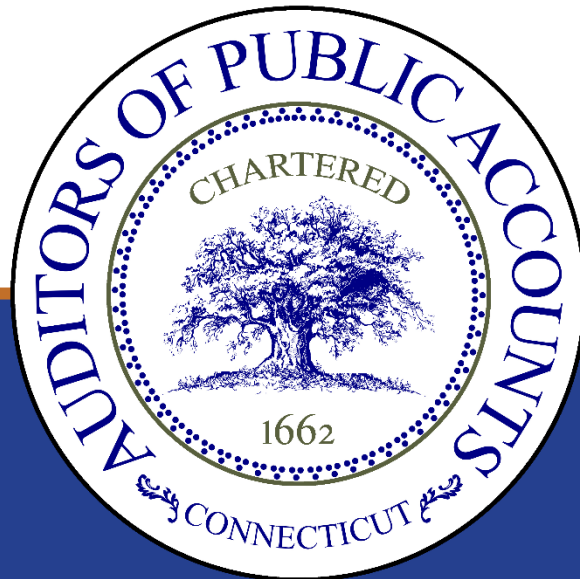


AUDITORS' REPORT

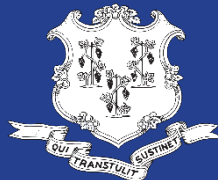
Department of Correction

FISCAL YEARS ENDED JUNE 30, 2020 AND 2021



STATE OF CONNECTICUT
Auditors of Public Accounts

JOHN C. GERAGOSIAN
State Auditor



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August 29, 2024

INTRODUCTION

We are pleased to submit this audit of the Department of Correction (DOC) for the fiscal years ended June 30, 2020 and 2021 in accordance with the provisions of Section 2-90 of the Connecticut General Statutes. Our audit identified internal control deficiencies; instances of noncompliance with laws, regulations, or policies; and a need for improvement in practices and procedures that warrant management's attention.

The Auditors of Public Accounts wish to express our appreciation for the courtesies and cooperation extended to our representatives by the personnel of the Department of Correction during the course of our examination.

The Auditors of Public Accounts also would like to acknowledge the auditors who contributed to this report:

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STATE AUDITORS' FINDINGS AND RECOMMENDATIONS

Our examination of the records of the Department of Correction disclosed the following 21 recommendations, of which 20 were repeated from the previous audit.

Finding 1

Holiday Compensatory Time Overpayments

Background	Department of Correction employees who work on holidays are entitled to earn holiday compensatory time. Employees can opt to receive an annual payment for their holiday compensatory time. Agencies are responsible for manually processing these payments.
Criteria	Sound business practice suggests agencies have an internal control process for manual holiday compensatory time payments to employees to ensure they are accurate and limited to one per year.
Condition	In performing an analytical review of employee earnings, we found that a DOC employee that opted for an annual \$3,032 holiday compensatory time payment, erroneously received 54 bi-weekly payments totaling \$163,729.
Context	During the fiscal years ended June 30, 2020, and June 30, 2021, the Department of Correction processed 2,052 holiday premium payments, including holiday compensatory payouts, totaling \$952,780.
Effect	Poor internal controls over annual holiday compensatory time payments could result in undetected overpayments.
Cause	The additional overpayments appeared to be a result of a lack of management oversight.
Prior Audit Finding	This finding has not been previously reported.
Recommendation	The Department of Correction should strengthen internal controls over annual holiday compensatory time payments to ensure it accurately pays its employees. The department should recover any related overpayments.

Agency Response

"The Agency agrees with this finding. The Agency Payroll bi-weekly checklist includes a review of payroll for Holiday Payout (HOP) coding verification and the staff involved with this error was counseled following agency discovery of the oversight. In addition, our post review of processes showed a report previously run by the Budget Unit that would have captured the error was inadvertently removed from a monthly process following the manager's retirement from the agency. A new report has been created and implemented bi-weekly for use by PO1's to review HOP for any recurring amounts that require review for appropriateness. Payroll Management has also been advised to monitor the implementation of this bi-weekly report."

Finding 2

Lack of Compensatory Time Oversight

Criteria

In accordance with the Department of Administrative Services Management Personnel Policy 17-01 and Section 12 of the DOC Administrative Directive 2.8, managers must receive advance written authorization by the agency head or a designee to work extra hours as compensatory time.

Article 13, Sections 1 and 4 of the New England Health Care Employees Union (1199) bargaining unit contract, defines exempt employees as those being paid above salary group 25. Exempt employees who are required to perform extended service outside a regularly scheduled workweek shall be authorized to receive compensatory time. If the use of compensatory time would create a hardship on the agency, payment at a straight time may be granted with the advance approval of the Secretary of the Office of Policy Management.

Core-CT Job Aids provide guidance for state agencies in the setup of an employee's compensatory plan in Core-CT. Enrollment in a compensatory plan is only necessary if the employee is eligible to earn compensatory or holiday time, which is governed by bargaining unit contracts and various union stipulated agreements.

Condition

We reviewed 219.75 hours of compensatory time earned by ten managerial and confidential employees and found requests and approval were not on file to support 169.25 hours of compensatory time earned by seven employees. Additionally, management approved five compensatory request and approval forms, to support one employee's 18 hours of compensatory time, between six and eight days late.

We reviewed 20 employees who earned both compensatory time and overtime totaling 3,336 hours and noted compensatory time earned for seven exempt employees, totaling 409 hours, was incorrectly coded and paid as overtime. Additionally, seven employees that were not eligible receive compensatory time earned 133 hours. One employee earned eight hours of compensatory time and 6.5 hours of overtime and was ineligible to earn either.

We reviewed compensatory time plans in Core-CT for 20 employees and noted that plans for nine employees were incorrect:

- Five employees should not have been enrolled in a compensatory time plan
- Four employees were enrolled in an incorrect compensatory time plan.

Context

During the fiscal years ended June 30, 2020, and 2021, 27 employees earned 967 hours of compensatory time and 19 employees earned 301 hours of compensatory time, respectively, all of which required prior approval. We judgmentally selected five employees from each fiscal year.

During the audited period, 113 employees earned both compensatory time and overtime, totaling 2,439 hours and 14,991 hours, respectively. We judgmentally selected 10 employees from each fiscal year.

There were 1,625 and 1,380 employees enrolled in a compensatory time plan for the fiscal years ended June 30, 2020, and 2021, respectively. We judgmentally selected 10 employees from each fiscal year.

Effect

Compensatory time was not preapproved in accordance with established state and department policies, which may have resulted in unjustified compensatory time.

Ineligible employees earned compensatory and overtime hours, which may have resulted in overpayments.

Incorrect compensatory time plans could result in time earned by ineligible employees and improperly lapsed compensatory time.

Cause

The lack of timely approval for the compensatory time earned, incorrect overtime and compensatory time earnings, and lack of employee compensatory time plan monitoring appear to be the result of inadequate managerial oversight.

Prior Audit Finding

This finding has previously been reported in the last five audit reports covering the fiscal years ended June 30, 2010, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure proper authorization is obtained prior to the earning of compensatory time, time earned is accurately coded, and compensatory time plans comply with bargaining unit contracts.

Agency Response

"The agency agrees with this finding. Agency Payroll enters the Compensatory Plan according to information provided by Department of Administrative Services Human Resources (DAS-HR). Staff in Payroll and DAS-HR have met to review issues and are implementing updates to ensure the correct plans are entered in Core CT.

The agency is working to strengthen internal controls to ensure proper authorization is obtained prior to the earning of compensatory time, time earned is accurately coded, and compensatory time plans comply with bargaining unit contracts and/or stipulated agreements."

Finding 3**Inaccurate Processing of Workers' Compensation Claims****Criteria**

The Department of Administrative Services' workers' compensation program provides state agencies and employees with the information and tools necessary for the uniform administration of the program. The program requires the completion of a workers' compensation claim packet to document the facts of a reported claim, which is then entered into Core-CT.

Department of Correction Memorandum dated July 6, 2011, states employees returning from workers' compensation leave must work a regular shift prior to being eligible for overtime.

Condition

We reviewed workers' compensation claims for 20 employees, totaling \$1,124,209 and noted the following:

- Claim packets were either missing or incomplete for five claims totaling \$347,164.

- Discrepancies were noted in the indemnity payments for five claims, resulting in one underpayment of \$4,069, and four overpayments totaling \$2,079.
- One claim file had two doctors' notes indicating the employee could return to full duty on two separate dates. No additional documentation was provided to support leave time between the two dates or the additional \$13,174 received in workers compensation payments during this time.
- There was a lack of supporting documentation for seven claims totaling \$206,146. The documents were missing signatures, dates, and injury details.
- Two employees did not work a regular shift prior to working overtime on their first day returning from workers' compensation leave.

Context

During the audited period, workers' compensation expenditures totaled \$30,488,797 and \$31,439,004, respectively. We judgmentally selected the five largest workers' compensation claims from each fiscal year and randomly selected five additional claims from each fiscal year for a total of 20 workers' compensation claims.

Effect

Missing claim packets, insufficient supporting documentation, and inaccurate indemnity payments increase the risk of incorrect payments.

Cause

This appears to be due to human error and a lack of supervisory oversight.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen internal controls over workers' compensation claims processing to ensure information is accurately recorded and payments are reconciled and correct.

DOC Response

"The agency agrees with this finding; however, it notes that most of the workers compensation process is handled by another agency - the Department of Administrative Services. Effective 08/28/20, the handling of Workers Compensation claims was consolidated to the Workers' Compensation Centralized Pod (Pod 3) in the Department of Administrative Services. This includes the processing of the original claim reports, coordinating with the third-party administrator Gallagher Basset, placing employees on leave, conducting wage audits, uploading information to UKG and CORE

and communicating directly with the employee, supervisor and payroll. The role of Department of Correction employees is limited to the initial reporting of the claim by the supervisor at the facility level, ensuring that the initial package is submitted to the Pod for processing, and then the processing of payroll once the claim is approved.

The DAS Human Resources Unit employees deployed to the Department of Correction have recently facilitated a meeting with Pod 3 leaders, representatives from HR and representatives from Payroll leadership to discuss communication and the chain of information involved in processing a claim.”

DAS Response

“The DAS agrees with Conditions one through four. The fifth condition is not relative to DAS WC processing as the processing team does not perform staff scheduling of employees. This is an agency function and resides strictly within the DOC.

Effective 08/28/20, the handling of workers’ compensation claims was consolidated to the Workers’ Compensation Centralized Pod (Pod 3-Public Safety) within DAS. DAS Workers’ Compensation was unaware of the previous findings from earlier audit periods. As part of corrective action, DAS WC will continue to implement a management plan to ensure consistency of business rules and processes throughout the 4 Pods that service “In-Scope Executive Branch” agencies. The plan includes training sessions on critical content, establish expectations of processing staff, new employee orientation and supervisory job shadowing. The HR Program Manager that was hired in June of 2023, and has begun reviews of processing work product by providing oversight with pod leadership to maintain consistent practices, apply corrective action, and improve upon standards established by DAS WC.”

Finding 4

Inadequate Medical Leave Documentation

Criteria

According to Section 5-247-11 of the State Personnel Regulations and most collective bargaining agreements, employees must submit a medical certificate to substantiate a period of sick leave in excess of five consecutive working days or leave of any duration when evidence indicates reasonable cause for requiring such a certificate.

The statewide Family and Medical Leave Policy sets forth procedures for requesting a leave under the Family and Medical Leave Act (FMLA). The policy outlines the required forms and deadlines for

submission to document and support the leave request, eligibility, approval, and employee's return to work.

Condition

During our review of 15 medical leaves of absence, three FMLA and 12 non-FMLA, we identified the following exceptions:

- There were no files available to support four non-FMLA medical leaves.
- Various required forms were not provided at the time of our review for all three selected FMLA medical leaves. Additionally, management did not promptly respond or provide a reason for denial of one employees' FMLA request.

Context

During the fiscal years ended June 30, 2020, and 2021, 1,519 employees used medical leave for five or more consecutive days and charged a total of 165,324 hours. We randomly selected 15 employees on medical leave totaling 1,774 hours.

Effect

Inadequate documentation increases the risk for unauthorized leave, which may result in unnecessary costs to the state.

Cause

The lack of documentation to support medical leaves of absence appears to be the result of inadequate management oversight.

Prior Audit Finding

This finding has previously been reported in the last five audit reports covering the fiscal years ended June 30, 2010, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure that medical leave is administered in accordance with state personnel regulations and Family and Medical Leave Act guidelines.

DOC Response

"The agency agrees with this finding; however, it notes that this is no longer a DOC responsibility. As of August 2020, the administration of FMLA was moved to the Benefits and Leaves Pod at the Department of Administrative Services (DAS). DAS is responsible for all FMLA paperwork, determining eligibility, notifications to the employee, the employee's supervisor and payroll, and completing the core transactions, as well as filing all the paperwork in the employee's medical file in UKG.

The only role that the Department of Correction plays in the FMLA process is responding to general questions from employees on the process."

DAS Response

"Of the 4 non-FMLA test cases, we do not agree that any of these employees would have been required to provide a medical certificate based upon their attendance. Of the 3 FMLA test cases, we are able to provide all of the missing documents with the exception of a DOC *internal working document* called the 'Leave of Absence'. This form was created internally by DOC to assist with processing but is not a required form to administer or process the family and medical leave entitlements."

Auditors' Concluding Comments

For the four non-FLMA leaves cited, one employee used 20 consecutive sick days, and another used ten. Both employees immediately retired. The other two employees cited used ten and eight consecutive sick days. As a result, all instances required documentation.

Finding 5**Lack of Dual Employment Forms****Criteria**

Section 5-208a of the General Statutes states that no state employee shall be compensated for services rendered to more than one state agency unless the appointing authority of each agency certifies that duties performed are outside the responsibility of the agency of principal employment, the hours worked at each agency are documented and reviewed to preclude duplicate payment, and no conflicts of interest exist between services performed.

The Department of Administrative Services (DAS) General Letter 204 - Dual Employment provides guidance to agencies to ensure procedures are applied uniformly and in compliance with state and federal laws. Dual employment request forms must be completed to document that the position has been adequately reviewed and approved by both state agencies.

Condition

Dual employment request forms were not on file or incomplete for five of ten employees reviewed.

Context

There were 18 and 19 employees with dual employment arrangements during the fiscal years ended June 30, 2020, and 2021, respectively. We randomly selected five employees from each fiscal year.

Effect

Duplicated payments or conflicts of interest may go undetected.

Cause

This appears to be the result of lack of management oversight.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years June 30, 2018, through 2019.

Recommendation

The Department of Correction should develop and implement a process to ensure compliance with the dual employment provisions of Section 5-208a of the General Statutes and Department of Administrative Services procedures.

Agency Response

"The agency agrees with this finding in part.

Generally, the Department of Correction is the primary agency in any Dual Employment agreement. Therefore, it is the secondary agency's responsibility to initiate and complete the associated paperwork that accompanies a dual employment approval.

The most common dual employment arrangements that we see as an agency are between in-scope and out of scope agencies. Specifically, our agency is within scope and all HR professionals are DAS employees. The state colleges and universities are not "in scope" agencies and their HR staff do not report to DAS. They utilize different systems and maintain records differently than in-scope agencies.

Going forward, we will reiterate with DOC staff and DAS-HR staff the importance of our agency keeping a copy of the fully executed Dual Employment paperwork. When we receive these requests, we will remind the secondary agency that we need a copy of the completed approval paperwork."

Finding 6**Inappropriate Holiday Time Coding****Criteria**

Proper internal controls prescribe that supervisors review and approve employee timesheets at the end of each pay period to ensure accuracy and completeness.

Condition

Our review of the attendance records of twenty employees who charged holiday time on non-scheduled holidays disclosed that the department incorrectly coded all 339 hours reviewed to holiday leave. There were 226 hours that should have been coded to regular time, 76 hours to holiday compensatory time used, 12 hours to vacation, eight hours to unpaid unauthorized leave and one hour to medical/sick appointment.

Additionally, we found that one employee incorrectly coded 16 hours to holiday premium worked and paid. This employee was not

eligible for this type of payment which resulted in an \$839 overpayment.

Context	For the fiscal years ended June 30, 2020, and 2021, 120 employees charged 2,491 hours of holiday time on non-scheduled holidays. We judgmentally selected 20 employees that charged a total of 339 hours of holiday time on non-scheduled holidays.
Effect	Inaccurate attendance records could result in employees being compensated for unearned time.
Cause	The issues noted appear to be the result of inadequate supervisory review of timesheets.
Prior Audit Finding	This finding has previously been reported in the last two audit reports covering the fiscal years ended June 30, 2016, through 2019.
Recommendation	The Department of Correction should strengthen internal controls over the review and approval of timesheets to reduce the risk of errors and potential overpayments.
Agency Response	"The agency agrees with this finding. The agency is working to strengthen its internal controls by having regular meetings between DAS-HR and Payroll to enhance communication to ensure coding issues are corrected in a timely manner. Unfortunately, this may continue to be a problem until training can be provided to the large number of new supervisors that the agency has due to large wave of retirements State Government experienced last year. Payroll at DOC is extremely complex and the dual housing of records in Core-CT and Atlas organically creates an environment where it is difficult to catch mistakes. The agency is dedicated however to providing better training and direction to staff on completing timesheets and reducing errors such as this."

Finding 7

Lack of Documentation Supporting Overtime

Criteria	According to the NP-4 bargaining contract, correction officers who wish to work voluntary overtime must sign a quarterly overtime list. Overtime is then distributed using the "sign-up book system," which requires each facility to maintain a book listing each day of the month, separated into sections representing each shift. Only
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employees who have signed the quarterly overtime list are allowed to place their names in the sign-up book. When an overtime shift becomes available, the department uses the sign-up book and contacts the employee with the least number of overtime hours for that quarter.

The Department of Correction uses the ATLAS system to manage and maintain time and attendance for correction officers, maintenance employees, food service staff, and counselors. The ATLAS system uses various reports to represent the manual sign-up book system in use at the facilities:

- **Quarterly Overtime Report** - An electronic version of the manual quarterly overtime sign-up sheet maintained in the facilities
- **Sign Up Book Report** - An electronic version of the facilities manual daily overtime sign-up sheets
- **Post Roster** - Documents the correction officers who worked an overtime shift and specifies day, shift, and post

Collective bargaining unit contracts define which employees are exempt from earning overtime and provide guidance on those situations.

Condition

We reviewed two quarterly reports from five facilities, which consisted of 8,714 hours of overtime with approximate costs of \$335,388. We noted the following discrepancies and missing documentation:

- **Manual quarterly overtime sign-up books:** Manual quarterly overtime sign-up books were not on file for five quarters selected for testing to support approximately 5,350 hours of overtime, with approximately \$202,514 in costs.
- **Manual daily overtime sign-up sheets:** Daily overtime sign-up sheets were not on file for four of the ten weeks selected for testing to support approximately 4,678 hours of overtime worked with approximately \$176,493 in costs. Of the remaining six weeks (42 daily sign-up lists) on file, we noted the following:
 - 20 daily sign-up lists did not agree to the Atlas System.
 - 13 daily sign-up lists were not exhausted prior to filling the shift with unlisted staff.
 - For 16 daily sign-up lists, DOC did not prioritize employees with lowest overtime hours.

We also reviewed one month of overtime earned by 26 employees from the inmate medical unit, totaling 1,360 hours with approximately \$91,199 in costs, and noted the following:

- In three instances, employees signed up for voluntary overtime but were recorded as emergency mandatory overtime (overtime at double time), resulting in a \$348 overpayment.
- We were unable to determine if overtime was distributed properly in seven instances as there were no call logs on file. Therefore, we could not verify if employees that signed up for the overtime were called prior to staffing of the shift.

We reviewed 17 employees over the maximum eligible pay grade during the audited period and noted 42 instances in which five employees earned \$6,798 in ineligible overtime payments.

Context

The department's overtime expenditures totaled \$80,348,941 and \$93,775,614 for the fiscal years ended June 30, 2020, and 2021, respectively. We judgmentally selected five facilities, including the four facilities with the most overtime.

During the fiscal years ended June 30, 2020, and 2021, 76 exempt employees, with pay grades not normally eligible for overtime, earned \$23,559. We selected all employees that earned over \$400 in overtime for a total of 17 employees.

Effect

There is an increased risk that the department may not be assigning overtime in accordance with contractual guidelines due to incomplete overtime records.

Overtime earned by exempt employees resulted in noncompliance with the bargaining contract and improper overtime payments.

Cause

ATLAS does not appear to accurately reflect the facilities' manual records. Additionally, a lack of oversight by management appears to have contributed to the identified conditions.

The five employees that earned overtime while over the maximum eligible grade were set up incorrectly in Core-CT. These employees transferred to the Department of Correction from UConn Health.

Prior Audit Finding

This finding has previously been reported in the last five audit reports covering the fiscal years ended June 30, 2010, through 2019.

Recommendation

The Department of Correction should maintain overtime records as required by the bargaining contract, and automated systems should

accurately reflect manual records to ensure overtime is adequately documented and monitored. Furthermore, the department should ensure employee job data in Core-CT is correct for new hires and transferred employees.

Agency Response

“The agency agrees these findings in part. There are certain instances where overtime hiring was conducted in Atlas that is not in violation given the time frame in which the overtime was awarded to individuals not on the daily sign-up book. Facility supervisors, and administration will be reminded of the proper procedures and collectively bargained responsibilities regarding overtime and the overtime manual record retention. Additionally, the agency’s Operations Unit will begin conducting quarterly facility audits to ensure compliance with all requirements.”

Finding 8

Lack of Monitoring of Leave in Lieu of Accrual

Criteria

Core-CT allows use of the Leave in Lieu of Accrual (LILA) time reporting code for the period between the first of the month, when employees earn accruals, and when employee accruals are posted to employee leave balances. LILA coding is intended to be temporary and leave balances should be promptly adjusted.

Condition

We reviewed LILA coding for 20 employees and noted that DOC did not promptly adjust the time charged for all 20 employees, totaling 330 hours. DOC adjusted the leave accruals between 81 days to nearly three years after they were initially reported.

Context

During the audited period, there were 205 employees that charged 1,613 hours to the LILA time reporting code. We judgmentally selected 20 employees that charged 330 hours to LILA.

Effect

Lack of monitoring of the use of the LILA time reporting code could result in employees using more leave time than they earned.

Cause

This appears to be the result of an oversight by management in the monitoring of the LILA time reporting code.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure that use of the Leave in Lieu of Accrual time reporting code

is monitored and promptly adjusted in accordance with Core-CT procedures.

Agency Response

"The agency agrees with this finding. Most of the LILA codes are used to pay an employee when their accruals are not up to date in CORE for Donated Time, Temporary Service Higher Class (TSHC), Personal Leave (PL) time at the beginning of the year or Accrual time taken when an employee has reached their Working Test Period (WTP) and we have to wait for CORE to add in their balances. Due to processing every two weeks by CORE this causes the LILA code to be in limbo on the employee's time sheet.

Staff enter the LILA in one pay period and change to the accrual code the following pay period. If the employee has received donated time and has exhausted the accrual balances, they are made inactive which causes the LILA balances to be in flux and they cannot be cleared until the employee returns to work.

This is an issue in Core-CT and is always a problem at the end of the year with PL time and therefore, some of the LILA's are in limbo.

Please note that with all of the LILA's identified by the APA, the employees in question were not overpaid, it was just that the code was in limbo and would still show on the employee's attendance."

Finding 9

Lack of Annual Evaluations

Criteria

According to Section 5-237-1 of the State Regulations, annual ratings for permanent employees are to be filed in the office of the appointing authority at least three months prior to the employee's annual increase date. DOC Administrative Directive 2.5, Section 5B, states that each initial or promotional working test period employee shall receive a performance appraisal at approximately three-month intervals and at least one month prior to the end of the working test period.

Condition

We reviewed the annual service ratings covering the audited period for 20 employees and noted that documentation was missing for three employees, all of whom received their annual increase. Additionally, five employee evaluations were not completed at least three months prior to receiving their annual increase. These evaluations ranged from ten to 249 days late.

Context	During the audited period, there were 6,102 and 5,916 employees as of June 30, 2020, and 2021, respectively. We judgmentally selected 20 employees for review.
Effect	DOC did not complete annual service ratings in accordance with state regulations and department directives which increases the risk of employees receiving unsubstantiated salary increases and promotions.
Cause	There was a lack of managerial oversight regarding completion of annual service ratings for employees.
Prior Audit Finding	This finding has previously been reported in the last three audit reports covering the fiscal years ended June 30, 2014, through 2019.
Recommendation	The Department of Correction should strengthen internal controls to ensure that annual service ratings are promptly completed in accordance with state regulations and department directives.
Agency Response	<p>"The agency agrees with this finding. The accountability for the completion of performance evaluations lies with the employee's supervisor. The role of DAS-HR is to provide process guidance and reminders and to file completed evaluations when they are provided to DAS-HR.</p> <p>Ensuring performance evaluations are completed for a workforce as large as the Department of Correction is a challenge. At any given time, we have a significant number of employees out on Worker's Comp, Military Leave, FMLA or other leaves, which can impact our ability to complete service ratings in a timely manner.</p> <p>The agency will strengthen internal controls to ensure that annual service ratings are completed in a timely manner. DAS-HR can run reports from CORE-CT identifying who are January and July AI's, and share those with supervisors. DAS-HR will also work on training new supervisors on how to administer performance evaluations and reiterate supervisor responsibilities regarding annual service ratings."</p>

Finding 10

Union Leave Time

Background

Union leadership and representatives use the following types of leave and codes:

- Union Contract Negotiations (LUBCN)
- Union Steward Employee Agency (LUBEA)
- Union Steward Employee Outside (LUBEO)
- Union Business Leave Paid (LUBLP) - Office of Labor Relations (OLR) approval required
- Union Steward with Management Representative (LUBMR)
- Union Business Paid - (RUBLP) OLR approval required

Criteria

Department guidelines require employees to complete a Union Release/Union Business Leave Form in order to be released from duty to attend to union related matters. The form must be signed by the supervisor and retained. The guidelines also present direction on the various types of union leaves and the DOC expectations regarding the duration of leave.

The correctional staff collective bargaining agreements require union stewards to notify their supervisor when they need to leave their work assignments to carry out their duties. Requests by stewards to meet with employees must state the name of the employees involved, their work location, and the expected time that will be needed. Stewards are expected to report back to their supervisors on completion of such duties and return to their job.

General Notice 2014-14 issued by the Office of Labor Relations (OLR), provides guidelines for various types of union leave as well as the proper Core-CT coding. OLR must preapprove union leave coded to Union Business Leave Paid (LUBLP) and Union Business Release (RUBLP).

Condition

We reviewed 29,503 hours charged to union leave by ten employees and noted the following:

- Supporting documentation for 28,282 union leave hours charged during the audited period was not on file.
- One employee charged 3,728 hours of union leave which appears excessive. The employee prepared and approved letters to justify their union leave and did not include required information or supervisory approval. The employee continued this practice until retiring in June 2022.

Context	During the fiscal years ended June 30, 2020, and 2021, 479 employees charged 62,848 hours to union leave, totaling \$2,227,662 in compensation. We judgmentally selected 10 employees with the most union leave charged during the audited period.
Effect	The department does not maintain adequate support for employee leave for union business, and the potentially excessive use does not appear to reflect the intent of the collective bargaining agreements. Additionally, employees with continuous leave receive credit towards hazardous duty retirement while not working directly with inmates.
Cause	It appears that management does not adequately administer or monitor employee union leave.
Prior Audit Finding	This finding has previously been reported in the last three audit reports covering the fiscal years ended June 30, 2014, through 2019.
Recommendation	The Department of Correction should improve internal controls related to union leave to ensure time is necessary, properly approved, and documented in accordance with department and union guidelines.
Agency Response	"The agency agrees with this finding. Within this year Labor Relations, OPM Office of Labor Relations (OLR) has worked closely with DOC management regarding better internal controls as it relates to union leave request. OLR and DOC leadership modified the current union leave request form which includes the approval from an appointing authority from each DOC facility when requesting union release leave. This process was rolled out a few months ago by DOC leadership to all Wardens, supervisors and union leadership. During this in-person roll out meeting of the newly modified union release form, DOC leadership provided education to DOC management, supervisors and Union Leadership on the application, types of union release time that are acceptable, accountability from union representative and better controls from managers and supervisors. OLR, Labor Relations will continue to provide support to DOC leadership to ensure improvements are made as it relates to the internal controls with union release leave."

Finding 11

Lack of Employee Training

Criteria	The DOC Administrative Directive 2.7, Training and Staff Development, requires employees with direct contact with inmates to receive at least 40 hours of annual in-service training. Employees with non-direct contact are required to complete at least 16 hours of annual in-service training.
Condition	Our review of annual training disclosed that 19 employees did not meet the minimum training requirements for their positions. Fifteen employees (12 direct contact and three non-direct) did not meet the minimum requirements for both fiscal years and four employees (three direct contact and one non-direct) did not meet the minimum requirements for one of the fiscal years. Two of these employees (one direct and one non-indirect) did not receive any training hours for the audited period.
Context	There were 6,102 employees and 5,916 employees as of the fiscal years ended June 30, 2020, and June 30, 2021, respectively. We judgmentally selected 20 employees for review.
Effect	Employees may not receive adequate required training. This may delay their responsiveness in dealing with various situations.
Cause	The lack of training appears to be the result of inadequate management oversight.
Prior Audit Finding	This finding has previously been reported in the last four audit reports covering the fiscal years ended June 30, 2010, through 2013, and 2016 through 2019.
Recommendation	The Department of Correction should improve internal controls to ensure adequate monitoring and tracking of employee training and compliance with department requirements.
Agency Response	"The agency agrees with this finding. In the fiscal year ending June 30, 2020, and 2021, each employee would have completed 8 hours of in-service training at the Maloney Center for Training and Staff Development. The additional 32 hours would be conducted at the facility level on training days. Restrictions with the pandemic interfered with the ability to increase training hours to 16 in-service hours. The facility organizer is responsible for completing an attendance roster, to include the topic covered. The roster and topic code are uploaded into SABA, which maintains the transcript for

each employee. The accuracy of the SABA record is reliant on the receipt of the training documents from each facility, which at times can be inconsistent.

The employee or the facility can request training transcripts to ensure compliance with the 40-hour requirement. All training rosters are uploaded and stored at MCTSD.

As of July 1, 2021, the Maloney Center for Training and Staff Development increased their in-service training hours to 24 hours and in July of 2022 to 32 hours. We have been able to meet the increased needs by adding six additional training lieutenants who are able to conduct training at regional sites. They are also responsible for training rosters and tracking. This will improve the continuity of the training and documentation.”

Finding 12

Lack of Documentation for Hiring and Promotions

Criteria

The DOC Administrative Directive 2.3, Employee Selection, Transfer and Promotion, requires that information on recruitment activities be logged on an application flow sheet. The department shall also maintain a candidate’s packet, which documents information used in the recruitment and selection process.

The Department of Administrative Services (DAS) General Letter 226 provides guidance to state agencies concerning the documentation that is required when requesting a promotion by reclassification, as well as instructions for entering approvals in Core-CT.

Section 18-811 of the General Statutes requires that each applicant for a position with direct inmate contact submit to state and national criminal history records checks.

Condition

We reviewed 20 new hires and promotions and noted the following:

- Required documentation was missing for seven new hires. Missing documentation included affirmative action packages, applications for employment, employment verifications, and other candidate background information reports.
- DOC did not provide supporting documentation for six promotions. Supporting documentation should include evidence that the candidate met the experience and training

requirements, current and proposed organizational charts, and justification of the promotion.

- DOC did not provide evidence to support two promotions by reclassification and two other promotions by reclassification became effective 11 to 54 business days prior to DAS approval. Additionally, DOC did not provide performance evaluations for these four promotions.
- There was no evidence that three new hires were fingerprinted, two of which have direct inmate contact.

Context

During the audited period, there were 827 new hires and 729 promotions. We randomly selected ten new hires and judgmentally selected ten promotions during the audited period.

Effect

Without required documentation on file, it is difficult to determine whether the department selected the most qualified candidate for hire or promotion. The lack of complete background checks increases the health and safety risk to inmates and correctional staff.

Cause

The lack of documentation to support the hiring and promotion process appears to be the result of inadequate management oversight.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure the hiring and promotion process is adequately supported in accordance with DOC and Department of Administrative Services procedures.

Agency Response

“The agency agrees with this finding in part. All hires and promotions are documented as well as vetted with, and approved by the hiring manager, human resources and affirmative action. This is illustrated through the fact that the agency’s Affirmative Action plan was approved during this audit period with no deficiencies identified.

The agency does currently have a backlog of filing both in new employee files and recruitment files. There were also significant staffing shortages during this audit period within the recruitment staff assigned to DOC. The Department of Administrative Services HR has right-sized the number of staff assigned to the unit and this will hopefully allow for better record keeping going forward.

Please note that with the consolidation of Human Resources functions to the Department of Administrative Services (DAS), all recruiters are DAS employees and not DOC employees. Also, note

that many documents previously contained in a recruitment file are now housed in Job Aps.

It is noted that where information has been housed and what information is contained in a recruitment package has changed significantly over the past few years due to the adoption of new systems and centralization. DAS-HR have never required organizational charts as part of a promotional recruitment package and have been advised by DAS that the original collect should not be part of the employee personnel file.”

Finding 13

Improper Use of Purchasing Cards

Criteria

The Department of Administrative Services’ (DAS) Purchasing Credit Card Use Policy and the DOC Procurement Card Manual outline the requirements for state purchasing cards. Those requirements include limiting use of the card to the person whose name appears on the card and maintaining adequate support for purchases.

In accordance with the DAS Purchasing Card Cardholder Work Rules, each agency must assign a single transaction limit to each purchasing card, which cannot be changed by the cardholder. Transactions must not be split to bypass the established limit.

Condition

We reviewed 134 purchases totaling \$44,623 made by five purchasing card users and identified the following:

- Six purchases, totaling \$4,451, were made by someone other than the cardholder.
- Five purchases, totaling \$4,044, appear to have been split into separate payments to circumvent the purchase card limits.

Context

Purchasing card expenditures totaled \$5,112,992 and \$15,774,066 for the fiscal years ended June 30, 2020, and 2021, respectively. We randomly selected two months of activity for five randomly selected cardholders.

Effect

Lack of adherence to state and department policies and procedures increases the risk of improper purchases and abuse.

Cause

Controls and monitoring over the use of purchasing cards does not appear to be in accordance with DAS and DOC policies.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen its internal controls over the use of purchasing cards to ensure compliance with state and department policies and procedures.

Agency Response

"DOC concurs with this finding. DOC did review the split purchases and determined that it was necessary due to emergency facility repairs that needed to be addressed right away. It was also determined that the PCard limits for certain staff were no longer adequate due to significantly rising costs so, on 02/07/2023, a request was made to DAS to increase the single purchase limit to \$2,000 in order to avoid the need for splitting transactions and using multiple cards so that critical purchases could be made for necessary repairs at facilities. The request was approved by DAS on 2/21/2023 and the purchase limit was raised to \$2,000 per transaction for certain PCard holders. DOC will continue to work with purchase cardholders to ensure they adhere to correct procedures and card usage. Additionally, cardholders will be reminded to reach out to DOC's purchase card coordinator if they have any questions or concerns regarding particular transactions before utilizing their cards."

Finding 14**Asset Management Deficiencies****Criteria**

Section 4-36 of the General Statutes requires each state agency to establish and maintain inventory records in the form prescribed by the State Comptroller. The State Property Control Manual requires each agency to maintain completed and accurate property records and establish specific standards, including conducting a completed physical inventory of all property by the end of each fiscal year.

Condition

We performed various inventory tests, which identified the following conditions:

New Asset Purchases:

We judgmentally selected 25 asset additions, totaling \$7,506,810, and noted the following:

- We could not locate ten assets, totaling \$372,826 during our physical inspection.

- DOC did not properly record 19 assets, totaling \$628,509, in the Core-CT Asset Management Module. These assets did not have an assigned custodian.

Inspection of Assets:

We judgmentally selected 102 assets for review and noted the following:

- We could not locate thirty-four assets, totaling \$79,983, during our physical inspection.
- DOC did not properly record forty-eight assets, totaling \$231,623, in Core-CT. Of these 48 items, 47 assets did not have an assigned custodian and seven lacked serial numbers.
- DOC listed nine assets in Core-CT as disposed; however, we located them on DOC premises.
- DOC listed five assets with an incorrect location in Core-CT.

Annual Inventories:

We reviewed the physical inventories for the fiscal years ended June 30, 2020, and 2021 and noted the following:

- DOC did not record inventory dates in Core-CT for 1,043 items, totaling \$676,089,645. Additionally, we noted 1,722 assets, totaling \$21,336,556, with inventory dates that ranged from December 2010 through December 2019.

Asset Deletions:

We randomly selected 20 assets deletions, totaling \$65,205, during the fiscal years ended June 30, 2020, and 2021, and noted the following:

- DOC did not have disposal authorizations on file for four assets, totaling, \$6,485.
- DOC removed two auctioned assets, totaling \$5,831, from its inventory records between five and six months late.
- DOC removed five scrapped assets, totaling \$29,665, from its inventory records between one and two years after disposal authorization.
- DOC retired its buildings, totaling \$12,230,999, six years late. DOC transferred the buildings to the University of

Connecticut in 2015 and retired them from its inventory records in April 2021.

Context	As of April 2022, DOC had 12,009 capital and controllable assets totaling \$48,765,812. DOC purchased \$2,711,111 and \$8,432,932 in assets during the fiscal years ended June 30, 2020, and 2021, respectively. DOC disposed of 412 assets, totaling \$14,630,044, during the fiscal years ended June 30, 2020, and 2021.
Effect	Deficiencies in the control over asset management decrease the department's ability to properly safeguard assets and accurately report inventory. DOC did not comply with the requirements of the State Property Control Manual.
Cause	The issues noted appear to be a result of a lack of management oversight and inadequate internal controls over the recording and reporting of assets. DOC maintained assets at facilities that were inaccessible during the pandemic.
Prior Audit Finding	This finding has been previously reported, in part, in the last audit report covering the fiscal years June 30, 2018, through 2019.
Recommendation	The Department of Correction should strengthen internal controls over asset management to safeguard assets and ensure compliance with requirements of the State Property Control Manual.
Agency Response	"The agency agrees with this finding and has been working to improve its processes related to the recording of assets in Core-CT and record keeping for surplus property. Part of the improvement process has included meeting with facility Wardens, division Directors, and their staff to review the inventory, surplus property, and asset transfer process. Property control procedures have also been updated and provided to staff so they are clear on the process for coding and identifying assets that need to be tracked, as well as receiving."

Finding 15

Lack of Software Inventory

Criteria	In accordance with Chapter 7 of the State Property Control Manual, state agencies must establish a software inventory to track and control all software media and licenses and must have an inventory record for all licensed, owned, and agency-developed software.
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Condition	The department was unable to provide a software inventory for the audited period.
Context	DOC reported \$21,998,210 for capitalized and licensed software on its CO-59 annual property report for the fiscal year ended June 30, 2022.
Effect	The lack of a software inventory reduces the department’s ability to adequately monitor, control, and track software use and ownership.
Cause	The lack of a software inventory appears to be the result of inadequate management oversight.
Prior Audit Finding	This finding has previously been reported in the last three audit reports covering the fiscal years ended June 30, 2014, through 2019.
Recommendation	The Department of Correction should strengthen internal controls to ensure it maintains and reports software inventory records in accordance with the State Property Control Manual.
Agency Response	“The agency agrees with this finding. It is the agency’s understanding that the Department of Administrative Services (DAS) Bureau of Information Technology Solutions (BITS) anticipates that work on the software inventory will begin in January 2024 and would be completed by December 2024. The software inventory project will continue to be evaluated periodically against agency priorities so that it can be completed.”

Finding 16

Noncompliance with Reporting Requirements

Criteria	The Department of Correction must comply with numerous reporting requirements set forth in various sections of the General Statutes and the department’s administrative directives.
Condition	Our review of 68 legislatively required reports from the audited period disclosed that DOC did not submit 27 reports and submitted 24 reports nine to 940 days late. We could not determine the submission date for one report. These reports cover topics including affirmative action plans, incarceration facilities, physical restraint and seclusion, inmates in special status, and inmate capacity and population by facility.

Context	During the audited period, we judgmentally selected 26 of 48 reporting requirements for review.
Effect	Intended report recipients may not have current information to make informed decisions regarding the department and its operations.
Cause	The lack of compliance appears to be the result of management oversight.
Prior Audit Finding	This finding has previously been reported in the last two audit reports covering the fiscal years ended June 30, 2016, through 2019.
Recommendation	The Department of Correction should strengthen internal controls to ensure compliance with its statutory reporting requirements.
Agency Response	"The agency agrees with this finding. The agency had drafted a tracking system to enhance the timeliness of reporting requirements and to ensure accurate record keeping when the COVID19 Pandemic necessitated a shifting of priorities, which delayed our efforts. The agency has finalized the log and has identified the appropriate unit to maintain it moving forward. Currently, we are in the process of analyzing which reports can be consolidated for efficiency moving forward."

Finding 17

Lack of Cell Phone Oversight

Criteria	<p>Section 3-117(c) of the General Statutes requires the Commissioner of Administrative Services to charge the appropriation of any state agency, without certification by such agency, for its basic telephone service expenses. However, the agency must certify that it received such services not later than 30 days following notification of such charge.</p> <p>The statewide telecommunications equipment policy states the individual employee and agency are responsible for verifying the accuracy of the bill and confirm appropriate usage. Agencies must promptly report discrepancies or errors to the Department of Administrative Services Bureau of Information Technology Solutions (BITS).</p> <p>According to chapter 3.10 section 11 of the department's directives and polices, each employee shall sign the monthly cell phone billing</p>
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statement certifying all charges are valid and were incurred while conducting state business. The signed billing statement shall be returned to the Fiscal Services Unit within one month of the report date.

Condition

Our review of 2,653 billing statements from January, February, and March 2021 identified the following conditions:

- Users did not approve 316 statements and supervisors did not approve 530 statements.
- Users approved 567 statements late: 182 between one and 30 days late, 131 between 31 and 120 days late and 254 between 121 and 384 days late.
- Supervisors approved 802 statements late: 228 between one and 30 days late, 215 between 31 and 120 days late, and 359 between 121 and 384 days late.
- Users and supervisors approved 282 statements without a date. As such, we were unable to determine if the approval logs were verified or approved.

Context

Expenditures for cellular communication services totaled \$525,690 and \$564,078 for the fiscal years ended June 30, 2020, and 2021, respectively. As of June 30, 2021, there were 902 cell phone users. We judgmentally selected three monthly statements for review.

Effect

The department did not comply with state and department policy and statutory telecommunication services requirements. Additionally, because the department did not verify cell phone charges, there is increased risk that waste and abuse will occur and go undetected.

Cause

There appears to be a lack of management oversight regarding cell phone monitoring.

Prior Audit Finding

This finding has previously been reported in the last four audit reports covering the fiscal years ended June 30, 2012, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure compliance with state statutes and telecommunication procedures for monitoring and verifying cell phone charges.

Agency Response

"The agency agrees with this finding; however, this finding will continue to be a challenge as the agency has been unable to sustain its previously utilized cell phone billing system due to staffing

limitations and the consolidation of statewide functions. These resource constraints prevent certain reports from being run and Core-CT from being updated with current supervisory information for staff that were assigned cell phones. Without these critical pieces of information, the system is unusable. DOC also explored the possibility of utilizing the State's telecom expense vendor to generate bills that could be sent to staff and appropriate supervisors, but without updates to the staff supervisor information in Core-CT, the proposed system would not work.

In addition, the amount of staff time that was necessary to track and follow up on outstanding phone invoices was quickly becoming more expensive than the benefit that was being derived with phone plans evolving to unlimited calling/data. The unlimited plans make staff's repayment for non-business related use difficult, if not impossible, to calculate. The agency's efforts to spot check phone calls on individual phone bills was also unproductive as many calls are tied to unlisted cell phone numbers so there is no way to determine business versus personal calls.

The agency does require the recipients of cell phones to sign forms accepting state equipment and their agreement to abide by state rules and policies. In addition, the agency is currently undergoing an internal review of cell phone and related equipment to ensure each user has a plan that supports their needs. Plan assignments are also reviewed periodically for appropriateness. The agency will also continue to explore options that are available to large state agencies to monitor their cell phone charges."

Finding 18

Inmate Trust Fund Unclaimed Accounts

Criteria

In accordance with Administrative Directive 9.3, correctional staff complete a discharged planning checklist and transportation log to verify that the necessary procedures are finalized before an inmate is discharged. The checklist requires inmates to complete and sign a Request for Account Balance (RFAB) form indicating how the inmate's funds should be returned. The discharging facility forwards the completed RFAB form to Fiscal Services. Per Administrative Directive 3.7, upon receipt of the completed RFAB form, Fiscal Services processes the close-out of the account and issues a check.

If an inmate's account is not closed out upon discharge, Administrative Directive 3.7 requires the department to make a good faith effort to contact the discharged inmate.

Section 4-57a of the General Statutes and Administrative Directive 3.7 dictate that any funds in an inmate's account not claimed within one year from the date of discharge shall be forfeited by the inmate and transferred to the Correctional General Welfare Fund to be used for the benefit of inmates.

Condition

We reviewed 30 inactive accounts with balances totaling \$137,096 and noted the following conditions:

- A RFAB form was not received by Fiscal Services for 18 inmate accounts with balances totaling \$79,816.
- As of July 18, 2022, 12 accounts totaling \$22,145 for inmates who had been discharged for over a year were not removed from the agency's monthly Unclaimed Accounts Report.
- The department did not transfer \$20,448 in account balances to the Correctional General Welfare Fund for ten inmates discharged for at least one year.

Context

As of July 18, 2022, there were 12,097 inactive inmate accounts with a total balance of \$514,314. We judgmentally selected 30 inactive accounts for review.

Effect

Discharged inmates are not receiving their funds. DOC is not transferring forfeited funds to the Correctional General Welfare Fund.

Cause

It appears that correctional employees do not always notify Fiscal Services of inmate discharges so that funds can be returned after discharge.

Prior Audit Finding

This finding has previously been reported in the last two audit reports covering the fiscal years ended June 30, 2016, through 2019.

Recommendation

The Department of Correction should strengthen internal controls over the accounts of discharged inmates to ensure compliance with the department's administrative directives and Section 4-57a of the General Statutes.

Agency Response

"The agency agrees with this finding. The unclaimed accounts were caught up in 2021 as previously planned; however, the agency was not able to fully process unclaimed funds in timely manner due to the COVID19 Pandemic, staff retirements and lower staff levels. In FY24, the Unclaimed Accounts Process was updated allowing for faster turnaround times and the backlog has been eliminated. Additionally, Inmate Accounts is reviewing the Request for Account

Balance process in order to streamline form submissions electronically reducing the time it takes to process each request.”

Finding 19

Lack of Documentation for Inmate Payroll

Criteria

DOC Administrative Directive 10.1, Inmate Assignment and Pay Plan, requires the unit administrator to establish adequate payroll procedures that address daily attendance records and inmate job classification pay rates.

The State Agencies’ Records Retention Schedule for Inmate Payroll Records, DOC-01-016, requires inmate payroll records be kept for three years from the fiscal year end or until audited, whichever is later.

Condition

We reviewed 20 inmate compensation records, totaling \$476, and noted the following exceptions:

- Seven inmate compensation records were missing or incomplete.
- Supervising correctional officers did not sign timesheets for nine inmates.

Context

During the fiscal years ended June 30, 2020, and 2021, inmate payroll costs totaled \$1,272,907 and \$1,202,317. We judgmentally selected 20 inmate compensation records from the months of December 2019, August 2020, and June 2021.

Effect

The lack of supporting documentation increases the risk that inmate wages could be fraudulent or erroneous.

Cause

The missing documentation appears to be the result of a lack of proper documentation retention and inadequate management oversight.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen internal controls over the maintenance of inmate payroll records and the approval of inmate timesheets.

Agency Response

"The agency agrees with this finding. During FY23, Inmate Payroll implemented a new payroll process by creating a standardized payroll form to which all facility is required to use when processing the inmates' pay. Each form has to be signed and verified by facility payroll personnel. This form is use for new hires, reassigned, and requests for back or retroactive pay for inmates. All incomplete forms or forms submitted with incorrect information are returned to facility for review. Inmate Accounts will continue to collaborate with each facility to require attendance documentation for all requests for inmate pay that cannot be verified in Syscon/TAG12 database, Offender Assignments or in Mocha RT."

Finding 20

Lack of Accountability of Parole Officers

Criteria

The department's Field Operations Manual provides guidelines for the Parole and Community Services Division, including policies and procedures over the use of state-owned vehicles, employee accountability, and the earning of compensatory time.

Parole officers must travel statewide, often working from satellite locations. They must account for each day's activities via an accountability log, which is approved by the parole manager and filed with the employee's time and attendance sheet.

Condition

We selected ten parole officers and reviewed two months of activity for each, including their employee accountability logs, state-owned motor vehicle monthly usage reports, and compensatory time approvals. Our review revealed the following:

- The parole officers did not properly complete 13 out of 20 accountability logs documenting daily activity for eight employees; the records lacked supervisory approval and detail of time worked, or hours recorded on the log did not agree with the timesheet.
- There was inadequate supporting documentation for 19 hours of compensatory time earned for three of ten employees. The compensatory time authorization form was not on file for one employee earning one hour of compensatory time and the form was not completed correctly and lacked supervisory approval for three employees earning 18 hours of compensatory time.

Context	During the audited period, there were 151 parole officers with state-owned vehicles. We judgmentally selected ten parole officers for review.
Effect	There is an increased risk of misuse of state time and resources.
Cause	The missing and incomplete documentation supporting employee accountability and compensatory time appears to be due to a lack of proper supervisory review.
Prior Audit Finding	This finding has previously been reported in the last two audit reports covering the fiscal years ended June 30, 2016, through 2019.
Recommendation	The Department of Correction should strengthen internal controls over employee accountability logs and parole officer compensatory time to ensure the proper use of state time and resources.
Agency Response	<p>"The agency agrees with this finding.</p> <p>With regard to accountability logs and compensatory time authorization forms: All discretionary compensatory time and overtime is pre-approved by the Directors office and is closely monitored. Non-discretionary compensatory time and overtime is earned in accordance with collective bargaining agreements. Both compensatory time authorization and employee accountability logs are completed and submitted on a bi-weekly basis and submitted electronically by the parole officer to the supervisor. Corrective action will be taken to achieve policy compliance through an increased focus on accurate completion, supervisory review, training and auditing."</p>

Finding 21

Untimely Administration of Inmate Medications

Background

In July 2018, inmate healthcare transitioned from the UConn Health Center Correctional Managed Health Care (UCHC/CMHC) to the Department of Correction. In September 2019, the department contracted with a pharmaceutical vendor to provide prescription services for inmates within the facilities. DOC also began utilizing an electronic medication administration records system (eMAR) to assist with the distribution of medication within the facilities. The system allows each facility to customize its medication distribution times to better suit its needs. The administration of medication is

recorded by scanning the inmate's identification card and the medication dispensed.

Criteria

The Department of Correction Health Services Unit (HSU) Policy D 2.19 - Medication Administration/Distribution, requires that scheduled medications shall be administered within one hour before or after the facility scheduled distribution times. HSU Policy D 2.19 C - Medication Variances, states that nursing staff shall administer medication in a timely manner, in accordance with the prescribing practitioner. The policy also defines the types of medication variances that can occur, including the wrong-time variance which is defined as "administration of a dose of drug greater than one hour before or after the facility med-line time/scheduled administration time." Medication variances are to be managed in the facilities and reported immediately by the nurse who makes or discovers the variance. A Medication Variance Report (Form HR 714) should be completed by the reporting nurse, reviewed by the supervising nurse, and emailed to the Health Services Medication Reports inbox, where it is recorded on a variance log and sent to the director of nursing for review.

Effective January 4, 2022, DOC modified these policies to temporarily revise the medication administration window from one to two hours.

Condition

We reviewed 239 administrations of medication for ten inmates during March of 2022. Of those reviewed, we noted the following:

- DOC administered 15 medications between ten minutes and two hours and 55 minutes late. There were no medication variance reports on file for any of these 15 instances.
- There was no justification documentation on file for seven medications that DOC did not administer.

Effect

The department cannot adequately monitor compliance with policy when variances in medication administration are not properly reported.

Cause

DOC informed us that late administration of medication was mainly due to critically low staffing levels which continues to be impacted by the pandemic.

Prior Audit Finding

This finding has been previously reported in the last audit report covering the fiscal years ended June 30, 2018, through 2019.

Recommendation

The Department of Correction should strengthen internal controls to ensure medication is administered and monitored in accordance with agency policies.

Agency Response

"The agency agrees with this finding. The Department of Correction continues to monitor and enhance internal controls to ensure medications are administered timely and accurately.

- Med Variances improved since last report (6.3% vs. 28.3% last report).
- Medication variance system was converted from paper to electronic.
- HSU staffing was greatly affected by the pandemic during the winter months of 2021-2022.
- Pharmacy audits by pharmacy vendor have been re-instituted post-pandemic.
- Monthly pharmacy audits by nursing have been re-instituted post-pandemic.
- The Agency has added a clinical educator who has been educating staff about timely med administration and complete documentation.
- The Agency on-boarded a Continuous Quality Improvement (CQI) nurse who will measure and monitor med variances via formal CQI program.
- The Agency continues to engage in active recruitment as most med variances surround staffing issues and/or the many exigent circumstances that occur in a correctional environment (e.g. lock downs, last minute cell side med pass orders)."

STATUS OF PRIOR AUDIT RECOMMENDATIONS

Our prior [audit report](#) on the Department of Correction contained 24 recommendations. Four have been implemented or otherwise resolved and 20 have been repeated or restated with modifications during the current audit.

Prior Recommendation	Current Status
<p>The Department of Correction should strengthen internal controls to ensure that proper authorization is obtained prior to the earning of compensatory time, time earned is accurately coded, and compensatory time plans comply with bargaining unit contracts and stipulated agreements.</p>	<p>REPEATED Recommendation 2</p>
<p>The Department of Correction should strengthen internal controls over workers' compensation claims processing to ensure information is accurately recorded and payments are reconciled and correct.</p>	<p>REPEATED Recommendation 3</p>
<p>The Department of Correction should strengthen internal controls to ensure that medical leave is administered in accordance with collective bargaining agreements and Family and Medical Leave Act guidelines.</p>	<p>REPEATED Recommendation 4</p>
<p>The Department of Correction should develop and implement a process to ensure compliance with the dual employment provisions of Section 5-208a of the General Statutes and DAS procedures.</p>	<p>REPEATED Recommendation 5</p>
<p>The Department of Correction should strengthen internal controls over the review and approval of timesheets to reduce the risk of errors and potential overpayments.</p>	<p>REPEATED Recommendation 6</p>
<p>The Department of Correction should maintain overtime records as required by the bargaining contract, and automated systems should accurately reflect manual records to ensure overtime is adequately documented and monitored.</p>	<p>REPEATED Modified Form Recommendation 7</p>

<p style="text-align: center;">Prior Recommendation</p>	<p style="text-align: center;">Current Status</p>
<p>The Department of Correction should strengthen internal controls to ensure that use of the Leave in Lieu of Accrual time reporting code is monitored and promptly adjusted in accordance with Core-CT procedures.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 8</p>
<p>The Department of Correction should strengthen internal controls to ensure that annual service ratings are completed timely in accordance with state regulations and department directives.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 9</p>
<p>The Department of Correction should improve internal controls related to union leave to ensure time is necessary, properly approved, and documented in accordance with department and union guidelines.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 10</p>
<p>The Department of Correction should improve internal controls to ensure adequate monitoring and tracking of employee training and compliance with department and professional licensing requirements.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 11</p>
<p>The Department of Correction should strengthen internal controls to ensure the hiring and promotion process is adequately supported in accordance with DOC and Department of Administrative Services procedures.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 12</p>
<p>The Department of Correction should strengthen its internal controls over the use of purchasing cards to ensure compliance with state and department policies and procedures.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 13</p>
<p>The Department of Correction should strengthen its internal controls over surplus property to ensure that assets are promptly removed in accordance with the State Property Control Manual.</p>	<p style="text-align: center;">REPEATED Modified Form</p> <p style="text-align: center;">Recommendation 14</p>
<p>The Department of Correction should strengthen internal controls to ensure it maintains and reports software inventory records in accordance with the State Property Control Manual.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 15</p>
<p>The Department of Correction should strengthen internal controls to ensure compliance with its statutory reporting requirements.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 16</p>

<p style="text-align: center;">Prior Recommendation</p>	<p style="text-align: center;">Current Status</p>
<p>The Department of Correction should strengthen internal controls to ensure public safety and advisory committees are established and comply with Sections 18-81h or 18-81bb and 1-225 of the General Statutes.</p>	<p style="text-align: center;">RESOLVED</p>
<p>The Department of Correction should develop and implement a disaster recovery plan to ensure timely response and minimal interruptions to its information technology systems and operations during emergencies.</p>	<p style="text-align: center;">RESOLVED</p>
<p>The Department of Correction should strengthen internal controls to ensure compliance with state statutes and telecommunication procedures for monitoring and verifying cell phone charges.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 17</p>
<p>The Department of Correction should implement consistent sales pricing practices and ensure that documentation is maintained to support Correctional Enterprises of Connecticut pricing.</p>	<p style="text-align: center;">RESOLVED</p>
<p>The Department of Correction should improve internal controls over activity fund disbursements to ensure that purchase orders and requisition forms are completed for cash disbursements in accordance with the Accounting Procedures Manual for Activity and Welfare Funds and the Department of Correction internal procedures.</p>	<p style="text-align: center;">RESOLVED</p>
<p>The Department of Correction should strengthen internal controls over the accounts of discharged inmates to ensure compliance with the department’s administrative directives and Section 4-57a of the General Statutes.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 18</p>
<p>The Department of Correction should institute procedures to ensure that all inmate records kept at correctional facilities are retained in accordance with the State Agencies’ Records Retention/Disposition Schedule.</p>	<p style="text-align: center;">REPEATED Modified Form</p> <p style="text-align: center;">Recommendation 19</p>
<p>The Department of Correction should strengthen internal controls over state-owned vehicles, employee accountability logs, and parole officer compensatory time to ensure the proper use of state time and resources.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 20</p>
<p>The Department of Correction should strengthen internal controls to ensure medication is administered and monitored in accordance with agency policies.</p>	<p style="text-align: center;">REPEATED</p> <p style="text-align: center;">Recommendation 21</p>

OBJECTIVES, SCOPE, AND METHODOLOGY

We have audited certain operations of the Department of Correction in fulfillment of our duties under Section 2-90 of the Connecticut General Statutes. The scope of our audit included, but was not necessarily limited to, the fiscal years ended June 30, 2020 and 2021. The objectives of our audit were to evaluate the:

1. Department's internal controls over significant management and financial functions;
2. Department's compliance with policies and procedures internal to the department or promulgated by other state agencies, as well as certain legal provisions; and
3. Effectiveness, economy, and efficiency of certain management practices and operations, including certain financial transactions.

In planning and conducting our audit, we focused on areas of operations based on assessments of risk and significance. We considered the significant internal controls, compliance requirements, or management practices that in our professional judgment would be important to report users. The areas addressed by the audit included payroll and personnel, purchasing and expenditures, asset management, reporting systems, information technology, merchandise for sale, petty cash and fiduciary funds, and parole and community services. We also determined the status of the findings and recommendations in our prior audit report.

Our methodology included reviewing written policies and procedures, financial records, meeting minutes, and other pertinent documents. We interviewed various personnel of the department. We also tested selected transactions. This testing was not designed to project to a population unless specifically stated. We obtained an understanding of internal controls that we deemed significant within the context of the audit objectives and assessed whether such controls have been properly designed and placed in operation. We tested certain of those controls to obtain evidence regarding the effectiveness of their design and operation. We also obtained an understanding of legal provisions that are significant within the context of the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of contracts, grant agreements, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

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.

The accompanying financial information is presented for informational purposes. We obtained this information from various available sources including the department's management and state information systems. It was not subject to our audit procedures. For the areas audited, we identified

1. Deficiencies in internal controls;
2. Apparent non-compliance with laws, regulations, contracts and grant agreements, policies, or procedures; and
3. A need for improvement in management practices and procedures that we deemed to be reportable.

The State Auditors' Findings and Recommendations section of this report presents findings arising from our audit of the Department of Correction.

ABOUT THE AGENCY

Overview

The [Department of Correction](#) operates under Title 18, Sections 18-7 through 18-107 of the General Statutes. Its mission is protecting the public; protecting staff; and providing safe, secure, and humane supervision of offenders with opportunities that support successful community reintegration.

The department is headed by a commissioner who is responsible for the administration, coordination, and control of department operations, including the overall supervision and direction of all institutions, facilities, and activities of the department. Rollin Cook was appointed as commissioner effective January 9, 2019, and served in that position until his resignation on July 1, 2020. Angel Quiros was appointed commissioner, effective February 24, 2021, and continues to serve in that capacity.

Agency business operations are located within its administrative offices in Wethersfield. The department operates the following 13 correctional facilities, which include correctional institutions (CI) and correctional centers (CC):

Bridgeport CC, Bridgeport	Manson Youth Institution, Cheshire
Brooklyn CI, Brooklyn	New Haven CC, New Haven
Cheshire CI, Cheshire	Osborn CI, Somers
Corrigan-Radgowski CC, Uncasville	Robinson CI, Enfield
Garner CI, Newtown	Willard-Cybulski CI, Somers
Hartford CC, Hartford	York CI, Niantic
MacDougall-Walker CI, Suffield	

Correctional centers serve primarily as jails, acting as intake facilities for pre-sentenced males and for the confinement of males with shorter sentences. The Manson Youth Institution is used for confining male inmates between the ages of 14 and 21. The York Correctional Institution is used for sentenced and pre-sentenced female prisoners with all other correctional institutions and annexes generally incarcerating male inmates with sentences greater than two years. The Cybulski Reintegration Center is located within the Willard-Cybulski Correctional Institution and provides counseling and programming services to assist offenders in preparing for their release back into the community.

Each facility is established at one of four levels of security ranging from level 2 (low security) to level 5 (high security). Level 1 is for inmates who have been released into the community but are still in the custody of the department.

According to department statistics, the total incarcerated population as of July 1, 2021, was 9,020, consisting of 8,469 males and 551 females. In addition to incarcerated inmates, the department oversaw 2,903 level 1 inmates released into the community as of July 1, 2021.

Board of Pardons and Paroles

The Board of Pardons and Paroles operates under the provisions of Section 54-124a of the General Statutes. The board is an autonomous body, which is within the Department of Correction for administrative purposes only. The board was established to provide independence over pardon and

parole decisions. The board consists of 10 to 15 members, with 10 members serving full-time. The members are appointed by the Governor with the advice and consent of both houses of the General Assembly.

Significant Legislative Changes

Notable legislative changes that took effect during the audited period are presented below:

- **Public Act 19-117** (Section 68), effective July 1, 2019, required the DOC commissioner to hire an ombudsman for individuals ages 18 or younger in the commissioner’s custody and annually report the ombudsman’s name to the Judiciary Committee.
- **Public Act 19-9**, effective July 1, 2019, required the DOC commissioner to revise the department’s payment methodology before October 1, 2019, for ambulance services a municipality provides to transfer an inmate to a hospital for medical care. The revision must ensure that if the inmate is uninsured, DOC will reimburse the municipality for the ambulance services at the same rate it is contractually obligated to pay non-municipal ambulance service providers.
- **Public Act 19-80**, effective October 1, 2019, allowed an inmate, or their representative, that makes a written request for documents to the DOC to receive such documents under certain circumstances. The act applies to requests for documents in the department’s possession related to injuries an inmate suffered while incarcerated that resulted in their death or permanent disability.

Financial Information

General Fund Receipts

A summary of General Fund receipts during the audited period as compared to the preceding fiscal year follows:

	Fiscal Year Ended June 30,		
	2019	2020	2021
Recoveries - Inmate Costs of Incarceration	\$ 6,190,823	\$ 7,185,845	\$ 5,718,748
Child Nutrition Program	740,142	560,464	409,840
All Other	817,183	1,369,770	855,039
Total	\$ 7,748,148	\$ 9,116,079	\$ 6,983,627

General Fund receipts consisted primarily of recoveries of the cost of incarceration collected by the Office of the Attorney General and the Department of Administrative Services Collection Services. Other sources of General Fund revenue include funding from the Federal Child Nutrition Program

General Fund Expenditures

A summary of General Fund expenditures during the audited period as compared to the preceding fiscal year follows:

	Fiscal Year Ended June 30,		
	2019	2020	2021
Salaries and Wages	\$ 356,277,194	\$ 359,380,643	\$ 361,762,159
Overtime	76,562,030	78,783,095	91,643,854
Meal Allowances	9,695,740	8,959,520	8,171,775
Workers' Compensation Awards	25,057,098	30,488,797	31,439,004
Other Personal Services Costs	17,314,888	20,057,489	25,575,388
Contractual Services - Medical Fees	8,811,152	8,370,905	4,498,019
Premises and Property Expenses	35,673,423	34,241,330	34,986,087
Client Services	32,754,012	32,100,768	33,034,364
Commodities - Drugs and Pharmaceuticals	27,051,254	28,355,933	27,997,206
Commodities - Food	14,640,842	15,115,256	12,857,857
Commodities - Other	8,328,260	9,721,153	8,215,176
Other Purchases and Contracted Services	19,427,619	23,169,043	25,952,292
Total	\$ 631,593,512	\$ 648,743,932	\$ 666,133,181

Expenditures were relatively steady throughout the audited period.

Federal and Other Restricted Accounts Fund Receipts

Federal and Other Restricted Accounts Fund receipts totaled \$6,673,708 and \$32,670,806 for the fiscal years ended June 30, 2020, and 2021, respectively. The largest federal source was the Coronavirus Relief Fund, which totaled \$28,994,044, during the fiscal year ended June 30, 2021.

Federal and Other Restricted Accounts Fund Expenditures

A summary of Federal and Other Restricted Accounts Fund expenditures during the audited period as compared to the preceding fiscal year follows:

	Fiscal Year Ended June 30,		
	2019	2020	2021
Salaries and Wages	\$ 418,253	\$ 1,371,202	\$ 8,435,627
Employee Benefits	362,445	1,347,669	321,813
Other Personal Service Costs	49,916	640,541	6,537,489
Information Technology	168,822	135,294	356,115
Commodities	506,090	61,735,668	180,706,972
Capital Equipment	23,559	42,767	153,697
Premises and Property Expenses	23,980	1,397,637	1,845,027
Other Purchases and Contracted Services	2,037,008	3,606,654	16,575,735
Total	\$ 3,590,073	\$ 70,277,432	\$ 214,932,475

DOC utilized federal dollars to fund response efforts due to the COVID-19 pandemic, which accounted for the significant increases in expenditures during the 2020-2021 fiscal year. Commodities increased by nearly 119 million (66%) due to purchases of personal protective equipment for DOC and the entire state. Increases in salaries and wages and other purchases and contracted services were also the result of the COVID-19 pandemic response efforts.

Other Special Revenue Funds

Other special revenue fund expenditures, charged to the Capital Equipment Purchase Fund, totaled \$879,143 and \$1,650,033 for the fiscal years ended June 30, 2020, and 2021, respectively.

Correctional Industries Fund

The Correctional Industries Fund accounts for the operations of Correctional Enterprises of Connecticut (CEC) and inmate commissaries. Using inmate labor, CEC produces goods and services that are sold primarily to other state agencies. CEC also may sell items to other governmental agencies and private nonprofit entities. During the audited period, approximately 59% of CEC sales were to the Department of Correction. The inmate commissaries sell various personal supplies and food items to inmates. When inmates purchase commissary items, monies are transferred from their fund accounts to the Correctional Industries Fund. A summary of cash receipts and disbursements for the fund during the audited period follows:

	CEC	Commissary	Total
Cash Balance, July 1, 2019	\$ 4,496,865	\$ 1,977,813	\$ 6,474,678
Receipts	7,897,130	17,201,106	25,098,236
Disbursements	(7,285,518)	(15,657,598)	(22,943,116)
Transfers	(29,538)	(190,309)	(219,847)
Cash Balance, June 30, 2020	5,078,939	3,331,012	8,409,951
Receipts	7,333,957	15,317,152	22,651,109
Disbursements	(6,389,618)	(14,703,997)	(21,093,615)
Transfers	(72,070)	147,033	74,963
Cash Balance, June 30, 2021	\$ 5,951,208	\$ 4,091,200	\$ 10,042,408

Fiduciary Funds

The department maintains two fiduciary funds, a Special Projects Activity Fund and an Inmate Trust Fund. Activity funds operate under the provisions of Sections 4-52 through 4-57a of the General Statutes. The Special Projects Activity Fund accounts for various minor inmate events. Inmate trust funds are custodial accounts for inmates' personal funds. According to department financial statements, cash and cash equivalents as of June 30, 2020, and 2021, totaled \$89,907 and \$103,569 for the Special Projects Activity Fund, respectively, and \$4,188,357 and \$6,902,885 for the Inmate Trust Fund, respectively.

Per Capita Costs

The State Comptroller calculated the daily weighted average per capita cost for the operation of correctional facilities as \$249 and \$323 for the 2019-2020 and 2020-2021 fiscal years, respectively. The increase during the audited period was primarily driven by a sharp reduction in the inmate population in fiscal year 2021, likely due to a combination of the effects COVID-19 and general policy changes aimed at reducing incarceration rates, leading to a smaller inmate population.