



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

GRETCHEN WHITMER
GOVERNOR

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DIRECTOR

DIRECTOR'S OFFICE MEMORANDUM 2021 - 34

EFFECTIVE: Immediately

DATE: November 9, 2021

TO: Executive Policy Team
Administrative Management Team
Wardens

FROM: Heidi E. Washington, Director

SUBJECT: PD 01.05.100 "Self-Audits and Performance Audits"

The Michigan Department of Corrections (MDOC) is implementing a new self-audit process. This DOM outlines the new process.

AUDIT CYCLE

The audit cycle is changing from a four-year cycle to a three-year cycle. The cycle will go as follows:

1. During the first-year, facilities shall complete a self-audit that includes reviewing the deficiencies that were noted in the previous year's performance audit.
2. During the second-year, facilities shall complete a self-audit that includes reviewing the deficiencies that were noted in the previous year's self-audit. A performance audit conducted by the Assistant Deputy Director's (ADD) office will no longer occur during the second year of the audit cycle.
3. During the third-year, a performance audit that includes reviewing the deficiencies that were noted in the previous year's self-audit shall be conducted by the Central Office Performance Audit Team. Facilities are no longer required to complete a self-audit during the third year of the audit cycle.

POLICIES TO BE AUDITED

The Director or designee shall continue to annually select the policy directives on which self-audits shall be performed, however, Wardens are no longer required to, but may, select up to two additional policy directives for their facility to audit.

SELF-AUDIT TRAINING

The Training and Recruitment Division within the Budget and Operations Administration (BOA), and the AAs from the Jackson and Kinross ADD's Office shall develop necessary self-audit training. There shall be one self-audit classroom training module, and self-audit training information shall also be available as a computer-based training module. The AAs from the Jackson and Kinross ADD's Office shall provide self-audit training to all facility AAs as necessary. The facility AAs shall provide self-audit training, as necessary, to staff at their facility who are assigned a policy to audit.

SELF-AUDIT PLANS

Wardens shall continue to ensure a self-audit plan is developed and submitted to the ADD's office. Self-audit files shall be ready for review no later than May 1 of the audit cycle year. Once the self-audit files are ready for review, the facility AA shall notify the ADD's AA who shall advise the facility of which files shall be reviewed by the standard review committee and which files shall be reviewed by the enhanced review committee as set forth below. The facility AA shall provide an updated self-audit plan to the ADD's AA by May 15 that shall identify when the files that are required to receive an enhanced review will be scheduled.

PERFORMING AND REVIEWING SELF-AUDITS

Self-audits shall continue to be conducted in the same fashion as currently set forth in PD 01.05.100 "Self-Audits and Performance Audits." However, a new self-audit review process has been developed that has a Standard Self-Audit Committee Review Team and an Enhanced Self-Audit Committee Review Team examine the audit files before they are approved. The following paragraphs outline the new review process.

Each correctional facility shall have a Standard Self-Audit Committee Review Team consisting of at least three staff. The committee shall be chaired by the facility's Administrative Assistant and include at a minimum one staff member chosen by the Warden who shall be a 14 level or above. The auditor shall present their findings to the Self-Audit Committee Review Team upon completion of their self-audit. The committee shall approve each self-audit file and document their findings on the Self-Audit Committee Review Checklist. The Self-Audit Committee Review Checklist shall be placed in self-audit file upon completion.

In addition to the Standard Self-Audit Committee Review Team, there shall also be an Enhanced Self-Audit Committee Review Team that consists of the members from the standard review team, a staff member from another facility, and the supervisor of the area of being reviewed. The Enhanced Self-Audit Review Committee shall review at least five self-audit files, that are selected by the ADD. The ADD's AA may complete a quality assurance check on files as necessary.

Note: If the committee member who is from another facility is going to attend the self-audit review via video, the facility Administrative Assistant shall ensure all appropriate documents are sent to them before the review.

If follow-up work is needed on a self-audit file, the Self-Audit Committee Review Team shall return the file to the auditor who the self-audit was assigned. The auditor shall continue to work with the Self-Audit Committee Review Team until the file is approved.

If the findings of the self-audit reveal the facility is non-compliant with an audit element, the supervisor of the non-compliant area shall develop a plan of action (POA) to correct the deficiency. Follow-up on deficiencies identified in the self-audit shall be tracked and monitored by the Warden or designee until they determine the non-compliant finding has been corrected. For the subsequent year, the POA shall be reviewed to ensure the non-compliant finding does not become a repeat deficiency.

At the conclusion of each self-audit, a report shall be submitted by the auditor to the Warden or designee. The report shall include the following:

1. Identification of the policy directives, operating procedures, and elements audited.
2. A summary of how the audit was performed. This shall include identifying who was interviewed, which documents were reviewed, and what operations were observed. The summary shall identify how samples were selected for review.
3. A summary of the findings of the audit. This shall include the results of any documentation sampling or other audit work performed and shall identify all audit elements, indicating whether they were compliant, ~~or~~ non-compliant, or not applicable.
4. POAs to be taken for each finding of non-compliance and suggestions to improve operations.

The Warden shall ensure a Facility Inspection Response Report (CRX-113) is submitted to the ADD at the conclusion of the self-audit documenting all identified deficiencies.

The ADD's AA shall complete a final report at the end of the self-audit cycle. The report shall identify common deficiencies that were found during the audit period. The ADD's AA shall submit the report to their ADD and the Performance Audit Specialist.

The ADD may request a follow-up audit to ensure deficiencies found during the self-audit have been corrected. The ADD's AA shall be responsible for scheduling and coordinating the follow-up audits. An audit team selected by the ADD's AA shall review the facility's prior deficiencies during the follow-up audit to see if progress has been made towards gaining compliance.