



Performance Audit

State Correctional Institution at Cresson

**Commonwealth of Pennsylvania
Department of Corrections**

November 2012

November 9, 2012

The Honorable Tom Corbett
Governor
Commonwealth of Pennsylvania
Harrisburg, Pennsylvania 17120

Dear Governor Corbett:

This report contains the results of a performance audit of the State Correctional Institution at Cresson of the Department of Corrections from July 1, 2006, to July 12, 2011. The audit was conducted under authority provided in Section 402 of The Fiscal Code and in accordance with generally accepted government auditing standards.

The report details the audit objectives, scope, methodology, findings, and recommendations. The report indicates that the institution did not ensure that accurate monetary credits were received for medications returned to the pharmaceutical vendor. The report also notes that the institution did not follow Department of Corrections' policy regarding the submission of weekly tool reports and the retention of quarterly tool inspection reports. The report discusses continued deficiencies in the institution's monitoring of its electronic work order system and in the employee training program. Finally, the report notes that the institution did not fully implement our prior audit recommendations. Specifically, the institution did not properly account for its staff clothing inventory and did not perform annual counts of the frozen foods in its warehouse as required by Department of Corrections' policy.

We discussed the contents of the report with the management of the institution, and all appropriate comments are reflected in the report.

Sincerely,

JACK WAGNER
Auditor General

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Table of
Contents**

Background Information.....1

Audit Objectives.....4

Audit Results.....6

Finding 1 – SCI Cresson did not ensure that accurate monetary credits were received for medications returned to the pharmacy vendor..... **8**

Finding 2 – SCI Cresson effectively monitored its timekeeping/leave system.....**14**

Finding 3 – SCI Cresson complied with Commonwealth of Pennsylvania hiring policies for civil service employees.....**18**

Finding 4 – SCI Cresson effectively used master inventory sheets, shadow boards, and secured storage for its tools. However, the institution did not follow Department of Corrections’ policy regarding the submission of weekly tool reports and the retention of quarterly tool inspection reports.....**20**

Status of Prior Audits.....22

Audit Report Distribution List.....38

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Background Information

*History, mission,
and operating
statistics*

Department of Corrections

The Pennsylvania General Assembly created the Bureau of Corrections under the authority of the Pennsylvania Department of Justice with the passage of Act 408 of July 29, 1953, P.L. 1428 Section I. In December 1980, responsibility moved from the Pennsylvania Department of Justice to the Office of the General Counsel under the Governor. On December 30, 1984, the Governor signed Act 245 of 1984,¹ elevating the Bureau of Corrections to cabinet level status as the Department of Corrections.

The mission of the Department of Corrections is as follows:

Our mission is to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.²

The Department of Corrections is responsible for all adult offenders serving sentences of two years or more. As of June 18, 2012, it operated 26 correctional institutions, 1 motivational boot camp, 1 training academy, and 14 community pre-release centers throughout the Commonwealth of Pennsylvania. In addition to the 14 community pre-release centers, the Department of Corrections also had oversight for 39 contracted facilities, all part of the community corrections program.³

¹ 71 P.S. § 310.1.

² http://www.portal.state.pa.us/portal/server.pt/community/our_mission/20645, accessed June 18, 2012.

³ http://www.portal.state.pa.us/portal/server.pt/community/about_us/20857, accessed June 18, 2012.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Background
Information**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

State Correctional Institution at Cresson

The State Correctional Institution at Cresson, which we refer to as SCI Cresson or the institution in this report, is a medium security facility for adult male offenders. It is located in the borough of Cresson, Cambria County, approximately 10 miles southwest of Altoona. On the grounds of a former state school and hospital operated by the Department of Public Welfare, the facility was turned over to the Department of Corrections in 1983. After extensive remodeling, the facility opened as a correctional institution in 1987.

SCI Cresson is situated on approximately 510 acres of land with 55 acres inside a double 14-foot fence topped with razor wire. The physical plant includes 12 housing units and 27 buildings used primarily for administration, maintenance, dietary services, religious services, and education.

The table on the following page presents unaudited SCI Cresson operating statistics compiled from Department of Corrections' accounting reports for fiscal years ended June 30, 2007, through June 30, 2011.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Background
Information**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

	2007	2008	2009	2010	2011
Operating expenditures⁴					
State	\$46,791,483	\$49,154,500	\$52,248,564	\$54,193,995	\$56,376,273
Federal	<u>8,657,328</u>	<u>6,658</u>	<u>15,284</u>	<u>14,906</u>	<u>\$17,811</u>
Total operating expenditures	<u>\$55,448,811</u>	<u>\$49,161,158</u>	<u>\$52,263,848</u>	<u>\$54,208,901</u>	<u>\$56,394,084</u>
Inmate population at year end	1,547	1,580	1,607	1,534	1,538
Inmate capacity at year end	1,400	1,400	1,450	1,450	1,450
Percentage of capacity at year end	110.5%	112.9%	110.8%	105.8%	106.1%
Average monthly inmate population	1,417	1,577	1,578	1,585	1,533
Average cost per inmate per year ⁵	\$39,131	\$31,174	\$33,120	\$34,201	\$36,787

⁴ Operating expenditures were recorded net of fixed asset costs, an amount that would normally be recovered as part of depreciation expense. In addition, regional level and indirect charges were not allocated to the totals reported here.

⁵ Average cost per inmate per year was calculated by dividing total operating expenditures by the average monthly inmate population.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Objectives,
Scope, and
Methodology**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit
Objectives**

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.

Our performance audit of SCI Cresson had four objectives. We selected our audit objectives from the following areas: contract management, personnel management, and inventory management. Our specific audit objectives were as follows:

- One To determine whether SCI Cresson ensured the accuracy of monetary credits received for medications returned to its pharmaceutical services provider. (Finding 1)
- Two To assess whether SCI Cresson effectively monitored its timekeeping/leave system. (Finding 2)
- Three To determine whether SCI Cresson hired employees in accordance with Commonwealth of Pennsylvania employment policies. (Finding 3)
- Four To evaluate whether SCI Cresson effectively safeguarded its tools. (Finding 4)

Unless indicated otherwise, the scope of the audit was from July 1, 2006, to July 12, 2011.

To accomplish our objectives, we obtained and reviewed records and analyzed pertinent policies, agreements, and guidelines of the Commonwealth of Pennsylvania and the Department of Corrections. In the course of our audit work, we interviewed various facility management and staff. The audit results section of this report contains the specific inquiries, observations, tests, and analyses conducted for each audit objective.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

Page 5

**Objectives,
Scope, and
Methodology**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

We also performed inquiries and tests as part of, or in conjunction with, our current audit to determine the status of the implementation of the recommendations made during our prior audit. Those recommendations addressed the maintenance work order system, employee training, warehouse operations, and inmate restitution.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit
Results**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Audit Results

In the pages that follow, we have organized our audit results into four sections, one for each objective. Each of the four sections is organized as follows:

- Statement of the objective
- Relevant laws, policies, or agreements
- Audit scope in terms of period covered, types of transactions reviewed, and other parameters that define the limits of our audit, and the methodologies used to gather sufficient evidence to meet the objective
- Finding(s) and conclusion(s)
- Recommendation(s), if applicable
- Response by SCI Cresson management, if applicable
- Our evaluation of SCI Cresson management's response, if applicable

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit Results
for
Objective
One**

The objective

Objective one for our performance audit was to determine whether SCI Cresson ensured the accuracy of monetary credits received for medications returned to its pharmaceutical services provider.

*Pharmacy
Contract*

Relevant laws, policies, or agreements

The Department of Corrections has established policy and procedures to ensure that every inmate has access to health care, including pharmaceutical services. This policy includes guidelines for the destruction and the return of medications to the pharmacy vendor.⁶

The commonwealth has developed a handbook to convey policy, procedures, and guidelines for state agency procurement of supplies, services, and construction. Chapter 54 in Part I of the online procurement handbook addresses the requirements for contract monitoring.⁷ SCI Cresson's corrections health care administrator is responsible for monitoring the pharmacy contract at SCI Cresson.

The commonwealth has contracted with an outside pharmacy to provide correctional pharmaceutical services (including medications and pharmacy services) to the Department of Corrections. The contract specifies the terms for the pricing, delivery, and return of medications.⁸

⁶ Department of Corrections, Policy Number 13.2.1, "Access to Health Care," June 28, 2004.

⁷ http://www.dgs.state.pa.us/portal/server.pt/community/procurement_handbook/14304, accessed July 6, 2012.

⁸ Diamond Drug, Inc., does business as Diamond Pharmacy Services. The original agreement between the Commonwealth of Pennsylvania, Department of Corrections and Diamond Pharmacy Services was effective from September 1, 2003, to August 31, 2008. This agreement was later changed to be effective until July 31, 2010. On January 21, 2010, the Pennsylvania Department of General Services issued a request for proposals (RFP #6100014379) for correctional pharmaceutical services for the Department of Corrections. The current contract #4400007074 between the Commonwealth of Pennsylvania and Diamond Drug, Inc., effective July 2, 2010, is valid from June 15, 2010, to July 31, 2015. On July 6, 2012, we accessed this contract online at <http://www.emarketplace.state.pa.us/FileDownload.aspx?file=4400007074\ContractFile.pdf>.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Scope and methodologies to meet our objective

To accomplish this objective, we reviewed the above referenced contracts for pharmaceutical services, the commonwealth's procurement handbook, and Department of Corrections' policy regarding access to health care.

We interviewed SCI Cresson's corrections health care administrator and business manager.

We examined the pharmacy vendor invoices and SCI Cresson's expenditure ledger from June 2009 to February 2011 to determine the dollar value of payments to the pharmacy vendor.

We compared the prescription returns on SCI Cresson's medication return forms to the pharmacy vendor's credit statements for the three-month period from October 16, 2010, to January 15, 2011.

Finding 1

SCI Cresson did not ensure that accurate monetary credits were received for medications returned to the pharmacy vendor.

SCI Cresson paid its pharmacy vendor more than \$1.8 million for pharmacy services and medications for the 21 months from June 2009 to February 2011. Pharmacy vendor invoices for the same 21-month period reported approximately \$49,000 in credits for medications returned to the vendor.

Section 12.9 of the Department of Corrections' policy regarding inmate access to health care addresses the destruction/return and disposal of medications, as follows:

All unused or expired medications, except Schedule II,⁹ shall be returned to the pharmacy for destruction. The

⁹ The Controlled Substances Act (21 U.S.C. §812) identifies Schedule II drugs. Schedule II drugs have legitimate medical uses but are considered to have a strong potential for abuse or addiction.

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

facility must maintain a list of all medications sent back to the pharmacy.¹⁰

The contract with the pharmacy vendor addresses monetary credits for institution returns of unused medications. The contract stipulates that credits will be issued on full or partial cards at 100 percent of the acquisition cost less a \$1.00 processing fee. (A card, also known as a blister card or blister pack, is a sheet of card stock containing a series of storage pockets or blisters that are designed to hold a measured portion of a medication.) The contract further states that credit will only be issued on returned non-controlled tablets or capsules remaining in the original blister packaging provided the medications are within three months of expiration and have not been released/dispensed directly to the inmate population. Credit will not be issued on medications with a return value of \$2.95 or less.

SCI Cresson had not established written policy and procedures for the return of medications to the pharmacy vendor. That is to say, the institution lacked written policy and procedures for its nursing staff to follow when preparing medication return forms or for its health care administrator to follow when reconciling vendor documentation of credits received against institution records of medications returned.

During interviews with us, SCI Cresson's corrections health care administrator provided the following summary of the institution's unwritten procedures. The pharmacy vendor used bar code labels to identify each prescription. SCI Cresson's nursing staff was responsible for preparing a medication return form each time prescriptions were returned to the pharmacy vendor. The nurses were required to attach the bar code labels and document the quantity for each returned prescription, indicate whether the medications had been released to the inmate population, and then sign the return form. The nursing staff was required to retain copies of the medication return forms after the original forms were submitted to the pharmacy vendor. Each month, the pharmacy vendor sent SCI Cresson an invoice that listed the medications issued to

¹⁰ Department of Corrections, Policy Number 13.2.1, "Access to Health Care," June 28, 2004.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

the institution and included a credit statement that reported the medications returned by the institution.

SCI Cresson provided the audit team the 22 medication return forms for the period from October 16, 2010, to January 15, 2011. The 22 forms indicated that the institution had returned 361 medications. We confirmed that 311 of the 361 medications were eligible for monetary credit from the pharmacy vendor. Each of the 22 forms was signed by a nurse and documented the quantity of each returned medication and whether the medications had been released to the inmate population.

Our comparison of the 22 medication return forms prepared by SCI Cresson to the pharmacy vendor's credit statements showed that SCI Cresson did not ensure that accurate monetary credits were received by the institution.

The pharmacy vendor credit statements indicated that 288 credit-eligible prescriptions were returned by the institution between October 16, 2010, and January 15, 2011. We found that 76 of the medications listed on the pharmacy vendor credit statements were not listed on the 22 medication return forms prepared by SCI Cresson for the corresponding time period. SCI Cresson received monetary credits totaling \$1,477 for these 76 prescriptions.

In contrast, we found that 99 of the 311 prescriptions identified by the institution as credit-eligible were listed on SCI Cresson's 22 medication return forms but not on the pharmacy vendor's credit statements for the same time period. These 99 prescriptions had a total credit return value of \$1,586. This \$1,586 total included one prescription with a credit return value of \$1,496.

SCI Cresson's corrections health care administrator, the pharmacy contract monitor, offered potential reasons for some of the above discrepancies. The contract monitor suggested that the nursing staff may have returned some medications to the pharmacy vendor but failed to attach the corresponding bar codes to the return forms, and the vendor credited SCI Cresson anyway. He also suggested that SCI Cresson's

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

nursing staff may have misplaced copies of some of the medication return forms after the prescriptions had been returned to the vendor.

Perhaps most important, the pharmacy contract monitor indicated that he did not perform comprehensive reconciliations of the prescriptions listed on the return forms to the prescriptions listed on the monthly credit statements. He said that he limited his review to those individual medication returns with a credit value of approximately \$100 or greater. We found that his last assertion, however, was contradicted by the existence of the above-mentioned \$1,496 prescription return for which the institution did not, but should have, received credit.

Section A of Chapter 54 in Part I of the Commonwealth's online procurement handbook states, in part:

...Monitoring and control are essential to ensure the contractor uses and manages its resources in a manner that will provide the agency exactly what it has contracted for in terms of quality, timeliness, and economy of cost.¹¹

Because the contract monitor did not perform complete reconciliations or investigate all differences between the two sets of documents, the contract monitor did not ensure that SCI Cresson received accurate credits for its medication returns.

**Recommendations
for Finding 1**

1. SCI Cresson should develop and ensure the implementation of written policy and procedures for the return of medications to the pharmacy vendor. This formal policy should, at a minimum, include the following requirements:
 - The pharmacy contract monitor should routinely perform comprehensive reconciliations between the medication return records of the institution and the pharmacy vendor's credit statements. The contract monitor should

¹¹ http://www.dgs.state.pa.us/portal/server.pt/community/procurement_handbook/14304, accessed July 6, 2012.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Pharmacy
Contract**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

investigate all differences and ensure that the institution receives accurate credits from the pharmacy vendor.

- The pharmacy contract monitor should ensure that SCI Cresson's nurses include the bar codes for all returned medications on the medication return forms.
- The pharmacy contract monitor should ensure that the nurses retain all copies of the medication return forms submitted to the pharmacy vendor.

Comments from SCI Cresson management:

Written procedures have been developed and put in place. Cresson's nurses scan the bar codes of returned medications into the new Sapphire computer system. The pharmacy contract monitor pulls a monthly report showing all returned medications. This report is then used by the contract monitor to verify the monthly credit statements from the pharmacy vendor are correct and complete. Any discrepancies will be investigated and resolved so that the institution receives accurate credits. This written procedure is available upon request.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit Results
for
Objective
Two**

The objective

Objective two for our performance audit was to assess whether SCI Cresson effectively monitored its timekeeping/leave system.

Relevant laws, policies, or agreements

*Timekeeping/
Leave*

The commonwealth has established policy regarding personnel rules¹² as well as a manual that outlines employee responsibilities for absences.¹³ The policy identifies the Integrated Enterprise System (IES), a comprehensive computerized system for business processes, as the official record of employment for employees of the Department of Corrections.¹⁴ The Integrated Enterprise System, which utilizes the Systems Applications Products (SAP) software, supports human resource functions such as employee absence/leave requests and records through its Employee Self Service (ESS) system.¹⁵

The commonwealth's absence program manual requires each employee to request all absences/leave through the Employee Self Service system or through a paper request form (STD-330) when the employee does not have access to the Employee Self Service system. Each employee's supervisor or designee is responsible for ensuring that all absences from the workplace are recorded and approved/rejected in a timely manner. A timekeeper is responsible for entering absences/leave in the Employee Self Service system when an employee does not have access to the electronic system.¹⁶

Department of Corrections' policy requires every person who enters and leaves the confines of the secured perimeter of a correctional facility to be

¹² Commonwealth of Pennsylvania Governor's Office, Management Directive 505.7, "Personnel Rules," September 1, 2009, and amended November 9, 2010.

¹³ Commonwealth of Pennsylvania Governor's Office, Manual Number M530.7 Amended, "Absence Program," April 23, 2009.

¹⁴ Commonwealth of Pennsylvania Governor's Office, Management Directive 505.7, "Personnel Rules," September 1, 2009, and amended November 9, 2010.

¹⁵ http://www.ies.state.pa.us/portal/server.pt/community/about_ies/3916 accessed on July 5, 2012.

¹⁶ Commonwealth of Pennsylvania Governor's Office, Manual Number M530.7 Amended, "Absence Program," April 23, 2009

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Timekeeping/
Leave**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

verified on an identity verification system or by a photo identification card.¹⁷ SCI Cresson has established specific policy regarding its biometric (or identity verification) system. The policy requires every employee, long term contractor, and regular volunteer that enters or leaves the secured perimeter of the institution through the gatehouse to register in and out at the institution's biometric reader.¹⁸

Scope and methodologies to meet our objective

To accomplish this objective, we reviewed the above referenced policies and manual, including the commonwealth's policy regarding personnel rules and its absence program manual, the Department of Corrections' policy for facility security, and SCI Cresson's policy regarding the biometric system.

We interviewed the institution's human resource analyst, human resource assistant, timekeeping clerk, and major of the guard.

We reviewed the work schedules, biometric verification reports, Employee Self Service system absence records, and paper leave requests associated with 58 of the 532 employees on the institution's complement report dated December 31, 2009, for the two pay periods ended January 23, 2010, and December 25, 2010.

Finding 2

SCI Cresson effectively monitored its timekeeping/leave system.

At SCI Cresson, employees with access to the Employee Self Service system submitted leave requests electronically to their supervisors. When the appropriate supervisor electronically approved the leave, the absence was automatically recorded in the Employee Self Service system. SCI Cresson employees without access to the Employee Self Service system, including most corrections officers, maintenance workers, and food service employees, submitted paper leave requests to their supervisors.

¹⁷ Department of Corrections, Policy Number 6.3.1, "Facility Security," April 20, 2006.

¹⁸ Department of Corrections, Policy Number 6.3.1 CRE 10, "Biometric System," June 9, 2006.

**Audit Results:
Timekeeping/
Leave**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

After the appropriate supervisor signed the paper form, timekeepers entered the approved leave into the Employee Self Service system. Additionally, when employees entered or exited the institution's secured perimeter through the gatehouse, they registered in and out at the biometric reader.

SCI Cresson effectively managed the institution's timekeeping/leave system. Our review of the work schedules, biometric verification reports, Employee Self Service absence records, and paper leave requests for 58 employees for the two pay periods ended January 23, 2010, and December 25, 2010, revealed that the institution properly and accurately processed absences/leave on a consistent basis.

We compared the work schedules to the biometric verification reports for 37 employees who directly used the Employee Self Service system and for 21 employees who requested leave on paper forms for two pay periods during the 2010 calendar year. If an employee's work schedule did not agree with the biometric reports, we obtained the associated leave documentation or a documented explanation for the inconsistent biometric data. (For example, if an employee received training outside the secured perimeter for a specified number of hours, the biometric report would not verify the employee's presence for those hours.) We found that all 224 absences for the 58 employees during the two tested pay periods were properly approved and recorded in the electronic system.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Hiring Practices**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit Results
for
Objective
Three**

The objective

Objective three for our performance audit was to determine whether SCI Cresson hired employees in accordance with Commonwealth of Pennsylvania employment policies.

Relevant laws, policies, or agreements

*Hiring
Practices*

The purpose of the “Civil Service Act” is stated as follows:

Greater efficiency and economy in the administration of the government of this Commonwealth is the primary purpose of this act. The establishment of conditions of service, which will attract to the service of the Commonwealth qualified persons of character and ability and their appointment and promotion on the basis of merit and fitness, are means to this end.¹⁹

The Commonwealth of Pennsylvania’s State Civil Service Commission (commission) has prescribed policies and procedures for the recruitment, eligibility assessment, interview, and selection of candidates for positions classified as civil service.²⁰ The Governor’s Office has also issued a management directive regarding the use of veterans’ preference for classified service employment.²¹

The commission provides information to potential applicants, recruits and tests applicants, and then sends lists of qualified applicants to agencies seeking to fill jobs. The commission ranks qualified applicants for specific job classifications based on the scores for written or oral examinations, demonstrations of skill, evaluations of experience and education, or a combination of these. If a vacant position is filled from an employment list, the agency must select a person who is among the three

¹⁹ Act of August 5, 1941, P.L. 752, as amended. 71 P. S. § 741.2 Purpose.

²⁰ Commonwealth of Pennsylvania Governor’s Office, Manual Number 580.1, “Certification of Eligibles for the Classified Service,” April 7, 1997.

²¹ Commonwealth of Pennsylvania Governor’s Office, Management Directive Number 580.21, “Veterans’ Preference on Classified Service Employment Lists,” May 5, 2008.

**Audit Results:
Hiring Practices**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

highest ranking available persons. The commission refers to this selection process as the Rule-of-Three.²²

At the time of our audit, Section 5b of the commonwealth's management directive regarding the use of veterans' preference for employment stated:

Eligible veterans, spouses of disabled veterans, and widows or widowers of veterans:

- (1) Receive 10 additional points on their final earned ratings, provided they pass the examination.*
- (2) Have mandatory appointment preference over non-veterans when their names appear together within the Rule-of-Three on certifications covered by this policy.*
- (3) May be given preference for selection from certifications covered by this policy regardless of their rank on the list.²³*

Scope and methodologies to meet our objective

To accomplish this objective, we reviewed the policies and procedures specified in the commission's hiring manual²⁴ and in the commonwealth's management directive regarding veterans' preference for employment.²⁵

We interviewed appropriate SCI Cresson personnel, including the human resource director and a human resource analyst.

²² Commonwealth of Pennsylvania Governor's Office, Manual Number 580.1, "Certification of Eligibles for the Classified Service," April 7, 1997.

²³ Commonwealth of Pennsylvania Governor's Office, Management Directive Number 580.21, "Veterans' Preference on Classified Service Employment Lists," May 5, 2008.

²⁴ Commonwealth of Pennsylvania Governor's Office, Manual Number 580.1, "Certification of Eligibles for the Classified Service," April 7, 1997.

²⁵ Commonwealth of Pennsylvania Governor's Office, Management Directive Number 580.21, "Veterans' Preference on Classified Service Employment Lists," May 5, 2008.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Hiring Practices**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

We analyzed the documentation associated with the hiring of 25 civil service employees between January 1, 2009, and December 31, 2010.

Finding 3

SCI Cresson complied with Commonwealth of Pennsylvania hiring policies for civil service employees.

SCI Cresson hired 25 civil service employees (including 17 veterans and 8 non-veterans) between January 1, 2009, and December 31, 2010. Our review of documentation for the 25 civil service hires showed that the facility hired employees in compliance with commonwealth policies and procedures.

SCI Cresson interviewed candidates and properly applied the Rule-of-Three and veterans' preference in its hiring of the 25 civil service employees for the positions of corrections officer trainee, registered nurse, licensed practical nurse, psychological services specialist, drug and alcohol treatment specialist, and librarian. The facility gave veterans preference for appointment regardless of the applicant's rank on the relevant employment lists, an option authorized by the Commonwealth of Pennsylvania's management directive.

**Audit Results:
Tool Inventory**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit Results
for
Objective
Four**

*Tool
Inventory*

The objective

Objective four for our performance audit was to evaluate whether SCI Cresson effectively safeguarded its tools.

Relevant laws, policies, or agreements

The Department of Corrections has developed policy and procedures regarding the inventory, disbursement, documentation, storage, and handling of tools. The policy requires SCI Cresson to complete daily and weekly tool inventory reports as well as quarterly tool inspection reports. The policy also requires SCI Cresson to appoint a tool control officer to ensure compliance with the above policy and procedures.²⁶

Scope and methodologies to meet our objective

To accomplish this objective, we reviewed the above-referenced policy and procedures.

We interviewed the institution's tool control officer, critical incident manager, senior facility maintenance manager, as well as five shop supervisors.

On March 21 and 22, 2011, we toured the institution's dietary department, warehouse, carpentry shop, auto shop, and one of the labor shops and compared the associated master inventory lists for 1,232 of the institution's 5,933 tools to the applicable inventory of tools on either the shadow boards and metal tag system or in the secured storage areas with the sign-out logs system.

We visually inspected 3,042 of the 3,192 weekly tool reports required for the period from January 1, 2010, to January 28, 2011.

We reviewed the institution's report of its one lost tool incident between July 1, 2006, and July 12, 2011.

²⁶ Department of Corrections, Policy 6.3.1, "Facility Security," April 20, 2006.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Results:
Tool Inventory**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Finally, we reviewed five of the nine required quarterly tool inspection reports from January 2009 to March 2011.

Finding 4

SCI Cresson effectively used master inventory sheets, shadow boards, and secured storage for its tools. However, the institution did not follow Department of Corrections' policy regarding the submission of weekly tool reports and the retention of quarterly tool inspection reports.

SCI Cresson adopted some effective measures to monitor its tool inventory. The institution appointed a tool control officer to oversee the safeguarding of tools. Our tour of the institution's dietary department, warehouse, carpentry shop, auto shop, and one of the labor shops showed that each of these areas had implemented a system of control and accountability for the issuing of tools. Each area utilized master inventory sheets and either a shadow board and metal tag system or secured storage with sign-out logs. We found that all 1,232 tools on the master inventory lists for these five areas were properly stored or issued. Finally, interviews and our review of 3,034 weekly tool reports revealed that the institution had only one missing tool incident between July 1, 2006, and July 12, 2011. On September 21, 2009, an employee dropped a small socket into a one-inch crack between a wall and door frame, and the institution was unable to retrieve the tool.

However, the institution did not comply with Department of Corrections' policy regarding the submission of weekly tool reports or the retention of quarterly tool inspection reports. We found that area supervisors did not submit 150, or 5 percent, of the 3,192 required weekly tool reports from January 1, 2010, to January 28, 2011. According to the institution's tool control officer, area supervisors did not submit weekly tool reports for the weeks that they were on vacation. The Department of Corrections requires the weekly reports as an additional safeguard beyond its mandate to employees to inventory all storage areas and shadow boards under their

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

control at least twice daily and to report any missing tool or utensil immediately to the shift commander.²⁷

Additionally, the institution could not find four of nine required quarterly inspection reports from January 2009 to March 2011. According to the institution's tool control officer, appropriate institution staff conducted all required quarterly inspections, but the institution did not retain documentation to support this contention. The Department of Corrections requires the security and tool control offices to retain copies of the quarterly inspection reports and management to review these reports to make an assessment of any ongoing or recurring problems.²⁸

The Department of Corrections established its tool control policy "to operate its facilities in as secure a manner as possible to ensure the safety of the public, facility staff, and inmates."²⁹ SCI Cresson's failure to follow the policy could compromise that safety.

**Recommendations
for Finding 4**

2. SCI Cresson management should ensure that all permanently assigned area supervisors prepare and submit weekly tool reports. Management should also ensure that alternative staff prepare and submit the weekly reports when permanently assigned area supervisors are on vacation.
3. SCI Cresson management should ensure that appropriate personnel prepare all required quarterly tool inspection reports and that the security and tool control offices retain copies of these reports.

Comments from SCI Cresson management:

Written procedures have been put in place to ensure that all weekly, monthly, and quarterly tool inspections are done according to policy. Alternate staff have been assigned and instructed on how to prepare the tool reports when permanent assigned area supervisors are on vacation. A master checklist of received tool reports will be kept and missing reports will be investigated. The procedures will include retaining copies of all reports for the specified period of time required by Records Management. The written procedure is available upon request.

²⁷ Department of Corrections, Policy 6.3.1, "Facility Security," April 20, 2006.

²⁸ Ibid.

²⁹ Ibid.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Status of
Prior Audits**

Our prior audit report of SCI Cresson covered the period of July 1, 2004, to November 3, 2006, and contained five findings. Three of the findings (Findings 1, 3, and 5) were positive and thus had no recommendations. The status of the remaining findings (Findings 2 and 4) and their accompanying recommendations is presented below.

The prior audit report also contained two still unresolved findings (Finding III-4 and IV-1) from the audit report of SCI Cresson that covered the period of July 1, 2002, to May 7, 2004. The status of the two unresolved findings and their accompanying recommendations is also presented below.

Scope and Methodologies of our audit work

To determine the status of the implementation of the recommendations made during the prior audits, we reviewed the response of Department of Corrections' officials replying to the Auditor General's report from July 1, 2004, to November 3, 2006. We also performed interviews, reviewed policies and procedures, and conducted tests as part of, or in conjunction with, the current audit.

Prior Finding 2

**SCI Cresson had weaknesses in its work order system.
(Partially resolved)**

**(from the audit
report dated July
1, 2004, to
November 3, 2006)**

In June 2006, SCI Cresson implemented a new maintenance work order system that enabled the institution to request, prioritize, assign, log, and track work orders electronically.

The prior audit reported that SCI Cresson did not follow Department of Corrections' policy that required facility maintenance departments to assign a priority code and document the labor hours and material costs for each work order for repairs. SCI Cresson's maintenance department did not document the labor hours, material costs, or priority codes for any of the 20 completed work orders that we tested during the prior audit. Moreover, our review of ten open work orders revealed that the maintenance department also failed to assign a priority code to any of these tested work orders.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

We recommended that SCI Cresson management enforce the Department of Corrections' maintenance policy to ensure that all work orders include all required information. We also advised SCI Cresson to review, verify, prioritize, and timely complete all outstanding work orders.

In a letter dated October 26, 2007, the Department of Corrections responded to our finding, as follows:

Procedures have been established to prioritize and expense the work orders. The work orders are now completed in a timely manner including the employee's time and material costs.

Status

To determine whether SCI Cresson implemented the recommendations of our prior report, we examined the electronic entries and the printed forms for 43 of 3,084 work orders issued during the 2010 calendar year and then completed/closed as of February 28, 2011, to determine if the institution documented all required data on its work orders. To determine whether SCI Cresson monitored outstanding work orders, we examined the electronic entries for 50 of 1,192 work orders identified as open on March 31, 2011. We also examined the available printed forms, interviewed maintenance staff, and inspected repair work to assess the status of these 50 work orders as of May 10, 2011.

According to interviews we conducted with the institution's maintenance managers, SCI Cresson employees input requests for maintenance work and then note supervisor approval through the electronic system. After approval, the institution's facility maintenance managers prioritize the work orders, print the work order requests, and assign the maintenance work according to the required expertise. When maintenance workers complete the assignments, the institution requires the workers to enter specifics about the jobs on the printed forms and submit them to the maintenance office to update the computer system. The job specifics include the completion date, materials cost, and labor hours and costs.

Section 12.A.1.a of the Department of Corrections' facility maintenance procedure manual requires the maintenance department to assign a priority

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

code to all new work orders for repairs. Section 12.F.4 of the same manual states the following:

As work order assignments are completed, it shall be the responsibility of each maintenance staff member to provide information listing time and materials used. As work order assignments are completed, the work order is to be signed and dated by the maintenance personnel completing the work and returned to his/her immediate supervisor. The supervisor shall inspect the completed work, and forward the work order to the FMM's office for review and administrative tracking.³⁰

SCI Cresson only partially implemented the recommendations of the prior report. As required by the Department of Corrections' policy, the institution's electronic work order system listed a priority code, labor hours and costs, and applicable material costs for all 43 closed work orders in our test.

However, SCI Cresson did not routinely monitor the electronic system or printed forms for work orders designated as open. Our review of the 50 work orders that were not closed on the system as of March 31, 2011, revealed that maintenance staff performed the requested work for 44 of the work orders as of May 10, 2011. The institution provided the audit team 36 of the printed forms associated with these 44 work orders. The 36 printed forms (each signed by a facility maintenance manager) documented that maintenance staff completed the associated work an average of 9 days after work order issuance. In fact, for 29 of these 36 work orders, the institution completed the requested work on the day that the work order was issued. However, our review of the 36 printed forms showed that the institution did not routinely update the electronic work order system to accomplish the administrative tracking required by Department of Corrections' policy. Even though maintenance personnel performed the work for 33 of the 36 work orders before March 31, 2011, the system reported the work orders as open on March 31, 2011.

³⁰ Department of Corrections, Policy 10.2.1, "Facility Maintenance," September 3, 2008.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

The institution was unable to locate the printed forms for 8 of the above 44 work orders and could not explain why the forms were missing. Thus, we could not determine the completion date or assess the timeliness of the work associated with the 8 work orders. However, we were able to determine through interviews of maintenance management that the work for 5 of the 8 work orders had been performed. Additionally, we inspected the repair work associated with 3 of the 8 work orders and confirmed that the requested repairs were indeed completed. In summary, although the institution completed the requested work, it did not monitor the printed work order forms or comply with Department of Corrections' policy about administrative tracking.

As of May 10, 2011, the institution did not perform the work associated with 6 of the 50 work orders designated as open on the electronic system on March 31, 2011. According to the senior maintenance manager, 3 of these 6 work orders were open an average of 948 days as of May 10, 2011, but involved low priority paint jobs. One of the work orders, open 62 days as of May 10, 2011, involved the repair of a stained glass window and required the services of an outside contractor. The institution planned to perform the work associated with the remaining 2 work orders, which were open an average of 169 days, after necessary preliminary work had been performed.

A well-managed work order system supports efficient and effective maintenance operations essential to a safe prison environment. According to management, maintenance managers communicated with staff regarding work progress. However, management did not closely monitor the printed work order forms or the computer system, thereby increasing the risk that maintenance employees delayed or overlooked necessary maintenance work. The failure to perform necessary repairs timely could result in more costly maintenance work or in dangers to the safety or security of inmates, employees, or visitors in the future.

**Recommendation
for Prior
Finding 2**

4. We again recommend that SCI Cresson management closely monitor open work orders to ensure timely completion. Management should ensure that personnel monitor the printed work orders and update the computer system to reflect work order completion.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Comments from SCI Cresson management:

Work orders are printed and assigned according to DOC Policy. Maintenance staff document on the printed order the labor hours and costs, material costs, date of completion, and personnel completing the work. The work orders are returned to their supervisor for review and then the work order is completed in the computer work order system. The FMM audits these by spot checking random orders. In addition to this, the FMM reviews the work order system weekly to check for outstanding completed work orders and open work orders to insure timely completions.

Our evaluation of SCI Cresson's management comments:

Our audit work revealed that the work orders were being completed; however, the computer work order system was not updated timely. SCI Cresson's management comments indicate that the FMM will spot check random work orders and we are hopeful that this spot check will aid in ensuring that the computer system is updated. The management comments appear to address the remaining issues with work orders, therefore, we consider this finding to be resolved. However, we may still conduct our own spot checks of the computer work order system in future audits to confirm that the above outlined procedures were actually implemented.

Prior Finding 4 Some employees did not meet mandatory training requirements. (Partially resolved)

(from the audit report dated July 1, 2004, to November 3, 2006)

The prior audit reported that SCI Cresson's training program did not comply with the Department of Corrections' mandatory training requirements. A review of the institution's training report revealed that 30 of 35 employees and 3 fire emergency response team members did not meet the mandatory minimum training requirements for the fiscal year ended June 30, 2006.

We recommended that SCI Cresson management personnel ensure that employees receive all mandatory training and develop a system to record and track courses attended by employees.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

In a letter dated October 26, 2007, the Department of Corrections responded to our finding, as follows:

During the audit period, the SCI Cresson training coordinator was twice called to active military duty. He then left SCI Cresson employment and the position was vacant for two months. Since then, a new training coordinator has been hired and a procedure established to ensure all employees meet their mandatory training requirements.

Status

To determine if SCI Cresson implemented the recommendations of our prior report, we examined the training records for 43 of the institution's 521 employees as of July 15, 2010, and for 11 of the institution's 20 fire emergency response team members for the fiscal year ended June 30, 2010.

SCI Cresson must provide all employees with initial and continuing education that focuses on the skills essential to the maintenance of a safe and secure environment for both its inmates and staff. According to Section 2 of the Department of Corrections' staff development and training procedures manual, each employee must receive the minimum training hours and course content specified by the Department of Corrections for his/her job classification and duties.³¹

The current audit revealed that SCI Cresson only partially implemented the recommendations of the prior report. The institution provided the required 16 hours of specialized training as well as the required respiratory protection training to each of the 11 tested fire emergency response team members during the fiscal year ended June 30, 2010.

However, the review of training records for 43 full-time employees revealed that SCI Cresson did not provide all required training to the

³¹ Ibid.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

tested employees during the fiscal year ended June 30, 2010. Only 12 of the 43 tested employees received both the minimum number of training hours and all of the specific courses required for their job classifications. Eighteen of the 43 tested employees did not receive the minimum number of training hours for the year. Although 25 of the 43 tested employees received the minimum hours of in-service training, 29 of the 43 employees did not receive all of the specific courses required for their job classifications. We found that the 29 employees individually missed one to 17 required courses, including training in tool control, key control, fire safety, manipulation by inmates, and bomb threat and mail handling.

During the fiscal year ended June 30, 2010, the institution offered the courses mandated by the Department of Corrections. The training coordinator indicated that, on a monthly basis, he conducted meetings and provided training status reports to all managers and supervisors. However, managers and supervisors did not ensure that subordinates attended the required training courses.

Section 2.A.6 of the Department of Corrections' staff development and training procedures manual states the following:

In-Service training, designated by the Department as mandatory, must be completed each fiscal year unless otherwise noted... Managers and supervisors shall ensure attendance of subordinate employees.³²

SCI Cresson employees must attend mandated training to ensure the effective discharge of their duties. A workforce trained in tool and key control, fire safety, manipulation by inmates, and bomb threat and mail handling is essential to ensure the safety of the institution's inmates, employees, and visitors as well as to safeguard the facility's assets.

Recommendation for Prior Finding 4 5. We again recommend that SCI Cresson management personnel ensure that employees receive all mandatory training. More specifically, managers and supervisors should use the training status reports

³² Department of Corrections, Policy 5.1.1, "Staff Development and Training," December 15, 2003, revised September and October 2009.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

prepared by the training coordinator to ensure that subordinate employees attend all required courses.

Comments from SCI Cresson management:

Management has established an aggressive plan to achieve and maintain 100% compliance of all annual mandatory training. A recent Side Agreement gives management greater ability to schedule, hold and ensure training requirements. Block training has begun and several mandatory courses will be 95% complete by October 31st. Also the Superintendent issued a directive that all CBTs must be completed by December 31st.

Managers and Supervisors will be held accountable by their respective supervisor (Rater) through the Employee Performance Review (EPR) process. Those managers and Supervisors whose employees have not successfully achieved the training requirements during the training year will have a "needs improvement" designated on his/her EPR with an appropriate comment supporting that assessment.

In addition to maintaining accurate and current training records on the institution's shared computer drive, the training coordinator will publish, via email, a daily status snap shot to Department Heads when specific block training is scheduled and conducted. This snap shot will identify the number of employees having completed the training and the number of employees who still need to attend the training. Near the end of the specifying training, individuals still needing the training will be identified and management will ensure these individuals get their training completed.

**Prior
Finding III-4**

**(from the audit
reports dated
July 1, 2002, to
May 7, 2004, and
July 1, 2004, to
November 3, 2006)**

Inventory controls were not used. (Partially resolved)

The two preceding audits reported that SCI Cresson's dietary department did not properly use the Systems Application Products (SAP) electronic perpetual inventory system to request items from the warehouse. Instead, SCI Cresson's dietary department initially prepared typed/handwritten sheets to request goods from the warehouse about two weeks before the date of anticipated delivery. The warehouse staff responded to the paper requests by disbursing the requested goods to the dietary department and then recording the disbursements in a manual log. According to the

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

warehouse manager, dietary staff generally entered the same requests for goods in the electronic perpetual inventory system approximately two weeks after the dietary department had actually received the requested goods. The warehouse staff was only able to record the disbursements in the electronic system after the dietary department input the corresponding requests into the electronic system. Thus, at any given point in time, although the manual logs reflected accurate inventory balances, the electronic perpetual inventory system may not have shown the correct balances of goods on hand.

The immediately preceding audit also noted that warehouse employees - the custodians of the inventory - conducted the monthly inventory spot checks for all goods maintained at the warehouse, including housekeeping items, dry goods, and inmate clothing.

We recommended that SCI Cresson management enforce the requirement that staff accurately and timely input and verify all inventory receipts and disbursements information in the electronic perpetual inventory system. We also recommended that SCI Cresson develop and implement inventory policies and procedures for proper inventory management.

In a letter dated October 26, 2007, the Department of Corrections responded to our finding, as follows:

All SCI Cresson departments now use the SAP R/3 module Stock Order Transports (STO) to requisition materials from the warehouse. MRP (Material Replenishment Planning) is now being used to ensure sufficient inventory is maintained at the institution. All requests, receipts, and disbursements are performed electronically and in a timely manner. This ensures a high level of inventory control.

Status

To determine if SCI Cresson implemented the recommendations of our prior report, we observed a physical inventory count of inmate clothing conducted by business office staff at the warehouse on April 29, 2011. We also reviewed the electronic perpetual inventory system's record of 76 items requested (called the stock transport order) by the dietary

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

department and the corresponding record of disbursement (called the goods issue slip) prepared by warehouse personnel on April 18, 2011. Finally, we analyzed the electronic perpetual inventory system's documentation for the 14 partial physical inventories conducted between January 1, 2010, and April 29, 2011, as well as the system's listing of warehouse inventory as of May 31, 2011.

On May 31, 2011, SCI Cresson's electronic perpetual inventory system reported that the institution had 889 items (including frozen food, dry goods, housekeeping supplies, and inmate and staff clothing) valued at approximately \$854,000 in its warehouse.

SCI Cresson only partially implemented the recommendations of the prior report. The institution resolved the issues regarding the dietary department's requests for warehouse items and the inadequate segregation of duties for the monthly inventory counts. However, SCI Cresson did not develop formal written policy and procedures for warehouse inventory management. Moreover, SCI Cresson did not properly account for its staff clothing inventory and did not perform annual counts of the frozen foods in its warehouse as required by Department of Corrections' policy.

According to SCI Cresson's warehouse supervisor and its food service manager, since 2007, the dietary department exclusively and timely requested items from the warehouse through the use of stock transport orders in the electronic perpetual inventory system. Our review of the dietary department's stock transport orders and the corresponding goods issue slips for April 18, 2011, supported the assertion that the dietary department requested items through the electronic system and that the corresponding warehouse disbursements were then timely recorded in the same system.

SCI Cresson also addressed the prior report's concern that warehouse employees, the custodians of the inventory, conducted the monthly physical inventory counts of the housekeeping items, dry goods, and inmate clothing in the warehouse. SCI Cresson business office staff, who did not have warehouse custodial responsibilities, conducted 14 partial physical inventory counts during the 16 months from January 2010 to April 2011. These partial inventories included five counts of inmate clothing, four counts each of housekeeping items and dry goods, and one

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

count of staff clothing. The average monetary difference between the counts and the corresponding perpetual inventory records was immaterial for housekeeping items, dry goods, and inmate clothing. However, we found a shortage of \$6,657, or close to 10% of the total dollar value of the inventory, for staff clothing counted in October 2010.

SCI Cresson did not staff the warehouse during nights or weekends. The institution, however, operated on a 24-hour, 7-day a week basis. According to the warehouse supervisor, SCI Cresson personnel other than warehouse employees (i.e., the designated in-charge correctional officers) had access to the warehouse to accommodate the supply needs of the institution that arose during off-hours. The warehouse supervisor explained that in-charge officers obtained the proper clothing replacements from the warehouse for staff whose clothing was soiled or torn during night or weekend interactions with inmates. These institution employees did not always document the inventory removal for the warehouse staff. According to the warehouse supervisor, the attendant discrepancies would be corrected during the monthly partial inventory counts.

Finally, we found that SCI Cresson did not at least annually conduct physical inventories of the frozen foods stored in the warehouse as required by Department of Corrections' policy.

Section IV.H.2 of the Department of Corrections' policy on fiscal administration requires the following:

Physical inventories shall be conducted monthly for commissaries and at least annually for warehouses.³³

According to SCI Cresson's business manager, the institution did not annually physically count the frozen foods in the warehouse, because the frozen foods were stored at the warehouse for only a short time before delivery to the dietary department. We found that the value of frozen foods stored in the warehouse on a given date was significant. According to the electronic perpetual inventory records dated May 31,

³³ Department of Corrections, Policy 3.1.1, "Fiscal Administration," June 16, 2005, and amended January 27, 2009.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

2011, the warehouse stored 31 frozen food items valued at approximately \$63,500 on that date.

SCI Cresson must conduct at least annual physical inventories of its frozen foods to verify that the on-hand quantity of each item in the electronic inventory system reflects what is actually on the warehouse shelves. SCI Cresson must also require institution staff to document the removal of warehouse supplies during non-business hours to maintain accurate inventory records. Accurate inventory records are essential to the safeguarding of warehouse supplies. Inaccurate records could allow abuse and theft to go unnoticed. Furthermore, the failure to accurately account for staff clothing items or frozen foods may lead to unnecessary purchases, overstocked items, or shortages of critical items.

**Recommendations
for Prior
Finding III-4**

6. We again recommend that SCI Cresson develop and implement written policy and procedures for the management of its warehouse inventory.
7. We recommend that SCI Cresson management ensure that all items in the warehouse, including frozen foods, are inventoried at least annually.
8. Finally, we recommend that SCI Cresson management require institution staff to document the removal of warehouse supplies (including staff clothing) during non-business hours.

Comments from SCI Cresson management:

Written inventory procedures (3.4.1 CRE-1) have been updated and put in place to ensure that all items are inventoried, at least, once annually. A rotating schedule has been developed to inventory certain items each month, including frozen foods. All warehouse inventory items are included in this schedule to ensure inventories are done per DOC policy.

In addition to this, written procedures have been put in place to document items that are removed from the warehouse for emergency purposes during non-business hours. These procedures include staff signing in, recording what has been removed, signing out, and following up with an email to warehouse personnel stating they obtained access to the warehouse and the reason for the emergency. The warehouse has been instructed that items issued from the warehouse for

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

emergency purposes during non-business hours will be transacted into the warehouse electronic system at the earliest possible time so that the balance on hand quantities are kept accurate.

**Prior
Finding IV-1**

(from the audit reports dated July 1, 2002, to May 7, 2004, and July 1, 2004, to November 3, 2006)

**Restitution was not collected for several court orders.
(Resolved)**

Title 42 authorizes the Department of Corrections to make monetary deductions from inmate personal accounts for the purpose of collecting restitution, court costs, fines, fees, and penalties³⁴. The collected funds are to be sent to the county in which the inmate was convicted.

The two preceding audits reported that SCI Cresson did not collect court-ordered obligations from all applicable inmate accounts. The first audit reported that SCI Cresson did not collect court-ordered obligations of approximately \$6,400 from 17 of 44 tested inmate accounts. In our most recent audit, we found that SCI Cresson did not collect court-ordered obligations of more than \$9,500 from 7 of 56 tested inmate accounts.

The immediately preceding audit reported that SCI Cresson personnel explained that newly confined inmates were typically received at the State Correctional Institution at Camp Hill. The staff at the institution at Camp Hill entered existing court orders into the inmate accounts system upon that initial reception. When the inmates were subsequently received or transferred to SCI Cresson, SCI Cresson's records personnel did not review each inmate's file to ensure that copies of any additional or updated court orders were forwarded to SCI Cresson's business office for input into the inmate accounts system.

Department of Corrections' policy requires an institution's records office to file the original court order for restitution and costs and forward a copy to the institution's business office. The business office then deducts 20

³⁴ 42 Pa. C.S. §9728. Collection of restitution, reparation, fees, costs, fines and penalties.

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

percent of the inmate's initial account balance and subsequent monthly income if the inmate's account balance exceeds \$10.³⁵

Section 7.B.5 of the Department of Corrections' policy for records office operations states, in part:

...It is the responsibility of the Inmate Records Office to provide copies of any court order or official county document involving inmate debt to the Business Office, as soon as it is received...³⁶

We recommended that SCI Cresson management enforce the policy that requires inmate records office personnel to forward all court orders to the business office for input into the inmate accounting system. We also recommended that management require business office personnel to verify that the inmate accounting system processes deductions for all relevant court orders.

In a letter dated October 26, 2007, the Department of Corrections responded to our finding, as follows:

Inmate Records staff forwards all copies of incoming court orders to the Inmate Accounting Section. Inmate accounting staff enters the orders in the Inmate Accounting System to begin deductions. Most inmates come to SCI Cresson with the court orders already established on their accounts such as through the diagnostic and classification center at SCI Camp Hill. The counties do not always provide SCI Camp Hill with the documentation in a timely manner so court orders do come to SCI Cresson and they are processed in accordance with DC-ADM 005 – Collection of Inmate Debts.

³⁵ Department of Corrections, Policy DC-ADM 005, "Collection of Inmate Debts," October 24, 2007.

³⁶ Department of Corrections, Policy 11.5.1, "Records Office Operations," July 16, 2003.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Status of
Prior Audits**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

Status

To determine if SCI Cresson implemented the recommendations of our prior report, we analyzed the court orders, court commitment forms, and personal accounts for 39 of 1,357 inmates identified by the institution for Act 84 deductions as of February 14, 2011. We also examined the personal accounts and available records for 29 of 313 inmates who were on SCI Cresson's inmate roster but were not identified by the institution for Act 84 deductions as of February 14, 2011.

In December 2009, the Department of Corrections conducted statewide training regarding institution compliance with Act 84. The associated training materials emphasized that before an institution commences deductions from an inmate's personal account, the institution must possess the required documentation from the sentencing county. The institution must have both the court order and the court commitment form; furthermore, these two documents must match. The court order must be signed by the judge and the court commitment form must be seal-stamped or certified by the county clerk of courts. Finally, the court order must not contain any "delay in collection" language.

Our current audit revealed that SCI Cresson implemented the recommendations of our prior report. Our review of the files and personal accounts for 39 inmates who were identified by the institution for Act 84 deductions as of February 14, 2011, showed that SCI Cresson properly deducted court-ordered obligations from inmate accounts. More specifically, we found that the court-ordered obligations for 11 of the 39 tested inmates were paid in full. The institution possessed the required court documentation and properly processed deductions from the accounts of 21 of the 39 tested inmates. SCI Cresson did not deduct from the accounts of the remaining 7 tested inmates, because the court commitment forms were not seal-stamped for 6 of these inmates and the sentencing court orders for one inmate contained "delay in collection" language. Finally, SCI Cresson notified the appropriate county contact persons that the required seals were missing for the above 6 inmates.

Our review of the personal accounts and available files for 29 inmates who were on SCI Cresson's inmate roster but were not identified for Act 84

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

deductions as of February 14, 2011, also showed that the institution complied with Department of Corrections' policy regarding collections from inmates.

As a result of the actions taken by SCI Cresson, this finding has been resolved.

**A Performance Audit
State Correctional Institution at Cresson
Department of Corrections**

**Audit Report
Distribution
List**

*Pennsylvania Department of the Auditor General
Jack Wagner, Auditor General
November 2012*

**Audit Report
Distribution
List**

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