

Commonwealth of Pennsylvania
Department of Corrections
State Correctional Institution at Greene
July 1, 2004, to August 24, 2007
Performance Audit



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November 7, 2007

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 Greene of the Department of Corrections from July 1, 2004, to August 24, 2007. The audit was conducted under the 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 notes that the State Correctional Institution at Greene remedied some of the fire safety deficiencies detailed in the prior report and that the institution's fire emergency response team still did not receive all required training during the fiscal years ended June 30, 2006, and 2007. The audit also disclosed that Greene still did not provide sufficient training to employees as discussed in the two preceding audit reports. Finally, the current audit recommended improvements to the institution's oversight of its warehouse inventory, again as reported in the immediately preceding report. We discussed the contents of the report with the management of the State Correctional Institution at Greene, 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 Greene and by others who provided assistance during the audit.

Sincerely,

JACK WAGNER
Auditor General

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Background Information

Department of Corrections

The Pennsylvania General Assembly created the Pennsylvania Bureau of Corrections with the passage of Act 408 of July 29, 1953, P.L. 1428, Section I. In January 1981, responsibility for bureau operations moved from the authority of the Attorney General to the Office of General Counsel. 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 (Department).

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

The Department is responsible for all adult offenders serving state sentences of two years or more. As of June 30, 2007, it operated 24 correctional institutions, 1 regional correctional facility, 1 motivational boot camp, 1 training academy, and 15 community pre-release centers throughout the Commonwealth of Pennsylvania.

State Correctional Institution at Greene

The State Correctional Institution at Greene is a maximum-security facility for adult male offenders. Greene is located in the town of Waynesburg, Greene County, approximately 60 miles south of Pittsburgh. The prison, dedicated on November 9, 1993, officially accepted its first inmate on January 4, 1994.

Greene recognizes and subscribes to a commitment to the public's safety and to the safe and humane incarceration of offenders. The institution houses and provides programming for the Commonwealth's inmates who require the highest intensity of supervision. This includes the death sentence inmates and the special management inmates with longer sentences.

¹ 71 P.S. § 310.1

Background Information

Greene's physical plant encompasses approximately 128 acres of land with 46 acres inside a double perimeter fence topped with razor wire. The complex is comprised of 34 buildings, including 12 individual housing units.

The following schedule presents select unaudited Greene operating data compiled for the years ended June 30, 2005, and 2006.

	2005	2006
Operating expenditures (rounded in thousands) ²		
State	\$54,935	\$58,813
Federal	<u>30</u>	<u>16</u>
Total	<u>\$54,965</u>	<u>\$58,829</u>
Inmate population at year-end	1,852	1,949
Capacity at year-end	1,873	1,823
Percentage of capacity at year-end	98.9%	106.9%
Average monthly inmate population	1,827	1,883
Average cost per inmate ³	\$30,092	\$31,240

² Operating expenditures are recorded net of fixed asset costs, an amount that would normally be recovered as part of depreciation expense.

³ Average cost was calculated by dividing the operating expenditures by the average monthly inmate population.

Objectives, Scope, and Methodology

The objectives for the current audit were selected from three general areas: Accreditation; Personnel Management, including evaluations of Greene's employee training program, staffing levels, and complaint management; and Inventory Management, including an assessment of the institution's management of its warehouse inventory. In addition, we determined the status of the recommendations made during the prior audit of the prison. The specific objectives for this audit were:

- To evaluate the existence and efficacy of measures taken by Greene to remedy any deficiencies noted in the most recent standards compliance audit conducted by the Commission on Accreditation for Corrections. (Finding 1)
- To assess Greene's overall compliance with Department training guidelines during the fiscal year ended June 30, 2006. (Finding 2)
- To assess whether Greene's staffing levels were sufficient to meet the needs of the institution. (Finding 3)
- To determine the existence and effectiveness of employee complaint systems at Greene. (Finding 4)
- To assess the overall effectiveness of warehouse inventory controls and to evaluate the corrective actions associated with the deficiencies noted in the prior audit report. (Finding 5)
- To determine the status of management's corrective actions for prior audit findings that addressed fire safety, employee training, procurement, and inventory management.

The scope of the audit was from July 1, 2004, to August 24, 2007, unless indicated otherwise in the body of the individual report chapters.

To accomplish the audit objectives, we reviewed the American Correctional Association and the Commission on Accreditation for Corrections accreditation and visiting committee reports and associated correspondence for the accreditation audit conducted in June 2005. We also reviewed Department policies and procedures regarding staff development and

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training,⁴ Department and institution policy regarding equal employment opportunity,⁵ the current collective bargaining agreements for the institution's seven active unions, and Department policy and procedures governing inventory management.⁶ We also reviewed Greene's written response, dated July 28, 2006, replying to the Auditor General's prior audit report.

We interviewed various institution management and staff, including the Training Coordinator and the Assistant Leader for the Corrections Emergency Response Team, the Major of the Guard, two professionals from the Human Resources Department, the Human Resources Director, the Vice President for the Pennsylvania State Corrections Officers Association, the warehouse superintendent and the business manager. We also held discussions with Greene management and staff to obtain an updated understanding of the progress in implementing the prior audit's recommendations and other corrective actions to resolve the prior findings.

For the evaluation of Greene's compliance with the accreditation report recommendations, we reviewed Greene's responses to the issues of noncompliance described in the report.

For the audit of training records, we analyzed Greene's annual training plans for the fiscal years ended June 30, 2006, and 2007, examined the certification and associated training files for 19 of the institution's 72 instructors at May 30, 2007, examined the fiscal year ended June 30, 2006, training records for 33 (including 31 contact employees) of the institution's 717 employees, reviewed the fiscal year ended June 30, 2007, training records for four of 41 Corrections Emergency Response Team members, and inspected the training records for eight of 23 commissioned officers promoted between July 1, 2004, and June 30, 2007.

For the assessment of staffing levels, we reviewed the Department's corrections officer manpower survey dated November 2005, analyzed the Department's 2006 individual staffing reviews of food service, nursing, maintenance, and business office personnel at Greene, and examined Greene's detailed complement and wage report dated May 16, 2007, and vacancy report dated August 16, 2007.

For evaluating the effectiveness of the complaint system, we examined the logs of union grievances filed by institution employees between January 1, 2006, and June 30, 2007, analyzed the 2006 and 2007 Joint Area Committee hearing schedules for unresolved union grievances, examined the equal employment opportunity record of complaints for the 2005 and 2006 calendar years, and reviewed the minutes of the meetings of the institution's 12 units from July 1, 2004, to June 30, 2007.

To assess the effectiveness of warehouse inventory controls, we analyzed Greene's annual physical inventory count sheets for the fiscal years ended June 30, 2006, and 2007, examined the documentation for the twelve monthly spot checks conducted by business

⁴ Department of Corrections, Policy Number 5.1.1, "Staff Development and Training," December 15, 2003, and amended March 8, 2007.

⁵ Department of Corrections, Policy Number 1.6.1, "Equal Employment Opportunity," February 8, 2005.

⁶ Department of Corrections, Policy Number 3.1.1, "Fiscal Administration," August 16, 2004.

Objectives, Scope, and Methodology

office personnel during the fiscal year ended June 30, 2007, compared the perpetual inventory records for 29 of 998 warehouse items to physical counts performed by the audit team on July 18, 2007, reviewed the supporting documentation for adjustments to the inventory records for 9 of the above 29 sampled items, and reviewed Greene's expenditures for office supplies, housekeeping supplies, wearing apparel, and food during the three fiscal years ended June 30, 2004, through June 30, 2006.

Finally, auditors performed tests, as necessary, in prior audit areas to substantiate their understanding of Greene's progress in resolving the prior audit findings.

Audit Results

Accreditation

The American Correctional Association (ACA) and the Commission on Accreditation for Corrections (CAC) are private, non-profit organizations that administer the only national accreditation program for all components of adult and juvenile corrections. The purpose of this voluntary accreditation program is to promote improvement in the management of correctional facilities through the ongoing development and revision of relevant, useful standards.⁷

Although the accreditation process is a voluntary program, it affords participating agencies the opportunity to evaluate their operations against national standards, to remedy deficiencies, and to upgrade the quality of programs and services. A major component of the accreditation process is the standards compliance audit conducted by a visiting committee appointed by the ACA. The purpose of this audit is to measure operations against CAC standards based on documentation provided by the facility, facility tours, interviews with staff and inmates, and reviews with facility administrators. The audit report submitted to the CAC describes audit activities and findings and examines issues or concerns that may affect the quality of life and services in an agency or facility. The visiting committee narrative report also includes comments from interviews conducted with inmates and staff, as well as a detailed explanation of all noncompliant and inapplicable standards.⁸

Finding 1 – Greene appropriately responded to the deficiency noted in the most recent standards compliance audit.

In January 2006, the ACA and CAC awarded a three-year accreditation to Greene because of the audit conducted in June 2005. According to the visiting committee report, Greene complied with 100 percent of the 59 applicable mandatory standards and 449, or 99.3 percent, of the 452 applicable non-mandatory standards. The CAC granted discretionary compliance to Greene for two non-mandatory standards and requested a plan of action for a third noncompliant standard.

Greene developed an appropriate plan of action to remedy the visiting committee's finding regarding the institution's failure to provide a listing of staff representatives for inmate disciplinary hearings. The institution designated Corrections Counselors as inmate

⁷ Department of Corrections, Policy Number 1.1.2, "Accreditation Program and Annual Inspections," March 16, 2007.

⁸ www.aca.org View Date: July 19, 2007.

representatives and arranged related training on institution rules and discipline, disciplinary procedures, and due process requirements.

The CAC granted discretionary compliance for two statewide issues of noncompliance. Greene's inmate population exceeded the institution's rated bed capacity, and the institution had policy that prohibits televisions for inmates in disciplinary detention over 60 days. Greene indicated that the Department directed these practices/policies.

Employee Training

The Department has established guidelines regarding the content and frequency of training courses for institution management, supervisory staff, contact employees, and special team participants.⁹ These guidelines also specify the minimum number of annual in-service training hours required for the various classifications of employees. Furthermore, the guidelines address the required certification for instructors. Greene's Training Department has incorporated these guidelines into its Annual Training Plan.

The two preceding audits conducted by the Department of the Auditor General noted that Greene did not provide all required training to randomly sampled contact employees during the fiscal years ended June 30, 2002, and 2004. Additionally, Greene management failed to enforce Department training guidelines for lieutenants and shift commanders during the fiscal year ended June 30, 2002.

Finding 2 – Greene still did not provide sufficient training to employees.

According to Section 2 of the Department's Staff Development and Training Procedures Manual, each employee must receive the minimum training hours and course content specified by the Department for his/her job classification and duties. Section 3 of the Department manual requires any Department staff member who is promoted or placed into a Commissioned Officer position to attend the Department's Commissioned Officer training course within one year of promotion or placement. Section 9 establishes the certification requirements for instructors, while Section 12 outlines the requirements for the institution's special teams, including the Corrections Emergency Response Team.¹⁰

The review of training records for 33 full-time employees disclosed that Greene did not provide all required training to the sampled employees during the fiscal year ended June 30, 2006. Three contact employees did not receive the required total of 40 hours of annual in-service training. Although three other contact employees received the minimum 40 hours of in-service training, they did not receive all of the specific courses required for

⁹ Department of Corrections, Policy Number 5.1.1, "Staff Development and Training," December 15, 2003 and amended March 8, 2007.

¹⁰ Ibid.

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their job classifications. The missed courses included training in CPR, infectious diseases, fire safety, and basic defensive tactics.

The examination of training records for eight of 23 commissioned officers promoted between July 1, 2004, and June 30, 2007, revealed that two of the sampled commissioned officers, a captain and a major, did not attend the Department's Commissioned Officer training course within one year of promotion.

The review of certifications and training for 19 of Greene's 72 listed instructors at May 30, 2007, disclosed that Greene did not maintain documentation to certify that six of the sampled instructors were qualified to teach eight listed courses. The eight courses included training for staff trainers, defensive tactics, CPR/First Aid, riot baton, and suicide prevention. Although Greene maintained documentation to support the eligibility of other instructors for these same courses, the institution did not maintain records to support the certification of all listed instructors for all listed courses.

Finally, the overall review of Greene's training program disclosed that the institution's Training Department did not maintain complete training records in the files of all staff members. For example, the Training Department files did not incorporate some training records retained by the training lieutenant for corrections officers and by the Assistant CERT Leader for CERT members. The Training Department's partial retention of physical records was exacerbated by the annual Department-wide purging of training records from each institution's computer system at the end of each fiscal year.

The facility's Training Coordinator did not ensure that Department training requirements were met. Section 2 of the Department's Staff Development and Training Procedures Manual states, as follows:

A Training Coordinator is responsible for supervising the planning, coordinating, and monitoring of on-site training. He/She is also responsible for maintaining his/her facility... training records.¹¹

Section 12 of the same Department manual requires the facility's Training Coordinator to maintain the cumulative training records of each CERT member.

Contact employees and commissioned officers must attend qualified mandated training to ensure the effective discharge of their duties. A facility workforce trained in CPR, defensive tactics, fire safety, and leadership skills is essential to ensure the safety of the institution's inmates, employees, and visitors, as well as to safeguard the facility's assets.

Recommendations:

Greene management should enforce Department training guidelines to ensure that all employees receive the required training and all instructors are certified properly to teach assigned courses. The Training Coordinator should monitor on-site training

¹¹ Department of Corrections, Policy Number 5.1.1, "Staff Development and Training," December 15, 2003.

and ensure that the Training Department maintains complete training records in the files of all staff members. This is the third time we have made this recommendation.

Management Comments:

Management agrees with the finding. The objective of SCI Greene is to regularly comply with all DOC mandatory and non-mandatory training requirements. This deficiency is directly attributed to the ineffectiveness and lack of organization of the Training Coordinator. The HRO has utilized coaching, personal intervention and progressive discipline in an effort to improve this employee's job performance.

Most recently, i.e. May 2007, the Training Coordinator received a lengthy suspension due to failure to complete basic job responsibilities. As indicated in the Auditor General's exit findings, the training is being provided, generally by the facilities departments, but the monitoring of onsite training and the compilation/documentation by the training office is unacceptable. SCI Greene is focusing all attention to this problem area. The Training Coordinator is being reassigned and this position is presently posted for appointment by a qualified individual.

Staffing Levels

The Department periodically conducts manpower surveys in order to assess each institution's security staffing requirements. The Department most recently conducted its corrections officer manpower survey at Greene in November 2005. During 2006, the Department developed staffing requirements/plans for additional institution departments, including maintenance, food service, the business office, and nursing.

Finding 3 – Greene's employee complement satisfied Department requirements.

Greene's employee complement at May 16, 2007, was generally commensurate with the staffing levels proposed in the individual Department staffing surveys conducted in 2005 and 2006. The individual departments included in the surveys are illustrated in the following table:

Audit Results

Department at Greene	Proposed Staffing Level	Complement at May 16, 2007	Difference
Maintenance	40	40	0
Business Office	20	17	3
Food Service	32	32	0
Nursing	28	27	1
Corrections Officer 1	387	387	0
Corrections Officer 2	65	65	0
Corrections Officer 3	26	26	0
Corrections Officer 4	9	9	0
Corrections Officer 5	2	2	0

Internal reports disclosed that 44 of Greene's 731 available salaried positions and 15 of its 40 available wage positions were vacant at August 16, 2007. The salaried vacancies included 20 corrections officer positions. According to management personnel, employee transfers related to the reopening of the State Correctional Institution at Pittsburgh and retirements caused most of the vacancies. Personnel from Greene's Human Resources Department indicated that Greene was in the process of actively addressing the above vacancies. As of August 23, 2007, Greene had taken the following steps:

Disposition	Nr. of Positions
Filled vacancies (includes 4 corrections officers)	5
Selected candidates were awaiting Equal Employment Opportunity approval	3
Interviews were completed and selection was pending	4
Interviews were scheduled	3
Job postings were active	7
Total number of addressed vacancies	22

Employee Complaints

Greene employs over 700 personnel, including corrections officers, clerical staff, teachers, and nurses. Seven different unions represent 655 of these employees.

Effective institution management provides for complaint systems where employees voice grievances and the facility responds to those grievances.

Finding 4 – Greene established effective employee complaint systems.

Greene established both informal and formal employee complaint processes. The institution provided employees a suggestion box, as well as the opportunity to voice complaints at the monthly meetings for the institution's 12 units. Moreover, the collective bargaining

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agreements for each of the institution's seven active unions established formal procedures for resolving employee grievances, including an initial meeting between union representatives and Greene management personnel and then, if necessary, a meeting of the Joint Area Committee. The Joint Area Committee, composed of an equal number of union representatives and Commonwealth personnel, had the authority to render final and binding decisions. Finally, the agreements provided for formal arbitration for those issues unresolved by the Joint Area Committee.

At June 30, 2007, the institution's seven unions represented approximately 655 staff members. Between January 1, 2006, and June 30, 2007, members of these seven unions filed 122 grievances, as illustrated in the following table:

Union	Represented Employees	Number of Employees	Number of Grievances
Pennsylvania State Corrections Officers Association	Corrections Officers, Food Service Instructors	535	63
American Federation of State, County and Municipal Employees	Clerical Staff, Licensed Practical Nurses	62	22
Federation of State Cultural and Educational Professionals	Vocational Guidance Counselors	1	1
Service Employees International Union	Registered Nurses	13	23
Pennsylvania Social Services Union	Correctional Guidance Counselors	27	1
Correctional Institution Vocation Education Association	Teachers	15	9
Office of Professional Employees International Union	Registered Nurse Supervisors	2	3
	Total	655	122

The complaint process timely addressed the above 122 grievances. The initial meetings between union representatives and Greene management were all scheduled during the month immediately subsequent to the grievance filing date. Joint Action Committee meetings were also regularly scheduled.

Inventory Management

State facilities must maintain an inventory of items necessary for the day-to-day operations of the institution. The facility's management is responsible for safeguarding, controlling, and effectively managing this inventory. Greene maintains inventory records for approximately 1,000 different items in its warehouse. These inventoried items include food, clothing, and housekeeping and office supplies. During the fiscal year ended June 30, 2006, Greene spent approximately \$3.5 million on these warehouse items.

The prior audit conducted by the Department of the Auditor General identified weaknesses in Greene's warehouse inventory controls. The audit disclosed differences between the audit team's physical count and the recorded balance on hand for 10 of 25 randomly

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sampled inventory items. Additionally, Greene did not retain the count sheets used to conduct the annual physical inventory in June 2004. Business office personnel did not conduct regular spot checks of warehouse items, and warehouse personnel did not adequately support adjustments to the recorded balances on hand.

The preliminary audit follow-up revealed that Greene only partially implemented the recommendations of the prior report. Therefore, the assessment of warehouse inventory controls was again included as an objective in the current audit.

Finding 5 – Greene’s annual physical counts only agreed with approximately 50 percent of the corresponding warehouse records.

Greene utilized a perpetual inventory system for its food, wearing apparel, housekeeping and office supplies. The warehouse superintendent and stock clerks received and disbursed the warehouse supplies, while the warehouse superintendent and a clerk typist posted the associated transactions to the perpetual inventory records. Departments within the institution requisitioned items from the warehouse by completing an “Internal Stores Request” form prior to disbursement.

The audit team’s physical count of 29 randomly sampled items on July 18, 2007, did not disclose material differences from the recorded balances on hand, but the review of Greene’s annual physical inventory documents disclosed that the counts only agreed with approximately 50 percent of the corresponding perpetual inventory records. At June 30, 2006, the physical count matched the inventory record for only 555, or 51 percent, of 1,089 stocked items. At June 30, 2007, the physical count matched the inventory record for only 497, or 49.8 percent, of 998 warehoused items.

The audit team determined that Greene 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 superintendent, Greene personnel other than warehouse employees had access to the warehouse to accommodate the supply needs of the institution that arose during off-hours. For example, institution personnel obtained the proper clothing from the warehouse for inmates who arrived for intake during weekends. These institution employees did not always document the inventory removal for the warehouse staff. According to warehouse management, the attendant discrepancies could only be corrected during monthly spot checks or the annual physical count.

The review of documentation for warehouse spot checks disclosed that business office personnel performed such spot checks monthly during the fiscal year ended June 30, 2007. However, business office personnel limited these twelve spot checks to inventory items from only six of 34 available inventory categories.

Greene must accurately maintain its inventory records in order to safeguard its supplies. The failure to accurately account for nearly 50 percent of purchased supplies may lead to unnecessary purchases, overstocked items, or shortages of critical items. Weekend access to

the warehouse in the absence of required documentation increases the risk of pilferage. Additionally, the limit of spot checks to only six of 34 inventory categories reduces the effectiveness of the spot checks as a tool to timely correct accounting errors.

Recommendations:

Greene should implement and enforce internal control policies and procedures to ensure that its warehouse records are accurately maintained. Greene should require institution staff to document the removal of warehouse supplies during non-business hours. Furthermore, business office personnel should rotate the monthly spot checks to ensure that all categories of warehouse items are counted at least once a year.

Management Comments:

Management agrees with the finding. SCI Greene business/warehouse staff has expanded the 25-test count in September 2007 to include all categories inventoried. As noted by the auditors this is a 24-7 operation in the facility however, our warehouse is only staffed five (5) days per week, eight (8) hours each day. We have set into operation new control procedures as a result of this audit keeping all bays locked during the day while staff and inmate workers are present in the warehouse and only unlocking these bays while pulling supply orders for distribution throughout the facility.

A restricted key log sign-out sheet in control monitors entries into the warehouse during non-business hours. A log directly inside the warehouse door now affords staff that needs to transfer items from the warehouse to the facility during non-business hours a place to document what they are removing. This procedure will enhance internal control procedures and alert Warehouse personnel to update accordingly computer inventories, in a timely manner, ensuring correct counts.

Status of Prior Audit Findings and Recommendations

The following is a summary of the findings and recommendations presented in our audit report for July 1, 2002, to November 19, 2004, along with a description of the disposition of each recommendation by the State Correctional Institution at Greene.

Prior Audit Results

Prior Finding I-1 – Greene’s safety committee still did not meet at the required frequency.

The two preceding audits reported that Greene’s safety committee did not meet at least monthly as required by the Department’s policy.¹² A review of the minutes of Greene’s safety committee meetings disclosed that the committee did not meet during 16 of the 27 months from July 2002 through September 2004.

The two prior audits recommended that Greene management take the necessary steps to ensure that all required safety committee meetings are conducted.

Status:

The current audit disclosed that Greene implemented the recommendation of the prior reports. The review of the minutes of the safety committee meetings revealed that the committee met at regular, monthly intervals during the 27 months from January 1, 2005, to March 31, 2007.

Prior Finding I-2 – Greene still did not provide the required training to fire emergency response team members.

The two preceding audits reported that Greene did not comply with Department policies and procedures for fire emergency response teams¹³ or for staff development and training.¹⁴ The institution did not provide mandatory fire safety education to its fire emergency response team members during the training years ended June 30, 2003, and 2004. None of Greene’s 22 fire emergency response team members received the required 12 and then 16 hours of fire

¹² Department of Corrections, Policy Number 15.1.1, “Safety,” July 16, 2003.

¹³ Department of Corrections, Policy Number 15.2.2, “Fire Emergency Response Team (F.E.R.T.),” January 20, 1996.

¹⁴ Department of Corrections, Policy Number 5.1.1, “Staff Development and Training,” December 15, 2003.

Status of Prior Audit Findings and Recommendations

safety education during the training years ended June 30, 2003, and 2004, respectively. Greene did not conduct on-site fire emergency response team training during two quarters in the two-year period from July 1, 2002, to June 30, 2004. Additionally, one member of the team did not complete the 40 hours of initial training at the Department's training academy in Elizabethtown.

The immediately preceding audit recommended that Greene conduct on-site training quarterly at a scheduled time or frequency that accommodates the working schedules of all team members. Additionally, we repeated our prior recommendation that Greene management ensure that all fire emergency response team members receive the required hours of annual fire safety training, as well as the 40 hours of initial training at the Department's training academy in Elizabethtown.

Status:

In order to follow up on the fire safety training deficiencies noted in the prior report, the auditors interviewed Greene's Safety Manager and Training Coordinator and reviewed the class schedules and training records for the 27 and 29 members of the fire emergency response team for the fiscal years ended June 30, 2006, and 2007, respectively. The audit disclosed that Greene partially implemented the recommendations of the prior report. As of June 2007, all but one member of Greene's fire emergency response team had completed the required 40-hour initial training at the Department's training academy in Elizabethtown. Greene scheduled this initial training for the exception, a new hire, for August 2007. Additionally, Greene conducted on-site fire emergency response team training quarterly from July 1, 2005, through June 30, 2007. However, during the fiscal year ended June 30, 2006, the institution did not provide the required 16 hours of fire safety training to 15, or 55.6 percent, of the 27 members of its fire emergency response team. During the fiscal year ended June 30, 2007, Greene did not provide the 16 mandated training hours to 18, or 62.1 percent, of the 29 fire emergency response team members.

Members of the institution's fire emergency response team must be trained in fire fighting, smoke control, and rescue techniques in order to reduce the risk of injury to inmates and staff during an emergency. Department policy requires each institution to provide its fire emergency response team members with 16 hours of fire safety training, as well as 1.5 hours of respiratory protection training annually.¹⁵

Greene's Facility Manager is responsible for the overall implementation of the institution's fire emergency response team program. The same policy requires Greene's Safety Manager to identify the fire emergency response team training needs of the facility and develop the content of the associated in-service training.¹⁶

According to Greene's Safety Manager, participation in the fire emergency response team classes was difficult to ensure, because team membership was voluntary. Furthermore, the

¹⁵ Department of Corrections, Policy Number 5.1.1, "Staff Development and Training," December 15, 2003.

¹⁶ Department of Corrections, Policy Number 6.7.2, "Special Response Teams Procedures Manual," April 12, 2004.

Status of Prior Audit Findings and Recommendations

audit of fire emergency response team class schedules for the two fiscal years disclosed that Greene scheduled only one training course on a single day during each quarter. Accordingly, the limited availability of classes reduced the opportunity/likelihood for team member attendance. If a team member missed one course, the team member was noncompliant for the year.

Recommendations:

We again recommend that Greene management ensure that all fire emergency response team members receive the required hours of annual fire safety training. We also repeat our prior recommendation that the institution conduct on-site training quarterly at a scheduled time or frequency that accommodates the working schedules of all team members. Measures such as longer training hours per session, more frequent training courses, or alternate training times may facilitate compliance with the fire emergency response team training requirements.

Management Comments:

Management agrees with the finding. Our Safety Manager has offered training to enable all [fire emergency response team members] to receive their 16 required hours. However, the training isn't always convenient for every member's personal or work schedule. We are pursuing alternate methods to satisfy the mandated training. We will contact our local fire department(s) to determine if their resources for training are available as well as possible video training.

Prior Finding I-3 – Fire emergency response team size may be too small to be effective.

The prior audit reported that Greene's fire emergency response team was smaller than both its historical size at the institution and the concurrent size of teams at comparable Commonwealth correctional facilities during October 2004. Greene's team size decreased from 32 members in June 2002 to 22 members in June 2003 and 2004 and to 15 members in October 2004. During the fiscal year ended June 30, 2003, and then in September 2004, Greene management removed four and six corrections officers, respectively, from the fire emergency response team due to their failure to complete respiratory physical examinations.

We recommended that Greene management evaluate the size of the fire emergency response team and take the necessary steps to provide adequate team coverage on all shifts, seven days a week. We also recommended that management ensure that fire emergency response team members complete the required physical examinations and replace team members who are removed for noncompliance.

Status of Prior Audit Findings and Recommendations

Status:

The current audit disclosed that Greene complied with the recommendations of the prior report. Greene's fire emergency response team roster increased from the low of 15 members cited in the prior audit to 27 and then 29 members for the fiscal years ended June 30, 2006, and 2007, respectively. The review of 2006 and 2007 shift rosters and the shift schedule for the week from May 6, 2007, to May 12, 2007, revealed that the institution provided fire emergency response team coverage on all shifts, seven days a week. Finally, the examination of medical clearances revealed that fire emergency response team members completed the required respiratory physical examinations during the fiscal year ended June 30, 2007.

Prior Finding II-1 – Greene still did not comply with Department training requirements for all contact employees.

The review of training records for 32 randomly selected contact workers disclosed that Greene did not provide all required training to 14 contact employees during the training year ended June 30, 2004. Nine of these 14 employees did not complete two or more mandatory courses. Overall, the sampled contact workers did not complete 48, or 6.3 percent, of 762 required in-service classes.

We again recommended that Greene management enforce Department training guidelines to ensure that all contact employees receive the required training.

Status:

The current audit disclosed that Greene did not comply with the prior report's recommendation. The review of training records for 33 full-time employees disclosed that Greene did not provide all required training to the sampled employees during the fiscal year ended June 30, 2006. Three contact employees did not receive the required total of 40 hours of annual in-service training. Although three other contact employees received the minimum 40 hours of in-service training, they did not receive all of the specific courses required for their job classifications. The missed courses included training in CPR, infectious diseases, fire safety, and basic defensive tactics.

The audit team included a comprehensive assessment of Greene's compliance with Department training guidelines as an objective in the current audit. Please refer to Finding 2 for additional details.

Status of Prior Audit Findings and Recommendations

Prior Finding III-2 – Purchasing card credit limits exceeded the institution’s operational needs.

As of August 2004, Greene had issued five purchasing cards, each with a monthly credit limit of \$150,000. The review of monthly credit card statements from August 15, 2002, through June 15, 2004, disclosed that the monthly credit limit for each card substantially exceeded the associated maximum and average monthly purchases.

We recommended that institution management evaluate the monthly credit limits of Greene’s purchasing cards and make any necessary reductions.

Status:

The current audit disclosed that Greene complied with the recommendation of the prior report. In May 2007, Greene, along with eight other institutions across the Commonwealth, implemented a pilot program that restructured procurement through purchasing cards. The Department reduced Greene’s monthly credit limit from \$750,000 to \$300,000 by replacing Greene’s five purchasing cards designated for separate cost centers with two purchasing cards issued individually to the institution’s two purchasing agents. While the former procurement method required Greene to use separate cards to identify the appropriate cost centers, the new procurement method allows Greene’s purchasing agents to electronically code and post card purchases to the appropriate cost center.

Prior Finding III-3 – Greene did not effectively segregate the duties for SAP purchasing transactions.

Greene did not properly segregate the duties assigned to three employees on the SAP R/3 procurement system. The institution assigned its two purchasing agents and warehouse manager the ability to create purchase orders and receive goods. As a result, Greene increased the potential for the misappropriation of assets.

We recommended that the Department and the institution evaluate the roles assigned to each Greene employee in the SAP R/3 purchasing module and make any necessary changes to optimize the segregation of duties.

Status:

The current audit revealed that the Department and Greene implemented the prior report’s recommendations. In June 2005, the Commonwealth issued a policy which required all SAP roles to be uniformly assigned to positions instead of employees in order to ensure adequate separation of duties.¹⁷ In June 2007, the Commonwealth’s Bureau of Integrated Enterprise

¹⁷ Commonwealth of Pennsylvania Governor’s Office, Management Directive Number 205.37, “Role Assignment, Security, and Internal Control Maintenance,” June 13, 2005.

Status of Prior Audit Findings and Recommendations

System (IES) completed the associated “roles to position implementation.” SAP roles directly assigned to employees were removed and composite roles were assigned to positions.¹⁸ Our review of Greene’s role assignments in June 2007 disclosed that the institution’s two purchasing agents and the warehouse superintendent no longer had the ability to create purchase orders and receive goods or services within the SAP R/3 materials management module. The institution’s two purchasing agents could requisition and purchase goods and services but could no longer receive the goods or services on the system. Moreover, the warehouse superintendent could only receive goods and services within the SAP R/3 module.

Prior Finding III-5 – Greene management could improve its accountability for advancement account payments.

Greene’s accounts payable clerk completely controlled the process for advancement account payments in the absence of additional management review. The accounts payable clerk received the vendor invoice, reviewed the supporting documentation, and entered the invoice data into the SAP R/3 accounting package to generate payment. Institution management did not reconcile the advancement account check register with supporting documentation for purchases.

We recommended that Greene management periodically compare the advancement account check register to the associated supporting documentation as an additional safety measure to ensure that only approved institution-related bills are paid through the advancement account.

Status:

The current audit disclosed that Greene implemented the recommendation of the prior report. The review of 30 of 394 advancement account purchases from July 1, 2004, through June 30, 2006, revealed that business office management reviewed the checks and supporting documentation prior to releasing the checks for payment. Moreover, a review of the advancement account check registers from September 2004 through May 2007 disclosed that the institution’s Fiscal Technician Supervisor reconciled the advancement account check register with the supporting documentation monthly.

Prior Finding IV-1 – Greene did not adequately control its warehouse inventory.

The prior audit reported that Greene did not establish adequate inventory controls for its warehouse supplies. The audit disclosed differences between the audit team’s physical count and the recorded balance on hand for 10 of 25 randomly sampled inventory items. Additionally, the institution did not retain documentation of the annual physical inventory conducted in June 2004. Business office personnel did not conduct regular spot checks of

¹⁸ <http://www.ies.state.pa.us/imaginepa/cwp/view.asp?Q=211326&a+7>. View Date: June 22, 2007.

Status of Prior Audit Findings and Recommendations

warehouse items, and warehouse personnel did not adequately support adjustments to the recorded balances on hand.

We recommended that Greene develop, implement, and enforce comprehensive internal control policies and procedures for the institution's warehouse inventory. We further recommended that these procedures include the retention of documentation of the annual physical inventory; documentation of all inventory movement including the receipt, usage, justifications, and approvals for adjustments to inventory balances; and the conduct of regular spot checks of inventory items and the investigation of any variances.

Status:

Greene partially implemented the recommendations of the prior report. Both the warehouse superintendent and business office personnel retained copies of the annual physical inventory counts for the fiscal years ended June 30, 2006, and 2007. Greene management also asserted that warehouse personnel documented receipts, known disbursements, and adjustments to inventory balances during the fiscal year ended June 30, 2007. However, the 2006 and 2007 annual physical counts only agreed with the corresponding warehouse inventory records for approximately 50 percent of the items stored in the warehouse.

Business office personnel also conducted monthly spot checks of 25 varying items during the fiscal year ended June 30, 2007. However, Greene personnel limited the monthly spot checks to only six of 34 different inventory categories.

As a result, the audit team included the assessment of warehouse inventory controls as an objective in the current audit of Greene. Please refer to Finding 5 for additional details.

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