Classification **PUBLIC**

Meeting **April 16th, 2019**

Agenda Item **Monitoring Report: Audit Function**

Recommended Motion:

THAT the Board finds the Durham Regional Police compliant with all provisions of the Audit Function Executive Limitations policy.

I hereby submit my monitoring report on your Executive Limitations Policy: Audit Function according to the schedule set out. I certify that the information contained in this report is true.

I report compliance on all provisions of this policy.

Signed: _____ Date: 07 APR 19

Chief of Police

BOARD POLICY STATEMENT:

The Chief of Police will not fail to ensure that all practices related to quality assurance and audit functions are in accordance with statutory requirements and generally accepted principles and standards for the professional practice of internal auditing.

Further, without limiting the scope of the foregoing, the Chief of Police will not:

1. *Fail to establish an internal audit capability for the police service and ensure that appropriate resources are provided to the members performing the function.*
2. *Fail to ensure that police members involved in audit processes have the knowledge, skills and abilities required to perform the duties required.*
3. *Fail to establish audit priorities on an annual basis based on a risk assessment or operational priorities of the police service.*

4. *Fail to develop an internal audit work plan on an annual basis that identifies potential audit projects to be performed during the calendar year it is presented.*
5. *Fail to present to the Board the internal audit work plan for the current calendar year.*
6. *Fail to present to the Board a consolidated report summarizing the results of the previous year's audits, including any audits conducted externally.*
7. *Fail to inform the Board, as required, of any audit results that may require the immediate attention of the Board.*

Interpretation of the Chief of Police:

It is my interpretation that this executive limitations policy requires that the Durham Regional Police Service shall have, at minimum: a quality assurance capacity internal to the service; and an audit capacity, either internally or through external contract depending on the expertise required, to meet statutory requirements, and to comply with generally accepted principles and standards for the auditing profession.

POLICY PROVISIONS #1 & #2

Establish an internal audit capability for the police service and ensure that appropriate resources are provided to the members performing the function.

Ensure that police members involved in audit processes have the knowledge, skills and abilities required to perform the duties required.

Interpretation of the Chief of Police:

It is my interpretation of these policy provisions that the Durham Regional Police Service (DRPS) will have a sufficient number of members with the requisite knowledge, skills and abilities to conduct an audit of service policies and procedures, and that these members will have the appropriate resources available to them to carry out this function.

Data Support:

The responsibility of the Quality Assurance Unit of the DRPS is to conduct internal quality assurance audits; assist in the development and maintenance of directives, which outline processes, procedures and roles and responsibilities of members; assist in the development and maintenance of forms; and to review all suspect apprehension pursuits.

Members currently assigned to the unit include a staff sergeant and one civilian member. The capacity of the unit is occasionally expanded on a short-term basis by the use of members who have completed the *Auditing in a Law Enforcement Organization* course. There are currently thirty-six (36) members within the service who have successfully completed the auditing course mentioned above. These members may be called upon to support internal audits.

Audits requiring Generally Accepted Accounting Principles (GAAP) standards are sourced out to qualified agencies.

POLICY PROVISION #3

Establish audit priorities on an annual basis based on a risk assessment or operational priorities of the police service.

Interpretation of the Chief of Police:

It is my interpretation of this provision that each year a selection of potential audits will be considered and that from this selection an audit plan will be established, and that risk and operational priorities will be a consideration when establishing this plan.

Data Support:

Quality Assurance prioritizes audits based on input from the Risk Management Committee and the need for assurance of adequacy standards and directive procedures compliance. Throughout the year, leadership may identify additional audit priorities and the schedule is amended accordingly.

Audit priorities also take into account the priority rating of a directive. Directives are prioritized based on a four-class rating system, with priority 1 directives being those that relate to the highest risk activities, and priority 4 directives being those that relate to the lowest risk. The priorities were assigned using a directive rating assessment tool that takes into account both the level of risk involved in the activities covered by the directive, and by the frequency of these activities.

An audit of the Seized and Found Property directive is conducted annually in compliance with the guidelines outlined in section 5 of the Collection, Preservation and Control of Evidence and Property standard contained within the Policing Standards Manual, which recommends that:

> *Every Chief of Police should ensure that an annual audit of the property/evidence control function is conducted by a member(s) not routinely or directly connected with the property/evidence control function, and report the results to the Board.*

POLICY PROVISION #4

"develop an internal audit work plan on an annual basis that identifies potential audit projects to be performed during the calendar year it is presented."

Interpretation of the Chief of Police:

It is my interpretation of this policy provision that an audit plan will be developed annually, taking into account the audit priorities noted in policy provision 3.

Data Support:

The Quality Assurance Unit develops an audit schedule for each calendar year. The unit schedules audits on an annual basis and reviews the requirements for each before beginning work on the audit. To identify priority audits, the unit solicits input from the Risk Management Committee in the previous calendar year.

Two to four weeks prior to the scheduled audit, the executive responsible for the area to be audited is contacted to discuss the work plan including the background, purpose and scope of the audit. This is an opportunity to ensure that any concerns, regulations and standards are identified and considered for inclusion in the audit.

POLICY PROVISION #5

Present to the Board the internal audit work plan for the current calendar year.

Interpretation of the Chief of Police:

It is my interpretation of this policy provision that the audit plan for the current year, as noted in policy provision 4, is presented to the Board as part of this monitoring report.

Data Support:

The following audits are planned for 2019:

A. Property Audit (General Property, High Risk (Firearms, Money Vault, and Drug Vault))
B. Hate Crime / Propaganda
C. Use of Force Reporting
D. Evidence Continuity

POLICY PROVISION #6

Present to the Board a consolidated report summarizing the results of the previous year's audits, including any audits conducted externally.

Interpretation of the Chief of Police:

It is my interpretation of this policy that I will provide to the board, as an appendix to this monitoring report, a report that summarizes the findings of audits completed in the previous year.

Data Support:

The following audits were completed by the Quality Assurance unit in 2018:

A. Property Inventory

   The police service guidelines in the Police Standards Manual LE-020 Collection, Preservation and Control of Evidence and Property state that every police service's procedure on property control should require that an inventory is taken of the property / evidence of a storage area when the person who has responsibility for that area is transferred or replaced. The inventory provides assurance that records relating to the stored property / evidence are accurate. Quality Assurance (QA) conducted an inventory of the Property Warehouse for this purpose during the transition between sergeants in February, 2019.

B. Elder and Vulnerable Adult Abuse

   Section 12(1)(f) of the Adequacy Standards Regulation requires the Chief of Police to develop and maintain procedures on and processes for undertaking and managing investigations into

elder abuse and vulnerable adult abuse. This audit focused on the duties and procedures of the initial responding officer, the senior support coordinator, and the GOA Unit as they are articulated in Directive VA-01-004 "Elder and Vulnerable Adult Abuse."

C. Preliminary Perimeter Control and Containment

Section 22(1) of the Adequacy Standards Regulation requires the Chief of Police to establish procedures on preliminary perimeter control and containment. In addition, Section 22(3) requires that police officers who are not members of a tactical unit and who are deployed in a containment function, including members of a containment team, shall not, prior to the arrival of a tactical response, employ offensive tactics unless the officers believe, on reasonable grounds, that to do so is necessary to protect against the loss of life or serious bodily harm. The audit focused on procedures and processes involving preliminary perimeter control and containment and documents relevant to the topic in order to ensure that all policies and procedures are in accordance with adequacy standards.

D. Memo Book and Note Taking Procedures

Section 41(1)(a) of the Police Services Act (PSA) requires the Chief of Police to administer the police service and oversee its operations in accordance with the policies for effective management as established by the Board. In accordance with these provisions and demonstrated through jurisprudence and public inquiries, Police Standards Manual (2000) guidelines advise that the Chief of Police should have procedures for the effective note taking by members of the police service. This audit examined the note taking practices and memo book entries for compliance with Directive AO-19-001 Memo Book and Note Taking Procedures and Officer Note Taking.

For a more detailed summary of audit results and the corresponding management response refer to the *Consolidated Audit Report: 2018 Audit Summary* attached as Appendix A.

In addition, students of the "Auditing in a Law Enforcement Organization" course conducted audits on the following areas: Divisional Disposition of Property, Waterways Policing, Crime Prevention Initiatives (in West Division), Counterfeit Currency, and Emergency Planning. The audit of the divisional disposition of property has initiated a larger review of divisional property within the divisions and a cleaning up of the associated database.

POLICY PROVISION #7

Inform the Board, as required, of any audit results that may require the immediate attention of the Board.

Interpretation of the Chief of Police:

It is my interpretation of this policy that I will inform the Board of any audit results that require the immediate attention of the Board, and that I will provide this notification without unreasonable delay.

Data Support:

The results of the audits completed in 2018 did not warrant the immediate attention of the Board, consequently there was no requirement to inform the Board of these results prior to the submission of this monitoring report.

As common practice, audit results are communicated to the senior officer(s) responsible for the area that was audited, the Risk Management Committee, and the final report of each audit is submitted to the Executive Leadership Team. The communication of audit results across the three management groups noted above, is considered sufficient to provide adequate expectation that serious audit findings requiring the Board's attention would be identified.

A copy of all audit reports and management action plans are retained for corporate knowledge management in accordance with the schedule set forth in the Records Retention and Purge Bylaw of the Durham Regional Police Services Board.

Attachments:

A. **Consolidated Audit Report: 2018 Audit Summary**

Appendix A – Monitoring Report: Audit Function

CONSOLIDATED AUDIT REPORT: 2018 AUDIT SUMMARY

In 2018, Quality Assurance (QA) completed audits in the following areas:

A. Property Inventory

B. Elder and Vulnerable Adult Abuse

C. Preliminary Perimeter Control & Containment

D. Memo Book and Note Taking Procedures

QA audits were completed with assistance from members who have taken the "Auditing in a Law Enforcement Organization" course.

In addition, students of the "Auditing in a Law Enforcement Organization" course conducted audits on the following areas: Divisional Disposition of Property, Waterways Policing, Crime Prevention Initiatives (in West Division), Counterfeit Currency, and Emergency Planning. The audit of the divisional disposition of property has initiated a larger review of divisional property within the divisions and a cleaning up of the associated database.

AUDIT SUMMARY

A. Property Inventory

The police service guidelines in the Police Standards Manual LE-020 Collection, Preservation and Control of Evidence and Property state that every police service's procedure on property control should require that an inventory is taken of the property / evidence of a storage area when the person who has responsibility for that area is transferred or replaced. The inventory provides assurance that records relating to the stored property / evidence are accurate. Quality Assurance (QA) conducted an inventory of the Property Warehouse for this purpose during the transition between sergeants in February, 2018.

As this was an inventory with the purpose of ensuring that items were documented in the database and stored in the warehouse accordingly, corrections were made by members of the Property Unit as they arose throughout the inventory. Any required corrections that were not made during the inventory were left with members of the Property Unit for correction. Items unaccounted for at the end of the inventory period represented less than 0.07% of the approximately 33,200 items inventoried. All items in the firearm cage, drug vault, and money vault were accounted for. At the conclusion of the inventory, management signed off to affirm that the objectives of the inventory were maintained and that they were satisfied with the inventory result.

B. Elder and Vulnerable Adult Abuse

Section 12(1)(f) of the Adequacy Standards Regulation requires the Chief of Police to develop and maintain procedures on and processes for undertaking and managing investigations into elder abuse and vulnerable adult abuse. This audit focused on the duties and procedures of the initial responding officer, the senior support coordinator, and the GOA Unit as they are articulated in Directive VA-01-004 "Elder and Vulnerable Adult Abuse."

Appendix A – Monitoring Report: Audit Function

Summary of Audit Findings (AF) and Management Response (MR)

AF.1. The auditor found that Elder and Vulnerable Adult Abuse general occurrence cases often do not contain written documentation of the physical and mental condition of the vulnerable adult from the first responding officer. It is recommended that more training in elder and vulnerable adult related investigation is required for first responding officers to be compliant with the procedures in the directive and to improve their ability to identify and report on the signs and symptoms of elder abuse.

AF.2. The auditor found that first responding officers are often failing to document separation of the vulnerable adult from the caregiver and speaking to them privately. It is recommended that more training in elder and vulnerable adult related investigation is required for first responding officers to be compliant with the procedures in the directive regarding taking and recording separate remarks from vulnerable adults and their caregivers.

MR.1. and MR.2. Management responded that the Canadian Police Knowledge Network (CPKN) provides an online E Learning Elder Abuse Course that meets the requirements of DRPS. The Community Safety Unit will work with the PEIC to provide this training to all frontline members. Approval for funding as well as the requirement for the training to be mandatory will need Command level approval. The training takes approximately 3 hours to complete. The launch of the training would not occur until September 2019 after prime time is over. A 6-month time frame for completion of the training by all officers would be required bringing the completion date to March of 2020.

AF.3. First responding officers are ensuring that the vulnerable adult is receiving prompt medical attention if required.

AF.4. There is no single, easily accessible and up-to-date source of information on appropriate community referrals for elders and vulnerable adults. In addition, Elder and Vulnerable Adult Abuse general occurrence cases often do not contain written documentation that first responding officers are making vulnerable adults aware of related community agencies. It is recommended that the Senior Support Unit create an up-to-date list of community agencies, their names, contact details and description of services and that this list be included as an attachment to Directive VA-01-004 "Elder and Vulnerable Adult Abuse," and its location be cited in the body of the Directive.

MR.4. Management responded that a list of agencies is currently available and attached to the Directive VA-01-004 Elder and Vulnerable Adult Abuse. This list will be reviewed for accuracy and any necessary updates or additions completed. Once the list is updated a Media One Message will be sent out to all members which will include a link to the list and how it can be accessed.

AF.5. Senior Support Unit statistics are reported on a monthly basis. It is recommended that the Senior Support Unit (or designate) resume posting monthly statistical reports on Media One under the existing Community Safety Branch Indicators and Statistics page.

MR.5. Management responded that a review of the current Statistics being collected will be completed to ensure the most relevant statistical data is being captured. Once the review is completed the statistics will be added to Media One as recommended.

AF.6. There were 42 incidents with the "E" flag that did not meet the criteria outlined in Directive VA-01-004 "Elder and Vulnerable Adult Abuse." In addition, there are 17 out of 100 incidents with elder victims which were improperly not flagged "E" (Elder Related). It is recommended that the responsibility of first responding officers to mark GO reports with the "E" (Elder Related) flag and the criteria for doing so is communicated widely to frontline members of the DRPS.

MR.6. Management responded that a Media One message will be sent out providing direction to Frontline Officers on the requirement to flag all Elder related reports. The message will include the criteria for what is to be flagged. Senior Support Coordinator will also meet and review criteria with members of GOA who review reports to ensure any reports missed by frontline members are flagged appropriately.

C. Preliminary Perimeter Control and Containment

Section 22(1) of the Adequacy Standards Regulation requires the Chief of Police to establish procedures on preliminary perimeter control and containment. In addition, Section 22(3) requires that police officers who are not members of a tactical unit and who are deployed in a containment function, including members of a containment team, shall not, prior to the arrival of a tactical response, employ offensive tactics unless the officers believe, on reasonable grounds, that to do so is necessary to protect against the loss of life or serious bodily harm. The audit focused on procedures and processes involving preliminary perimeter control and containment and documents relevant to the topic in order to ensure that all policies and procedures are in accordance with adequacy standards.

Summary of Audit Findings (AF) and Management Response (MR)

AF.1. The auditors found that there are members of the DRPS who are responsible for preliminary perimeter control and containment who did not receive the necessary training. It is recommended that all members responsible for preliminary perimeter control and containment receive the necessary training before they are active in their role.

MR.1. Management responded that OACP has developed Incident Response Training for first responders, Supervisors and Duty Inspectors. The training includes the topic of perimeter control and containment and would align the Organization with established and recognized "best practices" throughout Ontario.

The OACP training is specific to frontline responders, however supplemental training based on the OACP Best Practices could be provided to Communication / 911 Unit to ensure alignment. There will be challenges with respect to all frontline members being provided with training before they are active in a frontline capacity. OACP Incident Response (IR) Best Practices could be incorporated into the training provided to all experienced new hires. PEIC is currently working on the development of CTS and delivery of this training to the DRPS.

AF.2. The auditors found that members feel that the training in relation to preliminary perimeter control and containment is not sufficient. It is recommended that the training being provided is

sufficient to performing this critical task and that the training includes a scenario-based component in addition to the e-learning.

MR.2. Management responded that OACP Best Practices has been developed by a sub-committee of the OACP Education, Training and Professional Development Committee. The material was presented to the OACP Board of Directors in December 2018 and unanimously approved and passed by the Board of Directors. The OACP board is anticipated to meet with the Minister in the near future to discuss this material and aspects of Ministry accreditation standards piece of this material.

AF.3. The auditors found that the training members receive is at times confusing and contradictory. It is recommended that all preliminary perimeter control and containment training is clear and is consistent throughout the Service and only members who are designated as trainers are conducting training activities.

MR.3. Management responded that utilizing the OACP Best Practices will ensure clear and consistent training throughout the Service and will ensure aligned with partner agencies throughout Ontario. All training should be facilitated by PEIC and specifically supporting members, with required knowledge and experience, be identified to assist with delivery of the material.

AF.4. The auditors found that there is currently no approved procedures manual outlining the police service's procedures for containment. The draft procedures manual clearly identifies and outlines the Service's procedures for containment and members' responsibilities in such circumstances. It is recommended that the draft procedures manual outlining the Durham Regional Police Service's procedures for containment be approved and available to all members responsible for preliminary perimeter control and containment as soon as possible.

MR.4. Management responded that a manual can be drafted from the OACP Best Practices material for members to access.

AF.5. The auditors found that the Durham Regional Police has an established containment team. The members of the containment team can be clearly and consistently identified.

AF.6. The auditors found that the containment team has available to them the minimum equipment required, as outlined in the Ministry's designated equipment list.

AF.7. The auditors found that members responsible for preliminary perimeter control and containment feel they have the necessary use of force equipment to do containment safely, however, they feel some technology, such as systems and maps, does not support this task. It is recommended that all systems are up to date and that all members responsible for preliminary perimeter control and containment have the required technology to perform this task.

MR.7. Management responded that Communications and IT have partnered to ensure all systems and maps are current and accessible to members of the Service.

AF.8. The auditors found that not all members are aware of/understand the processes, policies and procedures relating to the initial response for preliminary perimeter control and containment. It is recommended that all members responsible for preliminary perimeter control and containment be aware of and understand the policies, procedures and processes related to the task. Also, that

awareness and education of Directive ER-02-001 "Preliminary Perimeter Control and Containment" be considered a priority.

MR.8. Management responded that the OACP Best Practices has evaluation measures to address ensuring an understanding of material and records of delivery of the material can be incorporated in the facilitation of the material. Staff Sergeants / Sergeants on each platoon can incorporate the awareness of this directive during parades and review CTS as required. This can be reinforced during training delivery as supplemental training. Emphasis is being placed on the topic by incorporating more regular debriefs or After Action Reviews (AAR) and sharing the lessons learned. The number of debriefings and AAR will be captured and reviewed for lessons learned to assist in evaluating the procedures and the implementation of training material.

AF.9. The auditors found that communication among all members involved in a preliminary perimeter control and containment situation needs to be improved. It is recommended that all members involved in a preliminary perimeter control and containment situation relay information over the radio so that all members involved are aware of any new developments or changes in the situation.

MR.9. Management responded that Communication requirements are included in the OACP Training Material. Increasing the number of debriefings / AAR will assist with improving communications and identifying opportunities to learn. IR Training and refresher training on platoons will improve radio communication. 911/Communications have adjusted their operating procedures to inform an officer that they will be first on scene, so that the officer is aware to follow the proper procedures and ensure they take all necessary safety precautions.

AF.10. The auditors found that there is a lack of clarity surrounding who has operational responsibility for an incident when it is being established. It is recommended that it be determined who has operational responsibility for establishing preliminary perimeter control and containment and that the roles and responsibilities of all involved members be clearly identified and outlined.

MR.10. Management responded that the Police Service Act, OACP best practices, and DRPS directives all have recommendations on who has operational responsibility for the establishing preliminary perimeter control and containment, the Scene Commander. The first officer on scene is Scene Commander until relieved. This can be re-affirmed in the training provided.

AF.11. Improvements could be made to consistency throughout the Service with regards to containment. It is recommended that there be Service-wide communication regarding the operating procedures for a containment situation and that the expectations of those involved in preliminary perimeter control and containment be clearly identified. Emphasis should be placed on the importance of preserving the scene. It is recommended that members responsible for preliminary perimeter control and containment understand the urgency of such situations, but also respect and understand the importance of preserving the scene and any evidence contained within.

MR.11. Management responded that there will be a review of the directive and development of a manual based on consistent best practices. Scene preservation will be incorporated in training materials.

AF.12. The auditors found that the directive does not discuss deployment of other emergency response services nor after action reviews or debriefs of situations involving preliminary perimeter control and containment. It is recommended that the DRPS formalize an after action reviewing/debriefing process and that this process be identified within Directive ER-02-001 "Preliminary Perimeter Control and Containment".

MR.12. Management responded that DRPS has MOU with external services for shared services. The directives will be reviewed in response to this recommendation. A proposal for formalizing an organizational debriefing / AAR process will be presented to ELT for consideration.

D. Memo Book and Note Taking

Section 41(1)(a) of the Police Services Act (PSA) requires the Chief of Police to administer the police service and oversee its operations in accordance with the policies for effective management as established by the Board. In accordance with these provisions and demonstrated through jurisprudence and public inquiries, Police Standards Manual (2000) guidelines advise that the Chief of Police should have procedures for the effective note taking by members of the police service.

This audit examined the note taking practices and memo book entries for compliance with Directive AO-19-001 Memo Book and Note Taking Procedures and Officer Note Taking. Entries were tested and measured by reviewing supervisory documentation regarding memo book entries. Interviews were conducted with individual officers, supervisors, members of Divisional CIB, Major Crime, GOA/Case Management, and Property. The audit scope did not include an assessment or review of individual memo book entries or an assessment of the quality of the ELM Notebook training provided by the PEIC.

Summary of Audit Findings (AF) and Management Response (MR)

AF.1. The auditors found that supervisors are not compliant in their role of inspecting memo books for completeness and accuracy on a regular basis as outlined in Directive AO-19-001 Memo Book and Note Taking Procedures. It is recommended that key items to look for in a notebook inspection are identified and a consistent inspection schedule and record keeping system is employed across the service with greater oversight by the Staff Sergeant or Inspector.

MR.1. Management responded that service direction and expectations are found within the Memo Book and Note Taking directive; compliance is the issue. The form supervisors are supposed to use when inspecting notebooks is sufficient for identifying and recording key items for inspection and monthly inspections of notebooks is an appropriate frequency. A senior leadership message will be sent with the service expectations.

AF.2. The auditors found that members are not always following the procedures for text pages and scanned notes in Versadex to support the requirements of effective notetaking. It is recommended that members follow the procedures of locking text pages and documenting lock codes in their notebook, scanning deficiencies are reduced, and that members are reminded of the availability of the eLearning course "Procedures on Police Record Taking" for those who may need a refresher on using a notebook in conjunction with electronic note taking.

MR.2. Management responded that a senior leadership message will be sent that includes a reminder of the procedures for text pages and scanned notes. These expectations are found within the Memo Book and Note Taking directive; compliance is the issue. Regarding the scanning of notes, the Continuous Improvement Disclosure Improvement Program has implemented a new and efficient manner for scanning notes to the records management system. The eLearning course "Procedures on Police Record Taking" will be reviewed for current expectations and procedures with input from the Crown's office. Consideration will be given to requiring the eLearning to be completed in the coming year. Once the eLearning has been reviewed, the directive will be reviewed to determine if information is missing and updated accordingly.

AF.3. The auditors found that the personal retention schedule for notebooks and the marking of notebooks containing outstanding cases is not being followed. Property usually receives memo books when members leave a specialty unit, investigative unit, or at retirement; there is not a regular cycle of memo book collection, nor are submission rules being followed. It is recommended that notebooks past the personal retention period are collected on an annual basis from each location, with a supervisor overseeing the collection for pick-up by Property.

MR.3. Management responded that a purpose-built form will be created for submitting notebooks that details the information required for notebook submission. The current directive is clear on notebook retention. The new form and the compliance of supervisors conducting notebook inspections should create discussion / inquiry of retention. Supervisors will need to take responsibility, along with members, for complying with current notebook retention and submission to the Property Unit.

AF.4. The auditors found that the Ministry guidelines and DRPS directive regarding notebooks require the retention of notebooks for 15 years; however, the DRPS Retention and Purge By-Law requires permanent retention of notebooks. It is recommended that Directive AO-19-001 Memo Book and Note Taking Procedures is updated to refer to the Durham Regional Police Service Records Retention and Purge By-law regarding the long-term storage and retention of notebooks.

MR.4. Management responded that the policies on the long-term storage and retention of notebooks will be reviewed with the appropriate stakeholders.

AF.5. The auditors found that all physical notebooks are kept in perpetuity at the Property Unit, regardless of whether the memo book entry has also been scanned into a Versadex record and even when that Versadex record also has a permanent retention requirement per the by-law. It is recommended that the Durham Regional Police Service Records Retention and Purge By-law is revisited to potentially eliminate duplication in record retention regarding notebooks. It is recommended that notebooks are scanned to the general occurrence for all indictable offences, that an assessment is done on the feasibility of scanning notebooks past the purge date for permanent retention and disposing of the original, and that a consistent format is used for entering the description of physical notebooks into the property system.

MR.5. Management accepted the recommendation to scan notebooks to the general occurrence for all indictable offences, whether charges are laid or not, to ensure that the notes from these cases are

not lost or damaged. There will be a directive revision with notification to all members regarding the change. An assessment on the feasibility of scanning notebooks for permanent retention and disposing of the original will be conducted. The by-law and policies will be revisited to ensure eliminate duplication in record retention. Information Technology (I.T.) will be consulted about ensuring consistency when the description of physical notebooks is entered into the property system.

AF.6. The directive does not specify that notebooks must be bound, nor does it address the relevant provisions of the SIU Regulation. It is recommended that the directive is corrected.

MR.6. Management accepted the recommendation to correct the directive.