

Office of the Auditor General

Performance Audit Report

Richard A. Handlon Correctional Facility

Michigan Department of Corrections

March 2025

State of Michigan Auditor General
Doug A. Ringler, CPA, CIA

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

Article IV, Section 53 of the Michigan Constitution



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Report Summary

Performance Audit

Richard A. Handlon Correctional Facility

Michigan Department of Corrections

Report Number:

471-0215-23

Released:

March 2025

The Richard A. Handlon Correctional Facility is located in Ionia, Michigan. The Facility opened in 1958 and houses level II adult male prisoners in six housing units, each with the capacity for up to 240 prisoners. The Facility was appropriated \$35 million from the General Fund for fiscal year 2024 and employed approximately 337 personnel, including 150 corrections officers, to oversee approximately 1,100 prisoners as of January 2025.

Audit Objective			Conclusion
Objective: 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 likely falsified cell search logbooks about 4% of the time. Also, over one-third of the cell searches we observed on surveillance video footage were completed in less than one minute, bringing into question the thoroughness of the searches (Finding 1).	X		Agrees
Our review of surveillance video footage showed 6% of instances in which items, vehicles, and/or individuals were not fully searched when entering the Facility through the front gate or sallyport. Also, approximately one quarter of sallyport foot and vehicle traffic we reviewed was not properly documented (Finding 2).		X	Agrees
The Facility did not complete 15% of required daily tool inspections reviewed and 23% of required monthly tool inspections reviewed (Finding 3).		X	Agrees
Required weekly arsenal inspections were not completed 30% of the time, and daily arsenal inspections were not properly documented nearly half the time (Finding 4).		X	Agrees
Observations Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
An evaluation of Statewide Michigan Department of Corrections policy regarding use of metal detectors in correctional facilities could enhance corrections officers' ability to detect potentially dangerous objects (Observation 1).	Not applicable for observations.		

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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 Richard A. Handlon Correctional Facility, Michigan Department of Corrections.

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

BACKGROUND

The Richard A. Handlon Correctional Facility has six housing units for level II* prisoners, including three general population* units, one and a half Residential Treatment Program* (RTP) units, one Adaptive Skills Residential Program* (ASRP) unit, and a half unit designated for temporary administrative segregation. On average, the Facility housed 1,200 prisoners during the audit period.

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

Although compliance with these policies and 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 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.
- All sampled corrections officers held appropriate firearm certifications for their assigned positions throughout the audit period.
- All sampled tools were properly accounted for in their designated work areas and locations.
- All required prisoner searches reviewed were observed on surveillance video and properly documented.
- All employee searches observed on surveillance video were performed in accordance with policy, and nearly all (99%) required daily employee searches were documented as completed.

* See glossary at end of report for definition.

- All required prisoner counts reviewed were observed on surveillance video and over 98% of sampled required prisoner counts were properly documented.
- All electronic perimeter checks observed on surveillance video were performed in accordance with policy and 98% of sampled required perimeter checks were documented as completed.
- Nearly all (98%) required security rounds* reviewed were observed on surveillance video and 96% of the rounds were properly documented.
- The Facility did not achieve compliance in 4 of the 10 selected operational areas reviewed as noted in the material condition* related to cell searches (Finding 1) and the reportable conditions* related to gate activity, tool inspections, and arsenal inspections (Findings 2 through 4).

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

FINDING 1

Significant improvements needed in the performance of cell searches, including thoroughness of the searches.

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

Facility operating procedure 04.04.110A requires each first and second shift corrections officer assigned to a housing unit to conduct thorough and complete searches of at least three randomly selected prisoner cells per shift. The procedure also requires the search to be documented in a logbook and to include the name of the employee doing the search, the date and time of the search, and whether any contraband was found during the search.

We randomly selected 9 days between May 16, 2023 and June 29, 2023. We further randomly selected a Facility housing unit from the Facility's 6 housing units and randomly and judgmentally selected one or more shifts, resulting in the selection of 139 documented cell searches for review. For the 139 searches, we observed the corresponding surveillance video to confirm the searches were performed. We noted:

Corrections officers likely falsified cell search logbooks about 4% of the time.

- a. About 4% of the time, corrections officers documented searches as completed; however, they did not perform them.

In these 5 instances reviewed, the corrections officers logged the cell number, date, and time of the search in the hard-copy logbook, yet the video evidence we reviewed showed no corrections officer(s) entered the cell.

- b. The thoroughness of cell searches needs significant improvement.

Over one-third of cell searches were completed in less than 1 minute.

For the remaining 134 searches reviewed, the video showed corrections officers conducted 46 (34%) of the searches in less than 1 minute, raising concerns about their thoroughness. The following table summarizes our surveillance video review results:

Cell Search Length of Time for 134 Cell Searches Observed on Surveillance Video

<u>Length of Cell Search Time</u>	<u>Count (Percent)</u>	<u>Cumulative Count (Percent)</u>
15 seconds or less	10 (7%)	10 (7%)
16 seconds to less than 1 minute	36 (27%)	46 (34%)
1 minute to less than 3 minutes	60 (45%)	106 (79%)
3 minutes to less than 5 minutes	19 (14%)	125 (93%)
5 minutes to less than 10 minutes	5 (4%)	130 (97%)
10 minutes to 15 minutes	4 (3%)	134 (100%)
Total	<u>134</u>	
Average length of time		2 minutes and 13 seconds

* 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" cell search. However, MDOC's training curriculum teaches new corrections officers to be systematic, thorough, and curious when conducting cell searches by 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 Facility stated potentially falsified cell searches and short cell search times were caused by staff needing additional training.

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

- Potential falsification of cell search logbook documentation, which represents a violation of MDOC Employee Handbook work rules.
- Likelihood a 2-minute and 13-second average cell search does not meet the spirit of the search requirement intended to detect contraband and help prevent violence and escape.
- Potential negative impact on safe operation of the Facility.

RECOMMENDATIONS

We recommend the Facility perform 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.

We agree with the findings that in the instances reviewed MTU did not conduct (3.6%) of the logged cell searches and that (34%) of the completed searches were done in less than 1 minute.*

These exceptions were mainly caused by staff needing additional training. Of the 46 cell searches completed in less than a minute, 35 (76%) of those were segregation cells or mental health designated cells (RTP, ASRP) that may contain very little property to search, or they were empty cells.

Due to some of the exceptions noted, five (5) Requests for Investigation were done. Officers were disciplined if they incorrectly logged cell searches that they did not complete.

* See glossary at end of report for definition.

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

MTU Operating Procedure 04.04.110 "Search and Arrest of Prisoners, Employees, & Visitors" will be updated as to reflect these updated procedures. These changes should mitigate this issue in the future.

FINDING 2

Controls over activity at the front gate and sallyport need improvement.

The Facility did not always fully search or properly document activity at the front gate and sallyport*. Without appropriate controls over activity at these gates, an increased risk exists that critical or dangerous items could enter the prison and compromise the safety of prisoners and employees.

Facility operating procedure 04.04.100L states every effort must be made to ensure introduction or removal of contraband is stopped and any prisoner attempting to escape by way of a security gate is prevented from doing so. This procedure requires staff to search items being sent in to or out of the Facility and ensure all vehicles entering the Facility are properly documented in the vehicle traffic logbook, thoroughly searched prior to entering the Facility, and reinspected before allowed to leave the Facility. The procedure also requires staff to ensure individuals pass through a metal detector or be subject to a pat-down* or clothed-body search*, as applicable, and requires staff maintain logs of foot traffic at the sallyport.

We randomly sampled 4 days between May 15, 2023 and June 11, 2023 at each gate. Our review of select surveillance video and corresponding logbook documentation noted:

- a. The Facility did not always perform required searches at the front gate and sallyport.

Items, vehicles, and/or individuals were not always fully searched.

Our review of select surveillance video at the front gate and sallyport identified 6 (6%) of 108 instances in which items, vehicles, and/or individuals entered or exited the gates but were not fully searched, such as a:

- Vending machine operator exited the front gate with a cart that was not inspected.
- Facility-owned vehicle exited the sallyport, and an officer searched the trailer but not the vehicle's cab.
- Facility employee entered the sallyport but was not subjected to a pat-down search nor was their property cart inspected.

The Facility informed us items, vehicles, and/or individuals were not always searched due to staff not following operating procedures and needing additional training.

- b. The Facility did not always properly document vehicle and foot traffic at the sallyport. Our review of surveillance video showing 77 instances of vehicle or foot traffic traversing the sallyport noted:

- (1) 15 (19%) instances of vehicle traffic not recorded in the sallyport logbook. For example, gate officers

* See glossary at end of report for definition.

did not record instances of maintenance, warehouse, or trash removal vehicles entering or exiting the sallyport.

- (2) 4 (5%) instances of foot traffic not recorded in the employee check in/out sheet. For example, gate officers did not ensure a nurse exiting and reentering the sallyport signed the employee check in/out sheet.

The Facility stated vehicle and foot traffic was not always documented due to staff not following operating procedures and needing additional training.

RECOMMENDATIONS

We recommend the Facility fully search all items, vehicles, and individuals entering and exiting the Facility front gate and sallyport.

We also recommend the Facility ensure all sallyport vehicle and foot traffic is properly documented.

AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

The Department agrees and will comply.

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

To ensure searches are being done as required by policy, changes have been implemented. Post Orders were updated to clarify search and logging procedures that the sallyport and gate officer need to complete when vehicles or foot traffic enter the front gate or sallyport. Security monitoring exercises (SME) are also conducted monthly in the sallyport and at the front gate to ensure compliance with policy. These changes should help mitigate this issue in the future.

FINDING 3

Completion of daily and monthly tool inspections needs improvement.

The Facility did not perform all required daily and monthly tool inspections to ensure all tools are accounted for and in serviceable condition, promoting the safety and security of staff and prisoners.

MDOC policy directive 04.04.120 requires the Facility to maintain an accurate tool inventory list for each tool storage area and requires the tool manager to conduct and document daily inspections of tool storage areas for each shift. Also, the work area supervisor is required to perform and document a monthly physical inspection of the tool area to ensure all tools are accounted for, an accurate inventory list is posted, and no unauthorized tools are in the storage area.

We randomly sampled 59 of 669 days within the audit period, and further randomly selected a tool area from a population of 179 tool areas within the Facility resulting in 53 unique months and tool areas.

Our review of Facility tool inspection documentation for the sampled days and months noted the Facility did not perform 9 (15%) of 59 selected daily tool inspections and 12 (23%) of 53 selected monthly tool inspections. Examples of tools typically stored in the sampled tool storage areas include:

- Wrenches, sockets, and engravers in the machine shop.
- Scalers, mirrors, and a sharpening stone in a dental cart.
- A micro-torch, a tire stitcher, and an air hose in the automotive trades area.

The Facility's self-audit identified similar discrepancies in January 2023 with completion of daily and monthly tool inspections, with expected compliance in early 2023. The Facility stated the documentation for daily and monthly tool inspections was not properly retained during the audit period because of various staff retirements.

RECOMMENDATION

We recommend the Facility perform all required daily and monthly tool inspections.

AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

The Department agrees and will comply.

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

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

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

MTU Operating Procedure 04.04.120 "Tool Control" will be updated to reflect these updated procedures. These changes should mitigate this issue in the future.

FINDING 4

Controls over arsenal equipment need improvement.

Required weekly arsenal inspections were not performed 30% of the time.

The Facility did not complete or document all required weekly and daily inspections of equipment stored in the arsenal. The arsenal is maintained for the safe storage of firearms, chemical agents, ammunition, and other security equipment used by Facility employees.

MDOC policy directive 04.04.100 requires facilities to inspect equipment stored in the arsenal at least once during each shift or conduct a weekly visual inspection if the cabinets are sealed and the seals are inspected each shift. The directive also requires facilities to inventory and monitor arsenal equipment at least monthly and document all inspections and inventories.

We randomly sampled 59 of 669 days from October 1, 2021 through July 31, 2023, and further randomly selected a shift for each selected day. We also randomly sampled 5 months, consisting of 20 weeks, during the 22-month audit period. Our review of Facility arsenal logbook documentation for the sampled days and months noted the Facility did not:

- a. Perform 6 (30%) of 20 required weekly inspections for the selected sealed cabinets we reviewed containing equipment such as firearms, grenades, foggers, gas masks, and shotgun vests.
- b. Properly document daily inspections for 29 (49%) of 59 shifts reviewed.

The individual completing the daily inspection each shift is expected to put a check mark next to each piece of equipment listed on the arsenal daily inventory checklist to denote the equipment is present and accounted for and is required to sign the checklist upon completion of the inspection. Our review of these checklists noted:

- 8 were nearly blank, lacking support an inspection was performed for the shift.
- 16 were missing check marks for some equipment, such as a shot gun, handguns, a hand camera, and specified keys, lacking support all equipment was accounted for during the inspection.
- 15 were not signed by the individual who completed the inspection. Also, 10 of these were missing checkmarks for some equipment and were included in the bullet above.

The Facility stated the weekly and daily arsenal inspections were not always logged due to having a newer arsenal sergeant, the sergeant position not being manned daily, and the sergeant position responsibilities included working on shift in areas other than the arsenal. We performed an inventory of all the Facility's rifles, shotguns, and handguns on August 24, 2023 and verified all were properly accounted for in the Facility arsenal.

RECOMMENDATION

We recommend the Facility complete and document all required weekly and daily inspections of equipment stored in the arsenal.

AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

The Department agrees and will comply.

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

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

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

In addition, the Assistant Deputy Warden is auditing daily, weekly, and monthly arsenal inspections and reporting outcomes on his monthly report. All these changes should mitigate this issue moving forward.

OBSERVATION 1

An evaluation of MDOC's metal detector policy should be considered.

Metal detectors are approved screening devices employed by MDOC correctional facilities to help prohibit the introduction and/or ongoing presence of contraband. The Facility had a total of five metal detectors at the time of our review. Four were walk-through metal detectors, with one located at the front gate and the remaining three located inside the Facility's secure perimeter. The one remaining was a cell sense metal detector*, which is an upright, portable, stand-alone detector used inside the secure perimeter for screening prisoners.

During our on-site testing, we carried metal objects through all four walk-through metal detectors without detection, including a welding rod, a flat piece of stainless steel, and a piece of welded scrap metal approximately 5 to 7 inches in length (see supplemental information for photograph). We gathered these metal objects from the Facility's Vocational Village welding classroom, walked each individual object through four walk-through metal detectors using multiple carrying methods, and summarized the results in the following table:

Results of OAG Walk-Through Metal Detector Testing Performed on July 26, 2023

		Metal Detector Location			
		Location 1	Location 2	Location 3	Location 4
Object and Attempted Carrying Method	X Not detected				
	✓ Detected				
	<u>Welding Rod</u>				
	Held in open hand	X	X	X	X
	Hidden in clenched fist	X	X	X	X
	Hidden in pant leg pocket	X	X	X	X
	Hidden under arm	X	X	X	X
	<u>Flat Piece of Stainless Steel</u>				
	Held in open hand	X	X	X	X
	Hidden in clenched fist	X	X	X	X
	Hidden in pant leg pocket	X	X	X	X
	Hidden under arm	X	X	X	X
	<u>Piece of Welded Scrap Metal</u>				
	Held in open hand	✓	X	X	X
	Hidden in clenched fist	✓	X	X	X
	Hidden in pant leg pocket	X	X	X	X
	Hidden under arm	X	X	X	X

Our review of MDOC policy, on-site observations, and discussions with Facility staff noted clarification of Statewide MDOC policy may be necessary regarding:

- Metal detector sensitivity settings.

MDOC policy directives are silent on the sensitivity setting requirements or guidelines.

* See glossary at end of report for definition.

The walk-through detectors we observed have sensitivity modes that can be adjusted based on the intended use of the device. The correctional facility sensitivity mode is designed to detect all metal, while other modes may allow some metal to go undetected. During our testing, we observed all four walk-through metal detectors were not set to the correctional facility sensitivity mode; instead, all four were set to a less restrictive setting recommended by the manufacturer for use by hospitals and courthouses.

After the detectors failed to detect our three objects, we observed Facility staff change one of the detectors to the correctional facility sensitivity mode. We then carried the same objects through the detector and all three objects were detected in all carrying methods.

- Periodic testing of metal detectors.

MDOC policy directive 04.04.100 requires all walk-through detectors to be calibrated monthly, consistent with manufacturer recommendations. However, MDOC policy is silent on selection of an appropriate test piece for use in the monthly calibration tests.

We observed Facility staff perform calibration testing of one walk-through metal detector using an operational test piece from the metal detector device manufacturer. Facility staff explained the same operational test piece is used for all four walk-through metal detectors at the Facility. Our review of the metal detector manufacturer's user manuals showed the operational test piece used by the Facility is intended to simulate a small firearm, which may not be an appropriate test piece in all correctional facility settings where smaller metal objects should be reasonably expected to appear. The manufacturer's guidance states if the provided operational test piece does not meet a specific security requirement, then a different test piece should be considered similar in size, shape, and material composition to the smallest forbidden object.

We believe an evaluation of Statewide MDOC policy regarding use of metal detectors in correctional facilities could enhance corrections officers' ability to detect potentially dangerous objects, thereby improving the safety and security of staff, prisoners, and members of the public.

SUPPLEMENTAL INFORMATION

UNAUDITED

RICHARD A. HANDLON CORRECTIONAL FACILITY
Michigan Department of Corrections

Photograph of Metal Objects Tested at the Facility's
Walk-Through Metal Detectors by Auditors on July 26, 2023



Source: Photograph taken by OAG staff. The OAG gathered these metal objects from the Facility's Vocational Village welding classroom on July 26, 2023.

AGENCY DESCRIPTION

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 Richard A. Handlon Correctional Facility is located in Ionia, Michigan, and opened in 1958. The Facility houses level II adult male prisoners in six housing units. Each housing unit has capacity for up to 240 prisoners and consists of three general population units, one and a half units for RTP prisoners, one unit for Adaptive Skills Residential Program prisoners, and a half unit designated for temporary administrative segregation. All housing units are located within the Facility's secure perimeter, which includes security measures such as double chain-link fences, concertina wire, and an electronic detection system, among others.

The Facility provides academic programs, such as general education and the Calvin Prison Initiative through a partnership with Calvin University; trades programs through its Vocational Village; treatment services, such as counseling and substance abuse services; leisure time activities; and the Leader Dogs for the Blind Program. Prisoners are provided on-site medical, mental health, and dental care, while serious emergencies are treated at a local hospital or MDOC's Duane L. Waters Health Center in Jackson.

The Facility was appropriated approximately \$35 million from the General Fund for operations in fiscal year 2024 and employed approximately 337 personnel, including 150 corrections officers, to oversee approximately 1,100 prisoners as of January 2025.

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

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

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 October 1, 2021 through July 31, 2023.

METHODOLOGY

We conducted a preliminary survey to gain an understanding of the Facility's processes and operations in order to establish our audit objective, 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.

OBJECTIVE

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

- Gate manifests and access
- Arsenal
- Prisoner counts
- Tool control
- Prisoner and cell searches
- Electronic perimeter checks
- Employee searches
- Visitor searches
- Firearm certifications
- Security rounds

* See glossary at end of report for definition.

For these areas, our testing methodologies are either reflected in the related findings (Findings 1 through 4) or included below. We:

- Performed an inventory of all the Facility's rifles, shotguns, and handguns to ensure they were properly accounted for in the Facility arsenal on August 24, 2023.
- Randomly and judgmentally selected 7 of the Facility's 31 tool areas and randomly sampled a tool location within each of the selected tool areas from October 1, 2021 through July 31, 2023. We performed an inventory on August 23 and 24, 2023 of the selected tool locations to ensure tools were properly accounted for.
- Randomly sampled 18 corrections officers from a population of 177 officers requiring firearm certifications for their position as of September 8, 2023 to verify the officers held all required firearm certifications throughout the audit period, as applicable.
- Randomly sampled 9 days between May 16, 2023 and June 29, 2023 and also randomly sampled 1 housing unit from the Facility's 6 units. We then randomly and judgmentally sampled one or more shifts during the selected days to determine if the resulting 255 required prisoner searches in the sampled housing unit were performed according to surveillance video and properly documented.
- Evaluated Facility compliance with employee search requirements. To accomplish this, we:
 - Randomly sampled 25 days between October 1, 2021 and June 11, 2023 to determine if the resulting 610 required daily employee searches were properly documented.
 - Randomly sampled 15 days between October 1, 2021 and June 11, 2023 to determine if the resulting 5,600 monthly employee searches were properly documented.
 - Randomly sampled 4 days between May 15, 2023 and June 11, 2023 to verify employee searches were performed in accordance with policy based on our review of Facility surveillance video and were properly documented.

- Evaluated Facility compliance with prisoner count requirements. To accomplish this, we:
 - Randomly sampled 25 days between July 1, 2022 and June 12, 2023 and also randomly sampled a housing unit from the Facility's 6 units to determine if the resulting 180 required prisoner counts were properly documented.
 - Randomly sampled 7 days between May 15, 2023 and June 29, 2023, randomly sampled a housing unit from the Facility's 6 units, and randomly and judgmentally sampled 1 or more shifts during the selected days and reviewed surveillance video to verify all required prisoner counts were performed and were properly documented.
- Evaluated Facility compliance with electronic perimeter check requirements. To accomplish this, we:
 - Randomly sampled 33 days between October 1, 2021 and July 10, 2023 and randomly sampled a shift during the selected days to verify required perimeter checks were documented as completed.
 - Randomly sampled 9 days between July 11, 2023 and July 31, 2023 and randomly sampled a shift during the selected days to verify perimeter checks were properly documented and performed in accordance with policy based on our review of surveillance video.
- Evaluated Facility compliance with security round requirements. To accomplish this, we:
 - Randomly sampled 30 days between July 1, 2022 and June 29, 2023, randomly sampled a housing unit, and randomly sampled a shift during the selected days to determine if the resulting 414 required security rounds were properly documented.
 - Randomly sampled 4 days between May 29, 2023 and June 29, 2023, randomly sampled a housing unit, and randomly and judgmentally selected shifts during the selected days to verify the resulting 94 required rounds were performed according to the surveillance video and were properly documented.

- Evaluated Facility compliance with prisoner visitor requirements. To accomplish this, we:
 - Randomly sampled 19 days between October 1, 2021 and June 11, 2023 resulting in 304 recorded visitors to verify the visitors had a registered visitor pass and were documented in a logbook.
 - Randomly sampled 3 days between May 15, 2013 and June 11, 2023 resulting in 71 prisoner visitors entering and exiting the front gate area to verify visitor searches were performed per surveillance video in accordance with policy and all visitors were documented.

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 to ensure representativeness or based on risk and the results could not be projected into the respective populations.

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 4 findings and 6 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 a photograph of metal objects presented as supplemental information. Our audit was not directed toward expressing a conclusion on the supplemental information.

GLOSSARY OF ABBREVIATIONS AND TERMS

Adaptive Skills Residential Program (ASRP)	A program providing specialized programming in a supportive housing environment to prisoners who have significant limitations in adaptive functioning due to a developmental disability or chronic brain disorder.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
cell sense metal detector	An upright, portable, stand-alone detector used inside the secure perimeter for screening prisoners. Despite use of the term "cell," they are not used <i>inside</i> a prison cell.
clothed-body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items which may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
contraband	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.
gate manifest	A record used to control materials and supplies entering and leaving a facility through the front gates and sallyport.
general population	The group of prisoners who are not given any other type of treatment, such as Adaptive Skills Residential Program or RTP.
level II	A security classification assigned to a facility or a prisoner. The facilities are transitional prisons where prisoners who show good institutional adjustment and have a low security risk go to complete programs and prepare for eventual release. Long-term or prisoners sentenced to life terms may also qualify for level II facilities if their security and management risks are low.
material condition	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.

MDOC	Michigan Department of Corrections.
mission	The main purpose of a program or an entity or the reason the program or the entity was established.
MTU	MDOC's abbreviation for the Richard A. Handlon Correctional Facility.
observation	A commentary highlighting certain details or events which may be of interest to users of the report. An observation may not include all of the attributes (condition, effect, criteria, cause, and recommendation) presented in an audit finding.
pat-down search	A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items which may be required to be removed are outerwear (e.g., coats, jackets, and hats) and shoes; however, all items shall be removed from pockets.
performance audit	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.
prisoner count	A count of the total prisoner population of a facility, including those prisoners on off-site details. Staff shall verify each counted prisoner's physical presence with a visual sighting.
reportable condition	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.
Residential Treatment Program (RTP)	The recommended level of care for seriously mentally ill prisoners who demonstrate significant impairment in social skills and limited ability to participate independently in activities of daily living. RTP provides treatment and support services to prisoners who no longer require psychiatric hospitalization but have not progressed to the point where they can function independently in the general population.

sallyport	A controlled, secure gate by which vehicles can enter the facility grounds through the perimeter fencing.
security round	A visual inspection, conducted on an irregular schedule, of all areas of a staff member's designated assignment, including inside each cell and all common areas.
SME	security monitoring exercise.



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