

Classification **PUBLIC**

Meeting **April 14^h 2014**

Agenda Item **Monitoring Report:
Audit Function**



Recommended Motion:

THAT the Board finds that all provisions of the *Audit Function Executive Limitations Policy* have been complied with.

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 to all provisions of this policy.

Signed: _____
Chief of Police

Date: _____

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 limitation policy stipulates that the Durham Regional Police Service (DRPS) shall have at minimum quality assurance capacity internal to the Service, and audit capacity either internally or through contracted external expertise depending on the expertise required to meet statutory requirements, generally accepted principles and standards for the auditing profession. This audit capacity also includes the continuous review, and revision process in relation to Service directives.

Data Support:

1. QUALITY ASSURANCE CAPABILITY

The Durham Regional Police Service (DRPS) has a Quality Assurance Unit (Q.A.) whose responsibility it is to:

1. Conduct internal quality assurance audits
2. Assist in the development and maintenance of directives, the written orders of the Chief of Police for all members. Directives outline processes, procedures, roles and responsibilities and are available to all members of the service through the DRPS intranet.
3. Assist in the development and maintenance of forms
4. Review all suspect apprehension pursuits, ensuring the timely submission of Fail To Stop Reports and Suspect Apprehension Pursuit Debriefings by the Compliance Officer (Staff Sergeant)

Active members of the unit include a Staff Sergeant as the compliance officer and two civilian members. In 2013, a third civilian member, the Senior Planner was assigned to supervise and coordinate the quality assurance functions. In addition, Service members who have attended the course "Auditing in a Law Enforcement Organization" may be available as resources to the unit for auditing.

2. KNOWLEDGE, SKILLS AND ABILITIES

To perform a comprehensive audit unassisted, auditors must have completed the Ray Jacobson Auditing course. Thirty members within the Service have successfully completed the Jacobsen "Auditing in a Law Enforcement Organization" course. These members may be called upon to perform internal audits for the Service.

The member assigned to the auditing function in Q.A. received additional training on quality and process improvement applicable to internal auditing from a certified member of ROCG Hobb and

Company Consulting in the spring of 2011. It is expected that this training is applied to internal audits, including the proper tracking and documenting of completed audits.

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

3. AUDIT PRIORITIES

Quality Assurance prioritizes audits based on feedback 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.

The property audit is conducted annually based on the guidelines of the Policing Standards Manual (2000) integrated policy statement LE-020 Collection, Preservation and Control of Evidence and Property, section 5, 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.

Additionally, the Quality Assurance unit has assessed the DRPS directives against workplace values to establish their priority for outcome significance.

Front-Line Assessment

Through the dates of January 27 to February 4, five focus groups were held to conduct a front-line assessment of our current directives. Using their experience and expertise, forty-four members participated in rating over two hundred directives on the five values of: officer and public safety, imminent procedural knowledge, discretion & evidence collection, reputation, and property & environment. The participants also informed the frequency factor. The members who participated were highly engaged in the process and provided valuable insight into the benefits of the directives.

Ratings

To calculate the rating score for a directive, each of the five value weights is multiplied by the severity rating (as informed by the group participants); the severity scores are summed to give a severity score. Finally, the severity score is multiplied by the frequency rating to assign a total score. Once all directives were scored, a priority from 1 to 4 was assigned to each directive, with 1 being the highest, or most critical, priority.

Priority ratings were assigned by identifying the separation points in the directive scores. As well as the numerical separation, all directives given a catastrophic procedural knowledge rating (the member must be aware of and is unable to refer to the directive at the time of execution) are included in the priority 1 grouping.

Quality Assurance internal audits will be identified using the priority and directive rating calculation to determine the outcome significance of the audit.

4. AUDIT PLAN

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 the audits. To identify priority audits, the unit solicits input from the Risk Management Committee in the previous

calendar year. In addition, assurance and compliance audits are selected based on risk, as identified through the Directive Rating Assessment, and brought to the Risk Management Committee for feedback.

Two to four weeks prior to the scheduled audit, the signing authority 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 may be included in the audit.

5. AUDIT SCHEDULE (2014)

At minimum, the following audits will be conducted in 2014:

April:	Records Management
May:	Joint Audits (Course audit topics may include: Photo Line Up Procedures, Lead Control Program, RADAR and LIDAR Speed Measuring Devices, Community Patrol, Scenes of Crime Officers)
June:	Police Use of Force
August:	Property
October:	Emotionally Disturbed Persons

6. AUDIT SUMMARY (2013)

In 2013, audits were completed in the following areas:

A. Traffic Management: Impaired Driving Policies and Procedures

The purpose of this audit was to review the practices used by Traffic Services when arresting and testing suspected impaired drivers and to examine how compliant these practices are to our directives.

B. Elder and Vulnerable Adults

The purpose of this audit was to review the Durham Regional Police Service (DRPS) policy and procedures for incidents involving elder and vulnerable adults. The audit focused on current procedures and compliance with the directive.

C. Property: Firearms

The purpose of this audit was to review the policy and procedures of Durham Regional Police Service (DRPS) for processing any found, turned in or seized firearms that come into the possession of Property Unit.

D. Job Posting

The purpose of this audit was to review the Durham Regional Police Service (DRPS) job posting process and assess its compliance with DRPS directives and best practices.

E. Search Warrant Course

The purpose of this audit was to assess the impact that the DRPS Search Warrant Course was having on front line resources, to what degree it was benefitting the DRPS members to carry

out their assigned duties related to the writing of judicial authorization requests and the suitability of course candidates that were being selected.

F. Quarter Masters

The purpose of this audit was to assess key components of the daily operations of the Quartermaster Stores (QM).

For the detailed findings and management response, please see the consolidated report summarizing the results of the previous year's audits (Appendix A).

7. AUDIT RESULTS

For internal audits, a meeting is scheduled with the auditor(s) and the Audit Review Board* after the audit is completed. At this meeting, the auditor(s) present their findings and recommendations and management has the opportunity to comment on the audit. Management then responds in writing to the findings and recommendations in a management action plan. Progress on the management action plan is reported back to Quality Assurance.

Management may choose to accept, accept in part, or decline any recommendation. If accepting a recommendation, the management response will include an action plan with an anticipated completion date. If declining a recommendation, the management response will include the reasons for declining the recommendation. Finally, if accepting the recommendation in part, the management response will include a reason for the partial acceptance and an action plan for the accepted portion of the recommendation.

Audits that are completed in the "Auditing in a Law Enforcement Organization" course are presented on the last day of the course. Leadership is invited to attend to hear the results and ask questions of the auditors.

The Chief of Police is apprised of annual audit results, including any identified imminent risks to the Service or its members. Through the Chief, the Board is informed of any issues or concerns that require the immediate attention of the Board.

**The Audit Review Board consists of: any Command Member (at minimum the C.A.O.), Manager of Planning, Supervisor of Quality Assurance, and the LG Member responsible for the audit.*

Attachments:

A. Consolidated Audit Report: 2013 Audit Summary

CONSOLIDATED AUDIT REPORT: 2013 AUDIT SUMMARY

In 2013, audits were completed in the following areas:

- A. Traffic Management: Impaired Driving Policies and Procedures
- B. Elder and Vulnerable Adults
- C. Property: Firearms
- D. Job Posting
- E. Search Warrant Course
- F. Quarter Masters

INTERNAL AUDITS

A. Traffic Management: Impaired Driving Policies and Procedures

The purpose of this audit was to review the practices used by Traffic Services when arresting and testing suspected impaired drivers and to examine how compliant these practices are to our directives.

The scope of this audit focused specifically on the testing equipment and forms used, and the certification of officers administering the testing. Communication's role when assisting officers arrange for a suspected impaired driver to receive an Intoxilyzer test was also examined. This audit did not look at the testing processes involved in Alcohol Related Impaired Driving Hospital Investigations and processes specific to the R.I.D.E. program. In order to reach the conclusions, relevant directives were examined, key members were interviewed and each division was visited. As well, a representative sample of Impaired Driving General Occurrences for 2012 was reviewed.

Summary of Findings

1. Officers were compliant in documenting observations that lead to the suspicion that a driver was impaired by alcohol or had committed the offence of exceeds .08.
2. Not all impaired driving forms were scanned clearly or filled out properly
3. The active Drug Recognition Coordinator and the Drug Recognition Evaluators are compliant with the training requirements and with their role in the training process.
4. Officers were compliant when documenting the evidence of drug impairment, using the 12-step evaluation, and scanning the correct paperwork.
5. Drug Recognition Evaluators were compliant in keeping their Drug Kits stocked properly, available and in good working, as outlined in the Directive.
6. Four of the 43 qualified Breath Technicians have not completed the annual re-qualification process through the Centre for Forensic Sciences.

7. Of the four Intoxilyzer 8000s that were checked, one Intoxilyzer machine was not stored properly.
8. Three expired blood kits were found when visiting the divisions.
9. Several of the Approved Screening Devices (ASDs) were found not stored properly.
10. Calibration Logs are required for Approved Screening Devices. These logs were found in each Division.
11. The Skills Augmentation List that Communications uses when asked to contact an Intoxilyzer Technician is outdated.

Management Response

1. It is worth noting that, there were 800 Impaired Driving Reports involving arrests submitted in 2012. A random representative sample of general occurrences was reviewed and, in all of the occurrences examined, the officer made note of his initial observations of the driver's actions, appearance, and mannerisms. This is the evidence that led the officer to suspect that the subject was impaired or had exceeded 80 mg of alcohol in 100 ml of blood.
2. A heading has been added to the records management system, where all impaired by alcohol reports will be scanned as one package and labeled consistently. The General Occurrence Audit unit has been reminded to ensure that impaired documents are scanned in clearly, the content is completed properly, and documents are added under the new heading.

The Intoxilyzer prints out small slips of photosensitive paper that fade. There are at least three slips produced during a test. One division was using a stand-alone printer with the Intoxilyzer instead and a marked difference was noted in the clarity of the printouts. Stand-alone printers are now in place for each Intoxilyzer to improve the quality of the scanned forms.

3. In 2013, the Traffic Services Branch lost two Drug Recognition Evaluator trained officers. Two officers have been selected to attend the Drug Recognition Evaluators course. The availability of seats in this course is restricted to those supplied by the RCMP.
4. A heading has been added to the records management system, where the Drug Recognition Evaluator face page and narrative forms will be scanned as one package and labeled consistently. The General Occurrence Audit unit has been reminded to ensure that these documents are scanned in clearly, the content is completed properly and documents are added under the new heading.

5. The Compendium of Pharmaceuticals is available to Drug Recognition Evaluators. Directive changes were made to allow for the carrying of the more practical matrix card in their drug kits.
6. Annual re-qualification is complete for all qualified Breath Technicians.
7. Directive updates have been made as processes have changed with the introduction of the Intoxilyzer 8000.
8. Expired blood kits have been removed from the divisions. The Intoxilyzer Coordinator has been assigned the duty of checking the expiry date of the blood kits when visiting the divisions for the monthly download from the Intoxilyzers.
9. The Intoxilyzer Coordinator could not access one of the storage rooms, this has been rectified and the coordinator now has access to all approved screening devices. Inventory tracking is commencing as a pilot project in Central West (18) Division in 2014. Approved screening devices will be part of that project. Inventory tracking will be done in the records management system.
10. Note, when a subject is tested with an approved screening device, the calibration information is also captured on the Intoxilyzer Technician Report.
11. Communications has access to an up-to-date list of qualified 8000C technicians. A differentiation has been made between actively skilled or qualified technicians and those officers that have gone through the training, but are no longer skilled or qualified.

B. Elder and Vulnerable Adults

The purpose of this audit was to review the Durham Regional Police Service (DRPS) policy and procedures for incidents involving elder and vulnerable adults. The audit focused on current procedures and compliance with the directive.

The scope of this audit examined the investigation and reporting of incidents involving elder and vulnerable adults for the period of June 1, 2012 to May 31, 2013. Information contained in the GO reports was tested for accuracy and completeness, and current practices reflected in the reports were assessed for compliance with the directive.

Summary of Findings

1. First responding officers are not always documenting observations on the physical condition of the elder adult and are not providing an assessment of mental capabilities within the narrative of their report.
2. First responding officers are not always providing separate testimony from the elder adult, and from caregivers or related witnesses involved.

3. General occurrences, involving an elder, where a crime is alleged, are not always routed to a supervisor for review.
4. There are general occurrence reports that do not have an elder related designation, but may warrant the designation.

Management Response

1-3 The first Elder Abuse course for frontline patrol officers was held at the Police Education and Innovation Centre. Eighteen officers from front-line and CIB successfully completed the course. This course will be held annually.

Incidents identified in findings 1-3 should be should be routed back to the officer's platoon Sergeant or Staff Sergeant for performance monitoring and to identify further training or systemic deficiency issues. The reports should also be set to notify the Senior Support Coordinator, who is required to monitor elder related reports and ensure that proper action and reporting occur.

4. The Senior Support Coordinator will establish a criteria for designating occurrences as E-Elder Related and educate frontline officers on the requirement to flag these incidents.

C. Property: Firearms

The purpose of this audit was to review the policy and procedures of Durham Regional Police Service (DRPS) for processing any found, turned in or seized firearms that come into the possession of Property Unit.

The scope of this audit was limited to the duties and responsibilities of the Property Unit. Current procedures for processing and managing seized or found firearms were assessed for compliance with the directives. Information contained in the Property records were tested for accuracy and completeness. Evidence continuity was checked for exhibits entered into the system from January 1, 2012 to September 30, 2013.

Summary of Findings

1. Property clerks pick up firearms exclusively from the Forensic Identification Unit (FIU) property locker at Central East Division and any firearms that are not safe, tagged, or packaged properly are turned over to an on-duty supervisor and reported to the Property Sergeant.
2. Transport procedures are compliant with the directive.
3. In-custody firearms are being returned to owner or sent to other police agencies without first being processed by the Property Unit.
4. FIU members do not contact GEU and PWEU supervisors when they remove firearms from the FIU lockers.

5. Property records indicate that there are firearms that are documented as “Returned to Owner” and the disposal flag is “No”.
6. Property records indicate that there are firearms that were sent to another agency for further investigation and the disposal flag is “No”.
7. It is difficult to verify the current location of a firearm once it is taken out of the Property facility.
8. There are firearms that have no record of submission to the FIU for identification, testing and reporting.
9. There are inconsistencies found in evidence continuity records.
10. Disposal Review Date is either left blank and unresolved or the date provided is one year overdue for 53 (31%) of the 170 PC records reviewed and tested for currency.
11. There are incomplete and not compliant PC record details and descriptions.

Management Response

1. The Directive AO-04-001 “Seized and Found Property” will be revised to remove references to picking up firearms from “temporary storage lockers” in the divisions.
2. Automatic Vehicle Locator capabilities are being added to the property van to aid in monitoring the transport and location of firearms.
3. The Directive LE-01-021 “Firearm Investigations” is being revised to require that all firearms be forwarded to the Property Unit, once all the testing is completed and all the evidence is gathered from the firearm. Also, the Directive AO-04-001 “Seized and Found Property” will be revised to require that all firearms be transferred to the Property Unit for full processing before being returned to owner or sent to another police agency.
4. A recommendation was made that if all stakeholders are satisfied that it is unnecessary for the FIU member to contact GEU and PWEU supervisors when removing firearms from FIU lockers, the Directive LE-01-021 “Firearm Investigations” be revised to remove reference to this procedure or adjust the language to refer to the investigator. However, this requirement should remain to ensure there is a safety valve for communication between investigative units and FIU of a potential crime firearm coming into our custody.
5. A directive revision is in progress to require that documentation of receipt is required from an owner when returning a firearm (i.e. a signed form that includes the serial number of the returned firearm). Documentation of receipt will be attached to the property record at or before the time the disposal flag is changed to “Yes”. The member returning the property shall be responsible for updating the disposal flag. This will generate the receipt to be provided to the owner. The statuses of the records with the

conflicting disposal flag are being confirmed and if appropriate the disposal flag will be changed to “Yes”.

6. A directive revision is in progress to require that documentation of receipt is required from an agency when taking possession of a firearm (i.e. a signed form that includes the serial number of the transferred firearm). Documentation of receipt will be attached to the property record at or before the time the disposal flag is changed to “Yes”. The statuses of the records with the conflicting disposal flag are being confirmed and if appropriate the disposal flag will be changed to “Yes”.
7. The potential of the records management system having a diary date to document the transport and return of firearms from court back to the Property warehouse is being investigated. A process for tracking the circulation of property while out at court is being developed with Ministry of Attorney General court staff. The status and current location of firearms out for court purposes will be confirmed and updated as required.
8. A refresher to emphasize that “Firearms seized anywhere in Durham Region shall be submitted to the FIU and be placed in FIU lockers in the hallway of 17 Division (Central East),” will be circulated on e-parade, MediaOne and e-mail ‘Tip of the Week.’
9. A refresher about evidence continuity record keeping will be circulated on e-parade, MediaOne and e-mail ‘Tip of the Week.’
10. A Property Unit member will have the responsibility of monitoring and tracking disposal records.
11. A refresher about property control records will be circulated on e-parade, MediaOne and e-mail ‘Tip of the Week.’

JOINT AUDITS (JACOBSEN “AUDITING IN A LAW ENFORCEMENT ORGANIZATION” COURSE)

The “Auditing in a Law Enforcement Organization” course is an avenue for the DRPS to make a preliminary assessment of different areas of the Service. Due to the time restraints of the course, the scope of these audits is limited.

D. Job Posting

The purpose of this audit was to review the Durham Regional Police Service (DRPS) job posting process and assess its compliance with DRPS directives and best practices. The scope included conducting interviews with selected key personnel, and reviewing related DRPS directives, the Collective Agreements and a selection of job posting files. The audit team was provided with the sample files by HR staff for training purposes. They do not reflect a statistically random sample due to training time constraints.

Summary of Findings

1. The audit team found that in some case the process of reviewing and scoring resumes was applied inconsistently.

2. The job posting files that were reviewed by the audit team were disorganized and it was difficult to find information.
3. In some files, interview-scoring sheets had a seven point rating scale attached; however, the value of some of the questions was not reflective of the seven point rating scale.
4. Job descriptions are easily accessible to all employees on the internal media one website. Based on interviews conducted the consensus was that many job descriptions are outdated or are not complete.
5. More skill specific detail is required in some job descriptions, which should be reflected in the job postings.
6. Based on interviews, the consensus was that the annual posting process is overwhelming for HR personnel.
7. Based on interviews it appears that the time allotted from posting to selection is insufficient.
8. Interviews revealed that a large amount of the recruiter's time is taken up fielding questions, inquiries, and educating members on internal job competition processes.
9. All interviewers agreed that eight calendar days was insufficient time for postings to be accessed by employees because of annual leave, off-site training courses, sick leave and other absences. A review of four large public service organizations found that posting periods ranging from 15 to 30 days is the norm.
10. There appears to be an excessive time delay from job posting to candidate selection.

Management Response

1. A standardized scale will be used when assessing behavioral type competencies such as organization, prioritization and time management skills. The scale will provide a detailed description of each rating. Clear instructions will be given to recruiters ensuring that they only use this standardized scale when rating resumes. Further, to ensure consistency, recruiters will be instructed that should they be unsure in deciding between two ratings, that they select the higher rating category.

The resume review will be used with the rating scale to score candidate's qualifications and skills as required by the job posting. Positions requiring interviews will be determined based on the particular skills required for the job. A competency grid was created that clearly indicates the manner in which skills can be best assessed, whether through resume review, interview, reference and recommendation, documents and certificates, in-basket test or a psychological evaluation. Each competency has been clearly defined for recruiters to reference, ensuring consistency among recruiters.

A compensatory model will be implemented where applicants are given an average overall score that takes into consideration their scores on each component in the application process. A recruiter and the respective unit leaders will determine the weighting given to each component. Applicants will still need to meet the established cut off score for each component in order to move forward. However, this model allows applicants with a low passing score in one area to make up for it with a high score in another area.

2. To ensure that all of the required documentation is contained in the file, the Posting Summary Checklist will continue to be used as part of the process when closing a posting. The checklist was reviewed and an item was added. The added item requires recruiters to scan the file into the database to ensure that the file can be easily retrieved.
3. The standardized 7-point Likert scale will continue to be used as research indicates that a 7-point scale improves inter-rater reliability and reduces interpolation (i.e., the desire to choose a value between two discrete values). Clear instructions will be given to recruiters ensuring that they only use this standardized scale when rating resumes.
4. An audit was conducted based off of the member change of status. All civilian and uniform positions were reviewed for consistency; ensuring up to date job descriptions were accessible on MediaOne (Career Development) and on the recruiting drive. A list of outstanding job descriptions has been provided to the Manager, Talent Acquisition. The Manager, Talent Acquisition will discuss with leadership steps on how to complete the outstanding job descriptions if required. In the future, job descriptions will continue to be reviewed and updated.
5. The responsibility of creating and maintaining job descriptions has been realigned internally to Human Resources in order to ensure that any changes and updates to job descriptions are captured immediately. One-on-one training sessions will be made available to all Unit Leaders to assist in improving and modifying the details of their positions when necessary. Help sessions for annual postings have been held and will continue to be provided.
6. A full review of the Posting Process to identify efficiencies/inefficiencies and make recommendations for improvement has been initiated. A process workflow chart was developed and a final formalized document structured recommendations is expected.
7. The timeline for the posting process was reviewed. After review, daily increments have been removed in favour of weekly increments to ensure clarity. Caveats for extenuating circumstances will be included.
8. Communication will be made available through MediaOne for members in need of assistance with the Recruiting process. In addition, members in the Recruiting unit will continue to provide one-on-one assistance as required.

9. In order to maintain shorter timelines, job postings will continue to be posted for a period of 8 days. However, we have researched the possibility of providing members' with access to PeopleSoft off-site, allowing members the opportunity to apply to posted positions from home (the Region appears to be moving forward with allowing this capability on PeopleSoft). Annual postings will remain posted for a period of four weeks during prime time annual leave to allow members sufficient time to apply to posted positions.
10. Projected interview dates will be included in the job posting in order for candidates to be aware of projected timelines. Panel size will be determined on a case by case basis but consideration for reduced selection panel will be given when determining panel size.

E. Search Warrant Course

The purpose of this audit was to assess the impact that the DRPS Search Warrant Course was having on front line resources, to what degree it was benefitting the DRPS members to carry out their assigned duties related to the writing of judicial authorization requests and the suitability of course candidates that were being selected.

The Durham Regional Police Service (DRPS), Police Education and Innovation Centre (PEIC) facilitate a Search Warrant course twice per year. This two week course has a capacity of 12 students and is intended to provide course candidates with the necessary skills and knowledge to write judicial authorization requests, including, but not limited to; criminal code warrants, provincial warrants, and production orders.

Summary of Findings

1. The PEIC is considering a re-work of their investigative skills learning to a modular approach encompassing a "General Investigative Techniques 1" (GIT1), "General Investigative Techniques 2" (GIT2) course and Advanced Investigators Course.
 - a. The PEIC believes the current two week Search Warrant Course is physically and mentally taxing on candidates, who are primarily writing (typing) sample warrants during the entirety of the session.
 - b. Officers having successfully completed both the GIT course (which contains a component of writing warrants) and the Warrant Course, comment that GIT is inadequate in providing the skills and confidence to write a basic warrant.
 - c. Some officers having successfully completed the Search Warrant Course also comment that during the warrant course other officers who had no prior warrant writing experience hindered their learning.
 - d. The Warrant Liaison Officer would like to see an entry level course for beginners and a second level course for those who demonstrate a competency for this skill and a need for more advanced skill set.
2. During the period of 2010 to 2013, no personnel from front line attended the Search Warrant courses. Since 2010, DRPS has trained 53 members on the Search Warrant Course. Of those 53 members, only 3 have returned to front line duties. This audit did not reveal any strain on front line sworn member staffing because of the search warrant

course. Additionally, members who were interviewed also confirmed that front line staffing was not impacted by attendance at this course.

3. PEIC decides who will take the course. It was reported that several candidates were not successful in their request to take the search warrant course despite the potential they appear to have and a strong desire to learn this skill.
4. A portion of the course content would be suitable for a hybrid course format utilizing e-learning
5. Because not all graduates were utilized fully in the writing of search warrants, other members are relied upon heavily to write many search warrants, sometimes leading to burnout.
 - a. The DRPS does not track the search warrant writing skill of individual members (such as is applied to SARO, SOCO and MHRO skill sets).
6. DRPS does not track warrants authorized or applied for, so there is no data base of which course graduates are actually writing warrants.
 - a. There are no records kept within Units to indicate how many warrants were written or how much time was spent on warrant authorization tasks.
 - b. The current practice allows an officer to attach the applicable warrant or order to the 'Images' section of a Versadex incident, under the 'other' heading.

Management Response

1. The PEIC is moving toward a graduated e-learning model where the search warrant course learning will be included in the courses. The Warrant Liaison officers will be included in the development of this learning to ensure that legislative training requirements are met, and that the Service is able to provide competent replacements for the current incumbents. The PEIC anticipates implementing the new learning model in January 2015.
3. The posting for this learning should require proof that the candidate will be moving into an investigative role. The Detective Constable Selection Process should take place a minimum of three to six months in advance of the planned transfer to allow for appropriate course selection and coincide with the fall selection process.

The Warrant Liaison Officer will know what is required in a search warrant and may review search warrants of the candidates to determine the quality of the work, aptitude of the writer and developmental needs.

4. Adding an e-learning component would give the candidates a better idea of what is required when writing good search warrants, and they would be able to spend more time in the classroom on the practical application of the pre-course knowledge.

5. Because front-line members are rarely, if ever, called from the road to write a search warrant, indicating this skill in the same manner as other front-line skills on the computer aided dispatch system would not be useful.
6. Officers and course candidates should be keeping track of their own search warrants. The searchable fields are already in Versadex under the various categories, as shown in the attachments. Therefore, the workload of each warrant writer is searchable as long as it has been entered correctly. This is a piece of Versadex training that should be included in the course development.

F. Quartermaster Stores

The purpose of this audit was to assess key components of the daily operations of the Quartermaster Stores (QM). Under the umbrella of Business Services, Quartermaster Stores employs 3 civilians with a civilian manager who is also the Fleet Manager. QM purchases, inventories and issues supplies including uniforms, boots, patches, jackets, badges and other equipment. QM also purchases, issues, and maintains forms to support officers in their daily duties and recalls redundant forms when necessary.

Summary of Findings

1. QM currently uses fleet management software (RTA) to manage inventory and tracking of all purchased, issued and returned items. This software program is not specifically designed for a QM function. Software that is specifically designed for Quartermaster Stores does exist. Other police services use Versadex or PERCS Index QM Program and report that they are easy to use and very functional. Notwithstanding the challenges present from using RTA, QM staff has done an outstanding job purchasing, tracking and issuing uniforms and equipment. However, should specific employees within QM leave the unit or Service; new employees would find the system very challenging to manage.
2. A standard operating procedure is not available for all of the functions of the QM unit
3. QM is not currently adhering to portions of Directives “Uniform Equipment Issue and Return” AO-19-012 and “Police Uniforms ~ Equipment ~ Dress and Appearance” AO-19-003.
 - a. On occasion, forms for returns are not being completed for exchanges of worn or broken items. When timely replacement is required, supervisor approvals are occasionally not obtained.
 - b. Occasionally, the Manager of QM will approve the transaction however; policy does not provide that authority.
 - c. Occasionally other units within DRPS will order and receive items.
 - d. On occasion QM has not collected an old badge before re-issuing a new badge when a member is promoted. The badge re-issue is not being electronically tracked.
 - e. On occasion QM is accepting incomplete Part 1 of the “Termination or Retirement Equipment Return List.”

- f. QM is accepting manufacturing sizing forms in place of requisition forms for re-issue or replacement of body armour.
 - g. On occasion QM is issuing items without a requisition form.
4. Equipment is delivered to Member's Division via courier however there is no tracking system in place. Items have gone missing in the past.
 5. A sample of uniformed officers was interviewed regarding quality of service from QM, quality of equipment and durability. Overall, officers were very satisfied regarding their contact with QM and the quality of their equipment.

Management Response

1. The Service is currently exploring an asset management software system with Region Finance, which would link to the Financial Information Management software system. This may realize ordering, coding efficiencies, reporting and control integration and efficiencies. It could also improve invoice timelines and decrease duplication of purchasing information.

The current system RTA, is an inventory and ordering control system. The system performs as designed – uniformed members are treated as one would treat vehicles in a fleet and clothing are treated as we would treat automotive parts. This system is effective and efficient, in keeping track of who was issued what when. The system can link purchase orders to requisitions and has numerous reporting features. We pay a low annual support payment for usage. We use a “just in time” philosophy, which keeps stock levels at a minimum and/or non-existing - reducing extra overhead and storage costs.

The inventory and purchasing software of Versadex is a separate module and was not purchased with original software as it was evaluated as inappropriate for DRPS needs. Versadex is a police criminal information records database which has no relationship to our spending control or reporting software.

All QM Staff have been cross-trained and do have the sufficient knowledge, skills and abilities. We do tend to assign or perform certain task repeatedly so as to not trip over each other, which makes one more proficient than the other. In the option of the Manager, all staff is able to perform all functions.

2. The Uniform and Equipment directive and Financial Procurement Manual on Spending provides the required guidance for purchasing and tracking equipment & supplies, based on our contract. A Unit SOP will be developed.
3. An annual re-evaluation review is listed under each directive - section 11 of AO-19-012 and section 8 of AO-19-003. The Superintendent of the North East District was responsible for directive AO-19-003 and the Director of Human Resources was responsible for directive AO-19-012. The Director of Business Services is willing to assume the responsibility of these directives. A “Request to change a directive” was submitted and the Directives have been changed.

If a member attends QM Stores without an authorized requisition, but does have the old item that is clearly worn or broken, that item is replaced once the member completes a requisition at QM Stores. When a member attends QM, we assess their appearance to make sure they look neat and professional and often suggest items should be replaced. A “Request to change a directive” was submitted to give the QM Manager or his/her designate the ability to authorize and issue replacement items and Directive AO-19-003 has been amended.

All DRPS purchases are approved thru financial signing authorities approved by the Director of Business Services and the Chief. This Financial Signing authority regarding spending approvals supersedes all directives. The budget approval process directs approved purchasing activities. Financial Services provides a detailed document of approved budget items for purchase. Within this document, the purchasing lead for each of these approved items is named. The directive AO-19-012 sec. 6a has been amended to revise the wording.(DRPS to Quartermaster Stores)

Badges are not issued by QM Stores until the old badge is returned. Upon request by the Executive branch, occasionally badges are forward/or picked up, to be presented to the member in a more formal setting and on occasion the old are not returned promptly. We are aware of 1 instance and steps have been taken to rectify.

The purpose of the “Termination or Retirement Equipment Return List” at the QM level is to provide an accurate record and clearly document what was not returned. The form is then given to the Unit Commander for comments, who then forwards it to Human Resources for final resolution with the member.

Body armour is being replaced under a 7 year Replacement Body Armour Program that was developed in 2012 and approved thru the budget process. The Budget process provides the approval for this type of replacement. QM requires the member to be measured for new body armour, not the member, therefore only a measurement chart is used saving the extra paper.

4. The system clearly details what items have been issued to whom, on what date. Losses of equipment are rare. An email is forwarded to the member advising that the requested item(s) have been forwarded via courier. The member is therefore aware to attend the designated pickup area at their Division or Unit. The only way to guarantee receipt is if the member attends QM and signs out the item(s) personally, which would be a waste of manpower and vehicle resources, as very few items go missing. It would not be beneficial either to have a Courier Sign Off sheet - very cumbersome, and it still wouldn't solve those few items that go missing with Officers on days off or night shift.