

INTRADPARTMENTAL CORRESPONDENCE

May 18, 2022
14.2

TO: The Honorable Board of Police Commissioners

FROM: Chief of Police

SUBJECT: CUSTODY SERVICES DIVISION AUDIT (AD NO. 21-012)

RECOMMENDED ACTION

It is recommended that the Board of Police Commissioners REVIEW and APPROVE the attached Custody Services Division Audit.

DISCUSSION

Audit Division conducted the Custody Services Division Audit to evaluate compliance with Department policies and procedures.

I have directed Custody Service Division to conduct an inspection of the non-compliant areas within the next six months.

If additional information regarding this audit is required, please contact Ms. Trina Unzicker, Commanding Officer, Audit Division, at (213) 486-8480 or N6666@lapd.online.

Respectfully,



MICHEL R. MOORE
Chief of Police

Attachment

LOS ANGELES POLICE DEPARTMENT
CUSTODY SERVICES DIVISION
AUDIT 2021
(AD NO. 21-012)



Conducted by
AUDIT DIVISION

MICHEL R. MOORE
Chief of Police

March 2022

**LOS ANGELES POLICE DEPARTMENT
CUSTODY SERVICES DIVISION AUDIT
Conducted by Audit Division
2020**

EXECUTIVE SUMMARY

Audit Division (AD) conducted the Custody Services Division (CSD) Audit to evaluate the Department's adherence to policies and procedures regarding CSD personnel training, inmate safety checks, and maintenance and testing of life safety equipment. The audit examined compliance with Title 15 of the California Code of Regulations and Department policy. Non-compliance may lead to inmate complaints and increased risk of death while in custody.

The following findings were noted:

- Core or Supplemental Core Course was completed and documented in the Department Training Evaluation and Management System (TEAMS) II 95 percent of the time [*Objective No. 1(a)*];
- Supervisory Core Course was completed and documented in TEAMS II 85 percent of the time [*Objective No. 1(b)*];
- Annual 24-hour training was completed and documented with CorrectionsOne Academy¹ 95 percent of the time [*Objective No. 1(c)*];
- Inmate Safety Checks were performed in a timely manner 97 percent of the time [*Objective No. 2(a)*];
- Inmate Safety Checks were properly performed 98 percent of the time [*Objective No. 2(b)*];
- Self-Contained Breathing Apparatuses (SCBA) were properly stored 100 percent of the time [*Objective No. 3(a)*];
- Self-Contained Breathing Apparatus breathing tests were performed and documented in the SCBA log 73 percent of the time [*Objective No. 3(b)*];
- Suicide Intervention Kits (SIK) were properly maintained 100 percent of the time [*Objective No. 4(a)*]; and,
- Suicide Intervention Kit inspection was not performed and documented [*Objective No. 4(b)*].

¹ CorrectionsOne Academy is the premier online training platform for correctional facilities and meets required annual training hours outlined by the State of California Board of State and Community Corrections (BSCC) – Standards and Training Division (STD).

Auditors believe that improvement is needed in SCBA breathing test performance and documentation, as well as suicide intervention kit inspection, though in this instance there are mitigating factors. Table I summarizes CSD compliance rates with audit objectives.

Table I – Summary of the Compliance with Audit Objectives

Objective No.	Audit Objective	Number and Percent Meeting Standard 2017	Number and Percent Meeting Standard 2021
1	State Required Training Was Completed and Documented		
1(a)	Core or Supplemental Core Course Was Completed and Documented in TEAMS II	N/A ²	200/210 (95%)
1(b)	Supervisory Core Course Was Completed and Documented in TEAMS II	N/A ²	63/74 (85%)
1(c)	Annual 24-Hour Required Training Was Completed and Documented with CorrectionsOne Academy	N/A ²	214/226 (95%)
2	Video Recordings Confirmed That Inmate Safety Checks Were Performed Timely and Properly		
2(a)	Inmate Safety Checks Were Performed in a Timely Manner	61/62 (98%)	58/60 (97%)
2(b)	Inmate Safety Checks Were Performed Properly	39/40 (98%)	59/60 (98%)
3	Self-Contained Breathing Apparatus (SCBA) Maintained and Tested Adequately		
3(a)	SCBAs Were Properly Stored	30/30 (100%)	30/30 (100%)
3(b)	SCBA Breathing Test Was Performed and Documented in the SCBA Log	16/30 (53%)	22/30 (73%)
4	Suicide Intervention Kits Maintained and Inspected		
4(a)	Suicide Intervention Kits Maintained Properly	18/18 (100%)	18/18 (100%)
4(b)	Suicide Intervention Kits Inspection was Performed and Documented	18/18 (100%)	0/18 (0%)

RECOMMENDATIONS

None.

ACTIONS TAKEN/MANAGEMENT RESPONSE

The Commanding Officer, CSD, indicated his general agreement with the audit findings in a 15.2 Interdepartmental Correspondence attached. For details regarding Management Response to findings relative to Objective 4(b), please see the Findings Section on page 14.

² In the previous audit, AD did not evaluate the CSD personnel training compliance. Therefore, auditors were unable to compare current and prior findings.

BACKGROUND

The Department operates 10 jail facilities Citywide. Among the three largest are Metropolitan Detention Center (MDC), 77th Regional Jail (77RJ), and Valley Regional Jail (VRJ). These three jails have a total of 306 cells that include 13 safety and six sobering cells. The primary purpose of the Department jails is to serve as transitory housing for inmates as they are moved through the justice system.

Each of these jails are classified as Type 1 facilities according to the State of California, California Code of Regulations (CCR), Title 15 "Crime Prevention and Corrections." A Type 1 facility is a local detention facility used for the detention of persons for no more than 96 hours after booking, excluding holidays.

When an arrestee is transported to a Department jail, a CSD employee will obtain the booking number directly from the Automated Jail Information System (AJIS) via the Network Communications System (NECS) by completing the Decentralized Automated Booking Information System (DABIS) procedure. After being booked, the care and custody of the arrestee become the responsibility of CSD personnel.

Auditors conducted a CSD Audit (No. 17-005) in 2017. The compliance rate ranged from 97 to 99 percent. Auditors made two recommendations as follows:

1. The CSD should develop a formalized procedure requiring, as part of the facility check performed by custody personnel at the start of each watch, that either the Jail Inspection Record or the Watch Supervisor Daily Report document when a safety cell is empty. Objective No. 2(c).

Status of recommendation: Implemented. The CSD Notice, dated December 3, 2018, "Inspection of Safety Cells During Cell Checks," addressed this recommendation. The notice was distributed to CSD personnel.

2. The CSD should address the ambiguity related to completion of the Jail Custody Record for juvenile detainees by updating the Jail Operations Manual (Objective No. 3).

Status of recommendation: Implemented. The CSD Notice dated December 6, 2018, "Procedures for Processing the Release of Juvenile Bookings Within Custody Services Division," addressed this recommendation. The procedures were incorporated in the January 2019 revision of the Jail Operations Manual³.

It should be noted that while this audit was originally approved as part of AD's 2020 Annual Audit Plan, Department management requested time for CSD to respond to COVID-driven issues; therefore, physical data collection for this audit was delayed until 2021.

³ The CSD incorporated Subsection 705 "Procedures for Processing the Release of Juvenile Bookings Within CSD" into the revised version of the Jail Operations Manual in January 2019. The subsection provides guidance for completion of the Jail Custody Record (JCR) and requires the releasing officer to complete the JCR.

SCOPE AND METHODOLOGY

Auditors focused on three of the larger Department jails: MDC, 77RJ, and VRJ. The scope of this audit included the following aspects of jail operations: Required training, inmate welfare and safety, and life safety equipment. Audit time periods, population, and sampling methodologies were tailored to each audit objective.

The following records and forms were evaluated:

- TEAMS II records related to State required training for CSD personnel;
- CorrectionsOne Academy records related to State required 24-hour annual training for CSD personnel;
- Video records stored in each jail's camera system;
- Safety Observation Record, Form 06.51.00 (11/15); and,
- LAPD Sobering Cell Inmate Welfare Form, Form 06.52.00 (10/16).

DETAILED FINDINGS

Objective No. 1 – State Required Training Was Completed and Documented

Criteria

California Code of Regulations (CCR), Title 15, "Crime Prevention and Corrections," Division 1, "Board of State and Community Corrections," Chapter 1, "Board of State and Community Corrections," Subchapter 1, "Standards and Training of Local Corrections and Probation Officers," Article 3, "Minimum Standards for Training," Section 172, "Training Required," states:

The training requirements set forth in these regulations are mandatory for all eligible staff employed by participating county and city departments and are in addition to any other training required by law.

Audit Procedures

Auditors used two populations for Objective No.1: a population of 47 sworn employees assigned to CSD, and a population of 403 civilian employees assigned to CSD. From the population of 47 sworn personnel, auditors selected 29 sworn employees that had been assigned to CSD for more than one year.⁴ That population was comprised of two captains (CAPT), two lieutenants (LT), 12 sergeants (SGT), and 13 police officers (PO).

From the 403 civilian personnel, auditors selected 396 civilian employees made up of 116 detention officer supervisors (consisting of 15 Principal Detention Officers (PDO) and 101 Senior Detention Officers (SDO), and 280 Detention Officers (DO)⁵. From the 396 civilian

⁴ Sworn personnel have a year from the time they are assigned to CSD to complete the required training.

⁵ Auditors excluded all CSD civilian personnel other than the three levels of Detention Officers.

employees, auditors selected a random sample of 197.⁶ Auditors reviewed training records of the 29 sworn employees and the 197 civilian employees.

Objective No. 1(a) – Core or Supplemental Core Course Was Completed and Documented in TEAMS II

Criteria

California Code of Regulations (CCR), Title 15, “Crime Prevention and Corrections,” Division 1, “Board of State and Community Corrections,” Chapter 1, “Board of State and Community Corrections,” Subchapter 1, “Standards and Training of Local Corrections and Probation Officers,” Article 3, “Minimum Standards for Training,” Section 179, “Adult Corrections Officer Core Course,” states:

The adult corrections officer core course consists of a minimum of 187 hours, in specific performance/instructional objectives... Entry-level core training shall be completed in the first year of employment.

Ibid., Section 180, “Adult Corrections Officer Supplemental Core Course,” states:

The adult corrections officer supplemental core course consists of a minimum of 79 hours of instruction in specific performance/instructional objectives. It is for the corrections officer who has successfully completed the POST Basic Academy Course for peace officers. Entry-level staff must successfully complete this course... Entry-level core training shall be completed in the first year of employment.

Audit Procedures

Auditors reviewed TEAMS II records of 197 civilian employees to determine whether the employee had completed an Adult Corrections Officer Core Course in the first year of employment. Auditors also reviewed TEAMS II records of 13 entry-level sworn employees to determine if they had completed an Adult Corrections Officer Supplemental Core Course within one year from date of assignment to CSD. The Department met the standard for this objective if the reviewed TEAMS II records indicated that CSD employees completed the entry-level core courses in the first year of employment or within one year from date of assignment to CSD.

Findings

Two hundred of the 210 TEAMS II records (95 percent) indicated that CSD employees completed entry-level core courses and met the standard for this objective. In two instances, TEAMS II records showed that one PO did not complete the course within one year from date of assignment to CSD and one DO did complete the courses in the first year of employment. In eight other instances, TEAMS II did not have records of course completion. Table II summarizes the findings that did not meet the standard.

⁶ Auditors used a 95 percent confidence level with an error rate of five percent and a fifty percent (50 percent) proportion of success.

Table II - Summary of Findings of Objective 1(a) Core or Supplemental Core Course Was Completed and Documented in TEAMS II

Number of Employees	Rank	Findings
1	PO	Supplemental core training was not completed within one year from date of assignment to CSD
1	PO	Supplemental core training was not documented in TEAMS II
2	SDO	Training was not documented in TEAMS II
1	DO	Core training was not completed in the first year of employment
5	DO	Core training was not documented in TEAMS II

Objective No. 1(b) – Supervisory Core Course Was Completed and Documented in TEAMS II

Criteria

California Code of Regulations (CCR), Title 15, “Crime Prevention and Corrections,” Division 1, “Board of State and Community Corrections,” Chapter 1, “Board of State and Community Corrections,” Subchapter 1, “Standards and Training of Local Corrections and Probation Officers,” Article 3, “Minimum Standards for Training,” Section 181, “Supervisor Core Course,” states:

(a) The supervisor core course consists of a minimum of 80 hours of instruction to be completed during the first year of employment as a supervising adult corrections officer... as defined in these regulations.⁷

Ibid., Section 182, “Manager/Administrator Core Course,” states:

(a) The manager/administrator core course consists of a minimum of 80 hours of instruction in general management/administration subjects. This course shall be completed by an employee during the first year of assignment as a manager or administrator, as defined in these regulations.⁸

(b) The Board may allow credit under its criteria for comparable courses previously completed.

⁷ *Ibid.*, Subchapter 4 “Minimum Standards for Local Detention Facilities”, Article 3 “Training, Personnel, and Management,” Section 1021. “Jail Supervisory Training” states that supervisory personnel of Type I jail shall complete either the STC Supervisory course (as described in Section 181, Title 15, CCR) or the POST supervisory course within one year from date of assignment.

⁸ *Ibid.*, Section 1023. “Jail Management Training” states that managerial personnel of Type I jail shall complete either the STC management course (as described in Section 182, Title 15, CCR) or the POST management course within one year from date of assignment.

Audit Procedures

Auditors used two populations for Objective No.1(b). One population consisted of 16 sworn supervisors (two CAPT, two LT, and twelve SGT). The second population consisted of 116 civilian supervisors.

Auditors reviewed TEAMS II records of the 16 sworn supervisors to determine if the four sworn manager/administrators completed a manager/administrator core course and 12 sworn supervisors completed a supervisor core course within one year from date of promotion.

The civilian supervisor population of 116 civilian supervisors consisted of two populations: 27 PDOs and 89 SDOs. Auditors selected a random sample of 58 civilian supervisors.⁹ Auditors reviewed the supervisor's TEAMS II records to determine if they completed a supervisor core course during the first year after promotion.

The Department met the standard for this objective if the TEAMS II records indicated that the 74 supervisors (sworn and civilian) completed the respective training courses during the first year after promotion.

Findings

Sixty-three of the 74 TEAMS II records (85 percent) indicated that the supervisors completed the respective courses and met the standard for this objective. In five instances, TEAMS II records indicated that the supervisors had not completed the supervisor course within one year from date of assignment. In six other instances, TEAMS II did not have records of the supervisory course completion. Table III summarizes the findings that did not meet the standard.

Table III - Summary of Findings of Objective 1(b) Supervisory Core Course Was Completed and Documented in TEAMS II

Number of Employees	Rank	Findings
1	PDO	Training was not documented in TEAMS II
1	PDO	Training was not completed within one year from date of promotion
5	SDO	Training was not documented in TEAMS II
4	SDO	Training was not completed within one year from date of promotion

⁹ Auditors used a one-tail test with a 95 percent confidence level, five percent error rate, and a 50 percent proportion of success to determine the sample size.

Objective No. 1(c) – Annual 24-Hour Required Training Was Completed and Documented With CorrectionsOne Academy

Criteria

California Code of Regulations (CCR), Title 15, “Crime Prevention and Corrections,” Division 1, “Board of State and Community Corrections,” Chapter 1, “Board of State and Community Corrections,” Subchapter 1, “Standards and Training of Local Corrections and Probation Officers,” Article 3, “Minimum Standards for Training,” Section 184, “Annual Required Training,” states:

(a) Each full participation eligible staff member shall complete annual training, during any year he/she is not participating in a core course as identified in Section 171 of these regulations...

(3) Journey adult corrections officer - 24 hours...

(6) Supervising adult corrections officer - 24 hours...

(b) Annual training is designed to provide updated and refresher instruction. Flexibility is permitted in course content and method of instruction in order to meet changing conditions and local needs.

Audit Procedures

Auditors reviewed the CorrectionsOne Academy records of 29 sworn employees that had been assigned to CSD for more than one year and 197 civilian employees to determine if the employees completed the required 24-hour annual training in Fiscal Year (FY) 2020/21.¹⁰ The CorrectionsOne Academy submits the 24-hour annual training report to the Department every FY. The Department met the standard for this objective if the CorrectionsOne Academy database had records indicating that the 226 sworn and civilian employees completed the 24-hour annual training.

Findings

Two hundred fourteen of the 226 (95 percent) CorrectionsOne Academy database records reviewed showed that CSD audited personnel completed the 24-hour annual training and met the standard for this objective. In four instances, the CorrectionsOne Academy database did not have records of the 24-hour annual training completion. In eight other instances, the CorrectionsOne Academy database showed that the Department personnel had not completed the 24 hours of the required annual training. Table IV summarizes the findings that did not meet the standard:

¹⁰ CorrectionsOne Academy FY 2020/21 began on July 1, 2020, and ended on June 30, 2021.

Table IV - Summary of Findings of Objective 1(c) Annual 24-Hour Required Training Was Completed and Documented With CorrectionsOne Academy

Control No.	Rank	Findings
1	SGT	CorrectionsOne Academy database does not have a record of training completion
1	SDO	CorrectionsOne Academy database indicates less than 24 hours of training was completed.
3	DO	CorrectionsOne Academy database does not have a record of training completion
7	DO	CorrectionsOne Academy database indicates less than 24 hours of training was completed.

Objective No. 2 – Video Recordings Confirmed that Inmate Safety Checks Were Performed Timely and Properly

Criteria

Department Manual, 2nd Quarter 2021, Vol. 4, “Line Procedures,” Section 653.20, “Inspection of Inmates in Special Confinement,” states:

When an inmate is placed in special confinement, the jail detention staff shall inspect the inmate at least once each quarter of an hour, or more frequently if circumstances require, and record such inspection on the Safety Observation Record, Form 06.51.00.

Audit Procedures

Auditors reviewed 42 Safety Observation Records (Safety Records) and 274 Sobering Cell Inmate Welfare Forms (Sobering Forms) that CSD personnel completed for inmates confined in safety and sobering cells from September 1 through September 30, 2021.

The following 42 Safety Records were completed at:

- MDC – 21 Safety Records,
- VRJ – 4 Safety Records, and
- 77RJ – 17 Safety Records.

The following 274 Sobering Forms were completed at:

- MDC – 114 Sobering Forms,
- VRJ – 86 Sobering Forms, and
- 77RJ – 74 Sobering Forms.

The populations of the Safety Records and Sobering Forms (a total of 316 forms) were used to determine the sample size of 64 forms consisting of 23 Safety Records and 41 Sobering Forms.¹¹

¹¹ To determine sample size, auditors used a one-tail test with a 95 percent confidence level, five percent error rate, and a 97 percent proportion of success based on past performance and auditor professional judgment.

Auditors obtained 60 video records related to the selected 64 forms to determine if CSD personnel performed safety checks timely and properly¹².

Objective No. 2(a) – Inmate Safety Checks Were Performed in a Timely Manner

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 1, “Functional Objectives,” Section 1/200 “Inspections,” Subsection 250, “Safety Checks,” pp. 18-19, states:

A safety check is a direct, visual observation performed at random intervals... All safety checks shall be random and intermittent to minimize the ability of inmates to anticipate the next check. Safety checks shall be completed within the time interval assigned to the housing location and not precisely and repeatedly on the interval...

General Housing, Holding Cells, or Sobering Cells: Approximately every half hour. Two checks per hour;

Safety Cells: Approximately every 15 minutes. Four checks per hour.

Audit Procedures

Auditors reviewed 60 video recordings for the selected cells to determine whether safety checks were performed in a timely manner. The CSD personnel are required to perform safety checks of inmates approximately every 15 minutes for safety cells and approximately every 30 minutes for sobering cells. The Department met the standard for this objective if the safety checks were performed in a timely manner.

Findings

Fifty-eight of the 60 safety checks (97 percent) met the standard for this objective. In one instance, MDC personnel did not perform a safety check of an inmate in a safety cell. In one instance, VRJ personnel did not perform a safety check of an inmate in a sobering cell.

Objective No. 2(b) – Inmate Safety Checks Were Performed Properly

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 1, “Functional Objectives,” Section 1/200 “Inspections,” Subsection 250, “Safety Checks,” pp. 18-19, states:

A safety check is a direct, visual observation performed at random intervals to provide for the health and welfare of inmates... Safety checks shall be done in person. Audio/video monitoring may supplement, but not substitute for direct visual observation.

¹² Four of the 23 Safety Records videos were not available for review.

Audit Procedures

Auditors reviewed 60 video records for the selected cells to determine whether safety checks were properly performed. As stated in the criteria above, the video footage shall depict that CSD personnel are performing safety checks of inmates in person. The Department met the standard for this objective if the safety checks were performed in person.

Findings

Fifty-nine of the 60 safety checks (98 percent) met the standard for this objective. In one instance, VRJ video footage did not capture a safety check of an inmate in a sobering cell.

Objective No. 3 – Self-Contained Breathing Apparatus (SCBA) Maintained and Tested Adequately

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 1, “Functional Objectives,” Section 1/100 “Safety Equipment,” Subsection 125, “Self-Contained Breathing Apparatus,” p. 16, states:

- All SCBAs and related equipment shall be stored in designated lockers or securely affixed to the wall.
- There shall be an inspection log for each SCBA location.

Audit Procedure

Auditors conducted personal inspections of 30 SCBAs located in the Department jails to determine whether CSD personnel properly maintained and tested SCBAs. The following number of SCBAs were located at the Department jails: 14 at MDC, eight at VRJ, and eight at 77RJ.

Objective No. 3(a) – SCBAs Were Properly Stored

Jail Operations Manual, January 2019, Rev 1.x, Vol. 1, “Functional Objectives,” Section 1/100 “Safety Equipment,” Subsection 125, “Self-Contained Breathing Apparatus,” p. 16, states:

- All SCBAs and related equipment shall be stored in designated lockers or securely affixed to the wall.

Audit Procedures

Auditors conducted personal inspections of the three jails to determine if the 30 SCBAs were stored in designated locations or securely affixed to the wall in every audited jail. The Department met the standard for this objective if SCBAs were properly stored.

Findings

Each of the three jails (100 percent) met the standard for this objective.

Objective No. 3(b) – SCBA Breathing Test was Performed and Documented in the SCBA Log

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 1, “Functional Objectives,” Section 1/100 “Safety Equipment,” Subsection 125, “Self-Contained Breathing Apparatus,” p. 16, states:

- There shall be an inspection log for each SCBA location...;
- Once a month the A-Watch, watch commander at each Regional Jail Section, shall designate an employee to conduct a breathing test on each unit. The designated employee shall document his/her findings on the inspection log.

Audit Procedures

Auditors reviewed SCBA Inspection Logs completed from September 1, 2020, through August 31, 2021, to determine if a breathing test was documented in the log. The Department met the standard for this objective if the SCBA breathing tests were documented.

Findings

Twenty-two of the 30 SCBA Inspection Logs (73 percent) met the standard for this objective. The 77th Regional Jail personnel did not conduct and document a monthly breathing test during this audit period.

Objective No. 4 – Suicide Intervention Kits Maintained and Inspected

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 2, “General Operations,” Section 2/600 “Inmate Medical Treatment,” Subsection 690.30, “Inmate Suicide Prevention Kit,” pp. 84-85, states:

CSD suicide intervention kits are to aid personnel in the event of a suicide attempt...

The suicide intervention kits are sequentially numbered, and each Regional and Area jail will be responsible for the replenishment of the kits after use.

Audit Procedures

Auditors conducted personal inspections of 18 SIKs located in the Department jails to determine if CSD personnel properly maintained and inspected the kits. A total of 18 SIKs were located at Department jails: Seven at MDC, six at VRJ, and five at 77RJ.

Objective No. 4(a) – Suicide Intervention Kits Maintained Properly

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 2, “General Operations,” Section 2/600 “Inmate Medical Treatment,” Subsection 690.30, “Inmate Suicide Prevention Kit,” p. 85, states:

No items shall be removed from the kits except during the course of a suicide intervention...

Upon inspection, an inventory of the contents shall be taken...

Each kit contains the following:

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

Audit Procedures

Auditors conducted personal inspections of the three Department jails to determine if the 18 SIKS contained all items listed in the criteria for this objective. The Department met the standard for this objective if the SIKs had been properly maintained.

Findings

Each of the three jails (100 percent) met the standard for this objective.

Objective No. 4(b) – Suicide Intervention Kits Inspection was Performed and Documented

Criteria

Jail Operations Manual, January 2019, Rev 1.x, Vol. 2, “General Operations,” Section 2/600 “Inmate Medical Treatment,” Subsection 690.30, “Inmate Suicide Prevention Kit,” p. 85, states:

The CSD Title 15 Compliance Officer or designee shall inspect the inmate suicide intervention kits once every three months. This inspection shall be recorded on the Suicide Intervention Kit Inspection Log. . . . Upon inspection, an inventory of the content shall be taken.

Audit Procedures

Auditors reviewed SIK Inspection Logs at each Department jail to determine if CSD personnel recorded the inspection of the SIKs once every three months from September 1, 2020, through August 31, 2021. The Department met the standard for this objective if the SIK inspections were properly performed and documented.

Findings

Zero of the 18 SIK Inspection Logs (0 percent) met the standard for this objective. The CSD did not document the inmate suicide inspection kit inspections between December 30, 2019, and September 16, 2021, as required.

Regarding Objective 4(b), the Commanding Officer, CSD, advised that CSD personnel performed multiple inspections daily and recorded this information on their Watch Commander's Logs. While the inspections performed by CSD appear to have occurred in the timeframe required, these were documented on an electronic log rather than the SIK Inspection Log indicated in the Department Manual. This diversion from policy occurred temporarily because of conditions created by the pandemic. The CSD has now returned to recording inspections on the SIK log and auditors will follow up with CSD during 2022 to determine that required SIK inspections are continuing.

INTRADepARTEMENTAL CORRESPONDENCE

March 1, 2022
18.3.2

TO: Commanding Officer, Audit Division

FROM: Commanding Officer, Custody Services Division

SUBJECT: CUSTODY SERVICES DIVISION AUDIT REPORT

Custody Services Division (CSD) has reviewed the Custody Services Division Audit report and is in general agreement with the final audit report findings. An exit meeting will not be required.

Regarding Objective 4(b), CSD did perform multiple daily inspections on the SIK and recorded this information on their Watch Commander's Logs. In addition, there were inspections performed by CSD in the time frame required but were only documented on an "electronic" log. This lack of consistency in documentation occurred temporarily due to conditions created by the pandemic. However, CSD has returned to recording inspections on the SIK log.

If there are any questions, regarding this matter please contact Sergeant II Brian Valle, Serial No. 35110, at (213) 356-3450.



ORLANDO CHANDLER, Captain
Commanding Officer
Custody Services Division