OFFICE OF THE INSPECTOR GENERAL

STEVE WHITE, INSPECTOR GENERAL

MANAGEMENT REVIEW AUDIT

CENTRAL CALIFORNIA WOMEN'S FACILITY, CHOWCHILLA

WARDEN TEENA FARMON

FEBRUARY 2000

STATE OF CALIFORNIA

GRAY DAVIS, GOVERNOR

OFFICE OF THE INSPECTOR GENERAL

MANAGEMENT REVIEW AUDIT

Warden Teena Farmon

Central California Women's Facility
Chowchilla, California

February 2000

Gray Davis, Governor • Promoting Integrity

OFFICE *of the* INSPECTOR GENERAL

MEMORANDUM

DATE: February 3, 2000

TO: ROBERT PRESLEY, Secretary
Youth and Adult Correctional Agency

FROM: STEVE WHITE
Inspector General
Office of the Inspector General

SUBJECT: Management Review Audit of Warden Teena Farmon, Central California Women's Facility

Pursuant to Penal Code Section 6051, the Office of the Inspector General has completed a management review audit of Warden Teena Farmon of the Central California Women's Facility. Warden Farmon has been provided with a draft of the management review audit report and her responses to the draft report findings are included in the report.

The report shows that Warden Farmon exceeded or met standards in 36 of 44 performance categories. For the eight categories where improvement was needed, the management review audit report provides details and recommendations regarding the audit findings.

During the audit, the management review team noted issues that may be department-wide or beyond the control of the warden. The Office of the Inspector General recommends that these issues be addressed by California Department of Corrections. For example, inmate access to medical services is hampered by the facility's long-term medical recruitment and retention problems, with approximately 20% of medical positions unfilled. These problems are expected to continue because of salary and retention issues, working conditions, and geographic location. This situation is further complicated by the California Department of Correction's settlement agreement in the *Shumate v. Wilson* case, which stipulated 57 substantive provisions that must be carried out. Although the warden has made significant improvements in this area, some of the issues require higher level assistance for more timely resolution.

Additional recommendations that should be addressed by the California Department of Corrections are as follows:

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- The California Department of Corrections should formalize a requirement that all institutions develop mission statements, as recommended in the "Competency Profile of Warden / Superintendent" of the National Institute for Corrections. Efforts should be made to ensure that the mission statement translates into measurable goals and objectives in all functional areas and becomes a part of the performance appraisal process.

- The California Department of Corrections should establish clearer goals with respect to the interdiction of drugs into prisons. The Department should emphasize the respective roles and responsibilities of the investigative services unit staff and departmental entities for those follow-up investigations that extend beyond prison boundaries.

- The California Department of Corrections should develop a comprehensive protocol for the investigation and post-mortem review of inmate death cases, emphasizing how and when medical information may be used in the various processes.

If you have any questions, please do not hesitate to call me at (916) 445-6696.

Enclosures

cc: Cal Terhune, Director, Department of Corrections

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INTRODUCTION

This report presents the results of a management review audit of Teena Farmon, warden of the Central California Women's Facility (CCWF). Warden Farmon has served in that capacity since 1990. The warden is an exempt employee appointed by the Governor and confirmed by the Legislature.

Penal Code Section 6051 requires the Office of the Inspector General to conduct a management review audit of every warden who has held the position for at least four years. A management review audit is a review to assess the warden's performance in carrying out the essential functions of the facility. In areas where weaknesses have been noted, the management review team proposes actions to remedy the problems.

OVERVIEW OF THE CENTRAL CALIFORNIA WOMEN'S FACILITY

CCWF is a women's prison located in Chowchilla, Madera County, California. The facility, which opened in October 1990, has a design capacity of 1,548 Level I-IV inmates, with a present count of approximately 2,400 in the mainline population. The reception center has an additional design capacity of 447 with a present count of more than 700 inmates. In addition, CCWF features a "condemned unit" (death row) with a capacity of nine inmates and a present population of eight.

The primary concerns confronting CCWF, like other women's prisons, include providing appropriate medical care to inmates and addressing drug abuse and sexual misconduct (usually between inmates and male staff). CCWF maintains a complete mental health program and mental health delivery system through crisis beds, an enhanced outpatient program, and a correctional clinical case management system. The facility also operates vocational education programs in auto body repair, auto mechanics, computer rehabilitation, cosmetology, dental laboratory work, graphic arts, janitorial services, landscaping, masonry, mill and cabinetry, office services, painting, silk screening, and welding.

SCOPE AND METHODOLOGY

To conduct its review, the management review team developed 44 performance categories under nine broad administrative areas deemed mission-essential for CCWF. The nine administrative areas consist of:

- Mission Focus
- Communication
- Institution Safety and Security
- Inmate Programs
- Personnel
- Training
- Inquiries and Investigations
- Fiscal and Budget Management
- External Relationships

In measuring the warden's performance in each of the 44 performance categories, the management review team performed the following procedures:

- Interviewed Warden Farmon and solicited comments and input from selected CCWF staff to gain insight and perspective on the various issues.

- Conducted on-site visits to physically observe and inspect the CCWF facilities and operations.

- Gathered, reviewed, and analyzed documents related to key systems, functions, and processes to substantiate the observations made during on-site visits and the results of interviews.

Using the information gathered from the above procedures, the management review team assigned one of the following three performance ratings to each of the 44 performance categories: exceeds standards, meets standards, and needs improvement. The ratings are defined as follows:

- ***Exceeds standards:*** The warden's performance is fully in compliance with laws and regulations or significantly exceeds the minimum requirements with no significant recommendations needed to bring performance to standard.

- ***Meets standards:*** The warden has complied with laws and regulations and is substantially in compliance with policy standards, but minor improvement is required to bring about full compliance with established departmental policy.

- ***Needs improvement:*** The warden's performance is significantly out of compliance with laws, regulations, or departmental policy, and immediate attention is required to remedy the situation.

RESULTS OF THE MANAGEMENT REVIEW AUDIT

As a result of the management review audit, the warden's performance was rated as exceeding standards in five of the 44 performance indicators, as meeting standards in 31 of the indicators, and as needing improvement in the remaining eight indicators. The recommendations included in this report provide specific suggestions for improvement in a variety of areas. A summary of the warden's ratings for the 44 performance categories is provided as an attachment to the report.

The management review team found the warden to be particularly effective in interacting with the community and in dealing with the Citizens' Advisory Committee. However, she was less effective in dealing with other government entities and was rated as needing improvement in external relationships with local law enforcement agencies and state and local officials.

In the crucial area of institution safety and security, the management review team gave the warden mixed ratings. Of the 13 performance categories in this area, the team rated the warden's performance as meeting standards in ten, as needing improvement in two, and as exceeding standards in one. The team cited interdiction of drugs and narcotics as one of the areas in which the warden's performance needs improvement. The rating is indicative of the challenges confronting women's prisons in dealing with drug abuse.

In the area of inmate programs — another vital area in the performance evaluation — the warden was rated as meeting or exceeding standards in all eight of the performance categories.
In most of the remaining administrative areas, the warden's performance was rated as meeting standards. In a few other areas her performance was found to exceed standards or to need improvement. The following section provides a more detailed discussion of performance categories in which the management review team rated the warden as exceeding standards or needing improvement.

EXCEEDS STANDARDS

Cleanliness, Sanitation and Safety — Through on-site observation and inspection, the management review team found CCWF, despite a few noted deficiencies, to be an institution with an above-average level of cleanliness, orderliness, and safety compliance. The management review team finding is consistent with the results of the environmental health surveys conducted semi-annually by the Department of Health Services. CCWF managers conduct weekly building and grounds inspections and deficiencies are reported to the warden for resolution. CCWF has a health and safety committee that holds monthly meetings with a cross-section of staff represented. Minutes of the meetings are disseminated for follow-up action.

Inmate Assignment — The warden has demonstrated strong leadership and a commitment to facilitate the development of a wide range of academic and vocational education programs, including programs specifically designed to meet the needs of female inmates. Approximately 1,200 of the 3,000 inmates participate in academic or vocational programs. The institution has 52 class offerings, most with a student-teacher ratio of 27 to 1. CCWF's academic and vocational programs have achieved five-year accreditation by the Western Association of

Schools and Colleges, in comparison with the three-year accreditation held by most other institutions. Meetings are regularly held by the program staff to discuss methods to improve the quality of the education programs.

Inmate Religious Programs — Under the warden's direction and support, CCWF maintains a broad spectrum of traditional religious programs that apparently have met the diverse needs of the inmates. The programs have generated considerable volunteer support from the local community and the services appear to be well attended. CCWF's religious programs obtained a 100% rating from a recently concluded California Department of Corrections (CDC) compliance review audit.

Relationship with the Community — Through personal participation and by encouraging others, the warden has generated an exemplary amount of charitable involvement in the community by CCWF staff and inmates. Such efforts are well documented in numerous letters of appreciation, media articles, and institutional records describing community services provided.

Citizens' Advisory Committee — The warden has established a Citizens' Advisory Committee and personally attends most of the committee's monthly meetings along with various CCWF staff. The committee provides the warden with a vehicle for interacting with the community, exploring issues of mutual interest, and disseminating information to the community when needed. The committee members interviewed provided positive responses about their relationship with the warden.

MEETS STANDARDS

The management review team rated the warden as meeting standards in recognition of the fact that some of the deficiencies identified in inmates' access to medical services were beyond the control of the warden and the institution. The team generally does not provide detail discussion of categories with meets standards ratings, however, as these deficiencies affect inmate health and have significant legal and administrative ramifications, the management review team believes disclosure is necessary to bring about needed changes.

Inmate Access to Medical Services — Providing the appropriate level of medical services to inmates is a difficult problem confronting most state prisons. As a women's facility, CCWF's problem is further complicated by the California Department of Correction's settlement agreement in *Shumate v. Wilson* case, which stipulated 57 substantive provisions that must be carried out. The warden, in conjunction with the facility's chief medical officer, has devoted significant amounts of time and effort to this issue and has attained substantial compliance with the settlement agreement. However, CCWF continues to face difficult challenges ahead.

The facility has had long-term staff recruitment and retention problems, with approximately 20% of its medical positions unfilled. These problems are expected to continue because of pay, working conditions, and geographic location. CCWF has a diverse, highly needy medical population with significant inmate treatment needs. Inmates continue to voice dissatisfaction

with the quality of care and timeliness of services. In addition, the most difficult provisions in the *Shumate v. Wilson* case remain to be addressed.

The management review team acknowledged that the warden has made significant improvements in this area and that many of the problems are beyond her control. However, as the problems affect inmate health and have significant legal and administrative ramifications, the management review team believes that disclosure is necessary to bring about needed changes.

RECOMMENDATION

The medical problems at CCWF are complex and many cannot be resolved at the local level. Therefore, the management review team recommends that the CDC Director assign administrative oversight at an appropriate level to ensure that all available resources of the department Institutions and Health Care Services divisions are brought to focus on the CCWF issues.

NEEDS IMPROVEMENT

Communication with Labor and Special Interest Representatives — The warden terms her relationship with the California Correctional Peace Officers Association (CCPOA) "very mediocre." Meanwhile, the CCPOA chapter president characterizes the relationship as "shaky" and further deteriorating. The chapter president expressed a preference for dealing either with the chief deputy warden or with the CDC Director rather than the warden. The chapter president further acknowledged that the union has purposely chosen to use the grievance process to address issues rather than resolving them informally because of its apparent adversarial relationship with the warden. The warden reported that she meets with CCPOA representatives regularly, but the CCPOA maintained that the meetings are held at approximately one-year intervals.

The warden enjoys a good working relationship with the California State Employees Association and the Association of Black Correctional Workers. However, given that the CCPOA members are responsible for some of CCWF's most critical functions, the warden's relationship with CCPOA was a dominant consideration in the "needs improvement" rating.

RECOMMENDATION

The warden should schedule regular meetings with the California Correctional Peace Officers Association and employ other methods to improve the relationship.

Warden Presence and Visibility — While recognizing the importance of having her presence felt throughout the institution, the warden acknowledged that she is deficient is this regard. The warden's secretary is instructed to block off one day each week so that she can drive the perimeter and walk the institution, but this rarely happens because other events with higher priority invariably occur. The CCPOA chapter president stated that he has suggested to the

warden that they occasionally walk the institution together. Although the warden agreed with this idea in concept, this has not taken place.

RECOMMENDATION

The warden should improve her visibility by instituting regular walks around the institution.

(REDACTED)

[redacted]

[redacted]

- A CCWF report stated that the county superior court had rejected prosecution of a case when in fact the case was never submitted to the district attorney.

[redacted]

RECOMMENDATIONS

- The warden should improve the use of available resources for interdicting the flow of drugs and narcotics into the institution.

- The Department of Corrections should establish clearer goals with respect to the interdiction of drugs into prisons, emphasizing the respective roles and responsibilities of the investigative services unit staff and departmental entities for follow-up investigations extending beyond prison boundaries.

Staff Performance Reports — The warden's procedures for processing performance evaluation reports (Department of Corrections Operations Manual, Supplemental Section 32010.12) are not fully and clearly communicated to staff. CCWF's personnel office is responsible for tracking and monitoring the reports to ensure timely completion. Yet, most of the personnel office staff interviewed professed to have little or no knowledge about the existence of the procedures. In addition, there are apparent misunderstandings about the prescribed procedures. For example, the warden has delegated overall responsibility for tracking completed performance reports to the associate warden for business services. Yet, the associate warden's understanding of the procedures was inconsistent with the written procedures specified in the department operations manual.

The management review team selected a sample of performance reports and found that most were delinquent. Some were as much as three months late, while others had not been completed since 1996. The facility's antiquated and inefficient performance report tracking system may have contributed to this problem. Each employee's status is maintained on 5x7 cards, with a staff person performing a manual search each month to determine which reports are due. This process leads to delays in the notification process.

The warden said she is fully aware of the problem of delinquent performance reports, but her only action has been to issue memoranda emphasizing the need for timely completion of performance reports.

RECOMMENDATION

The institution should use the effective automated resources available to establish a better system for the control and accountability of employee performance reports.

Inmate Death Investigations — Most of the inmate deaths occurring during the two years preceding the management review audit involved inmates with major illnesses who had been transferred outside CCWF because of their acute medical needs. The management review team reviewed two cases where inmates died at the medical treatment unit in CCWF and determined that the investigation should have been more thorough. In one case, the staff, unaware of evidence suggesting possible suicide, treated it as a natural death and removed all evidence from the scene. No autopsy was performed despite an autopsy request and assurance that an autopsy would be done. The death report stated that the investigative services unit would investigate this case, but no such investigation has been performed. In the second case, the special investigative unit did not conduct an investigation despite evidence suggesting accidental or suicidal death.

In addition, based on review of the death investigation incident reports, the management review team found the following:

- The reports generally were brief, with little or no description of circumstances leading up to the death.
- The reports generally did not identify who was in charge of the investigation. In some cases, the person who appeared to be in charge never visited the scene of death.
- The role of investigative services unit with respect to death investigation has not been clearly defined. In some cases when it was determined that an investigation was warranted and the unit was notified, it never responded.
- No systems or procedures are in place to guide and alert the involved staff of unusual circumstances (such as special medical conditions or suicidal tendencies) surrounding an inmate's death.
- Some reports do not contain relevant information possessed by medical staff from outside treatment facilities surrounding the death. The Penal Code requires that such information be included in CDC death reports.
- Autopsies were performed without request from staff in some instances. In other instances, autopsies were requested but not performed. No explanation was provided for the inconsistencies.

RECOMMENDATIONS

- The role of the Investigative Services Unit regarding inmate death investigations should be more clearly defined. Detailed guidelines and protocols for the investigative process should be developed and should be followed by appropriate training.

- The Department of Corrections should develop a comprehensive protocol for the investigation and post mortem review of inmate death cases, emphasizing how and when medical information is to be used in the various processes.

Management of Collateral Budget Areas — In managing collateral budget areas, the management review team made the following observations:

- At the time of the review, a large number of service requests were pending for various facility repairs and improvements. Of the 341 requests pending, 47% had been outstanding for more than 60 days and 34% had been outstanding for more than 90 days.

- The CCWF staff did not comply with State Administrative Manual requirements for record retention and disposition. The facility's paperwork management program coordinator could not produce local paperwork retention and disposition schedules. The personnel officer was not aware that such a requirement existed.

- A physical inventory of the CCWF equipment has not been taken since 1994. The State Administrative Manual requires that an inventory be taken once every three years.

- The warden has not updated the facility's organization charts to reflect current budget allocation and personnel assignments.

- The facility staff apparently circumvented state procurement procedures by "splitting" purchase orders. The management review team noted that two purchase orders for $15,000 were issued for the same vendors for purchase of pharmaceutical products. Contrary to past practice, CCWF did not use a competitive bidding process for this purchase. This was done apparently at the instruction of CDC Health Care Services Division.

- Funds budgeted for overtime pay for custody and security staff was used for overtime of personnel office staff. If this practice continues, insufficient resources for vital services may result.

RECOMMENDATION

The warden should initiate a comprehensive internal review of all collateral budget areas to identify areas where improvements are needed.

Interaction with Other Law Enforcement Agencies and with State and Local Officials —The warden apparently has had minimum involvement with local law enforcement agencies and with other state and local officials. She did not regularly attend the "Law Enforcement Heads" meetings that were generally held on a monthly basis. The meetings, attended by the top officials of the local law enforcement agency officials in the area, are for the purpose of discussing issues of mutual concern and to coordinate law enforcement efforts.

Most of the local enforcement agency officials interviewed reported infrequent personal contact with the warden. The district attorney acknowledged that his relationship with the warden is strained over an incident that occurred in 1997. The warden stated that she has had minimal contact with state legislators representing the local community.

RECOMMENDATION

The warden and the CCWF staff should increase their involvement with local law enforcement agencies by attending the joint meetings and by initiating contacts to coordinate efforts and to pursue matters of mutual concern and interest.

ADDITIONAL RECOMMENDATIONS

The following recommendations were made by the management review team in specific performance categories where the warden's performance meets or exceeds standards, but where the management review team believed that operational effectiveness could be enhanced by the information:

- ***Mission statement.*** The California Department of Corrections should formalize a requirement that all institutions develop mission statements, as recommended in the "Competency Profile of Warden/Superintendent" of the National Institute for Corrections. Efforts should be made to ensure that the mission statement translates into measurable goals and objectives in all functional areas and becomes a part of the performance appraisal process.

- ***Communication with management.*** The warden should prepare an agenda for management meetings and encourage staff members to submit items for discussion. This practice would encourage staff input and demonstrate a willingness on the part of the warden to listen and consider alternative views. It would also serve as a clear demonstration of the warden's stated requirement that she is to be kept informed about institution issues.

- ***Communication with line staff.*** The warden should increase opportunities for face-to-face contact with line staff to improve communication.

- ***Administrative segregation.*** The warden should ensure that the institution classification committee improves the accountability of the investigative services unit to justify the

length of stay in administrative segregation of inmates awaiting the results of investigative services unit follow-up investigations.

- ***Administrative segregation.*** The warden should exercise closer management of administrative segregation cases to reduce the length of stay in the unit and to expedite the disciplinary process for inmates in the mental health program and those with significant medical problems.

- ***Administrative segregation.*** The warden should provide administrative segregation supervisors with more training to ensure that detention logs accurately reflect inmate activities that are required to be documented.

- ***Staff assaults.*** The warden should consult with the local district attorney to develop written procedures for collecting evidence related to "gassing" incidents.

- ***Inmate Access to Medical Services.*** The medical problems at CCWF are complex and many cannot be resolved at the local level. Therefore, the management review team recommends that the CDC Director assign administrative oversight at an appropriate level to ensure that all available resources of the department Institutions and Health Care Services divisions are brought to focus on the CCWF issues.

SUMMARY OF THE MANAGEMENT REVIEW AUDIT RATINGS

Following is a category-by-category summary of the ratings assigned by the management review audit team as a result of its review of Warden Farmon's performance.

Mission Focus	
Mission statement	Meets standards
Organizational structure	Meets standards
Communication	
Communication with management	Meets standards
Communication with line staff	Meets standards
Communication with labor and special interest representatives	Needs improvement
Communication with inmates	Meets standards
Warden presence and visibility	Needs improvement
Institution Safety and Security	
Contingency planning	Needs improvement
Contingency exercises	Meets standards
Institution security	Meets standards
Interdiction of drugs and narcotics	Needs improvement
Escapes	Meets standards
External notification of escapes	Meets standards
Inmate disciplinary process	Meets standards
Inmate appeals and litigation	Meets standards
Lockdown process	Meets standards
Administrative segregation and security housing units	Meets standards
Staff assaults	Meets standards
Use-of-force policies and procedures	Meets standards
Cleanliness, sanitation, and safety	Exceeds standards
Inmate Programs	
Inmate classification	Meets standards
Casework management	Meets standards
Inmate assignments	Exceeds standards
Inmate religious programs	Exceeds standards
Inmate access to medical services	Meets standards
Inmate mental health services	Meets standards
Suicide awareness and prevention programs	Meets standards
Substance abuse programs	Meets standards
Personnel	
Staff performance reports	Needs improvement
Employee recognition program	Meets standards
Staff assignments	Meets standards
Employee grievances	Meets standards

Training	
Supervisor and manager training	Meets standards
Mandatory training	Meets standards
C-POST apprenticeship program	Meets standards
Inquiries and Investigations	
Level I and II investigations	Meets standards
Adverse action and Equal Employment Opportunity process	Meets standards
Inmate death investigations	Needs improvement
Fiscal and Budget Management	
Fiscal accountability	Meets standards
Budget management	Meets standards
Management of collateral budget areas	Needs improvement
External Relationships	
Interaction with other law enforcement agencies	Needs improvement
Relationship with the community	Exceeds standards
Citizens' Advisory Committee	Exceeds standards

Attachment 1

Warden Farmon's response to her Management Review Audit

State of California Department of Corrections

Memorandum

Date : January 26, 2000

To : **John Chen**
Chief Deputy Inspector
Office of the Inspector General

From : **Teena Farmon**
Warden
Central California Women's Facility, Chowchilla, CA 93610-1501

Subject : **MANAGEMENT REVIEW AUDIT**

I have received and reviewed the draft of the Management Review Audit conducted at the Central California Women's Facility (CCWF) during April 1999, and I have been afforded the opportunity for a personal discussion with Mr. William Pruitt and Ms. Mabel Wong. I appreciate both opportunities to provide comment prior to the finalization of this report.

I would first like to thank the audit team for the professionalism shown during their visit to the CCWF. Comments noted below were also provided to Mr. Pruitt and Ms. Wong on January 19, 2000.

It is noted that I met or exceeded standards in 36 of the 44 performance indicators reviewed. I do note however, that the narrative report presents more of a negative picture, by focusing on the 8 findings of Improvement Needed. I note that less than two pages discusses the 36 positive findings of the audit team, where approximately six and one-half pages discusses the 8 areas noted as Improvement Needed. This in my opinion does not present a balanced picture. Additionally, you have to go to the last page to even determine the areas reviewed and the overall findings of the team. 1

The following reflects my comments on the areas noted, as Improvement Needed:

Communications with Labor and Special Interest Groups:

As noted in the report, I advised the audit team of the strained relationship with the California Correctional Peace Officers Association (CCPOA) representatives. This has been an ongoing and long standing issue with CCPOA and myself since my role as the Department of Corrections Chief Labor Negotiator in the 1980's. I doubt that the representatives were able to provide any specific issue or action on my part, which is the cause of this strained relationship. Though the chapter president indicated that he has chosen to use the grievance procedure to address issues rather than deal with the Warden, it is noted that CCWF maintains a lower grievance rate than a majority of other prisons, and few issues have raised been to the Director. 2

It is further noted that it has not been the chapter president's choice to deal with the Chief Deputy Warden, but it has been at my discretion, as it has been important to me that issues be addressed at the local level and that a perceived problem with me was not a hindrance to that

goal. It is unfortunate that I was not provided an opportunity to comment on these statements during any exit conference with the audit team. 3

Mr. Pruitt stated during my personal interview that the rank and file staff seems to have high morale and felt positive about the Warden, though this is not reflected in the report.

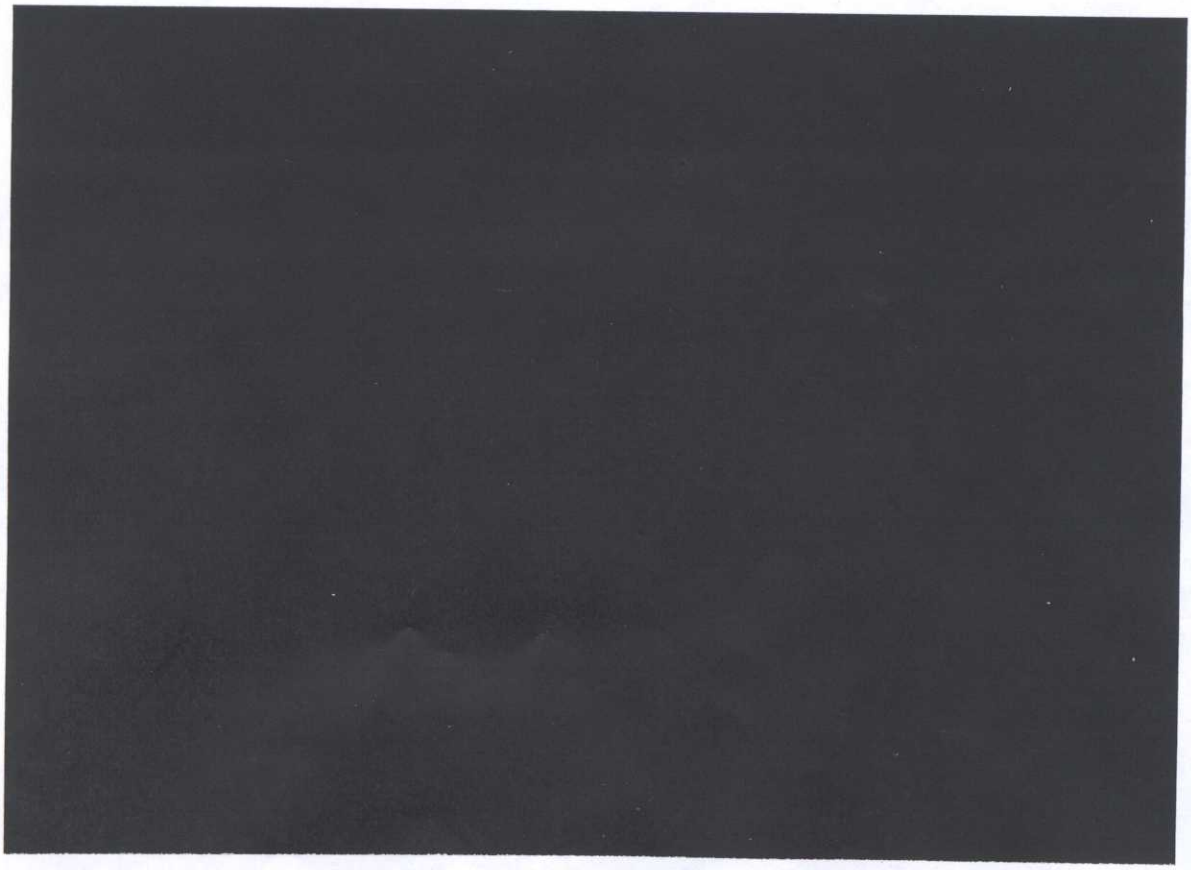
Additionally, the audit report reflects that there are only once per year meetings with CCPOA. This is in fact untrue. CCPOA is offered the opportunity to meet with me monthly, which they choose not to do. They have however; taken advantage of my "open door policy" to meet with me when there is an issue of concern and at my request when there are items I wished to share with them. 4

I would also like to note that the comment by the chapter president that he had suggested that he and I walk around the prison together was not made until a discussion with the audit team.

Warden Presence and Visibility:

First, a correction should be noted to this item. My secretary in fact blocks out **one full day per week.** The audit report however is correct in that it has become more and more difficult for me, as I believe it has for many wardens to get away from their desks due to the demands of the position. I would like to suggest that in future reviews that the audit team ascertains more information as to why this is the case, rather than an assumption that it is by choice. As I was provided no opportunity to discuss why this problem exists. 5 3

(REDACTED)



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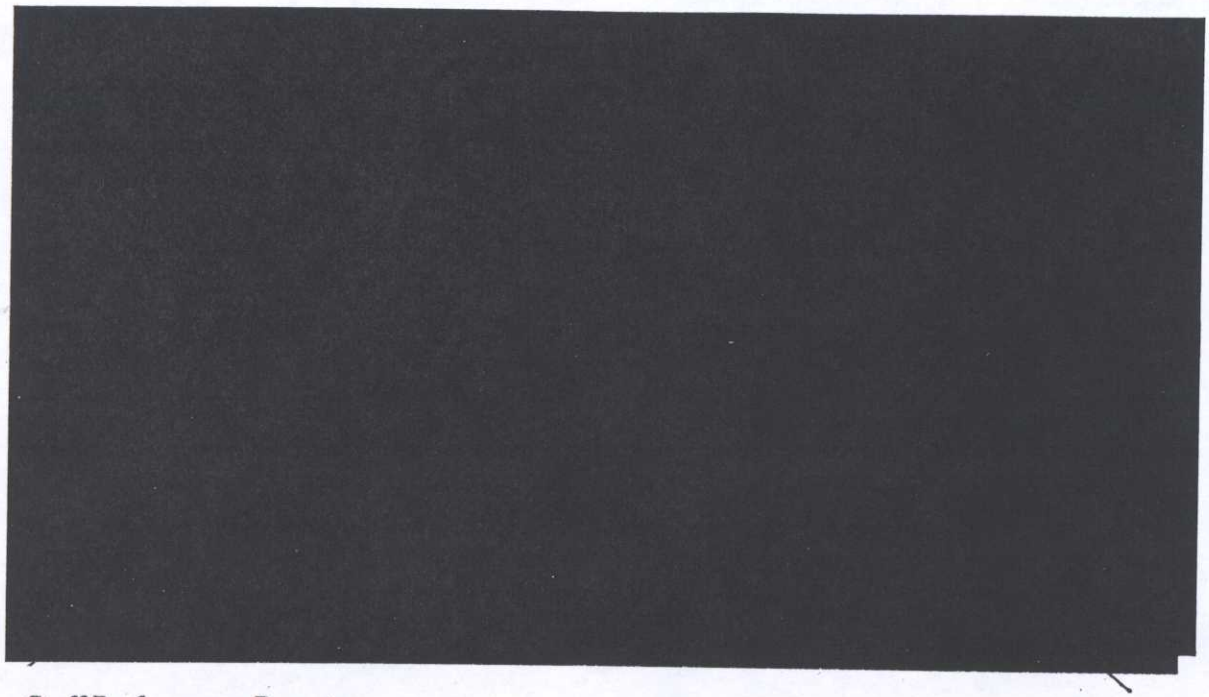

Staff Performance Reports:

This area is one of continuing difficulty. However, the report fails to note as was recognized by the audit team, during their exit discussions, that 90% of the staff in personnel were new including the Associate Warden.

I question however the statement that **"some"** which infers several performance reports had not been done since 1996. Without specifics, I cannot comment. I have taken more action that just issuing memorandums. I receive a monthly report of overdue reports and the specific division heads are held responsible for getting reports completed. 10

Inmate Death Investigations:

The finding of Improvement Needed in this area also concerns me, based on the noted reasons for the finding. This finding appears to be based on the lack of investigations on deaths by natural causes. In my experience, no investigation is required. Additionally, in the one cause that was a possible suicide, **there was in fact an investigation,** relating to the employee who removed a letter written by the inmate. **It should also be noted that only the Coroner could order that an autopsv be conducted, or decide not to conduct an autopsy.** I am unaware of any case where an investigation was required and the investigative staff did not respond. 11

The finding that outside hospitals do not provide information, is an area again the warden does not have authority over. Medical files and information contained therein is under the jurisdiction the Health Care Services Division. Death by natural causes as reflected on the death certificate does not require an investigation under current policy. If the Office of the Inspector general believes these policies to be incorrect, they should address this issue directly with the Department. Again, I believe it appropriate to rate the Warden only on areas of responsibility and compliance with departmental expectations.

Management of Collateral Budget Areas:

Pending Service Requests:

The current departmental preventative maintenance program is set up in such a way as to make this finding questionable as to what priority level the overdue service request represent. Service requests are given a priority of from one through five. All requests from employees are recorded, some which are important and critical (priority one) and some which are not (priority five). Without an indication of the priority level of the overdue requests this finding is questionable. I meet regularly with plant operations staff and believe that a review of priority one and two service requests would reflect different numbers. I believe the priority levels should be taken into account in rating in this area. (Attached for your review is the current plant operations work order report) 12

Records Retention:

The findings in this area were accurate. However, the audit team was informed during their visit the week of April 19, 1999, that the Records Retention Coordinator had recently returned from training, and in fact records disposal occurred on April 28, 1999.

Physical Inventory:

The findings in this area are correct.

Organizational Charts:

I am unclear as to what was reviewed in this area, or who was talked to, as CCWF organizational charts are updated as required by Departmental policy. (DOM Section 11010 attached) 13

Additionally, I have attached the latest update of CCWF organizational charts reflecting revised dates of March 1, 1999 and April 1, 1999 (both dates preceding the auditor's visit).

Purchase Orders:

Health Care staff as indicated in the report did the splitting of purchase orders. It should be noted that health care has a separate budget that is not controlled by the warden. The splitting of the pharmaceutical purchase was ordered by CDC Health Care Services (Sacramento) as noted in the report.

Overtime Funds:

I believe the finding in this area is incorrect. Staff relay to me that the discussion, which occurred regarding personnel staff overtime, was related to the implementation of 7K. Staff indicate to me that they informed the auditors that personnel was required to utilize a significant amount of overtime in implementing time keeping procedures. This overtime is charged to administration, not custody operations. 14

***Interaction with Other Law Enforcement Agencies and State and Local* Officials:**

This rating appears to be based on my failure to attend a monthly luncheon with local law Enforcement agencies, and not base on the relationship with these same individuals. Female institutions tend not to draw the same interest by local law enforcement that male Institutions do. As a result, after several years of attending the noted luncheon, and my knowledge that the attendees met separately after I left, I found that my relationship was not lessened by my not attending the luncheon. I believe however, that though there is minimal contact that my relationship with all local law enforcement is a positive one.

Also, the fact that there is limited contact with local legislators is not necessarily reflective of a relationship, which requires improvement. I believe that contact is made when required and all contacts have been positive. With CCWF's close location legislatively to Corcoran and other male institution, its low profile has been appreciated.

ADDITIONAL RECOMMENDATIONS: (I have only a few comments)

Mission Statement:

I found this recommendation most interesting as CCWF has established a clear mission statement. This mission statement is posted throughout the institution on large printed and hanging flags (approximately 4' X 6'). It is posted prominently in the Administration Building and would have to have been passed daily by the audit team.

Communications with Management:

I meet regularly with management staff. Meetings are conducted with and without agenda, depending on the need. This general comment without discussion concerns me, as I was rated as meeting standards in this area.

Communications with line staff:

I am again unsure where this comment comes from and on what it is based. I hold regular an open forum for staff at all levels. I have an open door policy that provides staff direct access to me to discuss any and all issues. This is also an area where there is a finding of meets standards.

I have provided a great deal of comment on this evaluation of my performance. As you can see I take this document very seriously, as I have all evaluations of my performance during my 33 years service to the Department of Corrections. Of great concern to me in this evaluation is my perception that I have been evaluated on unclear criteria? The criteria in some areas do not appear to be based on departmental or legislatively required performance expectations, but on the operational philosophies of particular audit team member(s). 15

Additionally, In some areas there appears to be an effort to send a message to the Department of Corrections, again this appear. to be unfair in rating an individual, who is in fact meeting expectations of the department. It does not appear that there is a set baseline of performance expectations, which I was weighted against. This makes it difficult to understand the findings in some areas.

I made the following requests to Mr. Pruitt and Ms. Wong, and I will again make such requests.

1. I have asked to be provided a copy of the full 140+ page report of findings by the audit team. 16
2. I requested to be notified of the final distribution of this report, and to be told whether it is determined that this report is in fact a public document. 17
3. Though I did not previously make this request, I am asking that if this report is issued as currently drafted, that my comments be included as a part of the final report. 18

Again, I appreciate the opportunity to respond to the audit team findings.

TEENA FARMON
Warden

Attachment 2

The Office of the Inspector Generals' comments regarding Warden Farmon's response

COMMENTS

Office of Inspector General's Comments on the Response from Warden Teena Farmon

The following comments are provided by the Inspector General to clarify issues raised by the warden. The numbers correspond to the numbers we have placed in the response.

(1) To streamline the management review audit reports, the Office of the Inspector General has adopted a general policy of providing a detailed discussion of "meets standards" ratings only when circumstances warrant it. The management review team rated the warden's performance as meeting standards in 31 of 44 performance indicators. If the report provided a detailed discussion of each of the 31 performance indicators, a significant number of pages would have been devoted to discussing neutral ratings, lengthening the report considerably. The Office of the Inspector General believes that detail discussion of every "meets standards" ratings is of limited value and would distract from the "exceeds standards" and "needs improvement" ratings.

(2) The fact that the warden has a strained relationship with the California Correctional Peace Officers' Association representative is indisputable. Given the importance of the labor union, the warden should seize upon all available opportunities to improve her relationship. The warden has apparently concluded that the effort is futile and has delegated all dealings with the union chapter president to the chief deputy warden.

(3) The Office of the Inspector General understands and appreciates the warden's concern in this area. For future audits, the Inspector General has instituted procedures to provide for a full and thorough discussion of issues during an informal exit conference before draft reports are issued.

(4) The Office of the Inspector General was referring to regularly scheduled meetings to proactively address upcoming issues of mutual concern. The fact that the union representatives chose not to accept the warden's offer of monthly meetings further supports the need for improvement in their relationship.

(5) The report has been edited to reflect the correct information in the area dealing with "Warden Presence and Visibility."

[redacted]

(REDACTED)

[redacted]

(9) The inmate committed a felony. Pending an investigation, she should have been placed into the administrative segregation unit.

(10) Receiving the monthly status of overdue reports and holding division heads responsible does not preclude the warden from taking other actions to ensure timely completion of performance reports.

(11) The Office of the Inspector General is concerned that, without properly trained staff at the death scene to determine the appropriate action to be taken, vital cases could be mishandled. In the suicide case, a possible crime scene was lost because CCWF staff was not aware of important information regarding the potential cause of death. The investigation therefore was incomplete.

(12) The Office of the Inspector General agrees with the warden that the priority level should be considered in the rating assignment. However, at the time the management review audit was conducted, the facility could not provide a complete listing of the pending projects by priority order. Without this information, it is difficult to make an informed decision about how to allocate staff resources.

(13) Included in the audit of budget management is consideration of whether the current organizational structure reflects all personnel changes, shows which positions are being carried vacant, and reconciles total personnel years to the Schedule 7A (Governor's Budget). The charts reviewed during the audit did not fully encompass these areas.

(14) The warden's point is understood; nevertheless, the audit report comments pertain to the proper allocation of overtime funds. The noted activity involved an inordinate amount of overtime to the detriment of other operations that must be funded by the payment of overtime. Staff training may have alleviated the problem.

(15) The ratings were assigned based on qualitative and quantitative factors, some of which required subjective determination. The management review team provided the basis for each area that was rated as exceeding standards or needing

improvement. Nevertheless, the Office of the Inspector General recognizes the warden's concern in this area and will continue to refine the audit program to provide for more objective rating methodology.

(16) The referenced report is in fact a working document that was used to compile this report. However, the document is available for the warden's review upon request at the facilities of the Office of the Inspector General.

(17) The report distribution list includes the warden, the Secretary of the Youth and Adults Correctional Agency, and the Director of the California Department of Corrections. The report is not for general distribution to the public. However, pursuant to Penal Code 6051, the report findings are available to the Legislature upon request.

(18) As requested, the warden's response is incorporated as a part of the management review audit report.