

## INTRADEPARTMENTAL CORRESPONDENCE

December 12, 2014  
14.2

**TO:** The Honorable Board of Police Commissioners

**FROM:** Chief of Police

**SUBJECT:** JAIL OPERATIONS AUDIT (LAID NO. 14-002)

### RECOMMENDED ACTIONS

1. That the Board of Police Commissioners REVIEW and APPROVE the attached Jail Operations Audit.
2. That the Board of Police Commissioners REVIEW and APPROVE the attached Executive Summary thereto.

### DISCUSSION

Pursuant to the Department's Audit and Inspection Plan, Internal Audits and Inspections Division conducted the Jail Operations Audit to assess conformance with Department policies and procedures.

If additional information regarding this audit is required, please contact Arif Alikhan, Special Assistant for Constitutional Policing, at (213) 486-8730.

Respectfully,

A handwritten signature in black ink, appearing to read 'C. Beck', with a stylized flourish at the end.

CHARLIE BECK  
Chief of Police

Attachment

**LOS ANGELES POLICE DEPARTMENT**

***JAIL OPERATIONS AUDIT***

**(IAID NO. 14-002)**



Conducted by

**INTERNAL AUDITS AND INSPECTIONS DIVISION**

**CHARLIE BECK**  
Chief of Police

*October 2014*

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**EXECUTIVE SUMMARY**  
**JAIL OPERATIONS AUDIT**  
Conducted by  
**Internal Audits and Inspections Division**  
**Third Quarter, Fiscal Year 2013/14**

**PURPOSE**

In accordance with the Los Angeles Police Department (Department) Annual Audit and Inspection plan for fiscal year 2013/14, Internal Audits and Inspections Division (IAID) conducted the Jail Operations Audit. The purpose of the audit was to evaluate the Department jails for conformance with Department policies and procedures. The audit evaluated jail operations in the Department's three main jails: Metropolitan Detention Center (MDC), 77<sup>th</sup> Regional Jail Section (RJS), and Valley RJS.

**BACKGROUND**

The audit included the evaluation of:

1. **Life Safety Equipment** (Self-Contained Breathing Apparatus; Automated External Defibrillators; Suicide Intervention Kits)
2. **Inmate Housing Classification/Administrative Segregation Record Keeping** (Inmate Classification Questionnaire; Division Booking Record)
3. **Inmate Health and Welfare Record Keeping** (Jail Inspection Record/General Housing Checks; Special Confinement Records; Sobering Cell Inmate Welfare Forms)
4. **Inmate Property Release Process Record Keeping** (Jail Custody Record)
5. **Non-Categorical Use of Force Investigations** (Articulation of Legal Basis; Supervisor's Administrative Investigation; Watch Commander's Insight; and Management Oversight)
6. **Complaint Investigations** (Availability/Completeness of Audio Recordings; Interviews; and Evidence)

Internal Audits and Inspections Division staff met with the Commanding Officer, Jail Division, and explained the audit's methodology and requested input regarding any additional areas requiring evaluation.

The audit periods were tailored to each audit objective and are explained in the Detailed Findings.

**SUMMARY OF FINDINGS**

The High Risk standard of the maintenance and availability of Life Safety Equipment was met. However, the audit identified discrepancies in administrative procedures related to documentation of supervisor oversight, inmate checks, and release of inmate's property. The audit also revealed a need for additional training in the area of investigations.

**ACTIONS TAKEN/MANAGEMENT'S RESPONSE**

1. Internal Audits and Inspections Division provided a draft of the audit to the C/O, Jail Division, the Director, Office of Special Operations and the Assistant to the Director, Office of Special Operations, who were in general agreement with the audit findings and conclusions.
2. On September 12, 2014, an Intradepartmental Correspondence, Form 15.02.00, was submitted by the C/O, Jail Division, in response to the audit findings.

**JAIL OPERATIONS AUDIT**  
**Conducted by**  
**Internal Audits and Inspections Division**  
**Third Quarter, Fiscal Year 2013/14**

**PURPOSE**

In accordance with the Los Angeles Police Department (Department) Audit and Inspection Plan for fiscal year 2013/14, Internal Audits and Inspections Division (IAID) conducted the Jail Operations Audit. The purpose of the audit was to evaluate the Department jails for conformance with Department policies and procedures.

Internal Audits and Inspections Division conducted this performance audit under the guidance of generally accepted government auditing standards, specifically pertaining to performing the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. Internal Audits and Inspections Division has determined that the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

**BACKGROUND**

All Department jails are categorized as Type I facilities. A Type I facility is a local detention facility used for the detention of persons for no more than 96 hours after booking, excluding holidays. A Type I facility may also detain persons on court order either for their own safekeeping or for those sentenced to a city jail as an inmate worker. In addition, Type I facilities also house inmate workers sentenced to county jail, provided such placement in the facility is done on a voluntary basis. The primary purpose of Department jail facilities is to serve as transitory housing for inmates as they progress through the justice system.

The Department operates three jail facilities with 24 hour medical personnel: Metropolitan Detention Center (MDC), 77<sup>th</sup> Regional Jail Section (RJS), and Valley RJS. In addition, the Department currently operates four smaller, satellite jail facilities at Hollywood, Pacific, Foothill, and Harbor Areas. Medical treatment is unavailable at these four facilities. Due to their limited capabilities and inmate population, they were not included in this audit.

**PRIOR AUDITS**

In 2010, IAID conducted the Jail Division Operations Inspection. The prior inspection was limited in scope and included only 77<sup>th</sup> RJS and Valley RJS. No comparisons were made to the prior inspection in this audit. Additionally, MDC was not included in the prior inspection because it was in the process of moving into a new facility during the inspection period.

**METHODOLOGY**

There are numerous aspects of jail operations. In order to achieve a comprehensive review of jail operations, a multi-pronged approach was taken in determining the audit objectives. The following areas were identified:

- Life safety equipment;
- Inmate housing classification/administrative segregation;
- Inmate welfare and safety;
- Inmate release process;
- Non-Categorical Use of Force (NCUOF) investigations; and,
- Complaint investigations.

Methodologies, audit populations, and audit periods were tailored to each audit objective and are explained in Detailed Findings.

### **SUMMARY OF FINDINGS**

The results of the six audit objectives are summarized in the table on the following page.

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**Table No. 1 – Summary of Findings**

Obj. No.	Audit Objective	MDC	77th RJS	Valley RJS	Total
<b>1</b>	<b>Life Safety Equipment</b>				
1a	Self-Contained Breathing Apparatus*	13/13 (100%)	8/8 (100%)	8/8 (100%)	29/29 (100%)
1b	Automated External Defibrillator	4/4 (100%)	4/4 (100%)	3/3 (100%)	11/11 (100%)
1c	Suicide Intervention Kit*	5/5 (100%)	3/4 (75%)	5/5 (100%)	13/14 (93%)
<b>2</b>	<b>Inmate Housing Classification/Administrative Segregation</b>				
2a	Inmate Classification Questionnaire	0/10 (0%)	1/3 (33%)	6/7 (86%)	7/20 (35%)
2b	Division Booking Record*	10/10 (100%)	2/3 (67%)	0/7 (0%)	12/20 (60%)
<b>3</b>	<b>Inmate Health and Welfare</b>				
3a	Jail Inspection Record/General Housing Checks**	152/155* (98%)	88/245 (36%)	167/223 (75%)	407/623 (65%)
3b	Special Confinement Record*	8/11 (73%)	5/8 (63%)	2/4 (50%)	15/23 (65%)
3c	Sobering Cell Inmate Welfare Form*	60/135 (44%)	34/45 (76%)	47/50 (94%)	141/230 (61%)
<b>4</b>	<b>Inmate Release Process</b>				
4a	Jail Custody Record*	2/17 (12%)	7/13 (54%)	8/18 (44%)	17/48 (35%)
<b>5</b>	<b>Non-Categorical Use of Force Investigations</b>				
5a	Articulation of Legal Basis	2/2 (100%)	1/1 (100%)	N/A	3/3 (100%)
5b	Supervisor's Administrative Investigation	0/2 (0%)	1/1 (100%)	N/A	1/3 (33%)
5c	Watch Commander's Insight	1/2 (50%)	1/1 (100%)	N/A	2/3 (67%)
5d	Management Oversight	2/2 (100%)	1/1 (100%)	N/A	3/3 (100%)
<b>6</b>	<b>Complaint Investigations ***</b>				
6a	Availability/Completeness of Audio Recordings				11/14 (79%)
6b	Interviews				13/14 (93%)
6c	Evidence				14/14 (100%)

\*Compliance in these objectives required meeting the standard in multiple attributes. See Detailed Findings.

\*\*Both 77<sup>th</sup> and Valley RJSs no longer utilize the Jail Inspection Record. They have transitioned to an automated system to track mandated safety checks/inmate inspections. Computer spreadsheets of safety checks/inmate inspections were obtained and examined using the same criteria as the Jail Inspection Record.

\*\*\*Jail Division was tested as a whole for Objective 6, not by individual sections.



## **DETAILED FINDINGS**

### **Objective No. 1 – Life Safety Equipment**

Department policy establishes standards related to the maintenance and availability of safety equipment that would be utilized in life threatening situations. This audit objective examined Self-Contained Breathing Apparatuses (SCBAs), Automated External Defibrillators (AEDs), and Suicide Intervention Kits (SIKs).

#### **Objective No. 1a - Self-Contained Breathing Apparatus**

##### **Criteria**

Department Jail Operations Manual (JOM) section 1/701, Protocol for Inspecting the Self-Contained Breathing Apparatus, states, *“All SCBAs and related equipment shall be stored in the designated lockers. At no time shall any SCBA equipment be left out when not in use. There shall be an inspection log for each SCBA unit and stored in each locker.”*

*“The designated employee shall ensure that the PSI level is at a safe operable level of between 3,500 PSI to 4,500 PSI.”*

##### **Audit Procedures**

Unannounced spot checks were conducted at the three jail facilities in January 2014 to evaluate if each SCBA was stored in a designated locker with an accompanying inspection log and pressurized between 3,500 and 4,500 pound-force per square inch (PSI). Equipment procedures that followed the above listed criteria met the standards for this objective.

##### **Findings**

###### *MDC*

Of the 13 SCBAs located at MDC, all (100%) met the standards for this objective.

###### *77th RJS*

Of the eight SCBAs located at 77th RJS, all (100%) met the standards for this objective.

###### *Valley RJS*

Of the eight SCBAs located at Valley RJS, all (100%) met the standards for this objective.

## **Objective No. 1b - Automated External Defibrillator**

### **Criteria**

Although not specifically addressed in the JOM, the availability and working order of AEDs was examined due to the high risk associated with cardiac arrest.

### **Audit Procedures**

During the aforementioned spot checks conducted in January 2014, AEDs were located in each jail section. Because the AED could not actually be tested, it was deemed to be in working order if the green light on the device was flashing, indicating operability. Devices with flashing green lights met the standards for this objective.

### **Findings**

#### *MDC*

Of the four AEDs located at MDC, all (100%) met the standards for this objective.

#### *77th RJS*

Of the four AEDs located at 77th RJS, all (100%) met the standards for this objective.

#### *Valley RJS*

Of the three AEDs located at Valley RJS, all (100%) met the standards for this objective.

## **Objective No. 1c - Suicide Intervention Kit**

### **Criteria**

Department JOM section 2/214.29, Arrestee Suicide Prevention Kit, states, "*Jail Division suicide intervention kits are to aid detention personnel in the event of a suicide attempt.*"

*"No items shall be removed from the kits except during the course of a suicide intervention. The kits will remain sealed until a life-threatening emergency occurs. Upon use of the suicide intervention kit, the Section Officer-in-Charge shall cause for the inspection and replenishment, as necessary, of the contents of the kit. Once the kit is replenished, the Section Officer-in-Charge shall ensure the kit is resealed with the yellow plastic Padlock Seal.*

*The Title 15 Compliance Officer or designee shall inspect the arrestee suicide intervention kits once every three months. This inspection shall be recorded on the Suicide Intervention Kit Inspection Log...*"

*“Each kit contains the following:*

- *CPR Mask*
- *Bolt Cutters (14 inch)*
- *Foldout Seatbelt Cutter*
- *All Purpose Snips*
- *Serrated Bandage Scissors*
- *Gauze*
- *Medical Tape*
- *Gloves”*

### **Audit Procedures**

During the January 2014 spot checks, each section of the jail was checked to determine if it had an assigned SIK. Once the SIK was located, the plastic yellow padlock on each SIK was broken open to determine if the required contents were present. Auditors also inspected the SIK inspection log to see if checks were being performed every three months. Suicide Intervention Kits that contained the required contents and were inspected as required met the standards for this objective.

### **Findings**

The SIK inspection log for all three jail facilities was maintained by a designated employee at the MDC administrative office and met the standards for this objective.

#### *MDC*

Of the five SIKs located at MDC, all (100%) met the standards for this objective.

#### *77th RJS*

Of the four SIKs located at 77th RJS, three (75%) met the standards for this objective. One SIK was missing a CPR mask.<sup>1</sup>

#### *Valley RJS*

Of the five SIKs located at Valley RJS, all (100%) met the standards for this objective.

### **Objective No. 2 –Inmate Housing Classification/Administrative Segregation**

Administrative segregation (SEG) consists of separate and secure housing of certain inmates for their security and well-being. Department jails have separate designated cell blocks containing individual cells used for this purpose. Because arbitrary and unsupported segregation can be

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<sup>1</sup>Once Jail Division was informed of the missing item, the item was replenished by the SIK coordinator.

viewed as a form of inmate discipline, which is not allowed, it is imperative that supervisors review and approve the need for these segregations. Inmates may be segregated for the following reasons:

- Escape prone;
- Sexual orientation;
- Combative tendencies;
- Investigative;
- Youthful appearance;
- High profile;
- Law enforcement member;
- Gang affiliation; and,
- Medical condition.

This audit objective evaluated the completeness of the forms required in documenting justification and supervisory approval of segregated inmates.

#### **Objective No. 2a – Inmate Classification Questionnaire**

##### **Criteria**

Each inmate is asked the series of Inmate Classification Questionnaire (ICQ), Form 05.37.00 (09/13), questions to assist the receiving/booking employee in making a determination on the need for segregation. Department JOM section 2/204.09, Responsibility for Classification, states, “...*The concerned supervisor will make the final determination regarding segregation. The approving supervisor’s signature will be indicated on the Inmate Classification Questionnaire form approving segregated housing.*”

##### **Audit Procedures**

During the spot checks conducted in January 2014, the ICQ of each segregated inmate that day was evaluated for supervisory approval/signature. Inmate Classification Questionnaires that documented supervisory approval/signature met the standards for this objective.

##### **Findings**

###### *MDC*

Of the ten ICQs examined, none (0%) met the standards for this objective. All ten, booking numbers 3839910, 3840130, 3839881, 3840052, 3840245, 3840273, 3840535, 3840660, 3840434, and 3840144, were not signed by a supervisor. Therefore, it is unknown if segregation was approved. However, all ten inmates were segregated properly.

*77th RJS*

Of the three ICQs examined, only one (33%) met the standards for this objective. Two, booking numbers 3847562 and 3847553, were not signed by a supervisor. Therefore, it is unknown if segregation was approved. However, all three inmates were segregated properly.

*Valley RJS*

Of the seven ICQs examined, six (86%) met the standards for this objective. The remaining ICQ, booking number 3848019, was not signed by a supervisor. Therefore, it is unknown if segregation was approved. However, all seven inmates were segregated properly.

**Objective No. 2b – Division Booking Record**

**Criteria**

The Division Booking Record (DBR) documents the justification for segregation and the location in the jail the inmate is housed. Department JOM section 2/204.09, Responsibility for Classification, states, “...*The letters ‘SEG’ are to be placed in the upper right of the Division Booking Record (DBR). In addition, on the reverse side of the DBR, a brief explanation of the segregation must be recorded.*”

**Audit Procedures**

The DBR of each segregated inmate at the time of the January 2014 spot check was examined for documentation of “SEG” and justification. The location of each inmate was then physically checked to ensure he/she was properly segregated. Division Booking Records that contained the proper documentation and justification met the standards for this objective.

**Findings**

*MDC*

Of the ten DBRs examined, all (100%) met the standards for this objective.

*77th RJS*

Of the three DBRs examined, two (67%) met the standards for this objective. The remaining one, booking number 3847562, did not have “SEG” written on it and there was no justification.

*Valley RJS*

Of the seven DBRs examined, none (0%) met the standards for this objective. Six DBRs; booking numbers 3847697, 3847712, 3848019, 3847867, 3847222, and 3847193, did not have “SEG” written on them and five of the seven DBRs; booking numbers 3848159, 3848019,

3847867, 3847222, and 3847193, did not contain justification for the segregation. Only one DBR had "SEG" written on it and two DBRs had justification for the segregation.

### **Objective No. 3 – Inmate Health and Welfare**

This audit evaluated the three forms used to document visual inspections conducted by jail personnel to monitor inmate health and welfare. Department JOM section 1/150 establishes the Jail Inspection Record (JIR), Form 70-06.17.0, used for inmates in general housing.

Department JOM section 2/206.09 establishes the Special Confinement Record (SCR), Form 06.51.00, for inmates placed in special confinement. Inmates in special confinement are placed in safety cells if their behavior suggests an immediate threat to the safety of themselves or other inmates, or poses a threat to destroy property.

Department JOM section 2/115.12 establishes the Sobering cell Inmate Welfare Form, Form 06.52.00, for inmates in a state of intoxication or substance impairment.

### **Objective No. 3a – Jail Inspection Record/General Housing Checks**

#### **Criteria**

Jail Division Order No. 4, Safety Checks/Inmate Inspections, April 5, 2013, states, *"Detention personnel shall, twice in each hour, walk to each cell and perform a direct visual inspection of every inmate and cell. The first check shall be conducted between the 45<sup>th</sup> minute after the previous hour and the 15<sup>th</sup> minute after the current hour. Checks shall not be conducted consistently or consecutively to ensure randomness. Checks should be conducted no less than 10 minutes apart."*

*"The inspection shall be recorded by means of an electronic guard tour system and/or documented on the Jail Inspection Record, Form 70-06.170 where applicable."*

#### **Audit Procedures**

Currently, only MDC detention personnel document safety checks/inmate inspections on the JIR. Both 77<sup>th</sup> RJS and Valley RJS have transitioned to an electronic guard tour system. Instead of completing the JIR by hand, detention personnel swipe a pipe on the wall after conducting their inspection. The electronic system stores the safety check/inmate inspection information in a database.

All JIRs collected from January 1-14, 2014, from MDC were evaluated for documentation of safety checks/inmate inspections as required in the aforementioned criteria. Safety

checks/inmate inspections that did not exceed the maximum allowed time interval or those that did, but provided sufficient justification for the exception met the standards for this objective.<sup>2</sup>

*77<sup>th</sup> RJS and Valley RJS*

Auditors collected computerized spreadsheets of the information captured by the electronic guard tour system for January 1-14, 2014. These printouts were examined for documentation of the required safety checks/inmate inspections.

**Findings<sup>3</sup>**

*MDC*

Of the 155 JIRs examined, 152 (98%) met the standards for this objective. The remaining three exceed the maximum allowed time interval without documentation of justification.

*77<sup>th</sup> RJS*

Of the 245 safety checks/inmate inspections examined, 88 (36%) met the standards for this objective. The remaining 157 exceed the maximum allowed time interval without documentation of justification.

*Valley RJS*

Of the 223 safety checks/inmate inspections examined, 167 (75%) met the standards for this objective. The remaining 56 exceed the maximum allowed time interval without documentation of justification.

**RECOMMENDATION**

It is recommended that the C/O, Jail Division, reevaluate the electronic guard tour system currently being used at 77<sup>th</sup> RJS and Valley RJS to track mandated inmate checks for proper operability prior to being implemented at MDC.

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<sup>2</sup>For example, if jail personnel could not conduct a check in the required time due to dealing with an inmate with a medical emergency and this was documented, it was not deemed out of compliance.

<sup>3</sup>Due to the large number of findings, specific cell numbers were not included in this report, but can be found in the audit work papers.

## **Objective No. 3b – Special Confinement Record**

### **Criteria<sup>4</sup>**

Department JOM section 3/100.31, Special Confinement and Observation Record, Form 6.51, states:

*“Completion:*

- *This form will be completed each time an arrestee is placed in special confinement, regardless of the duration of confinement.*
- *The reason for confinement, including details leading to the event that made confinement necessary, must be documented in the report.*
- *Visual inspections must be conducted at least every 15 minutes. The inmate’s condition will be described on the log during each visit.”*

Department JOM section 1/170, Watch Commander/Watch Supervisor Inspections, states, *“In addition, whenever a prisoner is placed in special confinement, the Watch Commander/Watch Supervisor must be notified. The Watch Commander/Watch Supervisor is responsible for the following:*

- *Authorizing the initial confinement.*
- *Ensuring a medical evaluation of the prisoner is completed within four hours of the initial special confinement.*
- *Evaluating the necessity for continued confinement and having the reason recorded by a supervisor on the Special Confinement and Observation record, Form 6.51.”*

Department JOM section 2/206.12, Safety Cell<sup>5</sup> – Maximum Confinement, states, *“Confinement in the safety cell shall be limited to a maximum of six hours. If this limit is reached and the arrestee’s mental condition has not improved, an additional effort to transfer the arrestee must be attempted. If unsuccessful, the arrestee may be retained in the safety cell. The supervisor must document who was contacted and why the transfer was rejected...”*

### **Audit Procedures**

All SCR from the three jails were collected for January 1-14, 2014. Each SCR was evaluated for the following:

- Supervisor authorization;
- Clear articulation of reason for confinement;
- Documentation of visual inspection every 15 minutes;

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<sup>4</sup>The JOM section 2/100.02 mandates hobbled inmates to be placed in special confinement. The hobble shall be placed on an inmate for no longer than two hours and the time it was placed and removed shall be documented on the SCR. This was applicable to only one of the 23 records examined. Refer to footnote seven for details.

<sup>5</sup>Per Jail Division personnel, the terms “Safety Cell” and “Special Confinement Cell” are used interchangeably.



- Medical evaluation conducted within four hours of placement; and,
- If confined for longer than six hours, documentation by a supervisor of an attempt to transfer to another facility.

Special Confinement Records that contained all the required information met the standards for this objective.

### **Findings<sup>6</sup>**

#### *MDC*

Of the eleven SCRs examined, eight (73%) met the standards for this objective. The remaining three did not meet the standard for the following reasons:

- The SCRs, booking numbers 3832585 and 3819499, did not have documentation of an inspection every 15 minutes; and,
- The SCRs, booking numbers 3819499 and 3824880, did not have supervisory documentation of an attempt to transfer the inmate to another facility, although confinement was longer than six hours.

#### *77th RJS*

Of the eight SCRs examined, five (63%) met the standards for this objective. The remaining three did not meet the standard for the following reasons:

- The SCRs, booking numbers 3828426, 3821944, and 3824314, did not have documentation of an inspection every 15 minutes; and,
- The SCR, booking number 3821944, did not have supervisory documentation of an attempt to transfer the inmate to another facility, although confinement was longer than six hours.

#### *Valley RJS*

Of the four SCRs examined, two (50%) met the standards for this objective. The remaining two did not meet the standard for the following reason:

- The SCRs, booking numbers 3830876 and 3830284, did not have supervisory documentation of an attempt to transfer the inmate to another facility, although confinement was longer than six hours.

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<sup>6</sup>One inmate had been hobbled prior to placement in the special confinement cell. However, due to lack of documentation, auditors were unable to determine if the hobble restraint was removed prior to being placed in the cell or later (77th RJS, Booking Number 3830812).

## **Objective No. 3c – Sobering Cell Inmate Welfare Form**

### **Criteria**

Department JOM section 2/115.12, Sobering (Detoxification), states, *“These guidelines shall be followed whenever an arrestee is placed in the sobering cell.*

*Any arrestee whose safety is at risk or who may represent a threat to others because of his or her state of intoxication (drug or alcohol induced), must be initially detained in a designated sobering cell. Upon placing the arrestee in the sobering cell, a Sobering Cell Inmate Welfare Form, Form 06.52.00, shall be completed during the duration of the arrestee’s detainment in the cell”*

*Each arrestee confined in a sobering cell, as required by Title 15, Section 1056, must receive direct visual inspection every 30 minutes. Jail personnel conducting the inspection shall make every effort to visually observe normal breathing patterns or obvious signs of distress from arrestees.”*

Department JOM section 2/115/12, Detention Officer’s Responsibilities, requires detention personnel to document the following observations on the Sobering Cell Inmate Welfare Form:

- Visual check every 30 minutes;
- Determine whether inmate is awake or asleep;
- Wake sleeping inmates and document their verbal or physical response;
- Document whether the inmate’s breathing is regular;
- Document any changes in respiration;
- Ensure inmate’s nutritional needs are met (food, orange juice, etc.); and,
- Documentation of watch commander’s name, serial number, date, time, and disposition of inmate in the watch commander section of the form.

### **Audit Procedures**

Sobering Cell Inmate Welfare Forms from the three jails were collected for January 1-14, 2014, and evaluated for the aforementioned criteria. Sobering Cell Inmate Welfare Forms that contained all the required information, met the standards for this objective.

### **Findings<sup>7</sup>**

*MDC*

Of the 135 forms reviewed, 60 (44%) met the standards for this objective. The forms that did not meet the standards are detailed in Addenda A.

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<sup>7</sup>Due to the large number of findings, specific booking numbers corresponding to each non-compliant Sobering Cell Inmate Welfare Form were not included in this report, but can be found in the audit work papers.

*77th RJS*

Of the 45 forms reviewed, 34 (76%) met the standards for this objective. The forms that did not meet the standards are detailed in Addenda A.

*Valley RJS*

Of the 50 forms reviewed, 47 (94%) met the standards for this objective. The forms that did not meet the standards are detailed in Addenda A.

**Objective No. 4 – Inmate Release Process**

Personnel assigned to the release desk are responsible for the release of inmates and their property from the jail. The Department JOM establishes policy and procedure to ensure property is released to the correct person. This audit objective examined the documentation of release of property belonging to inmates at the time of their release.

**Objective No. 4a – Jail Custody Record**

**Criteria**

The release desk officer must ensure all of the inmate's property taken into custody at the time of booking is returned. The Jail Custody Record (JCR) contains the inmate's identifier and property information. According to Department JOM section 2/101/21, Releasing Prisoners, the release desk officer must, *"Remove the inmate's property from the property bag and review its contents item by item with the arrestee to ensure the contents match the Jail Custody Record."* *"Have the arrestee acknowledge receipt of his/her property by having that person sign on the reverse of the Jail Custody Record."*

Department JOM section 3/100.10, Los Angeles Consolidated Booking Record, Form 5.1, states, *"Custody Record. This form is to be retained by the jail having custody of the arrestee. The Detention Officer releasing the property also signs the form and includes the date and time of the release. The officer receiving custody must sign the Custody Record acknowledging receipt of the inmate's property when inmates are released to another police jurisdiction other than the Los Angeles Sheriff's Department. Finally, this form is forwarded to Records and Identification Division when the inmate is released from Department custody."*

**Audit Procedures**

Auditors obtained all available JCRs for January 6, 2014, from Records and Identification Division. Each JCR was evaluated for the following:

- Signature of person receiving property on the back of the JCR (inmate or officer from other jurisdiction taking custody of inmate);
- Signature of officer releasing the property;

- Documentation of release date; and,
- Documentation of release time.

Jail Custody Records that contained all the required information met the standards for this objective.

### **Findings**

#### *MDC*

Of the seventeen JCRs examined, two (12%) met the standards for this objective. The remaining 15 did not meet the standards for the following reasons:

- Two JCRs, booking numbers 3825206 and 3824470, did not indicate the date and time the inmate's property was released and were not signed by the employee releasing the inmate's property;
- Twelve JCRs, booking numbers 3824868, 3824813, 3824697, 3824835, 3825295, 3825186, 3824601, 3824415, 3824377, 3824469, 3824417, and 3824439, did not indicate the date and time the inmate's property was released; and,
- One JCR, booking number 3824363, did not indicate the time the inmate's property was released.

#### *77th RJS*

Of the thirteen JCRs examined, seven (54%) met the standards for this objective. The remaining six did not meet the standards for the following reasons:

- One JCR, booking number 3825199, was not signed by the person receiving the inmate's property;
- One JCR, booking number 3824699, did not indicate the date and time the inmate's property was released, was not signed by the employee releasing the inmate's property, and was not signed by the person receiving the inmate's property;
- One JCR, booking number 3824391, did not indicate the date and time the inmate's property was released; and,
- Three JCRs, booking numbers 382443, 3824934, and 3825170, did not indicate the time the inmate's property was released.

#### *Valley RJS*

Of the eighteen JCRs examined, eight (44%) met the standards for this objective. The remaining ten did not meet the standards for the following reasons:

- One JCR, booking number 3825185, did not indicate the date and time the inmate's property was released and was not signed by the employee releasing the inmate's property; and,

- Nine JCRs, booking numbers 3825293, 3825260, 3824833, 3824392, 3824804, 3824411, 3824375, 3824414, and 3824698, did not indicate the date and time the inmate's property was released.

### **Objective No. 5 – NCUOF Investigations**

Jail Division personnel are guided by the same policies and procedures related to use of force reporting and investigations as all other Department personnel.

Internal Audits and Inspections Division selected all NCUOF investigations that occurred and were closed in 2013. A total of three were identified and examined.

The three investigations examined were NCUOF case numbers 2015335 (MDC), 2015486 (MDC), and 2015437 (77th RJS). Valley RJS did not have any NCUOF investigations that met the selection criteria.

### **Objective No. 5a – Articulation of Legal Basis**

#### **Criteria**

Department Manual section 1/240.10 states, *"In a complex urban society, officers are confronted daily with situations where control must be exercised to effect arrests and to protect the public safety. Control may be exercised through advice, warnings, and persuasion, or by the use of physical force. Officers are permitted to use force that is objectively reasonable to defend themselves or others, to effect an arrest or detention, and/or to prevent escape or overcome resistance, consistent with the Department's Policy on the Use of Force (Manual Section 1/556.10)."*

Department Manual section 1/556.10 states, *"The legal standard used to determine the lawfulness of a use of force is the Fourth Amendment to the United States Constitution."*

California Penal Code section 835(a) states, *"Any peace officer who has reasonable cause to believe that the person to be arrested has committed a public offense may use reasonable force to effect arrest, to prevent escape, or to overcome resistance."*

#### **Audit Procedures**

Each investigation was reviewed to ensure that the articulation of legal basis for the use of force met the standards set forth by Department Manual section 1/240.10 and Penal Code section 835(a).

Investigations that articulated the legal basis for the use of force met the standards for this objective.

## Findings

All three (100%) investigations met the standards for this objective.

### Objective No. 5b – Supervisor’s Administrative Investigation

#### Criteria

Department Manual section 4/245.10, Reporting a Non-Categorical Use of Force Incident, states, “...**Supervisor's Responsibility.** When a Non-Categorical use of force incident occurs, an **uninvolved** supervisor from the employee's command or from the nearest Area when either the employee's command is closed or the employee's supervisor is not available to respond, shall be assigned to conduct the administrative investigation.

*Generally, a supervisor who witnessed a Non-Categorical use of force incident should not conduct a use of force investigation. However, the watch commander may make exceptions on a case-by-case basis, based on exceptional operational needs. The watch commander shall document the exceptional operational need in the Non-Categorical Use of Force Internal Process Report (IPR). Under no circumstances shall a supervisor involved in a use of force incident be permitted to conduct the investigation.*

**Note:** *An involved supervisor is defined as a supervisor who provided guidance or direction during the use of force, or participated in on-scene pre-planning or directing related to the incident. A supervisor who participated in or witnessed the use of force, planned the event, or was present at a forced blood withdrawal from a suspect shall not investigate the incident.*

*The supervisor assigned to conduct the investigation shall:*

- *Respond and conduct an on-scene investigation;*

**Exception:** *When an on-scene investigation is impractical due to exigent circumstances, such as a hostile group or an off-duty employee's distance from the City, the supervisor shall consult with his/her watch commander or officer in charge and arrange for a reasonable alternative.*

- *Collect and preserve all appropriate evidence and canvas the scene to locate witnesses, when appropriate;*
- *Conduct individual interviews with the subject of the use of force, witnesses, and all Department employees who either witnessed and/or were involved in the incident (group interviews are prohibited);*
- *Determine an initial classification of the Non-Categorical use of force as either a Level I or Level II incident;*
- *Identify and document any inconsistencies from interviews conducted;*
- *Interview all involved supervisors regarding their actions taken;*
- *Review any related crime and/or arrest report or Employee's Report, Form 15.07.00, after it has been approved by the watch commander/OIC but prior to completing the use of force*

*investigation, to ensure that the incident as depicted in the related report(s) is consistent with the use of force investigation. A Follow-up Investigation, Form 03.14.00, may be used to make any necessary corrections to the related report or to provide additional information;*

- *Complete a Non-Categorical Use of Force Report, Form 01.67.05, including an attached narrative; and,*
- *Forward the completed Non-Categorical Use of Force Report along with all related reports, to the watch commander/officer in charge. Generally, a Non-Categorical Use of Force Report should be completed before the investigating supervisor's end of watch. However, complex incidents may require additional time not to exceed two calendar days following the incident."*

***"Report Approval.*** *Non-Categorical use of force investigations and any related report(s) (i.e., the crime and/or arrest report or Form 15.07.00), shall be approved by an on-duty watch commander/OIC or designee of supervisory rank. The supervisor who conducted the Non-Categorical use of force investigation shall not approve the Non-Categorical Use of Force Report or the related report(s).*

***Note:*** *The watch commander/OIC approving the use of force investigation is not required to be the same watch commander/OIC who reviewed and approved the related report(s). Generally, the involved Department employee's chain of command will conduct and approve the use of force investigation."*

## **Audit Procedures**

Each NCUOF investigation was examined for the following:

- Investigation conducted by uninvolved supervisor;
- If investigation conducted by witnessing supervisor, justification articulating exceptional operational need by watch commander in Internal Process Report (IPR);
- Scene canvassed for witnesses;
- Scene canvassed for evidence;
- All parties interviewed independently;
- All evidence collected and properly booked;
- All injuries properly documented and medical treatment provided;
- All necessary photos taken and included in investigation;
- Investigation properly categorized as Level I or Level II;
- If level I, all interviews of non-Department witnesses and subject(s) of use of force tape recorded;
- Report signed by on-duty watch commander;
- Any allegations of misconduct addressed appropriately;
- Request for medical release forms documented when suspect received medical treatment; and,
- Signed medical release form included in investigation.

Investigations that contained all the required information, met the standards for this objective.

### **Findings**

Of the three investigations reviewed, one (33%) met the standards for this objective. The remaining two investigations did not meet the standards for the following reasons:

#### *Case No. 2015335 (MDC)*

A witnessing supervisor conducted the investigation. Exceptional operational need requiring the witnessing supervisor to conduct the investigation was documented in the investigating officer's notes of the NCUOF report, but not on the IPR.

#### *Case No. 2015437 (MDC)*

A witnessing officer was interviewed by the supervisor who directed the use of force.

The suspect's statement is not consistent with the employees' statements. Instead of being categorized as a Level I, the investigation was categorized as a Level II. The justification provided in the investigation indicated the surveillance footage was consistent with the officers' statements.<sup>8</sup>

### **Objective No. 5c – Watch Commander's Insight**

#### **Criteria**

Department Manual section 4/245.10 states, "*A watch commander/Officer-In-Charge (OIC) reviewing a Non-Categorical use of force investigation shall document his/her insight on a Non-Categorical Use of Force Internal Process Report (IPR), Form 01.67.04. As part of this evaluation, watch commanders/OICs shall:*

- *Evaluate whether or not the amount of force used was reasonable and consistent with actions reported by the involved Department employee(s), ensuring that all relevant tactical, use of force, and policy issues are addressed. The watch commander/OIC shall evaluate the force that was used, not the force options that could have been considered;*
- *Ensure that all supervisors are interviewed regarding their conduct at the scene during the incident; and,*
- *Evaluate the actions of each of these supervisors."*

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<sup>8</sup>A recorded statement was obtained from the suspect for a related complaint investigation.



### **Audit Procedures**

Each investigation was reviewed for the following:

- Watch commander's insight evaluated the type of force used by each officer and determined whether it was reasonable and consistent based on the suspect's actions; and,
- Watch commander's insight addressed the actions of all on-scene supervisors.

Investigations that contained a complete and thorough Watch Commander's insight met the standards for this objective.

### **Findings**

Of the three investigations reviewed, two (67%) met the standards for this objective. The remaining investigation did not meet the standards for the following reason:

*Case No. 2015437 (MDC)*

The use of force report indicates a supervisor accompanied the primary unit to the jail. One of the primary unit officers was subsequently involved in a use of force at the jail. Jail personnel were also involved. The role of the supervisor, if any, is not addressed.<sup>9</sup>

### **Objective No. 5d – Management Oversight**

#### **Criteria**

Department Manual section 3/793.05 outlines the Area/division commanding officer's (C/O) responsibilities regarding review of NCUOF investigations. It states, "*Upon receipt of a Non-Categorical use of force investigation, the commanding officer shall:*"

- "*Review all reports and make a recommendation on the disposition;*
- "*Sign the Use of Force Internal Process Report...*"

It also requires that the Area/division C/O, or acting C/O, review the NCUOF investigation within 14 calendar days of the incident. Investigations not reviewed within that time require an explanation on the IPR.

Investigations that contained proper management oversight met the standards for this objective.

### **Audit Procedures**

Each investigation was evaluated for the following:

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<sup>9</sup>Additionally, the use of force report indicates the primary unit consisted of two officers. One of the officers was involved in the use of force, but the role of the partner officer, if any, was not addressed in the report.

- The divisional C/O reviewed the investigation within 14 calendar days of the incident. If not, justification is documented on the IPR;
- The C/O made a recommendation on the disposition; and,
- The C/O signed the IPR.

### **Findings**

All three (100%) investigations met the standards for this objective.

### **Objective No. 6 – Complaint Investigations**

Jail Division personnel are guided by the same policies and procedures related to complaint reporting and investigations as all other Department personnel. Internal Audits and Inspections Division identified 37 complaint investigations involving jail personnel that were completed by Jail Division supervisors in 2013. Of the 37, a statistically valid sample of 15 was randomly selected. One was deselected due to the nature of the complaint, resulting in a total of 14 investigations.<sup>10</sup>

This audit examined the following 14 complaints with the following Complaint File (CF) Numbers:

- CF No. 11-003531;
- CF No. 12-000078;
- CF No. 12-000463;
- CF No. 12-000927;
- CF No. 12-000928;
- CF No. 12-001040;
- CF No. 12-001115;
- CF No. 12-002140;
- CF No. 12-002671;
- CF No. 12-003160;
- CF No. 12-003559;
- CF No. 12-001349;
- CF No. 12-002824; and,
- CF No. 12-003202.

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<sup>10</sup>Complaints initiated due to failure to qualify, failure to appear, or traffic collisions were deselected.

## **Objective No. 6a – Availability/Completeness of Audio Recordings**

### **Criteria**

Department Manual section 3/815.01, General Investigation Guidelines, states, “...*The entity responsible for the investigation shall coordinate the collection and preservation of all appropriate evidence...*”

### **Audit Procedures**

Because audio recordings of the involved parties are critical components of complaint investigations, all complaint investigation files were reviewed for the following:

- All audio recordings were located and obtained; and,
- All audio recordings were complete and intelligible.

Investigations that contained audio recordings as required met the standards for this objective.

### **Findings**

Of the 14 investigations reviewed, 11 (79%) met the standards for this objective. The remaining three investigations did not meet the standards for the following reasons:

*CF No. 12-003559*

The investigation indicates the complainant's recorded statement is on Scientific Investigation Division (SID) Control No. 458544, but it was not there.

*CF No. 12-002824*

Auditors were unable to listen to any recorded statements on SID Control No. 615803 and 615804. This may be attributable to formatting issues; however, Scientific Investigation Division Electronics was also unable to play the recordings. The investigation indicated the complainant refused to be recorded and there were no witnesses to the incident. The inaudible recordings were statements of the accused employees only.

*CF No. 12-002140*

Auditors were unable to listen to the recorded statements of the complainant and witnesses on SID Control No. 600082. This may be attributable to formatting issues; however, SID Electronics was also unable to play the recordings.

## **Objective No. 6b – Interviews**

### **Criteria**

Department Manual section 3/815.01, General Investigation Guidelines, states, “...*The interviews of all complainants, involved Department employees, and witnesses shall be conducted individually (no group interviews) and shall be recorded. Should a non-employee complainant or witness refuse to be recorded, an attempt shall be made to record the refusal on tape or on a signed statement of refusal.*”

*Exception: Recordings are not mandatory for Department-initiated complaints alleging minor misconduct, such as Failure to Qualify, Failure to Appear, preventable traffic collisions and minor neglect of duty complaints. However, depending on the circumstances of the case, the commanding officer may direct that all interviews be recorded.”*

*“Inconsistencies between statements made by Department employees and witnesses shall be identified and documented.”*

Department Manual section 3/816.01, Supervisor’s Responsibility, states, “...*If a non-employee complainant or witness refuses to be recorded, an attempt shall be made to record the refusal on tape or on a signed statement of refusal.*”

*“If, during the course of a complaint investigation, the investigating supervisor has reason to believe that additional misconduct may have occurred, other than that alleged by the complainant, the investigating supervisor shall either record the additional misconduct as a separate allegation on the original complaint or initiate a new complaint as appropriate.”*

### **Audit Procedures**

All complaint investigations were reviewed for the following:

- Indication that the scene was canvassed for witnesses;
- Presence of independently and individually recorded interviews of all parties involved;
- If a party was not recorded, justification for absence of recording;
- Tone of interviewer was neutral and professional;
- Questions asked by interviewer were not leading or suggestive;
- Paraphrased statements were complete and accurate;
- Any inconsistencies were properly addressed; and,
- Any additional allegations of misconduct were properly addressed.

Investigations that indicated the area was canvassed for witness and contained complete and thorough witness interviews met the standards for this objective.

## **Findings**

Of the 14 investigations reviewed, 13 (93%) met the standards for this objective. The remaining investigation did not meet the standards for the following reason:

*CF No. 12-001040*

At the end of the recorded statement on SID Control No. 600041, the complainant alleges force was used on her child's father, who was released and not arrested. These allegations of misconduct were not addressed.<sup>11</sup>

## **Objective No. 6c – Evidence**

### **Criteria**

Department Manual section 3/815.01, General Investigation Guidelines, states, "...*The entity responsible for the investigation shall coordinate the collection and preservation of all appropriate evidence...*"

### **Audit Procedures**

All complaint investigations were reviewed for the following:

- Indication that scene was canvassed for evidence;
- All located evidence was preserved; and,
- Justification for any located evidence that could not be preserved.

Investigations that indicated evidence was properly obtained and preserved met the standards for this objective.

## **Findings**

All 14 (100%) investigations met the standards for this objective.

## **CONCLUSION**

Department jails perform admirably in keeping inmates safe while facilitating their paths through the justice system. Most importantly, deficiencies negatively affecting daily operations were not identified. However, administrative duties related to the intake process, the monitoring of inmates, and the release of inmates, along with high risk investigations involving NCUOF and complaint incidents should be given more attention and supervisory oversight.

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<sup>11</sup>The C/O, Jail Division, was notified of this finding for further investigation and appropriate action.

### **RECOMMENDATION**

It is recommended that the C/O, Jail Division, reevaluate the electronic guard tour system currently being used at 77<sup>th</sup> RJS and Valley RJS to track mandated inmate checks for proper operability prior to being implemented at MDC.

### **ACTIONS TAKEN/MANAGEMENT'S RESPONSE**

1. Internal Audits and Inspections Division provided a draft of the audit to the C/O, Jail Division, the Director, Office of Special Operations and the Assistant to the Director, Office of Special Operations, who were in general agreement with the audit findings and conclusions.
2. On September 12, 2014, an Intradepartmental Correspondence, Form 15.02.00, was submitted by the C/O, Jail Division, in response to the audit findings.

## ADDENDA A

**Table No. 2 – Objective 3c, Sobering Cell Inmate Welfare Form Compliance**

Attribute	Jail	MDC	77 <sup>th</sup> RJS	Valley RJS	Total
No.	Attribute	Compliance by Attribute			
1	Documentation of 30 minute checks	127/135 (94%)	41/45 (91%)	50/50 (100%)	218/230 (95%)
2	Documentation of whether inmate is awake or asleep	119/135 (88%)	43/45 (96%)	50/50 (100%)	212/230 (92%)
3	If asleep, documentation of a physical response or breathing pattern	83/135 (61%)	43/45 (96%)	47/50 (94%)	173/230 (75%)
4	Documentation of a medical evaluation at the sixth hour	135/135 (100%)	44/45 (98%)	50/50 (100%)	229/230 (99%)
5	Documentation of a medical evaluation at the twelfth hour	11/11 (100%)	5/5 (100%)	N/A	16/16 (100%)
6	Documentation that inmate's nutritional needs were met	112/135 (83%)	41/45 (91%)	50/50 (100%)	203/230 (88%)
7	Watch commander's signature and documentation of inmate's disposition at time of release from sobering cell	124/135 (92%)	45/45 (100%)	50/50 (100%)	219/230 (95%)
<b>Cases In Which All Seven Attributes Were in Compliance<sup>1</sup></b>					
		60/135 (44%)	34/45 (76%)	47/50 (94%)	141/230 (61%)

<sup>1</sup>All seven attributes are required to meet the standard in order for the form to be in compliance.

## INTERDEPARTMENTAL COORESPONDENCE

**ADDENDA ITEM B**

September 12, 2014  
18.2.2

**TO:** Commanding Officer, Internal Audits and Inspection Division

**FROM:** Commanding Officer, Jail Division

**SUBJECT:** RESPONSE TO JAIL DIVISION AUDIT NO. 14-002

This correspondence is to respond to the results of the compliance audit No. 14-002, completed by Internal Audits and Inspections Division (IAID). The pertinent portions of the working papers were reviewed to gain insight on the audit results. The following is Jail Division's response.

Objective No. 1c

*Suicide Intervention Kits (SIK):*

One SIK at 77<sup>th</sup> Regional Jail Section (RJS) was missing a CPR mask. That mask was replaced and the kit resealed.

Objective No. 2a

*Inmate Classification Questionnaire:*

The lack of documented supervisory oversight will be addressed in the next supervisor meeting. The compliance in documentation on the Divisional Booking Record will be addressed via roll call training. I anticipate a renewed effort in compliance going forward. It should be noted all arrestees were properly segregated and their safety was not compromised by the lack of documentation.

Objective No. 3

*Inmate Health and Welfare:*

The Jail Inspection Record/General Housing Checks at 77<sup>th</sup> RJS and Van Nuys Regional (VJS) Jail had low compliance. The cause for the low compliance rate is a new computerized cell check system that both Van Nuys and 77<sup>th</sup> recently implemented. Van Nuys has had the system longer than 77<sup>th</sup> and as a result, better compliance. A majority of the failures resulted from employees not ensuring the magnetic buttons in the cell corridors register on the hand instrument they carry, and not from missed or late cell checks. This issue will be addressed in roll call. It should be noted that there is a redundant system (video cameras) in all of the jails that can be accessed to verify if a cell check was conducted as required. Jail Division also has in place a monthly inspection, via the video camera system that evaluates the quality of the cell checks.



Objective No. 3b

*Special Confinement Record:*

Internal Audits cited three issues with regard to the Special Confinement Record. The first was checks not being conducted every 15 minutes as required. Supervisory staff will be reminded to ensure compliance in this area at the supervisor's staff meeting. This will also be addressed during Roll Call as training. The second issue that occurred in all three regional jails was a lack of supervisory review documentation regarding attempts to place arrestees at alternate housing locations after completing six hours in special confinement. The form does not have a place for supervisors to log that information. Jail Division's Administrative/Research Section has already been in communication with Planning and Research Division to amend and update the form.

Objective No. 3c

*Sobering Cell Inmate Welfare Form:*

There were two distinct areas that caused noncompliance. In review, if an arrestee housed in the Sobering Cell is asleep, personnel are required to document the arrestee as sleeping. No additional information is required. However, all employees are trained to visually observe the individual to ensure *signs of life* are occurring, such as, but not limited to, normal breathing and/or physical movement. Personnel are trained to look for abnormalities that indicate an arrestee maybe in distress. The second area was documentation on whether nutritional needs were met. As a result of this finding, for both instances, I have directed this issue be addressed as Roll Call training and at the supervisor meeting. Emphasis on supervisory staff reviewing all Sobering Cell Form documentation will be addressed at the supervisors meeting.

Objective No. 4

*Jail Custody Record:*

A renewed emphasis on supervisory oversight and training for all detention staff will be provided to increase compliance levels. Jail Custody Records are date and time stamped on the front of the form to document the release time and date. Employees will be instructed to date and time stamp the rear of the form where the information should be located.

Objective No. 5

*Non-Categorical Uses of Force (NCUOF):*

Jail Division had two NCUOF reports that did not meet the Department standard. Case No. 2015335, had the required justification on why a witnessing supervisor conducted the investigation, but unfortunately it was documented in a Follow-Up Report and not in the watch commander's IPR as required. Case No. 2015437, did not have watch commander's insight on a supervisor who was present but was only a witness. The NCUOF took place in a small safety cell with another supervisor who was directing the incident. The directing supervisor's actions were critiqued.

Objective No. 6

*Complaint Investigations:*

Internal Audits identified two areas in need of improvement. The first is ensuring the complainant interviews are finalized on the compact discs that are booked. The second is

ensuring all allegations are addressed during the interview(s). In Complaint No. 12-1040, the investigating officer (IO) did not address potential additional allegations. As a result, the IO is being issued a Comment Card. Attempts to locate the complainant for additional investigation have been unsuccessful as she is a transient. The issue will be addressed in the next supervisors' meeting.

Jail Division agrees with recommendations 1-2.

#### Conclusion

Jail Division believes it provides exceptional care for all arrestees housed within Department jail facilities. Unfortunately, it appears that in all three sections the administrative systems and record keeping needs to be improved in a variety of areas. This improvement has begun and includes the following:

1. The Audit and detailed findings will be shared with all Regional Jail Officers-in-Charge and the Assistant Officer-in-Charge for a more detailed analysis of each respective facility.
2. This Audit and its findings will be used as a training tool at the Jail Division supervisory meeting on June 4, 2014.
3. Jail Division will cause to have monthly audits to occur at each Regional Jail to address these areas.
4. The Assistant to the Director, Office of Special Operations, will ensure a comprehensive quarterly audit is done, that addresses the identified areas in need of improvement within Jail Division. The action taken will provide a progress report on the Division's improvements. The first quarterly audit will be for the third quarter of 2014.
5. Jail Division will audit Hollywood and Pacific Area jails to ensure they are in substantial compliance with procedures, policies and practices.
6. A comprehensive review of the Electronic Guard system will occur by Jail Division to evaluate if this enhanced technology is compatible with the Jail Operations Manual policy and practice requirements.
7. This topic and follow-up audits will be discussed at monthly supervisor and deployment meetings to secure an on-going focus.
8. To certify compliance within the aforementioned areas, the Commanding Officer, Jail Division, will conduct unannounced spot audits of these areas.

#### Additional Action Taken

The specific deficient activities are under review in order to identify supervisory personnel directly or indirectly associated with any aspect(s) of the shortfalls. Appropriate action by way of Employee Comment Sheets, Notice to Correct Deficiencies and other disciplinary means up to and including personnel complaint(s), is being undertaken to address expectations and deficiencies as a way to prevent shortcomings of this nature in the future.

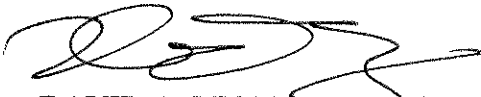
Commanding Officer, Internal Audits and Inspection Division

Page 4

18.2.2

Should you require further information, please feel free to contact Captain David Lindsay, Commanding Officer, Jail Division, at (213) 356-3450.

APPROVED:

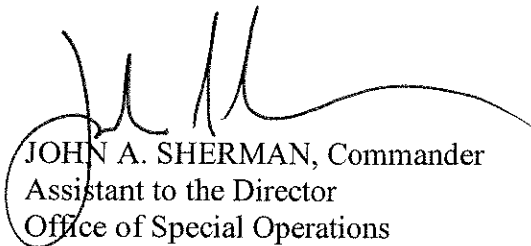
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DAVID A. LINDSAY, Captain  
Commanding Officer  
Jail Division

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MICHEL R. MOORE, Assistant Chief  
Director, Office of Special Operations

REVIEWED:

A handwritten signature in black ink, appearing to read 'J. Sherman', with a large loop at the end.

JOHN A. SHERMAN, Commander  
Assistant to the Director  
Office of Special Operations