shall personally interview each prisoner in their respective regions who has been confined in administrative segregation for twelve consecutive months. If the prisoner continues in administrative segregation beyond the first twelve-month period, the ADD shall interview the prisoner every twelve months thereafter until the prisoner is released from administrative segregation.

The two prisoners, respectively, were:

- In administrative segregation for 1 year, 1 month, and 2 days prior to being reclassified to general population status and did not have an ADD interview conducted.
- In administrative segregation consecutively for over seven years and went 37 months between interviews with the ADD. Interviews were conducted in March 2020 then not again until April 2023.

The Facility stated the ADD prisoner interview did not occur, or occur timely, because these specific cases were not properly tracked for interviews after being rescheduled because of COVID-19\* quarantines.

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

- e. Inconsistent completion of the segregation behavior review forms. For example, for the 276 forms reviewed, we noted 13% had incorrect interview dates, 11% had incorrect classification dates, and 8% were missing prisoner's signatures.

The Facility stated inconsistent form completion was because of staff error.

We consider this finding to be a material condition because of the significant exception rates and the potential risk prisoners may remain unnecessarily in restrictive housing or be inappropriately returned to general population.

## RECOMMENDATION

We recommend the Facility comply with policy for reviews of prisoners placed in temporary or administrative segregation.

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*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, 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 times 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 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. These changes should mitigate this issue in the future.*

## FINDING 5

### Improvements needed over completion of gate manifests.

The Facility allowed vehicles to enter and exit the sallyport without a gate manifest documenting the items transported into and out of the secure perimeter. Also, the Facility did not ensure all sallyport gate manifests and logs were properly completed. Without appropriate control over items entering and/or exiting the Facility, an increased risk exists that critical or dangerous items could enter the prison and compromise the safety of prisoners and employees.

Gate manifests serve as the tracking mechanism for items such as tools, supplies, medications, and other items entering and leaving the prison and are used to control and prevent the introduction of contraband and the theft of State property.

Facility operating procedures 04.04.100G and 04.04.100E require all packages, supplies and materials into and out of the facility be accompanied by a gate manifest, including entry and exit times, appropriate signatures, and required boxes checked. The operating procedures also require the gate officer to record each gate manifest sequentially on the gate manifest log, which is submitted to the shift commander at the end of each day and is used to perform a monthly reconciliation of all manifests.

We judgmentally selected the periods of March 20, 2023 through March 24, 2023 and April 25, 2023 through April 29, 2023 to review surveillance video footage of vehicles entering and exiting the sallyport. We also reviewed a sample of sallyport gate manifests. Our review noted:

- a. Vehicles passed in and out of the Facility's sallyport without a gate manifest in 9 (28%) of the 32 instances we observed on the surveillance video footage from March and April 2023.

The vehicles we observed entering the secured perimeter without a gate manifest were all Facility-owned vehicles, such as skid steers carrying building equipment and materials, a box truck carrying unknown items, and a utility vehicle pulling trolleys containing unknown items. The surveillance video footage showed the sallyport officers did perform inspections of these vehicles; however, without a gate manifest, there is no record of what items or materials the vehicles were carrying, whether items intended to remain inside the secure perimeter were received by the appropriate individuals, or whether items intended to be transported out of the Facility were actually transported upon the vehicles' exit.

MDOC informed us the staff entering and exiting the Facility had administrative manifests to bring specified items in and out of the Facility; however, the staff also brought items in and out of the Facility not covered by their manifests. An administrative manifest is issued to staff through the deputy warden's office and allows for staff to



bring items needed on a recurring basis for their day-to-day job duties, such as a toolbox for maintenance staff.

- b. Required documentation of Facility sallyport activity was not always properly completed. We randomly and judgmentally selected 66 dates from October 5, 2020 through June 19, 2023 and reviewed the associated 145 gate manifests. We noted:

- (1) 36 (25%) manifests were not fully completed. These gate manifests had missing signatures, missing in and out times, and/or incomplete designation of whether the individual delivered the listed items to a location within the Facility or took the items back out through the sallyport.
- (2) 28 (19%) manifests were not completely or accurately added to the gate manifest log.

MDOC informed us staff who do not regularly man the sallyport incorrectly or incompletely filled out the gate manifests and accompanying logs in some of these instances.

## RECOMMENDATIONS

We recommend the Facility obtain a gate manifest, when required, for all vehicles entering and/or exiting the Facility's sallyport.

We also recommend the Facility ensure all sallyport gate manifests and logs are properly completed.

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*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 by October 1, 2023. 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 Seargent were also revised to note daily 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. All these changes should mitigate this issue moving forward.*

## FINDING 6

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### Completion of informal prisoner counts needs improvement.

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The Facility did not conduct all required informal prisoner counts. Prisoner counts help to ensure prisoners are accounted for on a regular basis throughout the day.

Facility operating procedure 04.04.101 requires corrections officers to conduct informal prisoner counts for level I prisoners in addition to routine formal prisoner counts. An informal count is a cursory count of prisoners that can be taken at any time and is not reconciled with the master count sheet in the Facility control center but is required to be logged in the housing unit or assignment logbook. Informal counts are conducted at irregular intervals so prisoners may not detect a routine pattern or predict when the counts may be made.

Our review of logbook documentation for 13 randomly and judgmentally selected days from June 1, 2022 through April 30, 2023, and further random selection of housing unit wing and hallway from a population of 1,336 possible date and housing unit/hallway combinations, noted the Facility did not conduct 36 (25%) of the 143 required level I informal prisoner counts.

The Facility indicated staff did not consistently log the informal counts while making rounds.

## RECOMMENDATION

We recommend the Facility conduct all required informal prisoner counts.

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*AMF did not conduct or was late with 25% of informal prisoner counts from June 1, 2022 until April 30, 2023 as required per AMF Operating Procedure 04.04.101 "Prisoner Counts."*

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

*AMF OP 04.04.101 "Prisoner Counts" was more restrictive than our statewide Policy Directive 04.04.101 "Prisoner Counts." All formal counts were done on-time during this audit period as required by 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

### Improvement needed in the performance of required radio checks.

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

MDOC policy directive 04.04.100 requires radio status checks to be conducted on an hourly basis during daylight hours and at least every half hour during darkness for single staff assignments. The policy directive also requires the control center officer make a base station check with another facility at least once per shift to test the 800 MHz base station radio communication system.

Our review of logbook documentation for 42 randomly selected days from May 1, 2021 through April 30, 2023 noted the Facility did not conduct:

- a. 238 (18%) of the 1,353 required individual radio checks in a timely manner, averaging 45 minutes late.
- b. 9 (7%) of the 126 required base station radio checks.

The Facility stated radio checks may be delayed during prisoner mass movement, such as prisoners being moved to the yard, or when perimeter fence checks are being completed at the beginning of a shift.

## RECOMMENDATION

We recommend the Facility conduct all radio checks in a timely manner.

## AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

*The Department agrees and will comply.*

*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" will be updated by 1/1/24 to reflect this, and staff will be trained on the changes. Shift Commanders, the ADW, the 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 and that 60-minute/30-minute checks are done for staff on single staff assignments. 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 completed most of the required individual radio checks.*

## STAFFING DATA

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### BACKGROUND

The Facility is experiencing an ongoing staffing shortage with 23% of positions vacant as of October 2024 according to MDOC published information, along with a number of other MDOC correctional facilities across the State (see Exhibits 1 and 2). Vacancies increased the need for overtime, with nearly 90% of Facility corrections officers working some overtime each pay period over the last four years (see Exhibit 5A), and increased violations of MDOC's 32-hour rule (see Exhibit 6).

In addition to the staffing data presented in Exhibits 1 through 6, we also distributed an electronic survey to the Facility's 162 corrections officers and custody supervisors in late October 2023 to obtain staff perceptions and opinions regarding the ongoing staffing shortage. A total of 41 (25% response rate) individuals responded (see Exhibit 7, Question 1). The results showed 84% of responding corrections officers and custody supervisors agreed or strongly agreed mandated overtime negatively affected their ability to carry out their job duties and 97% strongly agreed it made their job more dangerous (see Exhibit 7, Questions 5 and 6). Survey respondents cited exhaustion, stress, and negative impacts on personal relationships because of the amount of overtime they worked.

MDOC stated it acknowledges Facility staff are frustrated with current staffing vacancies, and it has taken numerous steps to address the complex issue of staffing shortages, including:

- Advertising for job opportunities through television, social media, print, broadcast radio, outdoor billboards, and gas station televisions.
- Participating in career fairs across the Upper Peninsula, such as college, university, and Michigan Works! fairs.
- Hosting open houses at the Facility where Facility staff provided on-site application assistance for all available positions and completed interviews and physical aptitude tests for candidates, when applicable.
- Offering voluntary overtime for active employees as outlined in MDOC Director's Office Memorandum 2023-13R2, allowing staff to volunteer for overtime at different MDOC facilities or volunteer to work as an officer if they are no longer in a custody position.
- Offering recruitment and retention bonuses totaling over \$55 million to draw in new recruits and encourage them to stay.
- Increasing corrections officers' starting wages in October 2024 and speeding up progress in the corrections officers'

pay schedule to reach the top step of the pay schedule in three years instead of six years.

- Working with legislative partners to remove the statute requiring recruits complete 15 college credit hours thereby increasing the recruitment pool.
- Creating an internal Effective Process Improvement Committee (EPIC) in 2024 focused on identifying opportunities for improvement in the area of staffing and retention.
- Contracting with PFM Group Consulting LLC to collect Statewide and regional data so MDOC can partner with the right people to remove barriers for potential recruits and current employees.

In addition, the House and Senate passed legislation in December 2024 to allow corrections officers, among others, to join the Michigan State Police Retirement System.

In October 2024, MDOC reported its largest incoming recruit class since 2015, with 281 new students, including 233 recruits in the Lower Peninsula and 48 in the Upper Peninsula.

**AUDIT OBJECTIVE**

To report data related to the Facility's staffing.

**CONCLUSION**

Data provided.

**FACTORS  
IMPACTING  
CONCLUSION**

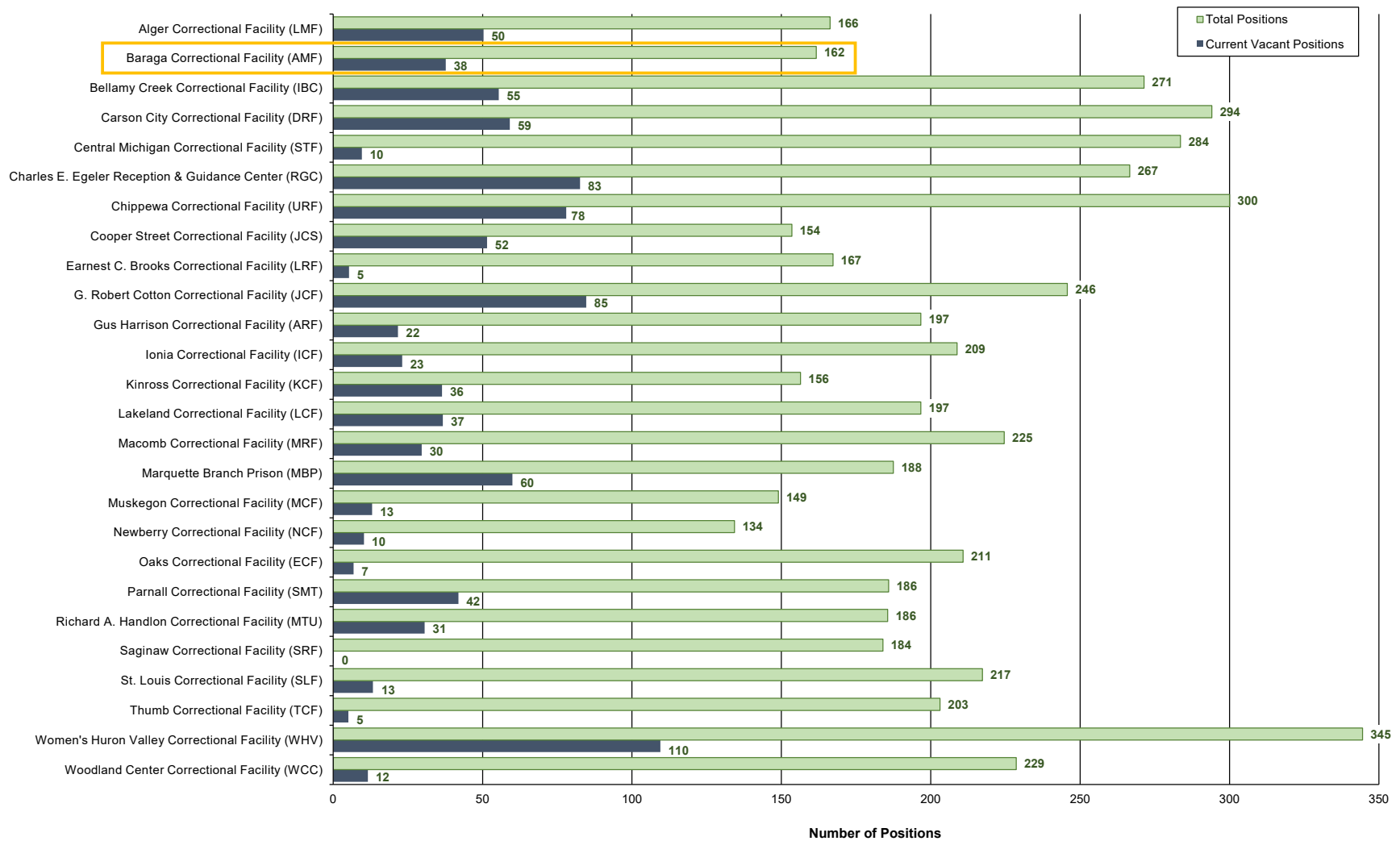
- We reported information related to the Facility's staffing levels in Exhibits 1 through 7.

# SUPPLEMENTAL INFORMATION

UNAUDITED  
Exhibit 1

## BARAGA CORRECTIONAL FACILITY Michigan Department of Corrections

### Total Positions and Current Vacancies by Correctional Facility As of October 10, 2024

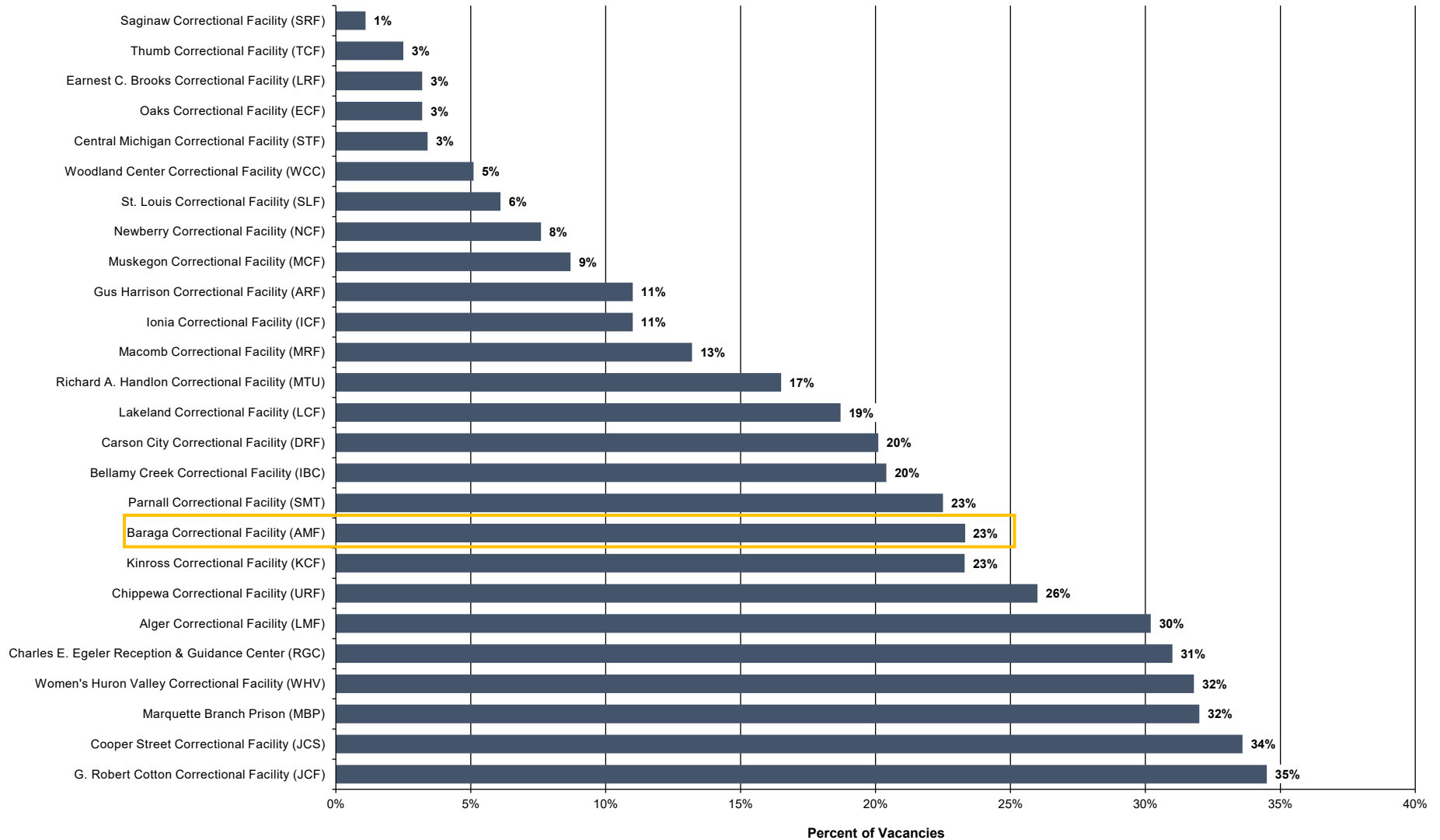


Source: The OAG obtained this information from MDOC's website.



**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

**Current Percent of Vacancies by Correctional Facility**  
**As of October 10, 2024**



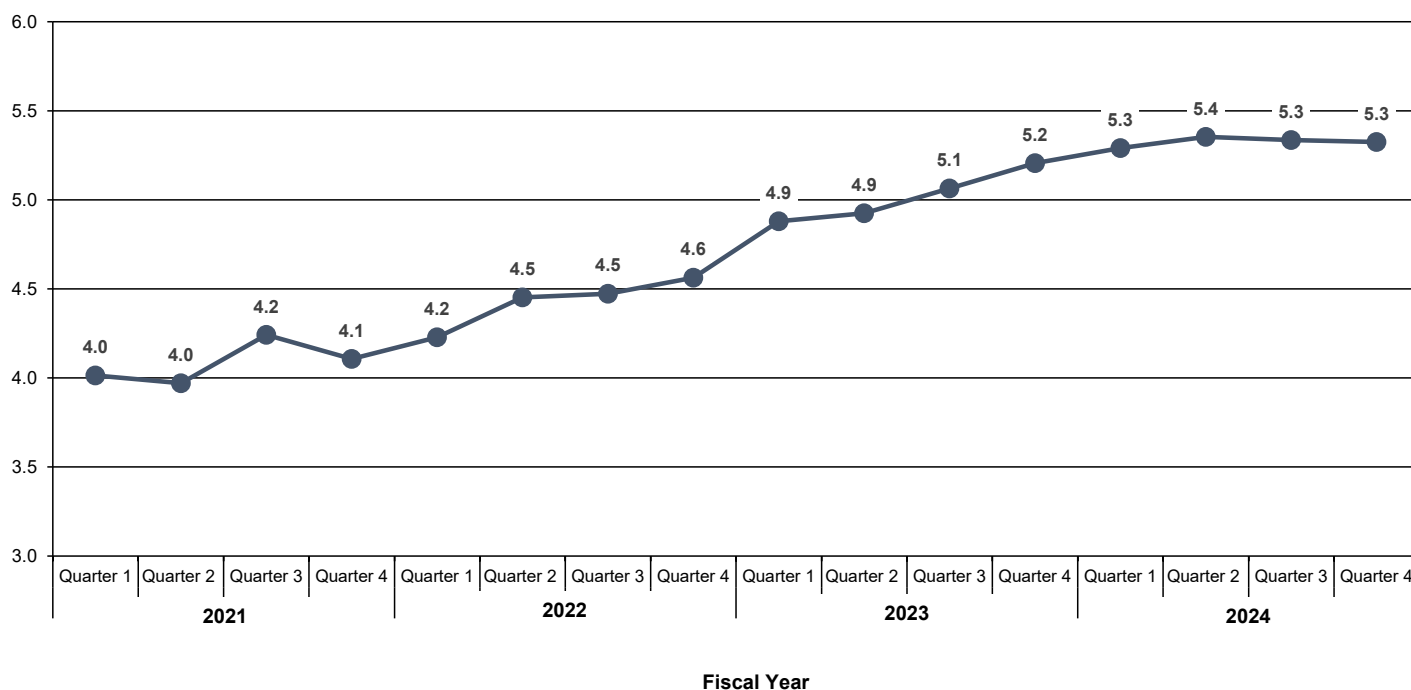
Source: The OAG obtained this information from MDOC's website.

**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

**A. Number of Corrections Officers and Prisoners by Fiscal Year From October 1, 2020 Through September 30, 2024**

	Fiscal Year				Total
	2021	2022	2023	2024	
Corrections Officers					
Departures	36	36	30	30	132
Reassignments	4	1	3	1	9
Hired	11	24	13	11	59
Average	183	160	144	126	
Prisoners					
Intake	239	401	369	353	1,362
Released/moved	313	373	398	449	1,533
Average	735	705	722	663	
Average ratio of prisoners to corrections officers	4.1:1	4.4:1	5.0:1	5.3:1	4.7:1

**B. Average Prisoner to Corrections Officer Ratio by Quarter From October 1, 2020 Through September 30, 2024**



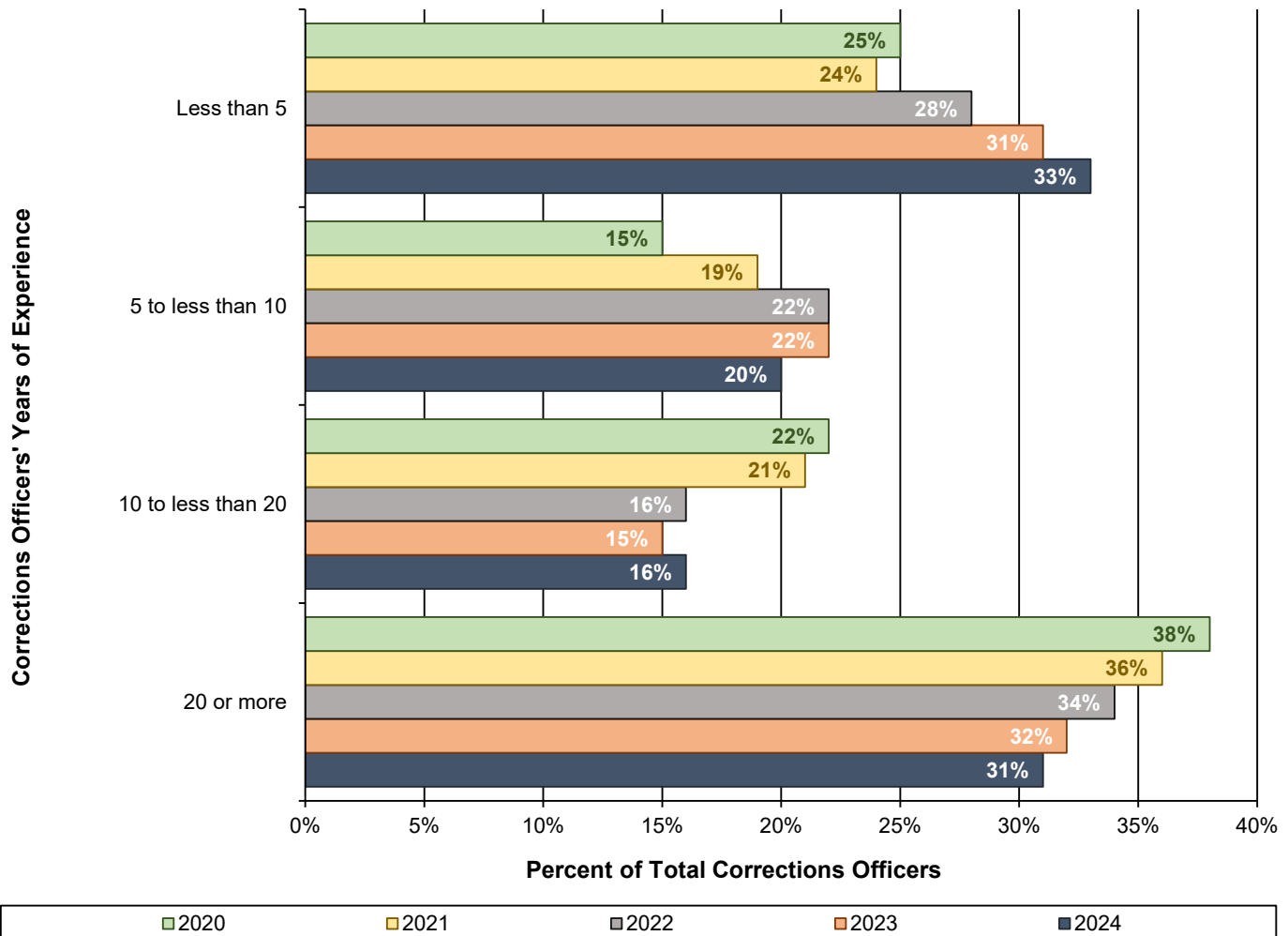
Source: The OAG prepared this exhibit based on information obtained from the Facility, the Offender Management Network Information System (OMNI), and the Statewide Integrated Governmental Management Applications\* (SIGMA) Human Resource Management System (HRM).

\* See glossary at end of report for definition.

**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

Corrections Officers' Years of Experience  
October 1, 2020 Through October 1, 2024

Corrections Officers' Years of Experience	Number (Percent) of Corrections Officers as of October 1				
	2020	2021	2022	2023	2024
Less than 5 years	49 (25%)	41 (24%)	43 (28%)	44 (31%)	49 (33%)
5 years to less than 10 years	29 (15%)	31 (19%)	33 (22%)	31 (22%)	29 (20%)
10 years to less than 20 years	44 (22%)	35 (21%)	25 (16%)	22 (15%)	23 (16%)
20 years or more	74 (38%)	60 (36%)	53 (34%)	45 (32%)	45 (31%)
Total	<u>196</u>	<u>167</u>	<u>154</u>	<u>142</u>	<u>146</u>



Source: The OAG prepared this exhibit based on information obtained from SIGMA HRM and OMNI.

**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

A. Corrections Officers' Overtime<sup>1</sup> Averages by Fiscal Year From October 1, 2020 Through September 30, 2024

	Pay Period <sup>2</sup> Averages			
	Fiscal Year			
	2021	2022	2023	2024
Number of corrections officers	168	146	134	119
Number (percent) of corrections officers who worked overtime	146 (87%)	130 (89%)	121 (90%)	106 (89%)
Number of overtime hours	3,030	3,318	3,090	3,043
Number of overtime hours per corrections officer who worked overtime	20.7	25.5	25.5	28.5

	Pay Period Averages <sup>2</sup> for Corrections Officers Who Worked Overtime by Hour Range			
	Number (Percent)			
	Fiscal Year			
	2021	2022	2023	2024
No overtime	22 (13%)	16 (11%)	13 (10%)	13 (11%)
Less than 8 hours overtime	25 (15%)	13 (9%)	9 (7%)	7 (5%)
8 hours to less than 24 hours overtime	66 (39%)	52 (36%)	53 (40%)	41 (35%)
24 hours to less than 40 hours overtime	36 (22%)	41 (28%)	37 (27%)	34 (28%)
40 hours or more overtime	19 (11%)	24 (16%)	21 (16%)	25 (21%)

<sup>1</sup> MDOC is unable to discern voluntary overtime from mandatory overtime hours for the Baraga Correctional Facility or any other correctional facility in the State. MDOC stated a conclusive mechanism does not exist to track this information, as a corrections officer may start a shift as mandated overtime and then agree to complete the shift or extra hours as voluntary overtime.

<sup>2</sup> Pay period refers to a two-week period in which employees are paid for 80 hours of standard work.

Source: The OAG prepared this exhibit based on information obtained from SIGMA HRM.

B. Facility Overtime Wages Paid From October 1, 2020 Through September 30, 2024

	Fiscal Year				Total
	2021	2022	2023	2024	
Overtime wages	\$ 3,274,910	\$ 3,840,589	\$ 3,824,236	\$ 3,817,982	\$14,757,718
Total salaries and wages	\$17,446,579	\$17,160,120	\$17,061,708	\$15,683,465	\$67,351,872
Overtime as a percentage of total	19%	22%	22%	24%	22%

Source: The OAG prepared this exhibit based on information obtained from SIGMA.

**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

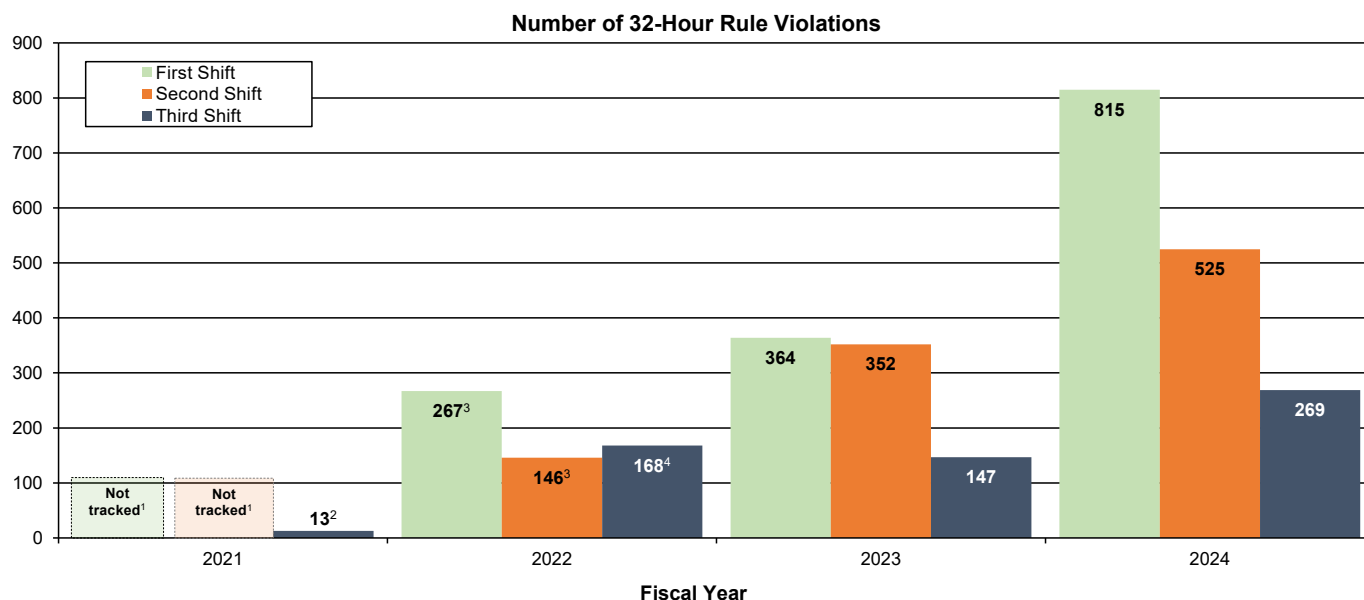
**32-Hour Rule Violations by Fiscal Year and Shift**  
**From October 1, 2020 Through September 30, 2024**

Fiscal Year	Number of 32-Hour Rule Violations			
	First Shift	Second Shift	Third Shift	Total
2021	Not tracked <sup>1</sup>	Not tracked <sup>1</sup>	132	13
2022	267 <sup>3</sup>	146 <sup>3</sup>	168 <sup>4</sup>	581
2023	364	352	147	863
2024	815	525	269	1,609
Total	1,446	1,023	597	3,066

**32-Hour Rule Defined**

MDOC Director's Office Memorandum 2022-18R dated January 12, 2022 states:

Subject to operational needs, an employee will not be required to work mandatory overtime within the 32-hour period following the beginning of the last overtime shift of more than four hours the employee worked (two hours for employees assigned to 12-hour shifts). The employee must notify the scheduling supervisor if they qualify for this exemption. Any officer that was mandated in violation of the 32-hour rule . . . will be offered the first opportunity to be relieved. The highest-senior employee mandated to work overtime will be the next employee offered to be relieved.



<sup>1</sup> The Facility did not track 32-hour rule violations for this time period. The Facility stated before COVID-19, very little overtime and mandated overtime occurred at the Facility; therefore, 32-hour rule violations were not tracked.

<sup>2</sup> This number includes 32-hour rule violations for 10 of 12 months of the fiscal year. The Facility did not track violations for October and November 2020.

<sup>3</sup> This number includes 32-hour rule violations for 9 of 12 months of the fiscal year. The Facility did not track violations from October through December 2021.

<sup>4</sup> This number includes 32-hour rule violations for 10 of 12 months of the fiscal year. The Facility did not track violations for January and February 2022.

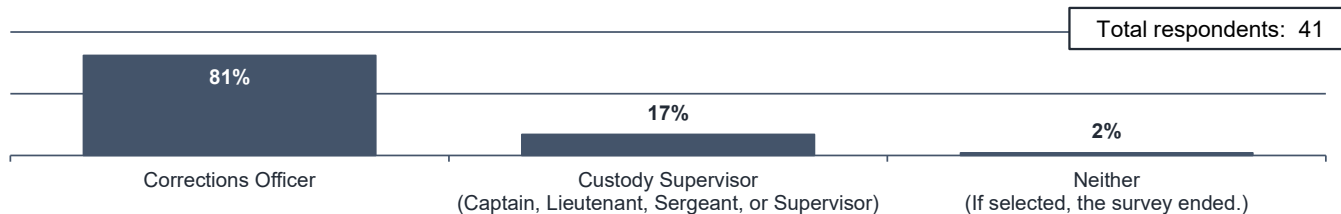
Source: The OAG prepared this exhibit based on information provided by the Facility.

**BARAGA CORRECTIONAL FACILITY**  
Michigan Department of Corrections

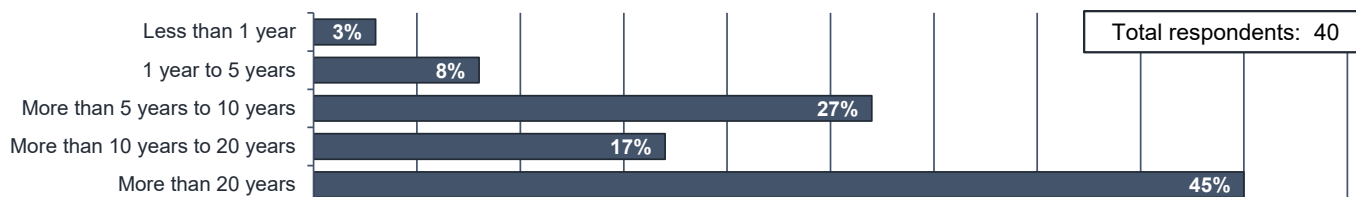
Corrections Officer and Custody Supervisor Survey Results

**Informational Questions**

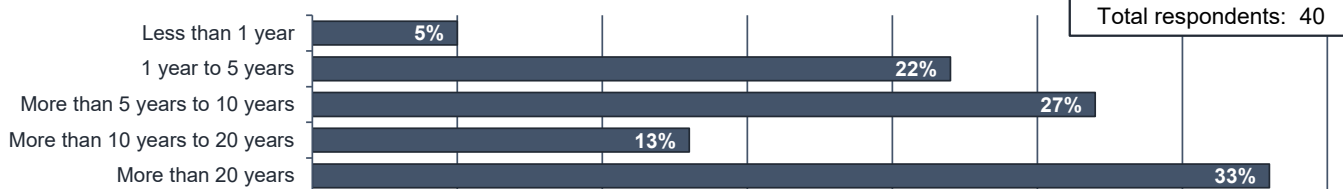
1. Please select your current job title.



2. How long have you worked for the Michigan Department of Corrections (in any position)?



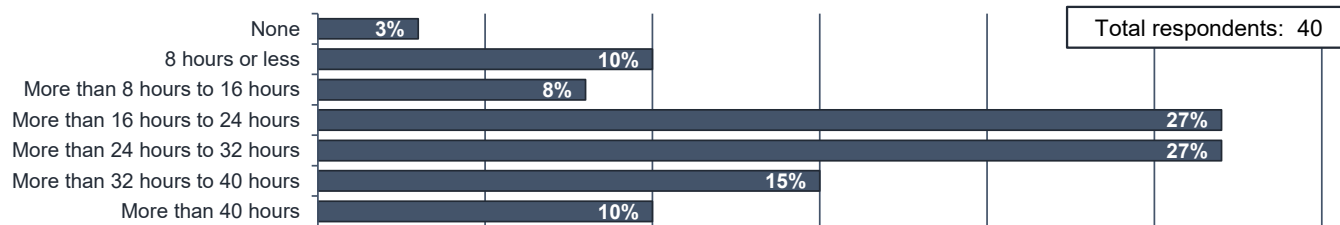
3. How long have you worked at the Baraga Correctional Facility (in any position)?



**Staffing Questions**

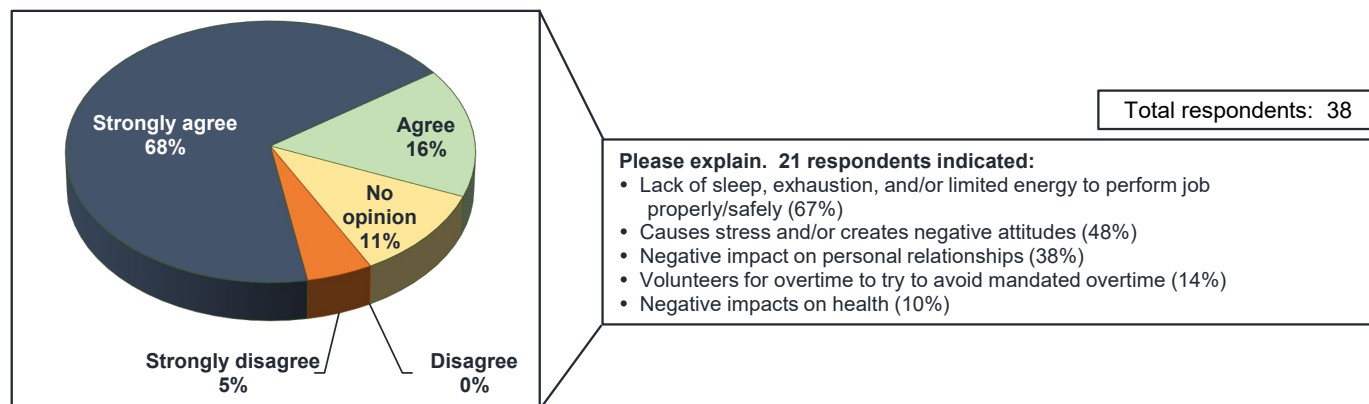
MDOC reported that the Baraga Correctional Facility has corrections officer vacancies exceeding 20% as of March 2023, resulting in mandated overtime for facility staff. The survey questions relate to mandated overtime only (not voluntary overtime).

4. Please estimate the average hours of mandated overtime (pay period hours in excess of 80) you worked per two-week pay period in the past year.

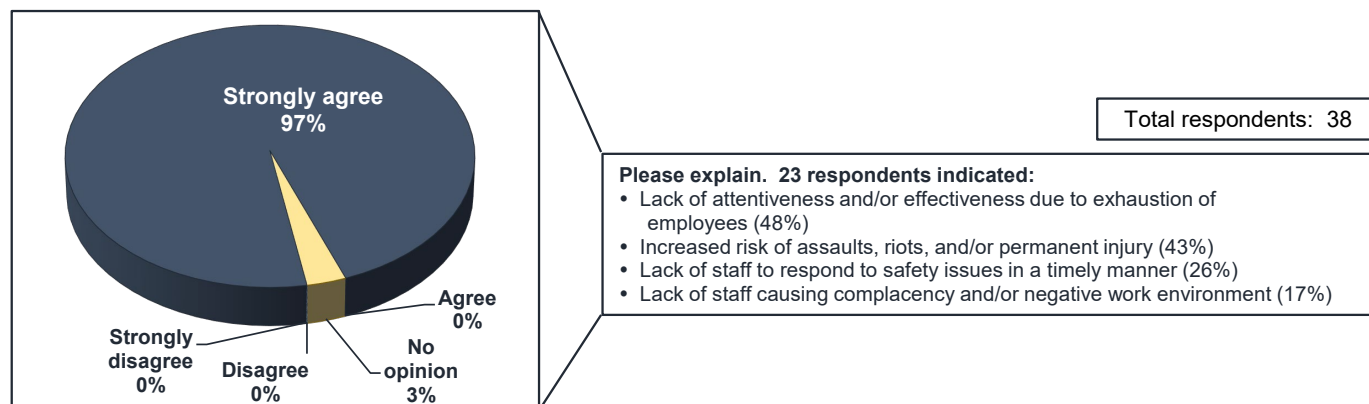


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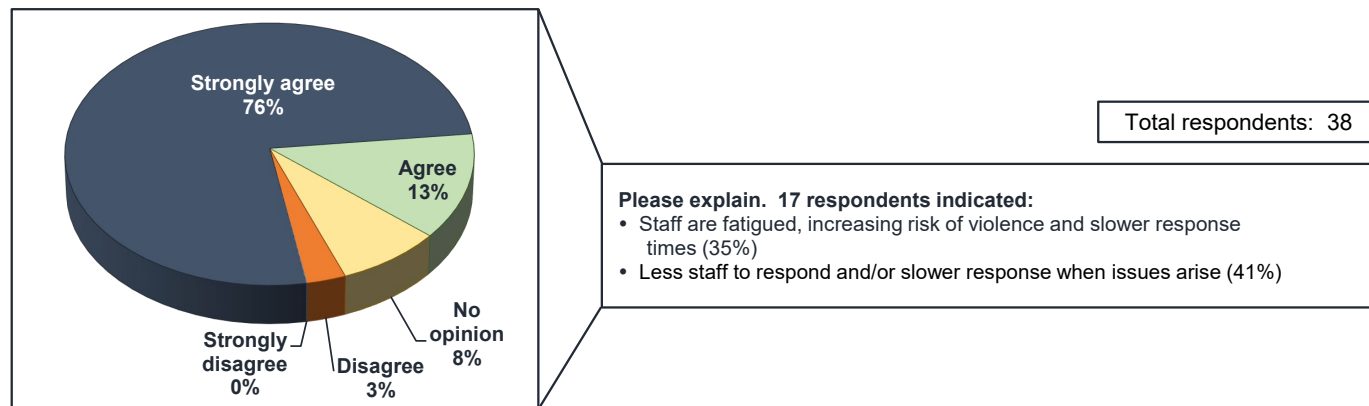
5. The amount of overtime that I am mandated to work negatively affects my ability to carry out my job duties.



6. Staffing shortages have made my job more dangerous.



7. Staffing shortages have made conditions for prisoners more dangerous.

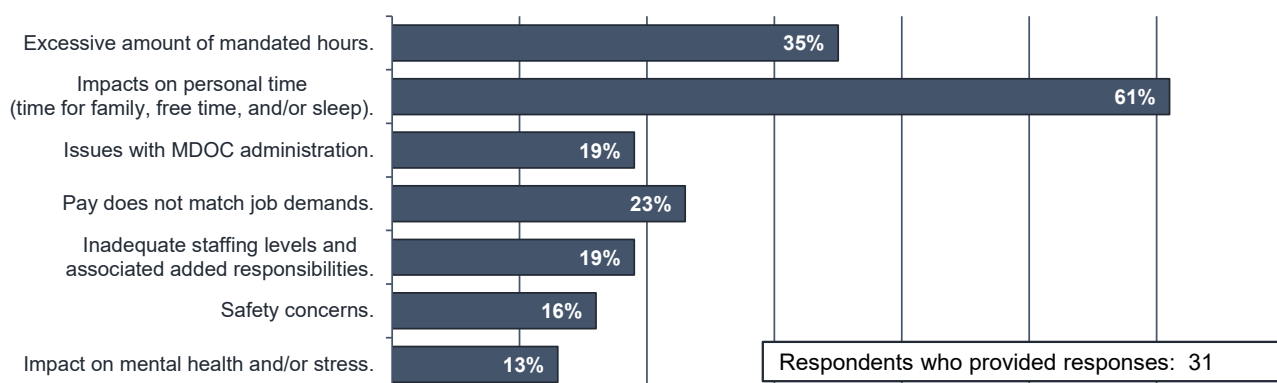


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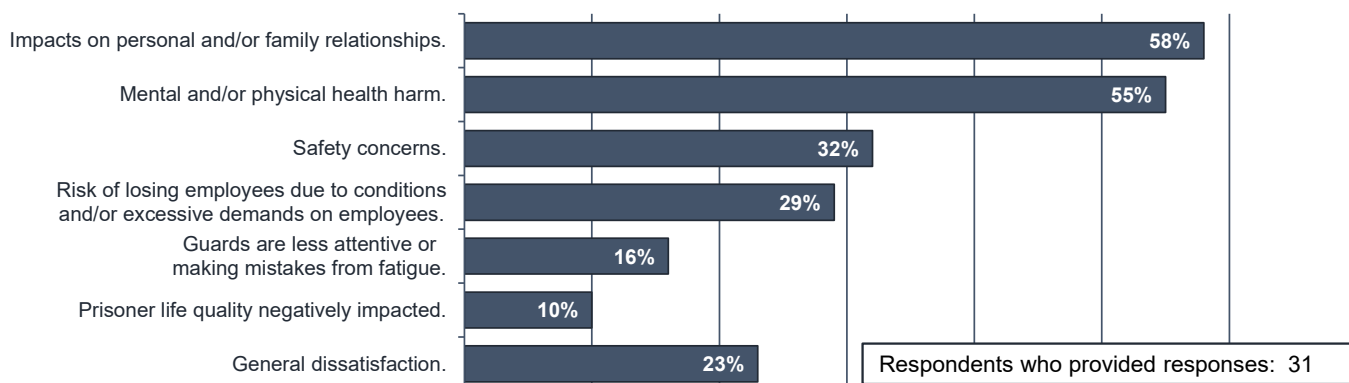
8. Are you considering leaving your current position within the next year?



9. What is the primary reason you are considering leaving?



10. Based on your personal experience, please briefly describe the impacts of the facility's staffing shortage on you, other staff, prisoners, and/or facility-wide operations.



Source: The OAG created this exhibit to summarize responses received in our survey of corrections officers and custody supervisors.



## AGENCY DESCRIPTION

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

The Baraga Correctional Facility opened in 1993 and is located in Michigan's Upper Peninsula. The Facility houses up to 176 level I and 528 level V adult male prisoners. As of October 2024, the Facility includes 1 housing unit (general population) for level I prisoners and 6 housing units (3 general population and 3 segregation) for level V prisoners. Level I prisoners are housed in cells of two prisoners each and level V prisoners are housed in individual cells within a secured double-fenced perimeter which includes motion detection systems, multiple gun towers, and an armed response vehicle constantly patrolling the Facility's perimeter.

The Facility offers academic programs including Adult Basic Education and General Educational Development (GED) preparation. The Facility provides on-site treatment services including counseling, substance abuse, psychotherapy, religious, and assaultive offender programming. Prisoners are also provided on-site routine medical and dental care.

For fiscal year 2024, the Facility's General Fund appropriation was \$38.68 million to support 295.8 full-time equated positions. As of October 23, 2024, the Facility housed 595 prisoners.

\* See glossary at end of report for definition.

## AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

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### 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 conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

As part of the audit, we considered the five components of internal control (control environment, risk assessment, control activities, information and communication, and monitoring activities) relative to the audit objectives and determined all components were significant.

### PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered May 1, 2021 through April 30, 2023.

### METHODOLOGY

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

- Interviewed Facility management and staff regarding their functions and responsibilities.
- Examined the Facility's records and reviewed applicable laws, policies, and procedures.
- Observed various activities and operations.
- Reviewed the Facility's annual reports, self-audits, and monthly reports to the warden.

### OBJECTIVE 1

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, viewed Facility surveillance video footage, and assessed compliance with policies and

\* See glossary at end of report for definition.

procedures related to safety and security at the Facility, including:

- Arsenal
- Gate manifests
- Key control
- Prisoner counts
- Radio checks
- Tool control
- Cell searches
- Employee searches
- Security classifications\*
- Segregation reviews
- Disaster management

For these areas, our testing methodologies are either reflected in the related findings (Findings 1 through 7) or included below. We:

- Performed an inventory of all Facility rifles, shotguns, and handguns to ensure they were properly accounted for in the Facility arsenal on May 23, 2023.
- Reviewed Facility logbooks to verify formal prisoner counts were conducted for a randomly selected sample of 38 days from June 1, 2022 through April 30, 2023 and further randomly selected a housing unit and hallway from a population of 8,016 possible date and housing unit/hallway combinations for each selected date, resulting in testing of 229 counts.
- Observed inspections of items entering and exiting the sallyport in person and on surveillance video. We observed a delivery to and from the Facility in the sallyport on June 7, 2023. In addition, we observed additional sallyport activity on surveillance video footage from March 20, 2023 through March 24, 2023 and April 25, 2023 through April 29, 2023 to ensure gate manifests were accurate and complete.
- Reviewed a random sample of 23 of the Facility's 226 key rings as of August 28, 2023 to ensure the key rings were properly accounted for and stored.
- Reviewed security classifications for 42 randomly selected prisoners from the population of 699 prisoners in custody as of April 3, 2023 to determine whether they were completed timely, properly approved, and supported by documentation.
- Reviewed documentation for employee searches for the month of March 2023 and performed surveillance video review for March 30, 2023 to ensure employee searches were conducted as required.

\* See glossary at end of report for definition.

- Reviewed the Facility's Disaster Management Manual dated April 26, 2023 to evaluate its compliance with requirements contained in MDOC policy directive 04.03.110.

The Facility generally retained surveillance video footage for approximately 30 days. Our surveillance video reviews are reflective of rolling 30-day windows based on when sample items were selected. Because of the timing of sample selection, reviews may cover different time periods or cover a window greater than 30 days.

Our random samples were selected to eliminate bias and enable us to project the results to the population. Our judgmental samples were selected based on risk or to ensure representativeness and we could not project the results to the respective populations.

## **OBJECTIVE 2**

To report data related to the Facility's staffing.

To accomplish this objective, we:

- Compiled data from OMNI, SIGMA, MDOC's website, and Facility employee records.
- Surveyed the Facility's 162 corrections officers and custody supervisors in October 2023 and compiled the 41 responses received regarding perceptions and opinions on Facility staffing levels.
- Reported relevant staffing data in Exhibits 1 through 7.

## **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 7 findings and 9 corresponding recommendations. MDOC's preliminary response indicates it agrees with all of the recommendations.

The agency preliminary response following each recommendation in our report was taken from the agency's written comments and oral discussion at the end of our fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 3, Section 100) require an audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30

days of receipt, the Office of Internal Audit Services, State Budget Office, 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.

**SUPPLEMENTAL  
INFORMATION**

Our audit report includes supplemental information presented as Exhibits 1 through 7. Our audit was not directed toward expressing a conclusion on this information.

## GLOSSARY OF ABBREVIATIONS AND TERMS

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<b>ADD</b>	assistant deputy director.
<b>administrative segregation</b>	A separate housing unit inside a prison in which prisoners are confined to their cells at all times except for limited outdoor exercise, showers, and specific needs such as a medical visit. Segregation is used to manage offenders who have violated prison rules.
<b>AMF</b>	MDOC's abbreviation for the Baraga Correctional Facility.
<b>cell search</b>	The act of going through a prisoner's cell and belongings looking for contraband.
<b>contraband</b>	Property not allowed on facility grounds or in visiting rooms by State law, rule, or MDOC policy. For prisoners, this includes any property they are not specifically authorized to possess, authorized property in excessive amounts, or authorized property which has been altered without permission.
<b>COVID-19</b>	The disease caused by a coronavirus called SARS-CoV-2. It is a potentially severe illness often characterized by fever, coughing, and shortness of breath. The World Health Organization first learned of the new virus in December 2019.
<b>critical tool</b>	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.
<b>dangerous tool</b>	An item potentially 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.
<b>gate manifest</b>	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
<b>general population</b>	Refers to the group of prisoners who are not given any other type of designation.
<b>HRM</b>	Human Resources Management System.

<b>Keywatcher box</b>	Electronic key storage cabinet used by employees to access their assigned key rings using specific pass codes which release only their key rings from the cabinet.
<b>level I</b>	A security classification assigned to a facility or a prisoner. The facilities house prisoners who have met certain criteria and whose behavior has shown they can be safely housed there. This is the lowest custody level supervised by the Correctional Facilities Administration.
<b>level V</b>	A security classification assigned to a facility or a prisoner. The facilities have a high level of institutional security for prisoners who have a high security and management risk. Often, these prisoners show little or no institutional adjustment and are a high or very high assault risk. They may have attempted escapes during their supervision in State or local correctional facilities.
<b>material condition</b>	A matter, in the auditor's judgment, which 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. Our assessment of materiality is in relation to the respective audit objective.
<b>MDOC</b>	Michigan Department of Corrections.
<b>mission</b>	The main purpose of a program or an entity or the reason the program or the entity was established.
<b>OMNI</b>	Offender Management Network Information System.
<b>performance audit</b>	An audit which 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.
<b>reportable condition</b>	A matter, in the auditor's judgment, less severe than a material condition and falls within any of the following categories: a deficiency in internal control; noncompliance with provisions of laws, regulations, contracts, or grant agreements; opportunities to improve programs and operations; or fraud.

<b>sallyport</b>	A controlled, secure gate by which vehicles can enter the facility grounds through the perimeter fencing.
<b>SCC</b>	Security Classification Committee.
<b>security classification</b>	The system used by the department to determine the appropriate prison security level of a prisoner. Levels range from I (minimum) to V (maximum). Generally, the prisoner's institutional behavior, length of sentence, and escape potential determine the appropriate level.
<b>Statewide Integrated Governmental Management Applications (SIGMA)</b>	The State's enterprise resource planning business process and software implementation suite supporting budgeting, accounting, purchasing, human resource management, and other financial management activities.











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