

# OFFICE OF AUDITS & ADVISORY SERVICES



## PROBATION DEPARTMENT COMPLIANCE AUDIT

*FINAL REPORT*

Chief of Audits: [Juan R. Perez](#)  
Senior Auditor: [Wasim Akand, MPA, CGAP, CIA](#)

Intentionally Left Blank



# County of San Diego

**TRACY DRAGER**  
AUDITOR AND CONTROLLER

AUDITOR AND CONTROLLER  
OFFICE OF AUDITS & ADVISORY SERVICES  
5530 OVERLAND AVENUE, SUITE 330, SAN DIEGO, CA 92123-1261  
Phone: (858) 495-5991

**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 18, 2021

TO: Cesar Escuro, Interim Chief  
Probation Department

FROM: Juan R. Perez  
Chief of Audits

**FINAL REPORT: PROBATION DEPARTMENT COMPLIANCE AUDIT**

Enclosed is our report on the Probation Department Compliance Audit. We have reviewed your response to our recommendations and have attached it to the audit report.

The actions taken and/or planned, in general, are responsive to the recommendations in the report. As required under Board of Supervisors Policy B-44, we respectfully request that you provide quarterly status reports on the implementation progress of the recommendations. You or your designee will receive email notifications when these quarterly updates are due, and these notifications will continue until all actions have been implemented.

If you have any questions, please contact me at (858) 495-5661.

JUAN R. PEREZ  
Chief of Audits

AUD:WA:nb

Enclosure

c: Holly Porter, Deputy Chief Administrative Officer, Public Safety Group  
Tracy Drager, Auditor and Controller  
Rosemarie Degracia, Group Finance Director, Public Safety Group

## INTRODUCTION

---

**Audit Objective** The Office of Audits & Advisory Services (OAAS) completed a Probation Department Compliance Audit. The objective of the audit was to assess adequacy of the department's management controls to ensure compliance with laws and regulations.

**Background** The Probation Department (Probation) supports community safety by working with County departments, criminal justice agencies and community partners to supervise and rehabilitate youth and adults in the justice system. Probation assists crime victims by educating them on their rights, securing restitution and holding clients accountable. During Fiscal Year 2020-21, a weekly average of 10,266 adults and 896 youth were under probation supervision.

With a continued focus on supporting young people, their families, and all persons under supervision, Probation has two leadership teams – Youth Development and Community Support Services (YDCSS, which includes the Youth Detention and Development team) and the Adult Reintegration and Community Supervision Services (ARCSS).

Management controls are processes, effected by an entity's board of directors, management, and other personnel, designed to provide reasonable assurance regarding the achievement of objectives relating to operations, reporting, and compliance.

An entity's compliance framework is designed to ensure that the entity achieves compliance with both externally and/or internally imposed requirements, and includes governance structures, programs, processes, systems, controls, and procedures.

In addition, if an organization's grant or sub grant is subject to the uniform administrative requirements of 2 Code of Federal Regulations (CFR) Part 200, then 2 CFR 200.303 requires that an organization follow one of the two approved internal control frameworks. The Government Accountability Office (GAO) Standards for Internal Control in the Federal Government (commonly called "the Green Book") is one of the frameworks, and the Committee of Sponsoring Organizations (COSO) has issued the other. The former is used by the federal government, while publicly held companies use the latter.

Both GAO and COSO provide a framework for designing, implementing, and operating an effective internal control system. Using either will help an organization achieve objectives related to operations, reporting, and compliance. The frameworks have five components of internal control and 17 sub-principles (see appendix A).

In order to ensure compliance with all applicable federal, state, and local laws, the Manual of the San Diego County Probation Department was established as a statement of the current policies, rules, and guidelines of

the department. The Chief Probation Officer is considered the ultimate authority for the content and adoption of the provisions of the manual. In addition, a subject matter expert is designated as a policy coordinator in each service area. The policy coordinator is tasked with overseeing the development of adult, youth, institutional, and administrative policy content, in accordance with an established Policy Management Protocol (PMP).

To support the PMP, the policy coordinators are responsible for ensuring new policies and procedures are posted to the County Learning Management System (LMS), in addition to developing courses and training material, in accordance with the Board of State and Community Corrections (BSCC).

**Audit Scope & Limitations**

The scope of the audit included management control structures and processes established within Probation during FY 2018-19 to FY 2020-21, to ensure compliance with laws and regulations. The audit, however, did not explicitly test for compliance with any specific law or regulation.

This audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing prescribed by the Institute of Internal Auditors as required by California Government Code, Section 1236.

**Methodology**

OAAS performed the audit using the following methods:

- Assessed the adequacy of Probation's organizational structures.
- Interviewed management and staff responsible for legislative and policy analysis.
- Reviewed and tested the following management controls:
  - Policy and legislative logs.
  - The Policy Management Protocol.
  - Probation Internal Affairs protocol for processing submitted complaints.
  - In-Service and Weapons Training Unit processes for developing courses and training materials, ensuring compliance with BSCC requirements.
  - Financial management processes.
  - Contract management and monitoring processes.
  - Information Technology processes, ensuring compliance with the Criminal Justice Information Services (CJIS) Security Policy.

## AUDIT RESULTS

---

### Summary

Within the scope of the audit, it appears that management controls are in place to ensure compliance with laws and regulations. Weaknesses in established controls, however, were identified in the following findings, along with recommendations for improvement.

### Finding I:

#### **The Policy Management Protocol Needs Improvement**

Policies and procedures appear to be developed and updated in accordance with the established PMP, however, approvals by Labor Relations could not be verified, and there was inconsistency in posting finalized policies and procedures to the County LMS. Specifically:

- A process was established, where Labor Relations would notify Probation within 30 days if a policy was not approved, otherwise, the policy is automatically approved without verification.
- Twenty six percent (26%) of policies or procedures, which were updated between FY 2018-19 and FY 2020-21, were not posted to LMS, due to management oversight. As a result, it could not be determined if these updates were reviewed by any staff or officers. According to the PMP, policy coordinators work with the Training Unit and IT staff to post to SharePoint and the public website.

#### **Policies and procedures were not developed in a timely manner –**

The Probation Operations Manual and Institutional Services Manual has not been properly updated for FY 2020-21.

- For the 34 field services policies and procedures which have completed the PMP between FY 2018-19 and FY 2020-21, the average time to complete review and post to SharePoint was 465 days.
- For the 28 field services policies and procedures pending final approval as of the audit test date, the average time passed since the policy or procedure was identified for review was 457 days.
- Of the 13 institutional services policy sections, six have not been reviewed since 2015, three have not been reviewed since 2016, three have not been reviewed since 2017, and one has not been reviewed since 2018.

The Operations Policy Manual is a statement of the current policies, rules, and guidelines of Probation, ensuring compliance with all applicable federal, state, and local laws. According to Probation Policy 103 (section 103.7), the Chief Probation Officer will ensure that the Policy Manual is periodically reviewed and updated as necessary. Division chiefs with assignments outside of Institutional Services will review and

update as necessary, the Operations Policy Manual in January of each calendar year.

The Institutions Policy and Facility Procedures Manual was to establish policies for Institutional Services in conformance with the standards set forth in Title 15 and Title 24 of the California Code of Regulations, and in conformance with laws pertaining to juvenile offenders. The Institutional Services Policy Manual establishes an organized compilation of the policies that guide each facility. According to Institutional Services Policy 01 (section 1.5.4.3), facility manuals and the Institutional Services Manual shall be inspected on an annual basis to make sure they are updated and complete.

In addition, Senate Bill 978 requires each local law enforcement agency to conspicuously post on their internet web sites all current standards, policies, practices, operating procedures, and education and training materials that would otherwise be available to the public if a request was made pursuant to the California Public Records Act.

The Engagement and Strategic Support Unit (ESSU) was created in 2018 to provide governance over the policy management function. According to some supervising probation officers, the dissolution of the ESSU, and staff rotation due to the department bifurcation, has resulted in a lack of oversight of the PMP, creating a backlog of policies and procedures requiring update, including a delay in updating the Probation Operations Manual and Institutional Services Manual.

According to Federal Internal Control Standards (section 2.01), the oversight body should oversee the entity's internal control system. Federal Internal Control Standards (section 16.01), further states that management should establish and operate monitoring activities to monitor the internal control system and evaluate the results. Without adequate oversight and documentation, policies and procedures may not be properly reviewed and approved, in accordance with the PMP. Additionally, policies and procedures which are not updated, posted to LMS, and communicated to Probation staff in a timely manner, may increase the risk of Probation being noncompliant with applicable federal, state, and local laws.

- Recommendation:**
1. Although Probation currently utilizes a tracking form to ensure finalized policies and procedures are reported to executive management, an updated tracking form should be implemented to document approvals, including approvals by Probation HR and Labor Relations, and to ensure finalized policies and procedures are reviewed and reported within an established timeframe.
  2. The Professional Standards and Training Division should establish a documented process ensuring updated policies and procedures are posted to LMS.

3. The Operations Manual and Institutional Services Policy Manual should be updated, in accordance with Probation Policy 103 and Institutions Services Policy 01.
4. In order to provide adequate governance and oversight of the policy management function, Probation management should consider adopting a formal compliance framework and establishing a compliance review process.

**Finding II:****Oversight of Policy and Procedure Review Needs Improvement**

It was found that 13 percent of sampled Probation officers, between FY 2018-19 and FY 2020-21, did not review any updated policies and procedures in LMS, while seven percent (7%) reviewed most, but not all, updates in LMS.

According to Probation Policy 103, timely notice of changes, modifications or deletions in policies, procedures, standards, and legislative action or court decisions shall be distributed to affected employees. Notice of such changes shall be followed and accepted as superseding the pertinent sections of existing policy and procedure manuals pending official updates. Each employee will be required to acknowledge that they have reviewed the revisions and shall seek clarification from an appropriate supervisor as needed.

The organizational structure and existing oversight processes, however, may not be adequate to ensure that senior management reviews updated policies and procedures. Currently, policies are vetted through the executive team prior to implementation, during the revision process, and therefore not separately assigned to the executive team to review in LMS.

Probation may be at risk of being noncompliant with applicable federal, state, and local laws if new and updated policies and procedures are not reviewed by all Probation staff and officers in a timely manner.

**Recommendation:**

Probation management should establish adequate oversight and monitoring processes to ensure that updated policies and procedures are reviewed by all Probation staff and officers on a timely basis, in accordance with Probation Policy 103.

**Finding III:****A Legislative Compliance Register Should be Established**

Although Probation policy coordinators utilize tracking logs to monitor policy and procedure development, the logs are not comprehensive, and do not reference pertinent regulation.

Multiple tracking logs are utilized by the policy coordinators to track Probation policies and regulation. Two separate logs are maintained for Institutional Services (IS) and Field Services (FS). The IS log is an exhaustive list of all IS policies and procedures while the FS log is used only to track policies and procedures being reviewed and updated. Neither log is inclusive of County policies and initiatives, nor cross-referenced to regulation.

In addition, a legislative analysis log was used previously to track new legislation requiring analysis and feedback for the Office of Strategy and Intergovernmental Affairs. The legislative analysis log, however, did not reference Probation policies and procedures or either of the policy tracking logs.

Without a comprehensive integrated legislative register, management may not be able to adequately monitor and respond to policy impacts due to new or updated laws and regulation.

According to Federal Internal Control Standards (section 16.01), management should establish and operate monitoring activities to monitor the internal control system and evaluate the results.

**Recommendation:** An integrated legislative compliance register should be established, tracking all pertinent Probation and County policies and procedures.

**Finding IV: Contract Monitoring Practices Need Improvement**

Probation contracts do not appear to be adequately monitored. It was found that seventy percent (70%) of sampled contracts did not have a documented monitoring plan, due to management oversight.

Probation contracts are managed by the assigned Contracting Officer's Representative (COR), with oversight from their immediate supervisor. A COR is responsible for developing a monitoring plan for each contract, in accordance with the Probation contract monitoring desk manual.

Additionally, the County's General Management System (GMS) requires that monitoring and control take place throughout the year and that evaluation mechanisms are used to ensure that goals are tracked, plans followed, and issues identified and addressed. Effective contract administration and assurance of contract performance involves adequate contract monitoring. The Department of Purchasing and Contracting COR Training describes COR overall responsibilities to ensure contract compliance and program effectiveness, including technical monitoring and review of expenditures. Also, the County Board of Supervisor Policy A-81 establishes that department heads are responsible for the overall performance of contracts, and program managers are responsible for contract administration.

Insufficient administration and reporting of monitoring activities conducted results in the inability to determine whether these activities were performed. Additionally, without adequate management oversight of contract management and monitoring practices, Probation may be subject to legal risks due to non-compliance with contractual requirements.

**Recommendation:** 1. Probation management should ensure that contracts are monitored in accordance with established County and Probation policies and procedures.

2. The Contracts and Programs Unit should establish a formal, documented quality assurance review process.

**Finding V: A Compliance Risk Assessment Process Should be Established**

Although the department has created a financial risk assessment and controls process, which is reviewed annually, a formal compliance risk assessment of the department is not performed.

According to Federal Internal Control Standards (section 7.01) Management should identify, analyze, and respond to risks related to achieving the defined objectives.

Also, according to the CJIS Security Policy, regardless of the size or resources of an organization, each agency should base the process for assigning access to system resources based on their operational requirements and a thorough risk assessment.

Without a formal risk assessment, Probation management may not understand the full range of its risk exposure, including the likelihood that a risk event may occur, the reasons it may occur, and the potential severity of its impact.

**Recommendation:** A formal compliance risk assessment process should be established, to identify, analyze, and respond to risks related to achieving compliance objectives.

**Finding VI: Oversight of the Internal Affairs Complaints Submission Process Needs Improvement**

Complaints received by Probation Internal Affairs (IA) are documented with an internal sign-off sheet and logged into an internal tracking system, however, evidence of supervisory or management review could not be verified for thirty three percent (33%) of obtained Complaints Summary Forms.

According to Policy 914, section 914.5, supervisors shall ensure that all formal and informal complaints are documented.

In addition, documented evidence that Probation HR was notified of a complaint, was unavailable for eighty three percent (83%) of the sampled complaints received by IA, as required by Policy 914, section 914.6.1(e) and 914.10.2.

Without proper documentation, it cannot be determined if complaints received by IA are consistently administered in accordance with Policy 914.

**Recommendation:** 1. Probation IA should ensure that all complaints are reviewed and documented in accordance with Probation Policy 914. Additionally, Probation IA should incorporate current technology to review and track all complaints.

2. Probation HR should ensure that notification of submitted complaints is documented.

**Finding VII: Control Processes Should be Documented**

**Financial Processes** – Due to management oversight, claim desk procedures were not documented for most adult and juvenile grants and programs. It was found that fifty two percent (52%) of all active Probation grants and programs did not have a documented desk procedure for each grant. Also, none of the available desk procedures were reviewed and approved by financial management.

Probation Department Policy and Procedures on Allowable Cost Determination for Probation Grants and Allocations, states that each accountant is responsible for development of the desk procedures for each claim or cost report for which they are responsible.

**Information Systems Processes** – Probation IT staff duties have been documented, defining roles and responsibilities related to CJIS Security Policy (CSP) requirements. However, processes put into place, related to established duties, have not been formally documented.

Without documented policies and procedures, Probation may not be compliant with CSP. According to CSP, the agency shall develop, disseminate, and maintain formal, documented procedures to facilitate the implementation of CSP and, where applicable, the local security policy. The policies and procedures shall be consistent with applicable laws, executive orders, directives, policies, regulations, standards, and guidance.

**In-Service and Weapons Training Unit Processes** – Although processes were in place, the In-Service and Weapons Training Unit did not have a documented procedure for developing and updating training courses.

According to Federal Internal Control Standards (section 3.10), effective documentation assists in management's design of internal control by establishing and communicating the who, what, when, where, and why of internal control execution to personnel.

Documentation also provides a means to retain organizational knowledge and mitigate the risk of having that knowledge limited to a few personnel, as well as to communicate that knowledge as needed to external parties, such as external auditors.

Federal Internal Control Standards (section 3.11) further states that, management documents internal control to meet operational needs. Documentation of controls, including changes to controls, is evidence that controls are identified, capable of being communicated to those responsible for their performance, and capable of being monitored and evaluated by the entity.

- Recommendation:**
1. Desk procedures should be developed for each claim and cost report, in accordance with Probation Department Policy and Procedures on Allowable Cost Determination for Probation Grants and Allocations, or update the policy for overarching processes.
  2. IT management should develop, disseminate, and maintain formal, documented procedures to facilitate the implementation of CSP and, where applicable, the local security policy.
  3. The In-Service and Weapons Training Unit should formally document established processes for developing and updating Probation courses and training materials, in accordance with BSCC requirements.

Office of Audits & Advisory Services

---

C Compliance    R Reliability    E Effectiveness    A Accountability    T Transparency    E Efficiency

VALUE

**DEPARTMENT'S RESPONSE**  
(PROBATION DEPARTMENT)



# San Diego County Probation Department

Post Office Box 23597 • San Diego, California 92193-3597  
www.sandiegocounty.gov/probation



---

## Cesar Escuro, Interim Chief Probation Officer

October 14, 2021

TO: Juan R. Perez  
Chief of Audits

FROM: Cesar Escuro, Interim Chief Probation Officer  
Probation Department

DEPARTMENT RESPONSE TO AUDIT RECOMMENDATIONS: A20-019  
PROBATION DEPARTMENT COMPLIANCE AUDIT

I appreciate the opportunity to respond to your findings resulting from the Probation Department Compliance Audit including review of management controls. I believe in and am committed to using best practices to carry out our department's mission of promoting public safety. I am grateful to be able to further that goal through the discussions that our departments have recently conducted.

**Finding I:** The Policy Management Protocol Needs Improvement

**OAAS Recommendation 1:** Although Probation currently utilizes a tracking form to ensure finalized policies and procedures are reported to executive management, an updated tracking form should be implemented to document approvals, including approvals by Probation HR and Labor Relations, and to ensure finalized policies and procedures are reviewed and reported within an established timeframe.

**Action Plan:** We agree with the audit recommendation. Prior to the publishing of this audit report, we updated our existing process to include a revised tracking form which contains approvals from Probation HR and Labor Relations.

**Planned Completion Date:** Implemented on September 30, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

**OAAS Recommendation 2:** The Professional Standards and Training Division should establish a documented process ensuring updated policies and procedures are posted to LMS.

**Action Plan:** We agree with the audit recommendation. Prior to the publishing of this audit report, we updated our existing process to include a revised tracking

October 14, 2021

Page 2

form in which we will record the date when policies and procedures were posted to LMS.

**Planned Completion Date:** Implemented on September 30, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

**OAAS Recommendation 3:** The Operations Manual and Institutional Services Policy Manual should be updated, in accordance with Probation Policy 103 and Institutions Services Policy 01.

**Action Plan:** We agree with the audit recommendation. Our current policies will be updated to remove references to updating printed copies of the manual. Printed copies are no longer used because policies are now posted online in LMS and SharePoint. The improvements mentioned in Recommendations 1 and 2 will also facilitate the timely posting of updated materials in LMS and SharePoint. The policy and procedure items referenced in the finding either have been updated, approved, and posted, or will be by the end of this calendar year.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

**OAAS Recommendation 4:** In order to provide adequate governance and oversight of the policy management function, Probation management should consider adopting a formal compliance framework and establishing a compliance review process.

**Action Plan:** We agree with the audit recommendation. Management will consider a framework and review process.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

**Finding II:** Oversight of Policy and Procedure Review Needs Improvement

**OAAS Recommendation:** Probation management should establish adequate oversight and monitoring processes to ensure that updated policies and procedures are reviewed by all Probation staff and officers on a timely basis, in accordance with Probation Policy 103.

**Action Plan:** We agree with the audit recommendation. We will implement a process to ensure that staff review each updated policy and procedure in a timely manner.

October 14, 2021

Page 3

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

**Finding III:** A Legislative Compliance Register Should be Established

**OAAS Recommendation:** An integrated legislative compliance register should be established, tracking all pertinent Probation and County policies and procedures.

**Action Plan:** We agree with the audit recommendation. We have established a new Policies and Procedures Unit and intend to have staff hired prior to the start of the State's next legislative session. The unit's responsibilities will include improving and consolidating the existing tracking logs into a new legislative compliance register, collaborating with the Office of Strategy and Intergovernmental Affairs (OSIA) on monitoring legislation with potential impact to our department, tracking our department's legislative reviews, coordinating on-time reviews for management and OSIA, and aligning legislative changes with department policies and procedures.

**Planned Completion Date:** January 31, 2022

**Contact Information for Implementation:** Marc Regier, Chief of Contracts and Programs; Irene Lilly, Division Chief

**Finding IV:** Contract Monitoring Practices Need Improvement

**OAAS Recommendation 1:** Probation management should ensure that contracts are monitored in accordance with established County and Probation policies and procedures.

**Action Plan:** We agree with the audit recommendation. During the summer of 2021, we reassigned nearly all COR duties from operations staff to the Contracts Unit. The Contracts Unit is better positioned to develop, document, and implement monitoring plans. The Contracts Units will serve as CORs and perform monitoring activities in alignment with County standards. Contracts Unit Supervisors will be responsible for ensuring that all contracts have a monitoring plan and that the plans are evaluated and updated on a regular basis.

**Planned Completion Date:** February 28, 2022

**Contact Information for Implementation:** Marc Regier, Chief of Contracts and Programs

**OAAS Recommendation 2:** The Contracts and Programs Unit should establish a formal, documented quality assurance review process.

**Action Plan:** We agree with the audit recommendation. A formal process will be established, documented, and used to set expectations with staff.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Marc Regier, Chief of Contracts and Programs

**Finding V:** A Compliance Risk Assessment Process Should be Established

**OAAS Recommendation:** A formal compliance risk assessment process should be established, to identify, analyze, and respond to risks related to achieving compliance objectives.

**Action Plan:** We agree with the audit recommendation. Prior to the publishing of this audit report, we established and implemented a compliance risk assessment process in collaboration with the Public Safety Group Executive Office and the Office of Ethics and Compliance.

**Planned Completion Date:** Implemented on September 30, 2021

**Contact Information for Implementation:** Debbie Patag, Chief of Administrative Services; Carl Smith, Chief of Administrative Services

**Finding VI:** Oversight of the Internal Affairs Complaints Submission Process Needs Improvement

**OAAS Recommendation 1:** Probation IA should ensure that all complaints are reviewed and documented in accordance with Probation Policy 914. Additionally, Probation IA should incorporate current technology to review and track all complaints.

**Action Plan:** We agree with the audit recommendation. We will communicate with staff regarding the need to maintain proper documentation. We will ensure that the pertinent documentation is kept and stored in accordance with our existing policy. We will explore the use of technology to enhance our tracking process.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

October 14, 2021

Page 5

**OAAS Recommendation 2:** Probation HR should ensure that notification of submitted complaints is documented.

**Action Plan:** We agree with the audit recommendation. Prior to the publishing of this audit report, we finished incorporating the documentation of notification into our process.

**Planned Completion Date:** Implemented on September 30, 2021

**Contact Information for Implementation:** Debbie Patag, Chief of Administrative Services; Carl Smith, Chief of Administrative Services

**Finding VII:** Control Processes Should be Documented

**OAAS Recommendation 1:** Desk procedures should be developed for each claim and cost report, in accordance with Probation Department Policy and Procedures on Allowable Cost Determination for Probation Grants and Allocations, or update the policy for overarching processes.

**Action Plan:** We agree with the audit recommendation. The policy for overarching processes will be updated to reflect already established processes for claims and cost reporting. Finance staff will collaborate on creating and/or updating desk procedures as needed, and management will review and approve the procedures.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Heather Rice, Departmental Budget Manager; Karl Peralta, Departmental Budget Manager

**OAAS Recommendation 2:** IT management should develop, disseminate, and maintain formal, documented procedures to facilitate the implementation of CSP and, where applicable, the local security policy.

**Action Plan:** We agree with the audit recommendation. As noted, our department has already established processes for this area. IT staff will formally document those existing processes.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Elainerose Wingo, IT Principal

**OAAS Recommendation 3:** The In-Service and Weapons Training Unit should formally document established processes for developing and updating Probation courses and training materials, in accordance with BSCC requirements.

October 14, 2021

Page 6

**Action Plan:** We agree with the audit recommendation. As noted, our department has already established processes for this area. The In-Service and Weapons Training Unit has already begun to formally document these existing processes.

**Planned Completion Date:** December 31, 2021

**Contact Information for Implementation:** Irene Lilly, Division Chief

The Probation Department always seeks to have strong internal processes that will provide for the safety and well-being of staff, our clients, and the community. We appreciate the OAAS' efforts to recommend ways to enhance our department's ability to do so.

Please let me know if you have any questions.



CESAR ESCURO  
Interim Chief Probation Officer

CE:kp