

**Commonwealth of Pennsylvania**  
**Department of Corrections**  
**State Correctional Institution at Dallas**  
**Performance Audit**  
**July 1, 2002, to May 6, 2005**





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May 3, 2006

The Honorable Edward G. Rendell  
Governor  
Commonwealth of Pennsylvania  
Harrisburg, Pennsylvania 17120

Dear Governor Rendell:

This report contains the results of a performance audit of the State Correctional Institution at Dallas of the Department of Corrections from July 1, 2002, to May 6, 2005, except where we expanded the scope to assess all relevant information objectively. The audit was conducted under authority provided in Section 402 of The Fiscal Code and in accordance with *Government Auditing Standards* as issued by the Comptroller General of the United States.

The report details our audit objectives, scope, methodology, findings, and recommendations. The report identified the need for additional fire safety measures, internal control weaknesses in the storeroom inventory, and the failure to reconcile bank accounts in the Inmate General Welfare Fund. The contents of the report were discussed with the officials of the institution and all appropriate comments are reflected in the report.

We appreciate the cooperation extended to us by the management and staff of the State Correctional Institution at Dallas and by others who provided assistance during the audit.

Sincerely,

JACK WAGNER  
Auditor General



# Table of Contents

Page

<b>Background Information .....</b>	<b>1</b>
Department of Corrections .....	1
State Correctional Institution at Dallas .....	1
<b>Objectives, Scope, and Methodology .....</b>	<b>3</b>
<b>Chapter I - Fire Safety .....</b>	<b>4</b>
Objective and Methodology .....	4
Audit Results .....	5
Finding I-1 – Dallas complied with many fire safety policies and guidelines.....	5
Finding I-2 – Improvements are necessary to strengthen the fire safety program.....	5
<b>Chapter II - Materials Management.....</b>	<b>9</b>
Objectives and Methodology .....	9
Audit Results .....	10
Finding II-1 – Dallas complied with Commonwealth policies and procedures for purchasing transactions in the SAP materials management module.....	10
<b>Chapter III - Inventory .....</b>	<b>11</b>
Objective and Methodology .....	11
Audit Results .....	11
Finding III-1 – Incorrect role-mapping negated the segregation of duties control.....	11
Finding III-2 – Dallas did not conduct an annual physical inventory.....	12
<b>Chapter IV - Tool and Key Control.....</b>	<b>14</b>
Objective and Methodology .....	14
Audit Results .....	15
Finding IV-1 – Dallas established adequate internal controls to monitor and account for its tool and key inventories.....	15
<b>Chapter V - Inmate General Welfare Fund.....</b>	<b>16</b>
Objective and Methodology .....	16

# Table of Contents

	Page
Audit Results .....	17
Finding V-1 – Inmate General Welfare Fund transactions were properly supported.....	17
Finding V-2 – Bank reconciliations were not reviewed or approved by management and variances were not investigated.....	17
<b>Status of Prior Audit Findings and Recommendations.....</b>	<b>18</b>
Objectives and Methodology.....	18
Prior Audit Results .....	18
The Institution’s reconciliation procedures for the VISA purchasing card bank statements did not comply with Management Directive 310.23. ....	18
Controls over the commissary pricing policy were not sufficient. ....	19
<b>Audit Report Distribution List .....</b>	<b>20</b>



## **Background Information**

### **Department of Corrections**

The Pennsylvania Bureau of Corrections was established by the Section I of Act 408 of 1953. In January 1981, responsibility for bureau operations was removed from the authority of the Attorney General and transferred to the Office of the General Counsel. On December 30, 1984, the Governor signed Act 245 of 1984, which elevated the Bureau of Corrections to cabinet level status as the Department of Corrections (Corrections).<sup>1</sup>

The main purpose and goal of Corrections is to maintain a safe and secure environment for both the incarcerated offenders and the staff responsible for them. In addition, Corrections believes that every inmate should have an opportunity to be involved in a program of self-improvement.

Corrections is responsible for all adult offenders serving state sentences of two years or more. As of June 30, 2004, it operated 25 correctional institutions, 1 regional correctional facility, 1 motivational boot camp, a training academy, and 15 community pre-release centers throughout the Commonwealth of Pennsylvania.

### **State Correctional Institution at Dallas**

The State Correctional Institution at Dallas (Dallas) is a medium/maximum security facility for adult male offenders located in the borough of Dallas, Luzerne County, approximately 10 miles northwest of Wilkes-Barre. Dallas opened in 1960 as an institution for defective delinquents, but in 1968 became an adult male institution.

Dallas is accredited as an adult institution by the National Commission on Accreditation for Corrections. Its mission is to protect the community at large, and to change the attitudes and behavior of inmates, which will prevent the recurrence of criminal behavior upon their release.

Dallas encompasses 1,307 acres of land. Approximately 26 acres are located inside a secure perimeter, which encloses 13 cellblocks and 4 modular units.

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<sup>1</sup> 71 P.S. § 310.1.

## **Background Information**

The Bureau of Correctional Industries of Corrections operates several component units within the institution, utilizing inmate labor in manufacturing operations, which include a mattress factory, box factory, and garment plant.

The following schedule presents selected unaudited Dallas operating data compiled for the years ended June 30, 2003 and 2004:

	<u>2003</u>	<u>2004</u>
Operating expenditures (rounded in millions) <sup>2</sup>	\$52.6	\$57.6
Inmate population at year-end	1,998	2,098
Capacity at year-end	1,310	1,310
Percentage of capacity at year-end	152%	160%
Average daily inmate population	1,996	2,092
Average cost per inmate <sup>3</sup>	\$26,352	\$27,533

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<sup>2</sup> Operating expenditures were recorded net of fixed asset costs, an amount that would normally be recovered as part of depreciation expense.

<sup>3</sup> Average cost was calculated by dividing operating expenditures by the average daily inmate population.

## *Objectives, Scope, and Methodology*

The audit objectives are detailed in the body of the report. We selected the objectives from the following general areas:

- Fixed asset management, including an assessment of fire safety measures at Dallas.
- Expense management, including an examination of purchasing procedures through the materials management module of SAP. The examination included purchases by advancement check as well as purchases through the invoice approval process.
- Inventory management, including an examination of inventory tracking procedures in the SAP materials management module and tool and key control procedures.
- Client management, including selected activities of the Inmate General Welfare Fund.

To accomplish these objectives, we interviewed Dallas management and staff. We also conducted tours, obtained, and reviewed available records, and analyzed pertinent regulations, policies, and guidelines.

The scope of the audit was from July 1, 2002, to May 6, 2005, unless indicated otherwise in the individual report chapters.

## **Chapter I - Fire Safety**

### **Objective and Methodology**

Fire and safety policies and procedures are designed to provide fire protection and safety services for the staff and inmates at Dallas. These policies must comply with the requirements of Corrections as well as with guidelines and regulations of the National Fire Protection Association (NFPA).

The objective of this part of the audit was to determine if the fire safety procedures at Dallas complied with the above guidelines. To accomplish our objective we performed the following specific procedures:

- Interviewed the Dallas safety manager.
- Reviewed applicable NFPA guidelines,<sup>4</sup> and Corrections policies.<sup>5</sup>
- Reviewed the 2004 annual inspection report, fire occurrence reports, monthly and/or yearly inspection reports for fire extinguishers, fire alarms, and fire hydrants from July 2003 to June 2004, fire drill reports from September 2003 to December 2004, and quarterly summary reports from January 2003 to December 2004.
- Reviewed monthly fire safety committee minutes from January 2003 to December 2004.
- Observed one fire drill on February 3, 2005, in the administration building.
- Inspected 40 of the 407 fire extinguishers located in the administration building, clinic, chapel, warehouse, control center, and safety office.
- Reviewed training records for the 37 active Fire Emergency Response Team (FERT) members, and a listing of FERT equipment at the prison.

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<sup>4</sup> The National Fire Protection Association (NFPA), Standard 10, "Standard for Portable Fire Extinguishers," Chapter 4, §4-3.4.3.

<sup>5</sup> Department of Corrections, Procedures Manual Policy 6.7.2, "Special Response Teams," Section 6, "Fire Emergency Response Team, and Policy 15.1.1, "Safety."

**Audit Results**

**Finding I-1 – Dallas complied with many fire safety policies and guidelines.**

Dallas employed a trained institutional safety manager in accordance with Corrections safety policy. The safety manager was responsible for the following duties: monitoring and reviewing annual inspection reports, quarterly inspection reports, fire prevention programs, fire evacuation plans, and life safety code compliance issues.

Dallas also maintained a written fire plan that provided an outline for protection for all persons in case of a fire and/or an evacuation to an area of refuge. Evacuation procedures were properly posted and inmate quarters were equipped with smoke detection devices.

The non-addressable fire alarm system, monitored 24/7, was inspected annually. In addition, fire extinguishers and fire hydrants were inspected on an annual basis. The 40 fire extinguishers inspected by the auditors were charged, inspected, and tagged in accordance with NFPA guidelines.

Dallas also complied with Corrections policy and properly maintained and inspected all FERT equipment.

**Finding I-2 – Improvements are necessary to strengthen the fire safety program.**

Our audit identified the following areas that need to be strengthened to ensure that all staff and inmates receive proper fire and safety protection:

- Not all members of the FERT received the required training.
- Fire alarms were not installed in every occupied building throughout the institution.
- Fire drills were either not properly documented or were not conducted for every building throughout the prison, each quarter over alternating shifts.
- Monthly safety committee meetings were not always held.

## Chapter I - Fire Safety

### FERT Training

According to Corrections policy for minimum training criteria, FERT members are to receive a minimum of 16 training hours per year, or four hours quarterly.<sup>6</sup> The number of training hours was increased starting July 2003, from 12 to 16 hours per year.

We tested the training records for the entire FERT membership of 37 employees and found that 25 members did not receive the required 16 hours of training. Dallas offered the training sessions throughout the year, however, we were told that it was often difficult to schedule a time convenient to all FERT members, since the officers work different shifts and different days.

### Recommendations:

- The safety manager should monitor training for all FERT members.
- When individual members have schedule conflicts, the safety manager should reschedule the classes at alternative times to allow multiple shifts to attend the classes.

### Fire Alarm Protection

According to Corrections policy,

*Every building or structure should be maintained to ensure a reasonable level of safety for life and property from fire hazards...*<sup>7</sup>

Dallas management informed the auditors that only the inmate housing units were provided with fire alarm protection. Without fire alarm protection, institution staff, inmates, visitors, and the facilities are exposed to potential harm from fire.

The safety manager provided assurances during the audit that an approved \$4.1 million Department of General Services project will eventually upgrade the fire alarm system and provide every building with adequate fire protection. Until this upgrade is implemented, Dallas staff, inmates, visitors, and property remain at risk to the danger of fire.

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<sup>6</sup> Department of Corrections Procedures Manual Policy 5.1.1, (Staff Development and Training,) Section 2, "Minimum Training Criteria," (Attachment 2-A.)

<sup>7</sup> Department of Corrections Procedures Manual Policy 15.1.1, (Safety,) Section 2, "Fire Safety Program."

Recommendation:

- Dallas management should take alternative steps, such as installing battery operated smoke alarms in each building that needs to be protected until adequate fire alarm systems are provided throughout the institution.

*Fire Drills and Safety Committee Meetings*

Corrections policy states:

*Fire drills shall be conducted regularly, the minimum being one (1) drill per quarter in all occupied buildings rotated over all occupied shifts.<sup>8</sup>*

and

*[The] Safety Committee shall meet, at a minimum once a month.<sup>9</sup>*

After examining the fire drill reports from September of 2003 through December of 2004, the auditors found that 92, or approximately 38 percent of required drills, were not documented on a standard fire drill report form. We were unable to determine whether these drills had taken place.

In addition, our review of minutes from January 2003 through December 2004, determined that safety committee meetings were not held in 15 of the 24 months. The purpose of these meetings is to review the safety procedures of the facility, discuss pertinent safety issues, review incident trends, and recommend modifications to the safety program.

The failure to comply with the fire safety requirements could jeopardize the safety of the staff and inmates at Dallas in the event of a fire emergency. When questioned about these deficiencies, the safety manager explained that the fire drills were not always conducted due to inclement weather conditions. In addition, since there was no qualified backup for the safety manager, no fire drills or safety committee meetings were conducted when the safety manager was not present at Dallas.

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<sup>8</sup> Department of Corrections Procedures Manual Safety Policy Number 15.1.1, Section 2 C.2, Effective July 16, 2003.

<sup>9</sup> Department of Corrections Procedures Manual Policy Number 15.1.1 Section 1 A.3.a.(1).

## *Chapter I - Fire Safety*

### Recommendations:

- To comply with Corrections policy, the safety manager and Dallas management should ensure that fire drills are conducted timely and properly documented on fire drill report forms. Management should also hold monthly safety committee meetings.
- Dallas should make provisions to provide qualified backup personnel to assist with the duties of the safety manager including, but not limited to, ensuring the safety of staff, inmates, and property of Dallas in the event of a fire, as well as complying with Corrections and American Correctional Association standards. In the absence of the safety manager, this responsibility should be assumed by another individual.

### Management Comments:

At the closing conference, Dallas management stated that they agreed with all the findings but noted that the fire alarm protection cannot be corrected until the completion of the Department of General Services fire alarm upgrade project.



## **Chapter II - Materials Management**

### **Objectives and Methodology**

The Commonwealth began a comprehensive project in 2001 to integrate and redesign administrative functions, including procurement, by purchasing a new administrative control system referred to as ImaginePA. This project is now known as the Integrated Enterprise System (IES).<sup>10</sup> The system is designed to permit state agencies to operate with greater efficiency with the elimination of paperwork, establishing a vendor list, networking various agencies, and aiding in the reconciliation of data from many sources. IES software, known as Systems Application Products (SAP), was initiated at Dallas in October 2002.

Dallas purchases goods and services through the SAP materials management module. The module provides multiple methods for payment of purchases: advancement account checks, Visa purchasing cards, and Pennsylvania Treasury checks. The method of payment is dependent upon the dollar value and the nature of the purchase.

Items purchased through a state contract, stock items, or transactions valued greater than \$3,000 are paid with a Treasury check. This process consists of matching purchase documents, such as purchase requisitions, purchase orders, receiving reports, and invoices. Purchases made without purchase orders are processed for Treasury check payment upon approval of invoice documents. Non-stock items, items not on contract, and items under \$3,000 may be purchased with the Visa purchasing card. An advancement account check can be used to expedite payments to vendors for goods and services when the disbursement is \$1,500 or less in value.

The objectives of this part of the audit were to assess the adequacy of the internal controls over the SAP materials management module and the related purchasing controls over the purchasing cards, and the advancement account checks. The testing was performed on operations conducted at Dallas only, and did not extend to the purchase and approval efforts at Corrections' central office comptroller, or to the efforts at the Pennsylvania Treasury Department.

To accomplish our objectives we performed the following procedures:

- Reviewed applicable policies and procedures in the IES documentation for the SAP materials management module.

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<sup>10</sup> The Commonwealth of Pennsylvania officially changed the name of ImaginePA to Integrated Enterprise System (IES) on August 1, 2004.

## **Chapter II - Materials Management**

- Interviewed Dallas business office personnel involved in the purchase of materials and supplies.
- Observed demonstrations of the institution's purchasing processes involving the advancement account, purchasing cards, as well as the processing of purchase orders, receiving reports, and invoices.
- Randomly selected and reviewed 37 purchasing card transactions processed between July 1, 2003, and June 30, 2004.
- Randomly selected and reviewed 37 transactions involving purchase orders, receiving reports, and invoices processed between July 2003 and June 2004.
- Randomly selected and reviewed 26 advancement account transactions processed between July 2003 and June 30, 2004.

### **Audit Results**

#### **Finding II-1 – Dallas complied with Commonwealth policies and procedures for purchasing transactions in the SAP materials management module.**

Our review of 37 Visa purchasing card transactions and 37 purchases that would ultimately be paid with a Treasury check disclosed that Dallas complied with Commonwealth policies and procedures. All sampled transactions were accompanied by appropriate approvals, purchasing and receiving documents, and invoices. The monthly Visa statements were also reconciled by the Dallas budget analyst and approved by the Dallas business manager. Finally, the review of 26 advancement account transactions noted that all transactions were properly authorized and supported by adequate documentation.

## **Chapter III - Inventory**

### **Objective and Methodology**

The SAP materials management module has the capability to track materials and supplies from the moment of requisition, through purchasing, receipt, and subsequent use. Dallas used the materials management module to track purchased items in the finance, purchasing, and storeroom areas.

The objective of this part of the audit was to determine if Dallas management exercised adequate control over warehouse procedures and inventory, including the segregation of duties over the procurement and warehousing functions. To accomplish this objective we performed the following procedures:

- Reviewed applicable policies and procedures from Corrections Policy Statement Number 3.1.1, and the IES Manuals.
- Interviewed Dallas business office, storeroom management, and staff.
- Evaluated the roles assigned to Dallas personnel in the IES system to determine adequate segregation of duties over storeroom and warehouse operations.
- Test-counted 70 items from a total population of 950 material numbers listed on the IES inventory on hand reports for February 4, 2005, February 24, 2005, and March 18, 2005, in the warehouse.
- Toured the warehouse and observed the condition of the inventory.

### **Audit Results**

#### **Finding III-1 – Incorrect role-mapping negated the segregation of duties control.**

For each employee at the institution who has access to the automated IES system, Dallas management has assigned duties for the requisition, purchasing, receipt, and inventory safeguarding of those purchases.

## **Chapter III - Inventory**

The control structure of the IES system required Dallas management to role-map employees to specific duties. Certain responsibilities are associated with each duty in the IES system. The intent of the role-mapping process was to prevent any employee from performing duties that jeopardized the control structure of the system. For example, proper segregation of duties would prohibit role-mapping an employee as a requisitioner, purchaser, and receiver of goods. Assigning these duties to one employee could lead to potential inappropriate purchase or diversion of goods without detection.

Our review of the IES role-mapping assignments for Dallas personnel responsible for purchase requisitions, purchase requisition approvals, and receipts of goods indicated that two purchasing agents were improperly role-mapped.

### **Recommendations:**

- Dallas management should review all role assignments to ensure a proper segregation of duties in the procurement and inventory functions.

### **Management Comments:**

At the closing conference, Dallas management stated that they will review role assignments and will request appropriate changes to the role mappings of their employees.

### **Finding III-2 – Dallas did not conduct an annual physical inventory.**

Our tour of the warehouse and storeroom revealed that Dallas maintained a well-stocked and orderly warehouse. Our inquiries also revealed that business office personnel conducted monthly spot checks and the warehouse manager also completed weekly spot checks of inventory. However, Dallas did not conduct an annual physical inventory as required by Corrections fiscal administration policy that states:

*Physical inventories shall be conducted monthly for commissaries and annually for warehouses.<sup>11</sup>*

The IES system maintains a perpetual inventory of all items; however, without the actual count of every item, the IES inventory record could become inaccurate. The lack of an annual inventory increased the possibility that theft, misuse, or errors could go undetected.

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<sup>11</sup> Commonwealth of Pennsylvania, Department of Corrections Fiscal Administration Policy Number: 3.1.1, Section VI, G. "Inventory Management." page 13.

## **Chapter III - Inventory**

Our testing of 70 items disclosed quantity inaccuracies in 17 items, made up of 9 shortages and 8 overages. Although the total net cost in terms of dollar impact was only \$40.28, we only performed a sample count on the warehouse quantities.

### **Recommendation:**

- The warehouse staff with the assistance of the business office should conduct an annual inventory. This inventory should include all items in the warehouse to reflect true inventory count balances in the IES system properly.

### **Management Comments:**

Dallas management agreed with the finding and stated that an annual inventory of the warehouse would be conducted.

## **Chapter IV - Tool and Key Control**

### **Objective and Methodology**

Dallas maintains an inventory of tools and keys necessary to conduct its daily operations. This inventory is not tracked in the SAP materials management module. Since a primary function of a correctional facility is ensuring the safety of its inmates, staff, and surrounding community, the establishment and compliance with an effective security policy and procedure for tools and keys is imperative.

Corrections has developed policies and procedures pertaining to the inventory, disbursement, documentation, storage, and handling of tools.<sup>12</sup> These policies also require a tracking system for all issued, returned, and spare keys.<sup>13</sup> The policies and procedures guide the tool and key control officers employed by Dallas in their efforts to ensure proper tool and key control compliance.

The objective of this part of the audit was to assess the adequacy of the Dallas controls over its tool and key inventories. To accomplish this objective, we performed the following procedures:

- Reviewed applicable policies in Corrections security manual.
- Interviewed personnel responsible for the management of tool and key inventories.
- Obtained a copy of the Dallas master control tool listing and tested the existence of the tools in the dental area, machine shop, and welding shop.
- Compared the master control tool listing received from the tool control officer for the above areas with the master inventory lists located at each specific work area.
- Reviewed four weekly tool inspection reports from January of 2005 and quarterly tool inspection reports for 2004.

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<sup>12</sup> Department of Corrections Security Manual, Policy 6.3.1, Section 7 (Tool Control and Security of Facility Blue Prints).

<sup>13</sup> Department of Corrections Security Manual, Policy 6.3.1, Section 10 (Key Control).

## **Chapter IV - Tool and Key Control**

- Reviewed the master logbook, which contains an inventory listing of all keys and traced keys to the inventory listing.

### **Audit Results**

#### **Finding IV-1 – Dallas established adequate internal controls to monitor and account for its tool and key inventories.**

All tools examined were properly identified by the necessary etching. Required weekly tool inspection reports and quarterly tool inspections reports were also prepared and reviewed as required.

In addition, Dallas complied with key control policies and procedures. Dallas maintained a systematically labeled keyboard and a current master inventory of all keys and key rings. Observation verified that every hook on the keyboard was filled by either a set of keys or an appropriately engraved employee key chit. Emergency keys were stored in a separate box and properly differentiated from operational keys.

## **Chapter V - Inmate General Welfare Fund**

### **Objective and Methodology**

Corrections operates a fund known as the Inmate General Welfare Fund (IGWF) at each correctional institution to account for inmates individual accounts, sales from commissary, hobby craft functions, and services available to facility employees. In addition, donations from organizations or individuals for the benefit of inmates are included in this fund. Monies from all state correctional facilities are accounted for in a central fund controlled by the IGWF Council and are invested on behalf of inmates.

IGWF personnel at Dallas are guided by Corrections accounting manual, operating manual, and by the fiscal administration policy.<sup>14</sup> The objective of this part of the audit was to determine if Dallas complied with applicable IGWF policies and procedures. To accomplish this objective we performed the following procedures:

- Interviewed management and staff responsible for the administration of the IGWF.
- Obtained the following documents for review: IGWF policies and procedures, Consolidated Balance Sheet as of December 31, 2004, Consolidated Income Statement as of December 31, 2004, the bank statement for December 2004 and bank reconciliations for seven months in 2004.
- Reconciled the total of all inmate accounts to the inmate account balance on the consolidated balance sheet.
- Examined the December 31, 2004, bank statement for evidence of review.
- Selected 25 inmate balances from December 2004 and reviewed the documentation to support disbursement and receipt transactions.
- Reviewed 20 transactions from the December 2004 check register and reviewed supporting documentation.

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<sup>14</sup> Department of Corrections Procedures Manual Policy 3.1.1, (Fiscal Administration).



## **Chapter V - Inmate General Welfare Fund**

### **Audit Results**

#### **Finding V-1 – Inmate General Welfare Fund transactions were properly supported.**

We matched the total of all inmate accounts to the total of the inmate account balance found on the consolidated balance sheet. In addition, our review of 25 inmate accounts from December 2004 revealed no discrepancies with receipt or disbursement transactions. Finally, 20 checks from the December 2004 check register were all validated by supporting documentation.

#### **Finding V-2 – Bank reconciliations were not reviewed or approved by management and variances were not investigated.**

Our review of the bank reconciliation for the month ending December 31, 2004, included a book balance of \$128,602.59 and a bank balance of \$121,759.37, a \$6,843.22 difference. We could not find any evidence that the difference was investigated. Dallas management could not provide us with a reason why the bank reconciliations did not balance.

Further inquiries with the IGWF accountant revealed that Corrections began using a new version of accounting software, QuickBooks Pro, for the IGWF in July 2004, but Corrections did not provide the necessary training. However, our review of bank reconciliations from January 2004 to June 2004, prior to the use of QuickBooks Pro, indicated that none of these balanced either. In addition, Dallas management did not review or approve any of the reconciliations.

#### **Recommendation:**

- Dallas management should determine the reason for the errors and ensure that the bank reconciliations are reviewed and approved for accuracy each month.
- Dallas management should ensure that IGWF personnel receive the necessary training required to operate QuickBooks Pro.

#### **Management Comments:**

Dallas management stated that it would try to identify and correct the reconciliation errors prior to the next audit.

## **Status of Prior Audit Findings and Recommendations**

### **Objectives and Methodology**

The following is a summary of the findings and recommendations presented in our audit report for July 1, 2000, to August 30, 2002, along with a description of Dallas' disposition of the recommendations. The status of the recommendations was determined by one or more of the following procedures:

- A review of the Department of Corrections' written response, dated December 8, 2003 replying to the Auditor General's audit report for July 1, 2000, to August 30, 2002.
- Tests performed as part of, or in conjunction with, the current audit.
- Discussion with appropriate personnel at Dallas regarding the specific prior audit finding and recommendation.

### **Prior Audit Results**

#### **The Institution's reconciliation procedures for the VISA purchasing card bank statements did not comply with Management Directive 310.23.**

Our prior audit reported that Dallas had not established procedures to ensure all Visa purchasing card bank statements were being reconciled, reviewed, and approved by designated personnel. We recommended that Dallas management implement procedures to ensure all bank reconciliations are reviewed timely and with corresponding documentation.

#### **Status**

Our current review indicated that Dallas management has completed and reviewed the Visa purchasing card statements. As a result, this issue was resolved.

## **Status of Prior Audit Findings and Recommendations**

### **Controls over the commissary pricing policy were not sufficient.**

Our prior audit reported that the institution made more than the required five percent markups on selected commissary items. We recommended that Dallas management comply with the pricing policy for commissary inventory.

#### *Status*

Our current audit revealed that all commissary goods are now purchased through a statewide contract. In addition, Dallas management charged inmates the exact price they paid for the commissary items. Subsequently, the vendor paid the Commonwealth a five percent commission check. This issue was resolved because of these actions.

## *Audit Report Distribution List*

This report was initially distributed to the following:

### Commonwealth of Pennsylvania

The Honorable Edward G. Rendell  
Governor

The Honorable Robert P. Casey, Jr.  
State Treasurer

The Honorable Noah W. Wenger  
Majority Chair  
Senate Appropriations Committee  
Senate of Pennsylvania

The Honorable Vincent J. Fumo  
Minority Chair  
Senate Appropriations Committee  
Senate of Pennsylvania

The Honorable Brett Feese  
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Office of the Budget

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Pennsylvania Department of Corrections

State Correctional Institution at Dallas  
James T. Wynder  
Superintendent

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