

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



2025 Custody Operations Command Inspection:

Command Inspection Review Report
Custody Services Divisions
General Population and Specialized Programs
Project No. 2026-1-C

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**Los Angeles County Sheriff's Department
Audit and Accountability Bureau**

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INTRODUCTION

The mission of the Audit and Accountability Bureau (AAB) is to conduct law enforcement performance reviews and assess the Los Angeles County Sheriff's Department's (LASD, or the Department) risk management practices, internal controls, and governing processes.

In support of this mission, the AAB produced the Command Inspection Review Report (review). The AAB collected and analyzed the status of Custody Operations, Custody Services Divisions – General Population and Specialized Programs (Custody Operations) Command Inspection compliance and progress, as reported by their respective Division Aides, and presented all findings with independence and impartiality. When requested, the AAB provided clarification to the Division Aides regarding the specific information required from their respective unit command inspections. However, the AAB did not provide input or recommendations regarding corrective actions for deficiencies identified during the command inspections, consistent with the AAB's organizational independence.

This report encompasses all noted deficiencies identified during Custody Operations Command Inspections conducted from January 1, 2025, through December 31, 2025. Command inspections from two Custody Operations divisions, comprised of eight (8) custody facilities, were evaluated during this reporting period; the Mira Loma Detention Facility was excluded due to its current closure. The AAB produced this review to provide a comprehensive overview of the Department's progress in addressing the identified deficiencies.

Future reviews will be conducted for other Department divisions in accordance with the Los Angeles County Sheriff's Department's (Department) Manual of Policy and Procedures (MPP) 3-09/310.00 – Department Inspections, which states:

Department inspections are to ensure compliance with Department policies and procedures as well as county policies.

Each division will be involved in the inspection process. The division chief/division director shall:

- *Ensure that each unit within the division is inspected annually, including its own headquarters unit;*
- *Identify any areas within the division beyond the minimum inspection areas that necessitate review, and maintain a list of all areas;*
- *Ensure that all inspection results are recorded and stored at division headquarters. The results shall be packaged by year and facility. They shall be kept for a minimum of three years;*
- *Ensure coordination with assisting units who conduct inspections in their area of expertise (i.e. armory inspection is conducted by the range staff; timekeeping inspection is conducted by the Payroll Audit Training Unit);*
- *Require that units within the division delineate on memorandum, corrective measures if deficiencies are found;*
- *Promptly report any major deficiency, as determined by the concerned division chief or division director, to their assistant sheriff and send documentation of the major deficiency with corrective measures; and*
- *Ensure that the documentation of the deficiency and corrective measures are kept with the facility package at division headquarters.*

BACKGROUND

In 2013, the AAB conducted reviews of Department command inspections focusing on the following Custody Operations' facilities: Century Regional Detention Facility (CRDF), Inmate Reception Center (IRC), Men's Central Jail (MCJ), North County Correctional Facility (NCCF), Pitchess Detention Center (PDC) – East Facility, PDC – North Facility, PDC – South Facility, and Twin Towers Correctional Facility (TTCF). Since then, no comprehensive follow-up reviews have been conducted.

In 2024, the AAB was directed to perform an exploratory study to assess the completion of command inspections across Custody Operations. As part of this study, several units provided sample inspections for review. These samples provided insight into what was being inspected and by which subject matter experts. The samples helped formulate the basis for the command inspection subjects (referenced later in the Common Command Inspection Risk Areas section) for which Custody Operations was being held accountable.

OBJECTIVE, SCOPE, AND METHODOLOGY

This review assessed whether inspections conducted during 2025 adhered to the MPP and Custody Division Manual (CDM), and whether the results were reliable and aligned with Department standards. This review also provided an opportunity for the Department to strengthen accountability, identify systemic issues, and implement necessary corrective measures.

The AAB conducted the review in a manner that demonstrated both independence and objectivity while ensuring the results were reliable and well-supported. The primary objective was to assess compliance with Department policy requiring annual command inspections, evaluate management's oversight of inspections, and identify areas where corrective action and accountability could be strengthened. Ultimately, the review provided an overall assessment of compliance across Custody Operations.

The scope of this review included all completed Custody Operations command inspections submitted for 2025. Consistent with Department policy, these inspections are to be completed annually. The review focused on the results of the inspections, with particular attention to noted deficiencies, without additional verification given the high volume of inspections. By doing so, the AAB determined the level of compliance for each division, facility, and for Custody Operations as a whole.

Given the complexity of Custody Operations and the large volume of inspections, the AAB employed a streamlined approach. The Division Aides (lieutenants, sergeants, or other designees) were responsible for reviewing all completed 2025 inspections within their respective divisions and providing the results to the AAB.

Division Aides were requested to provide information detailing deficiencies, and whether a plan of corrective action was developed, implemented, and supported with proof of documentation. Supporting documentation included corrective action plans (CAPs), memorandums, policy updates, training rosters, or other evidence of corrective action. Due to the number of custody facilities and the volume of inspections, the Division Aides' submissions were accepted as vetted, complete, and accurate for purposes of this review.

All information received from the Division Aides was retained by the AAB for tracking and reference. The AAB analyzed the results, focusing on deficiencies and management's oversight of corrective actions, and the findings were documented in this report.

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The Command Inspection Reviews were conducted for the following divisions and facilities:

Custody Operations

| Custody Services Division | # of Custody Facilities | Facilities |
|---------------------------|-------------------------|--|
| General Population | 6 | MCJ, IRC, NCCF, PDC-North, PDC-South, PDC-East |
| Specialized Programs | 2 | CRDF, TTCF |
| | 1 | Mira Loma Detention Facility (Closed; not evaluated) |

The Custody Operations’ review targeted each specific custody facility from within its respective divisions. When combined, these reviews provided a comprehensive evaluation of the custody facilities within each respective division, and of Custody Operations as a whole.

The table below indicates whether command inspections were conducted, the total number of deficiencies identified within each facility’s command inspections, the total number of deficiencies for which corrective action had been taken, and the overall division totals. Plans of corrective action do not necessarily indicate a deficiency has been resolved or brought into compliance; rather, plans of corrective action serve as a designation that a facility has taken a proactive approach toward addressing the identified deficiencies.

Completed Custody Operations Command Inspections

| Custody Services Division | Facility | Inspection Completed | Noted Deficiencies | Corrective Action Taken |
|---------------------------|-----------|----------------------|--------------------|-------------------------|
| General Population | MCJ | Yes | 25 | 25 |
| | IRC | Yes | 18 | 18 |
| | NCCF | Yes | 15 | 15 |
| | PDC-North | Yes | 5 | 5 |
| | PDC-South | Yes | 16 | 16 |
| | PDC-East | Yes | 8 | 8 |
| Total | | | 87 | 87 |

| Custody Services Division | Facility | Inspection Completed | Noted Deficiencies | Corrective Action Taken |
|---------------------------|----------|----------------------|--------------------|-------------------------|
| Specialized Programs | CRDF | Yes | 14 | 14 |
| | TTCF | Yes | 21 | 21 |
| Total | | | 35 | 35 |

The review analyzed Custody Operations' performance in completing the required annual command inspections in accordance with the MPP and CDM. It also evaluated accountability within each respective division to determine whether corrective action had been taken to address deficiencies identified during the command inspection process. The review identified areas where Custody Operations demonstrated compliance with inspection requirements and evidence of continuous improvement, as well as areas requiring further enhancement.

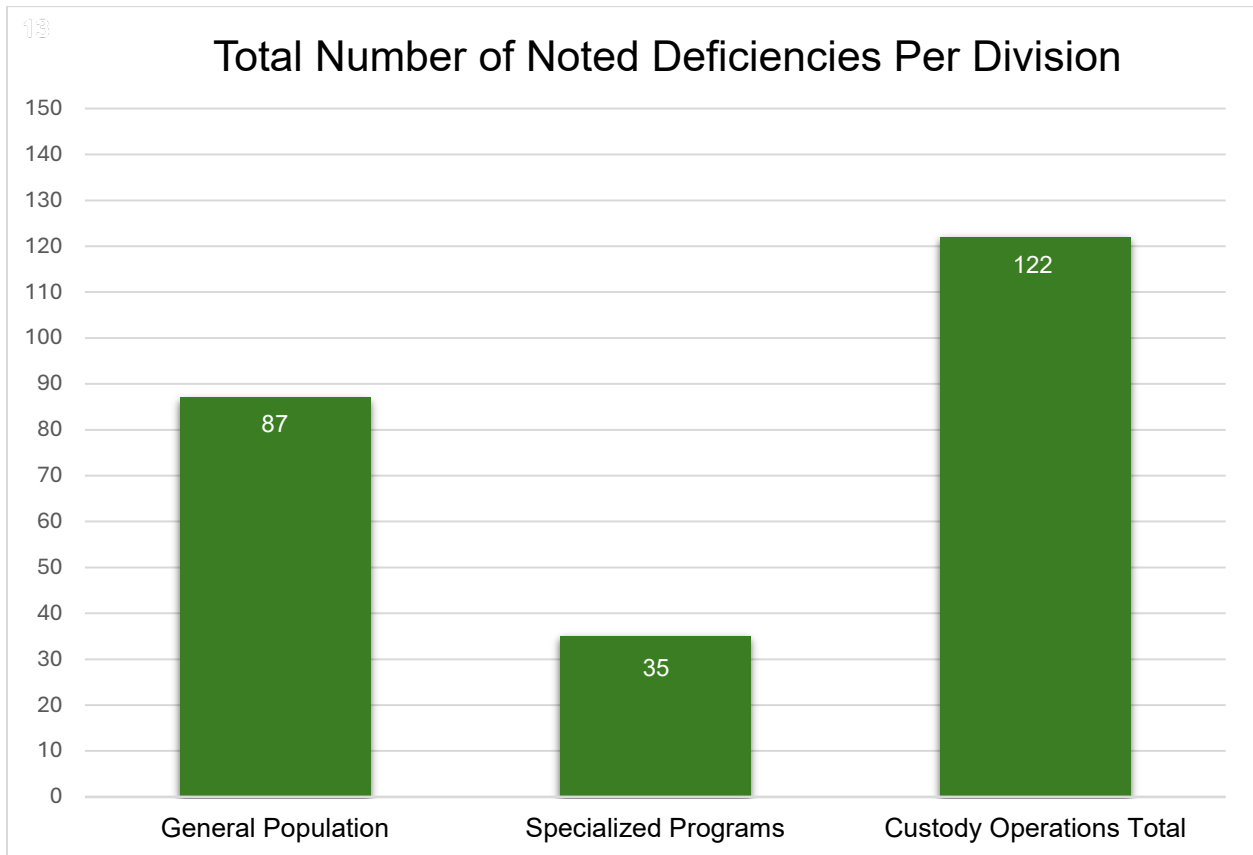
NOTED DEFICIENCY TERMS

Noted deficiencies are issues identified during a command inspection by a subject matter expert (SME) inspector. These issues are documented based on risk management, liability, or operational efficiency concerns and may also relate to compliance with Department policy or state and federal laws and regulations.

The objective of the command inspections process is to identify internal deficiencies, advise management of identified concerns, and promote accountability by ensuring appropriate corrective actions are taken. Documented deficiencies are intended to improve performance, efficiency, and compliance while reducing risk management liabilities for the Department. Additionally, noted deficiencies are intended to reflect stakeholder needs and support improved relationships between the public and the Department.

The chart below illustrates the total number of reported noted deficiencies for each Custody Operations division during the 2025 Command Inspection Review, as well as the overall total number of reported noted deficiencies for Custody Operations.

Total Noted Deficiencies per Division



COMMON COMMAND INSPECTION RISK AREAS

The Department recognizes not all command inspection risk areas¹ apply to every division and facility. The risk areas may be impacted by the division's designated area of responsibility, the size of the facility within the respective division, the specific populations housed within a facility, and laws and regulations unique to the facility. These factors may contribute to how command inspections are completed. Additionally, the Department recognizes some facilities may be impacted by a hybrid of command inspection risk areas varying among Patrol, Custody, and Countywide Operations requirements.

The information for each risk area below was provided by the Custody Services Divisions and is based on the AAB's review of their Command Inspection Reports. It is important to note the list of risk areas is not limited to the following list but derives solely from the Command Inspection Reports received by the AAB.

Risk Area No. 1² – Accountability

A unit self-assessment regarding its management of areas such as force reviews, administrative investigations, personnel performance evaluations, facility significant incident evaluations, off-duty conduct, and adherence to the policy of equality.

Risk Area No. 2 – Change of Command

The Custody Support Services Bureau (CSSB) assessed areas such as whether a change of command had occurred and verified all required facility fiscal and procedural documentation had been reviewed and signed by the incoming unit commander(s).

Risk Area No. 3 – Clerical

The CSSB assessed areas such as facility logistics, Los Angeles Regional Crime Information System (LARCIS) operations, Uniform Report Number (URN) files, compliance with recordkeeping policies and procedures, employee evaluation compliance, work area inspections, and supervision of staff assessments.

Risk Area No. 4 – Commander's Efficiency Inspection

A Division Commander inspection completed during a facility walkthrough that assessed areas such as a risk management audit of personnel, scheduling, use of force incidents, and administrative procedures.

Risk Area No. 5 – Employee Funds

The CSSB assessed areas such as employee unit fund procedures, compliance with policies governing fund storage, retention, processing, and tracking, and the proper depositing of employee funds.

¹ "Risk Area" refers to a designated operational or administrative topic assessed during the Department's Command Inspection process.

² The numbering of risk areas is for reference purposes only and does not indicate priority or ranking.

Risk Area No. 6 – Facility Management

The Facility Services Bureau (FSB) assessed areas such as exterior appearance (e.g. walkways, paint, structure, signage), interior conditions (e.g. carpet, paint, restrooms), Heating, Ventilation, Air Conditioning (HVAC) systems, fire and life safety systems (e.g. smoke detectors, fire extinguishers, fire sprinklers and alarms), electrical and plumbing systems, elevators/escalators, stairs, roof, and doors.

Risk Area No. 7 – Facility Security Inspection

The CSSB assessed areas such as key management, video surveillance systems, perimeter searches, escape procedures and documentation, alarm systems, secure personal weapon storage, identification card and security passes, vendor procedures, facility tours, facility lighting and utilities, contraband disposal, hazardous materials, emergency preparedness, emergency operations planning, ensuring emergency drills had been conducted, armory and Emergency Response Team (ERT) room evaluations, special weapons, inmate safety checks, inmate classification and counts, inmate visiting, inmate discipline, attorney rooms, searches and observations of inmate areas, inmate workers, procedures for inmate transport for release, and duty statements.

Risk Area No. 8 – Facility Suicide Hazards

The CSSB assessed areas such as housing inspections, posting of suicide prevention signage, ensuring windows were free of coverings, locations free from porcelain toilets and sinks, exposed plumbing, lighting, mental health housing beds, and mental health modesty walls.

Risk Area No. 9 – Fire and Life Safety

The Custody Training and Standards Bureau (CTSB) assessed areas such as the inventory and condition of safety equipment, fire drills, fire suppression preplanning procedures, evacuation plan assessment, and fire alarm and detection systems.

Risk Area No. 10 – Internal Control Certification Program (ICCP)

A Countywide-mandated self-assessment conducted to evaluate compliance with the County Fiscal Manual. The assessment verifies the existence and effectiveness of internal controls and monitoring activities designed to safeguard assets and ensure the accuracy and reliability of financial records.

Risk Area No. 11 – Laundry Services

The Laundry Services Unit assessed areas such as facility jail industries operations, laundry management, showering, hair care services, bedding and linens, and mattresses.

Risk Area No. 12 – Medical and Mental Health

The Medical Services Bureau assessed areas such as health care oversight, medical and mental health services audits, health care qualifications, clinical staff procedures, medical and mental health records, medical receiving and screening, access to treatment, transfers to treatment facilities, sick call, individualized treatment plans, dental care, detoxification treatment, psychotropic medications, inmate deaths reviews, and suicide prevention programs.

Risk Area No. 13 – Personnel Records Management

The CSSB assessed areas such as the location and security of personnel records, storage of medical files, assessment of individual personnel records, and inspection of outside employment forms and Department acknowledgment forms.

Risk Area No. 14 – Personnel Scheduling

The CSSB assessed areas such as schedule types, weekday and weekend coverage, overtime, adherence to scheduling policies, maximum staffing levels by rank per day, vacation scheduling, sick call-in rates, and schedule postings.

Risk Area No. 15 – Property and Evidence

Central Property and Evidence assessed areas such as Property Evidence Laboratory Information Management Systems (PRELIMS) findings, evidence approval and storage, evidence audits and inventory reports, watch commander safe audits and inventories, the master ledger book, and the safe ledger book.

Risk Area No. 16 – Service and Supplies

The CSSB assessed areas such as facility housekeeping and equipment security, Department Supply Requisition (DSR) procedures, supply inventories, condition and maintenance of photocopier machines, fixed asset control file maintenance, facility vehicle compliance and procedures, and the condition and organization of supply rooms and cabinets.

Risk Area No. 17 – Strip Search

The CSSB assessed areas such as staff familiarity with strip search policies, recurrent briefings, separation of pre-arraigned and arraigned inmates, handling of civil commitments and sexually violent predators (SVP's), strip search authorization record forms, and proper retention of documentation.

Risk Area No. 18 – Title-15 Services

The CSSB assessed areas such as safety checks, electronic Uniform Daily Activity Log (e-UDAL) and Uniform Daily Activity Log (UDAL) compliance, Public Information Plan evaluation, compliance with Board of State and Community Corrections (BSCC) Minimum Standards for Local Detention Facilities, inmate classifications, communicable disease plans, mentally disordered inmates and suicide prevention program, administrative segregation, use of sobering cells (IRC and CRDF only), developmentally disabled inmates, use of restraint devices, pregnant inmates (CRDF only), DNA collection, inmate education programs, inmate visiting, inmate correspondence, library services (including legal references), exercise and recreation, access to telephones, access to courts/counsel, inmate orientation, voting access, religious observances access, inmate grievance procedures, rules and disciplinary procedures, clothing and linen exchange, issuance of personal care items, and facility sanitation and maintenance.

Risk Area No. 19 – Training

The CTSB assessed areas such as personnel training records, deputy orientation, mandatory Department briefings, emergency procedures training, Justice Data System (JDS) briefings, and First Aid/CPR training evaluation.

Risk Area No. 20 – Wellness Program

The Health and Safety Unit assessed areas such as wellness materials provided, the assessment of wellness coordinators, postings of wellness materials on unit bulletin boards, and wellness activities conducted.

CLASSIFICATION OF CORRECTIVE ACTIONS

As part of the Department's commitment to continuous improvement, the AAB categorized the status of each corrective action into three classifications:

Implemented, In Progress, and Not Implemented.

Implemented

Corrective actions in this category were deemed completed and implemented into practice. Proof of implementation included, but was not limited to, corrective action plans, recurring briefings, training documentation, and policy revisions.

In Progress

Corrective actions classified as "In Progress" had begun the implementation process by management; however, they had not been fully completed due to various factors, including, but not limited to, resource constraints, scheduling conflicts, staffing shortages, and the prioritization of other ongoing projects. Plans for implementation and correction were in place to resolve these deficiencies.

Not Implemented

A corrective action was deemed not implemented if:

- Management had not made any effort to address the deficiency or attempted to implement any corrective action.
- Management acknowledged the reported deficiency required correction and intended to resolve the issue; however, they were unable to correct the deficiency due to limited resources, lack of resources, budget constraints, staffing shortages, or exceeded time constraints, among other factors.

SUMMARY OF NOTED DEFICIENCIES

A total of 122 noted deficiencies were identified through the 2025 Command Inspections for Custody Operations as a whole. Of these noted deficiencies:

- 100 were reported as having corrective actions implemented.
- 22 were reported as being in progress.

There were no instances of reported deficiencies lacking corrective action or implementation, and no deficiencies were classified as “Not Implemented.”

Summary of Correction Status and Total Division Inspection Deficiencies

| Custody Services Division | Correction Status | | | Noted Deficiencies |
|---------------------------|-------------------|-------------|-----------------|--------------------|
| | Implemented | In Progress | Not Implemented | |
| General Population | 74 | 13 | 0 | 87 |
| Specialized Programs | 26 | 9 | 0 | 35 |
| Total | 100 | 22 | 0 | 122 |

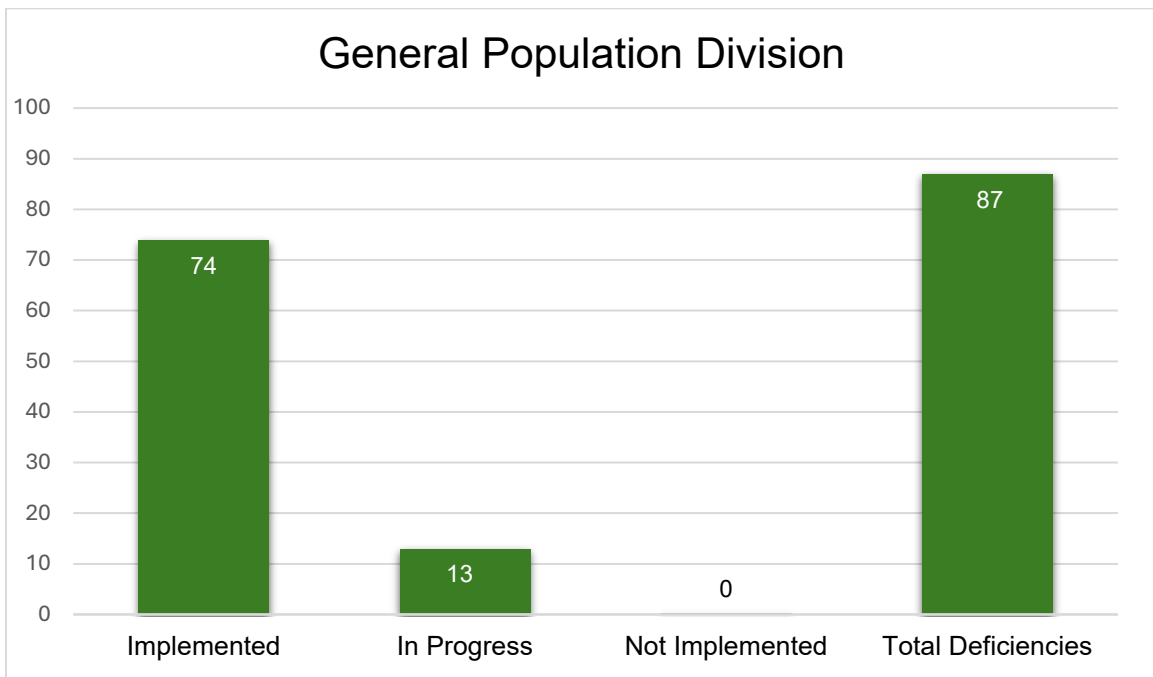
For certain inspections, corrective action may require time, resources, training, and/or attainment of required compliance thresholds before a deficiency can be deemed fully up to standard. As a result, a plan of corrective action may be developed and implemented to address the deficiency; however, the deficiency may still be considered not fully compliant despite corrective action being underway. For accountability purposes, such deficiencies are designated in the “In Progress” column and are not considered fully implemented.

Additionally, certain inspection topics are evaluated on a pass-or-fail basis and do not allow for corrective action. For accountability purposes (if applicable) these deficiencies are noted in the “Not Implemented” column. These types of deficiencies can be attributed to factors such as staffing shortages, an inspection not being conducted, or issues beyond the scope of a custody facility’s authority to address at the time of inspection, such as those requiring funding or retrofitting.

Management Response

General Population Division

The chart below displays the Division's noted deficiencies by reported corrective action status and is not presented on a percentage basis.



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The chart below represents the Division’s reported deficiencies by common command inspection risk areas, highlights division-wide trends, and summarizes the number of deficiencies by inspection risk area for each facility, including overall reported totals.

General Population Division: Facility Deficiencies by Risk Area

| Inspected Risk Area | MCJ | IRC | NCCF | PDC-North | PDC-South | PDC-East | TOTALS |
|---|-----------|-----------|-----------|-----------|-----------|----------|-----------|
| Accountability | | | | | | | |
| Change of Command | 1 | | 1 | | | | 2 |
| Clerical | 1 | | 1 | | 1 | | 3 |
| Commander’s Efficiency Inspection | | | | | | | |
| Employee Funds | | | 1 | | | | 1 |
| Facility Management | | | | | | | |
| Facility Security | 9 | 7 | 7 | 2 | 8 | 5 | 38 |
| Facility Suicide Hazards | 3 | 3 | 3 | 1 | 1 | 1 | 12 |
| Fire and Life Safety | | | | | | | |
| Internal Control Certification Program (ICCP) | | | | | | | |
| Laundry Services | | | | | | | |
| Medical and Mental Health | | | | | | | |
| Personnel Records Management | 1 | 1 | 1 | | | | 3 |
| Personnel Scheduling | | | | | | | |
| Property and Evidence | | | | | | | |
| Service and Supplies | 1 | 1 | 1 | | 1 | 2 | 6 |
| Strip Search | 1 | | | | | | 1 |
| Title-15 Services | 8 | 6 | | 2 | 5 | | 21 |
| Training Program | | | | | | | |
| Wellness Program | | | | | | | |
| Other: | | | | | | | |
| TOTAL DEFICIENCIES | 25 | 18 | 15 | 5 | 16 | 8 | 87 |

The following tables summarize the reported common command inspection risk areas and their associated deficiencies, along with the corresponding corrective action status. Each table corresponds to an individual facility within the division. The noted deficiency responses below are interpretations of the information originally provided by each respective division, with modifications made to create complete sentences, provide clarification, and to eliminate or explain Department-specific verbiage and acronyms. The asterisk symbol (*) designates similar overlapping deficiencies listed in multiple inspections.

Men's Central Jail

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|---|--------------------------|
| Facility Security | Develop a checklist of areas to be inspected during the security inspection as required in CDM 3-06/020.00 "Facility Inspections" and 3-06/060.00 "Security." | In Progress |
| Facility Suicide Hazards | <ul style="list-style-type: none"> •All showers should be retrofitted with grab rails, shower knobs, and shower heads that would not pose a suicide hazard risk. •Multiple showers are in desperate need of renovation due to corrosion and mold; metal portions have rusted and are now disintegrating. It is recommended these showers be inspected to ensure the safety of both inmates and staff. •All chemicals are to be secured and only accessible while in the presence of custody staff. Repair water leaks in addition to repairing chipped paint, broken tiles in shower areas, and rusted cell bars throughout the housing areas. | |
| Change of Command | Complete the change of command on the correct Change of Command form. | Implemented |
| Clerical | Supervision Policies and Procedures - Staff vacant clerical positions to meet the needs of the unit. | |
| Facility Security | Implement the use of the "Custody Division Vehicle Usage Form" and "Tour of Duty Equipment Record" to document each time a vehicle leaves the facility. Refer to CDM 4-11/070.00 "Vehicle Usage Log" and MPP 5-09/240.10 "Tour of Duty Equipment Report." * | |
| | Develop a unit order regarding self-medication procedures and disposal of batteries. Refer to CDM 3-06/080.00 "Security of Medication" and CDM 5-07/020.00 "Contraband Disposal." | |
| | Create an accurate inventory of all kitchen tools which are used for proper inventory and auditing purposes. Currently personnel use a checklist for a 24-hour period in which they manually enter tools not included on the checklist or any other inventory list. | |
| | Indicate in the Drill Matrix or on the Standards and Training for Corrections (STC) Course Roster which of the "Medical Response" drills included the "Suicide Prevention and Intervention Drill." Refer to CDM 5-01/050.00 "Handling of Suicidal Inmates." * | |
| | Post the "Staff - Americans with Disabilities Act (ADA) Accessibility Information for Persons with Disabilities" sign in a conspicuous area where employees can view. | |

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| | <p>Develop a unit order establishing procedures for instances where the search is being conducted in an area where privacy screens or partitions are unavailable. Refer to CDM 5-08/010.00 "Searches."</p> <p>It is recommended the facility limit the amount of excess linen/clothing inside the inmate housing areas as it is used to cover light fixtures. *</p> <p>All unit orders listed below should be reviewed/revised at least every two years, per Title 15 section 1029. Unit orders marked with an asterisk (*) were previously recommended to be reviewed/revised:</p> <ul style="list-style-type: none"> •3-07-010 "Safety, Security, Perimeter and Fire Prevention Checks" •3-07-040 "Armory Maintenance, Inspection, and Inventory Schedule" •3-08-011 "Key Security" •3-09-001 "Searches of Inmate Cells" •3-11-000 "Escape Procedures" •3-12-010 "Tour of Men's Central Jail" •3-13-040 "Earthquakes" •3-13-060 "Disaster Emergency Medical Procedures" •3-16-022 "Quick Response Team and Emergency Response Team (Disturbance and Riots)" •3-16-032 "Emergency Logistics" •3-16-033 "Activation of Emergency Operations (EOC) and Operational Guidelines" •5-05-000 "Strip and Visual (Including Physical) Body Cavity Search of Inmates" •5-15-000 "Visiting" •5-17-012 "Temporary Emergency Reclassification of Inmates" •5-22-000 "Inmate Discipline" •5-50-010 "Main Control" •5-50-020 "Kitchen Control" * | |
| Facility Suicide Hazards | <ul style="list-style-type: none"> •Excess contraband, including linen, inmate uniforms, newspapers, and commissary items, should be limited and/or removed to reduce visual obstruction into housing areas •Porcelain sinks and inmate telephones should be retrofitted as they are potential suicide hazards. •Open tray slots can be used as a potential ligature point. Tray slots should be closed when not in use. * <p>Excess contraband should be removed and limited to prevent inmates from covering lighting in their cells or housing areas. *</p> | |
| Personnel Records Management | <p>Personnel files should contain the required and most recent documents:</p> <ul style="list-style-type: none"> • Employee Personal Information Form. • Policy of Equality • Current Performance Evaluation. • Current Outside Employment form • Criminal Information, Data, and Electronic Issues Form | |
| Service and Supplies | <p>Personnel should complete the Vehicle Usage Log each time a vehicle leaves the facility. Refer to CDM 4-11/070.00 "Vehicle Usage Log." *</p> | |
| Strip Search | <p>Review/revise Unit Order #5-05-000 "Strip and Visual (Including Physical) Body Cavity Search of Inmates," to adhere to the current Title-15 regulations.</p> | |
| Title-15 Services | <p>Remove items obstructing the view of inmates to allow for appropriate safety checks. Improve safety check scan compliance. *</p> | |

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| | <p>Use of Restraint Devices / Restraints and Pregnant Inmates, and safety chair logs should be thoroughly completed as previously recommended.</p> <p>Create a master schedule for religious programs as required by CDM 5-13/100.00 "Religious Programs."</p> <p>Line sergeants should document when they collect inmate grievance forms in the e-UDAL. If there are no forms in the collection box, they should enter zero "0" for the number of forms collected. Refer to CDM 8-01/020.00 "Responsibilities."</p> <p>Repair paint deterioration, water leaks, and inoperable escalators.</p> <p>Review/revise these unit orders at least every two years, per Title 15, section 1029.</p> <ul style="list-style-type: none"> •4-02-020 "Facility Maintenance Request Procedures" •4-05-020 "Public Information Plan" •5-08-030 "Developmentally Disabled Inmates" •5-08-040 "Identification and Processing of Behavioral Observation Inmates" •5-22-000 "Inmate Discipline" •5-23-020 "Religious Services and Representatives" •5-23-042 "Indoor Inmate Recreation" •5-23-060 "Inmate Library Services" * <p>Module officers should ensure emergency response kits are stocked with the required supplies prior to checking off the list on the e-UDAL. Numerous emergency response kits were missing items.</p> <p>Indicate in the Drill Matrix or on the STC Course Roster which of the "Medical Response" drills included the "Suicide Prevention and Intervention Drill." Refer to CDM 5-01/050.00 "Handling of Suicidal Inmates." *</p> | |
|--|---|--|

Inmate Reception Center

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|------------------------------|--|--------------------------|
| Facility Suicide Hazards | It is recommended that all mental health housing beds/bunks in the facility be bolted to the ground. | In Progress |
| | Deterioration issues exist with a need to retrofit/repair rusted walls and ceilings in the shower areas. | |
| Facility Security | Per CDM section 3-06/140.00 "Edged Weapons Within Security," when not in use, edged objects and tools shall be secured in areas of the facility not accessible to inmates. Each object or tool (scissors) shall be collected at the end of each shift and accounted for in the facility's electronic Uniform Daily Activity Log (e-UDAL). | Implemented |
| | It is recommended that personnel who work entry and exit positions within IRC are properly trained in the issuance of security passes. | |
| | Per CDM 4-11/070.00 "Vehicle Usage Log," it is recommended the ending mileage be documented in the Vehicle Usage Log, to ensure each entry is thoroughly completed. * | |
| | A passcode should be added to locker rooms for further security of deputy personnel's weapons. | |
| | Develop a unit order establishing procedures for the disposal of used batteries, as required by CDM 5-07-020.00 "Contraband Disposal." | |
| | Suicide Prevention and Intervention Drills shall be conducted on a quarterly basis. | |
| | Establish a regular cleaning and maintenance schedule for all weapons stored in the unit armory. All cleaning, maintenance, and inspections shall be recorded. | |
| Facility Suicide Hazards | Inmates should be prohibited from covering lights inside their cells as they hinder visibility into cells and compromise accurate Title-15 safety checks. | Implemented |
| Personnel Records Management | Personnel files should contain the required and most recent documents: <ul style="list-style-type: none"> • Employee Personal Information Form. • Policy of Equality • Current Performance Evaluation. • Current Outside Employment form • Criminal Information, Data, and Electronic Issues Form | |
| Service and Supplies | The ending mileage should be documented in the Vehicle Usage Log to ensure each entry is thoroughly completed, refer to CDM 4-11/070.00 "Vehicle Usage Log." * | |
| Title-15 Services | Conduct inmate safety checks in concurrence with CDM 4-11/030.00 "Inmate Safety Check." Records indicate safety checks were not conducted within compliance of the inmate safety check policy. | |
| | The Public Information Plan should be available to the public, outside government agencies, inmate population, and news media. Copies of the Public Information Plan should be made available for review in the IRC operations office, watch commander's office, watch deputy's office, and the facility's lobby security booth. | |
| | Custody personnel shall ensure at least one first aid kit and one emergency response kit (ERK) are properly maintained and secured in each facility housing location. If tamper-resistant tape is broken or the kit | |

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| | appears to have been opened, custody personnel shall open the kit to inspect and ensure the required items are inside. As soon as reasonably practical, the kit shall be replaced by the facility's Training Unit personnel, or a designated supervisor. If the tamper-resistant tape is secure on the kit, inspection of the contents is not necessary. | |
| | Issues with compliance of Section 1058 Use of Restraint Devices § 1058.5 Restraints and Pregnant Inmates. Ensure all required fields are completed thoroughly when completing a safety chair or wrap restraint/wrap cart security check log. | |
| | It shall be the responsibility of the line personnel on each shift to ensure an adequate supply of Inmate Request and Inmate Grievance forms, and medical envelopes are available and reasonably accessible to inmates in the housing location. Line supervisors shall check each housing location a minimum of once per shift to ensure the forms and medical envelopes are reasonably accessible in concurrence with CDM section 8-01/020.00 "Responsibilities." | |
| | Suicide Prevention Drills shall be conducted on a quarterly basis. Refer to CDM 5-01/050.00 "Handling of Suicidal Inmates." | |

North County Correctional Facility

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|---|--------------------------|
| Clerical | Staff vacant clerical positions to meet the needs of the unit. | In Progress |
| Facility Security | Conduct a count of inmate workers before and after each assigned shift, and at least once during the shift, in addition to conducting hourly safety checks. Please refer to CDM 5-01/020.00 "Inmate Worker Assignments." | |
| | Review/revise unit orders every two years per Title-15, Section 1029. | |
| Facility Suicide Hazards | Retrofit ligature points identified on the sinks and drinking water mouth guards. | |
| | Deterioration issues exist with a need to repair corroded metal, broken vents, and to remove rust/mold around shower areas. * | |
| | | |
| Change of Command | Complete "Change of Command" documentation. | Implemented |
| Employee Funds | The unit commander needs to review and initial receipt of fund bank statements as per MPP. | |
| Facility Security | Create a written procedure for searching and inspecting vehicles prior to use. Ensure the ending mileage is written on the Tour of Duty Equipment Record and the Custody Division Vehicle Usage Logs once personnel return to the facility. * | |
| | Conduct an inventory/audit of FSB tools when they enter and exit the facility. | |
| | Issues with conducting drills as required by CDM. | |

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| | Establish a regular cleaning and maintenance schedule for all weapons stored in the unit armory. All cleaning, maintenance, and inspections shall be recorded. | |
| | Remove any obstructions (i.e., "curtains," clothing, or other items) which may interfere with the view of inmate living areas or bunks. | |
| Facility Suicide Hazards | Deterioration issues exist with a need to repair corroded metal and broken vents and remove rust/mold around shower areas. * | |
| Personnel Records Management | Personnel files should contain the required and most recent documents: Current performance evaluation and current outside employment form. | |
| Service and Supplies | Personnel shall complete the "Vehicle Usage Log" prior to the end of their shift. Refer to CDM. * | |

Pitchess Detention Center – East Facility

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|--|--------------------------|
| Facility Security | Records and logs for facility keys should not be shredded, destroyed, or disposed of due to Department suspension of all policies regarding retention schedules for the destruction of documents until further notice. | Implemented |
| | Records and logs for facility main control should not be shredded, destroyed, or disposed of due to Department suspension of all policies regarding retention schedules for the destruction of documents until further notice. | |
| | Facility security inspections should be conducted by the facility watch commander utilizing the facility developed checklist. | |
| | All equipment checked out to inmates should be documented on a check-in inventory sheet. Personnel should ensure all equipment is accounted for at the beginning of each shift and collected/accounted for prior to shift change. | |
| | Update/add to the unit order(s) for: <ul style="list-style-type: none"> •Unit Level Emergency Plans •Disturbances/riots (minor/major) •Major Medical Emergencies to the Facility Supplementary Emergency Plan. | |
| Facility Suicide Hazards | The caulking behind the toilets and urinals needs repair. | |
| Service and Supplies | The use of customized vehicle usage logs needs to be discontinued, and the use of the Department "Custody Division Vehicle Usage Log" implemented. | |
| | Inmate rules shall be posted in Spanish. | |

Pitchess Detention Center – North Facility

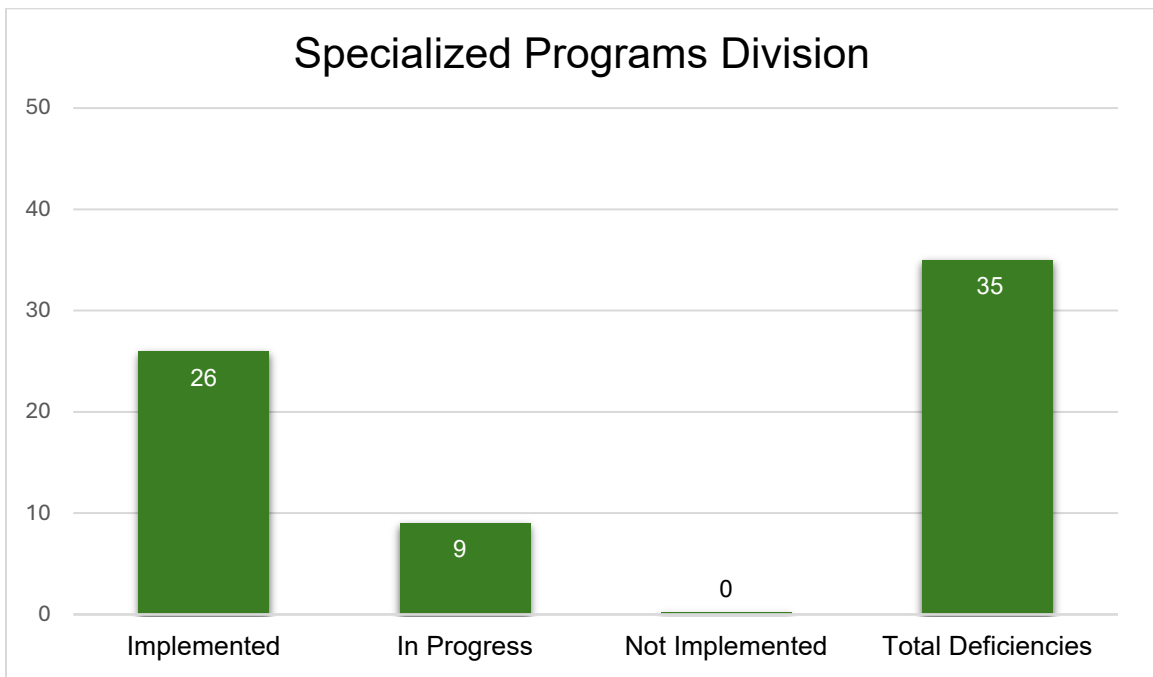
| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|---|--------------------------|
| Facility Suicide Hazards | Deterioration issues exist with a need to retrofit exposed plumbing, drinking faucets, toilets, and shower handles to be free from potential ligature points. Cover exposed plumbing in the dorms. | In Progress |
| Facility Security | Implement the use of the “Custody Division Vehicle Usage Log.” Conduct timely safety checks in concurrence with CDM. | Implemented |
| Title-15 Services | Reviewed and revised unit orders every two years per Title 15, Section 1029. Safety checks shall be conducted and documented to ensure compliance with the intervals assigned to each housing area, as indicated by CDM. | |

Pitchess Detention Center – South Facility

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|--|--------------------------|
| Clerical | Clerical items are not sufficiently staffed; two Intermediate Typist Clerk (ITC) positions are vacant. | In Progress |
| Facility Security | Suicide hazards observed in housing areas (exposed plumbing, bunks not bolted down, fixture type). | |
| Facility Suicide Hazards | It is recommended all porcelain sinks, shower heads, water fountains, toilets, and urinals be replaced, and all exposed plumbing be covered. It is recommended phones cords in visiting be shortened. Recommend limit excess linen/clothing to reduce the obstruction of inmate view. | |
| Facility Security | Multiple vehicles were missing highway fuses, first aid kits, and blankets. * Custody Division Vehicle Usage Log is not used on a regular basis. Unit Order is needed for collection of used batteries. Kitchen tool inventory list is outdated. Emergency Operations Plan is missing an audit and revision page. Remove any obstructions blocking the view of inmates. * Several unit orders were not reviewed/revised in over 2 years. * | Implemented |
| Service and Supplies | Multiple units were missing highway fuses, first aid kits, and blankets. * | |
| Title-15 Services | Items obstructing the view of inmates (tenting). * Housing areas were found with low Title-15 Safety Check compliance. Emergency response kits were missing items. Suicide prevention drills were not listed on training matrix. Several unit orders were not reviewed/revised in over 2 years. * | |

Specialized Programs Division

The chart below displays the Division's noted deficiencies by reported corrective action status and is not presented on a percentage basis.



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The chart below represents the Division’s reported deficiencies by common command inspection risk areas, highlights division-wide trends, and summarizes the number of deficiencies by inspection risk area for each facility, including overall reported totals.

Specialized Programs Division: Facility Deficiencies by Risk Area

| Inspected Risk Area | CRDF | TTCF | TOTALS |
|---|-----------|-----------|-----------|
| Accountability | | | |
| Change of Command | | | |
| Clerical | 1 | | 1 |
| Commander’s Efficiency Inspection | | | |
| Employee Funds | 1 | | 1 |
| Facility Management | | | |
| Facility Security | 4 | 8 | 12 |
| Facility Suicide Hazards | 4 | 4 | 8 |
| Fire and Life Safety | | | |
| Internal Control Certification Program (ICCP) | | | |
| Laundry Services | | | |
| Medical and Mental Health | | | |
| Personnel Records Management | 1 | 1 | 2 |
| Personnel Scheduling | | | |
| Property and Evidence | | | |
| Service and Supplies | 1 | 1 | 2 |
| Strip Search | | 1 | 1 |
| Title-15 Services | 2 | 6 | 8 |
| Training Program | | | |
| Wellness Program | | | |
| Other: | | | |
| TOTAL DEFICIENCIES | 14 | 21 | 35 |

The following tables summarize the reported common command inspection risk areas and their associated deficiencies, along with the corresponding corrective action status. Each table corresponds to an individual facility within the division. The noted deficiency responses below are interpretations of the information originally provided by each respective division, with modifications made to create complete sentences, provide clarification, and to eliminate or explain Department specific verbiage and acronyms. The asterisk symbol (*) designates similar overlapping deficiencies listed in multiple inspections.

Century Regional Detention Facility

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|--------------------------|--|--------------------------|
| Facility Security | Unit Orders need updating, including: Title 15 Section 1029 "Policy and Procedures Manual": Review/revise unit orders at least every two years, per the Title 15 section 1029 "Policy and Procedures Manual." <ul style="list-style-type: none"> • 3-08-070 "Contraband Control and Disposal," last reviewed/revise December 21, 2020. • 3-16-020 "Emergency Mobilization," last reviewed/revise December 15, 2020. • 3-16-090 "Emergency Operating Resources," last reviewed/revise December 15, 2020. * | In Progress |
| Facility Suicide Hazards | The following items should be retrofitted as they were identified as ligature points: <ul style="list-style-type: none"> • extended sink faucets and sink mouth guards, • shower handrails, • showerhead boxes, • inner shower door handles, and • close the gaps between the vanity shelves and their supporting brackets. Prohibit inmates from covering the lights inside their cells, as it hinders visibility during Title-15 safety checks. It is recommended that all mental health housing beds/bunks in the facility be bolted to the ground. Deterioration issues exist with a need to retrofit/repair rusted walls and ceilings in the shower areas. | |
| Title-15 Services | Unit Orders in need of updating, including: Title 15 Section 1029 "Policy and Procedures Manual" Review/revise unit orders at least every two years, per the Title 15 section 1029 "Policy and Procedures Manual." <ul style="list-style-type: none"> • 5-17-30 "Administrative Segregation Module Operations and Procedures," last reviewed/revise on May 5, 2022. • 5-23-030 "Library Service and Newspaper Distribution at Type I and Type II," last reviewed/revise April 18, 2023. • 5-23-060 "Religious Observances," last reviewed/revise January 3, 2023. * | |

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| | | |
|------------------------------|---|-------------|
| Clerical | URN Files are not being processed and input in a timely manner. | Implemented |
| Employee Funds | Fund administrator does not examine the record of receipts and expenditures at least once per week, nor initialing the record to show that it has been examined. | |
| Facility Security | Each entry in the Vehicle Usage Log shall be completed in its entirety. A review of the Vehicle Usage Log indicated that it was not filled out in its entirety. The ending and total mileage were not consistently logged. | |
| | Issues with Inmate Safety check compliance. | |
| | Excess linen needs to be removed from inmate property to minimize the potential of it being used to cover the view into the cells. * | |
| Facility Suicide Hazards | Inmates should be prohibited from covering lights inside their cells as they hinder visibility into cells and compromise accurate Title-15 safety checks. * | |
| Personnel Records Management | Personnel files should contain the required and most recent documents: <ul style="list-style-type: none"> • Employee Personal Information Form. • Current Performance Evaluation. • Current Outside Employment form. | |
| Service and Supplies | Fire extinguishers shall be regularly serviced (annually) per MPP 3-06/090.05 "Maintenance of Extinguishers." | |
| Title-15 Services | Issues with compliance of Section 1058 Use of Restraint Devices § 1058.5 Restraints and Pregnant Inmates. | |

Twin Towers Correctional Facility

| Inspected Risk Area | Noted Deficiencies | Corrective Action Status |
|------------------------------|--|--------------------------|
| Facility Security Inspection | It is recommended the firearm storage area be limited to the sworn personnel only, and the installation of an access code pad be considered. | In Progress |
| | Inmates should be prohibited from covering lights inside their cells as they hinder visibility into cells, and inoperable lights should be repaired/replaced. * | |
| Facility Suicide Hazards | <ul style="list-style-type: none"> •All showers should be retrofitted with grab rails, shower knobs, and shower heads that would not pose a suicide hazard risk. •Multiple showers are in desperate need of renovation due to corrosion and mold; metal portions have rusted and are now disintegrating. It is recommended these showers be inspected to ensure the safety of both inmates and staff. | |
| | Retrofit the sink faucets that could be used as ligature points throughout the facility. | |
| | | |
| Facility Security Inspection | <p>There are Unit Orders in need of updating (at least every two years), including:</p> <ul style="list-style-type: none"> •“Vehicles” (3-50-110) last reviewed/revise July 16, 2020. •“Facility Tours” (5-02-310) last reviewed/revise March 3, 2021. •“Safety Check Procedures for Inmates Housed in High Observation/High Suicide Risk Locations” (5-08-140) last reviewed/revise March 15, 2021. •“Inmate Discipline Procedures” (5-22-010) last reviewed/revise March 15, 2021. | Implemented |
| | Establish a regular cleaning and maintenance schedule for all weapons stored in the unit armory. All cleaning, maintenance, and inspections shall be recorded and inventory updated. A unit order for the accountability of Special Weapons should be created. | |
| | Develop a unit order with an item specific checklist for checking security fixtures (bars, locks, doors, windows, etc.). The checklist shall be submitted to the unit commander for review. | |
| | Each entry in the Vehicle Usage Log shall be completed in its entirety, and vehicle use procedures should be adhered to. * | |
| | <p>It is recommended to review or develop a unit order for:</p> <ul style="list-style-type: none"> • Proper Contraband Disposal • Security of Tools and Secured Utensils • Identification Cards/Security Passes for Entering and Exiting the Facility • Inventory and Key Security • Perimeter Searches | |
| | Remove paper material or any obstruction which may interfere with the view of inmate living areas or bunks, as it hinders visibility during Title-15 safety checks. * | |

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|------------------------------|--|
| Facility Suicide Hazards | It is recommended to add suicide prevention/intervention drills be added into routine training as per CDM ("Handling of Suicidal Inmates"). |
| | Excess linen should be removed to minimize the potential of it being used to cover the view into the cells and improve safety check scan compliance. * |
| Personnel Records Management | Personnel files should contain the required and most recent documents: <ul style="list-style-type: none"> • Employee Personal Information Form. • Current Performance Evaluation. • Policy of Equality • Criminal Information, Data, and Electronic Issues Form |
| Service and Supplies | Personnel using vehicles should: <ul style="list-style-type: none"> • Inspect for the required equipment on the Driver's Tour of Duty Equipment Record Checklist • Thoroughly complete entries on the Custody Division Vehicle Usage Log • Adhere to the vehicle usage procedures described in the TTCF Unit Orders for "Vehicles" and the "Tower I & II Dock Deputy Duty Statement." • Review the "Vehicles" Unit Order, as last reviewed on July 16, 2020. * |
| Strip Search | It is recommended TTCF review or develop a unit order for Strip and Body Cavity Searches at least every two years. |
| Title-15 Services | Inmate rules and regulations need to be posted in each housing location. |
| | Personnel should be briefed on properly completing the "Inmate Safety Chair Security Check Log" and corresponding policy and procedures per the CDM. |
| | Conduct a count of inmate workers before and after each assigned shift, and at least once during the shift, as well as conducting hourly safety checks. |
| | Develop a written plan for inmate visiting to ensure facility security and the safety of inmates, visitors, and staff. |
| | It is recommended Inmate Safety Checks be conducted in concurrence with the CDM for compliance. |
| | It is recommended to review or develop a unit order for: <ul style="list-style-type: none"> • Inmate Correspondence • Library Services (books, newspapers, periodicals, and writings) • Attorney Rooms • Access to Telephones • Voting Procedures |

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The chart below shows the total number of reported deficiencies for Custody Operations overall. It summarizes deficiencies by inspection risk area and custody division and includes the overall reported totals.

Custody Operations Division: Total Deficiencies by Risk Area

| Inspected Risk Area | General Population | Specialized Programs | TOTALS |
|---|--------------------|----------------------|------------|
| Accountability | | | |
| Change of Command | 2 | | 2 |
| Clerical | 3 | 1 | 4 |
| Commander's Efficiency Inspection | | | |
| Employee Funds | 1 | 1 | 2 |
| Facility Management | | | |
| Facility Security | 38 | 12 | 50 |
| Facility Suicide Hazards | 12 | 8 | 20 |
| Fire and Life Safety | | | |
| Internal Control Certification Program (ICCP) | | | |
| Laundry Services | | | |
| Medical and Mental Health | | | |
| Personnel Records Management | 3 | 2 | 5 |
| Personnel Scheduling | | | |
| Property and Evidence | | | |
| Service and Supplies | 6 | 2 | 8 |
| Strip Search | 1 | 1 | 2 |
| Title-15 Services | 21 | 8 | 29 |
| Training Program | | | |
| Wellness Program | | | |
| Other: | | | |
| TOTAL DEFICIENCIES | 87 | 35 | 122 |

PROJECT OBSERVATIONS

After concluding the Custody Operations Command Inspection review, the following observations were made:

- The inspections conducted are referred to as “Pre-Command Inspections,” inferring there is some type of post-command inspection:
 - No official command or post-command inspection documentation was provided.
 - Custody Operations Pre-Command Inspections would be considered Command Inspections for Patrol Operations.
- The MPP covers Departmentwide Command Inspections policy, however, there were no directives regarding command inspections for Custody Operations covered in the CDM.
 - The CDM contains references to procedures regarding “Command Inspections.”
- The CSSB (via their inspection team) conducts a majority of the inspections for Custody Operations covering a wide range of risk areas.
 - The CSSB appears organized and knowledgeable with the Custody Inspections and processes when working with their own assigned areas of inspection. CSSB appeared diligent in monitoring and promoting accountability for corrective action of noted deficiencies.
- The inspections being conducted appear to be regularly reviewed, revised, and updated to ensure compliance with current Department policies.
 - The current inspection forms and checklists being utilized appear to be regularly reviewed and revised, which should continue.
- Overlap exists between inspections, where certain risk areas are evaluated multiple times by varying SMEs.
 - There were (30) instances when a facility was deemed to have a deficiency in one inspection and then the same deficiency in another inspection, leading to multiple reported deficiencies for the same issue.

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- The adherence to the MPP section 3-09/310.00 – Department Inspections stating to “*Ensure that all inspection results are recorded and stored at division headquarters. The results shall be packaged by year and facility. They shall be kept for a minimum of three years.*” should be evaluated.
- There were (13) reported deficiencies related to deteriorating facilities or housing conditions requiring retrofitting.
- There were (4) reported deficiencies related to staffing shortages.
- There is a lack of a centralized command inspection database equipped with forms, checklists, references, SME contacts, and inspection schedules to provide readily accessible information to the Department’s custody facilities.
- Other Department Operations (Patrol and Countywide) could benefit from a team similar to the Custody Support Services Bureau Inspection team when conducting their own inspections in an effort to improve efficiency and compliance.
- The risk areas with the highest number of total deficiencies were:
 - Facility Security (50)
 - Title-15 Services (29)
 - Facility Suicide Hazards (20)
- The risk areas with no reported deficiencies were:
 - Accountability
 - Commander’s Efficiency Inspection
 - Facility Management
 - Fire and Life Safety
 - Internal Control Certification Program (ICCP)
 - Laundry Services
 - Medical and Mental Health
 - Personnel Scheduling
 - Property and Evidence
 - Training Program
 - Wellness Program

CONCLUSION

The Command Inspection Review Report highlighted the results of the 2025 Command Inspections for Custody Operations. Notable efforts include addressing and documenting corrections to several reported inspection deficiencies. For those inspection deficiencies that remain unresolved, progress varies—with some corrective actions underway, and others constrained by factors outside divisional control due to large financial implications or ongoing staffing shortages.

Continuous monitoring and dedicated efforts from all Department management are essential to ensure all command inspections adhere to Department standards, thereby enhancing overall compliance with Department policy while mitigating potential liability and operational inefficiencies.

The AAB will continue to conduct command inspection reviews in 2026 to promote transparency and accountability, assess progress in implementing corrective actions, and provide results that support ongoing improvement efforts for Department executives. These efforts are crucial in assisting the Department in meeting its goals of adhering to policies and procedures and promoting consistent operational practices. By systematically evaluating operations, the AAB remains committed to fostering a culture of continuous improvement, ultimately enhancing operational effectiveness and integrity across the Department.

DEPARTMENT APPLICATIONS

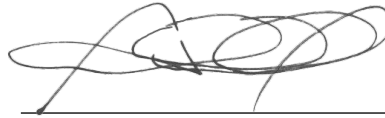
- Policy Archival and Retrieval System (PARS)

REFERENCES

- Manual of Policy and Procedures 3-09/310.00 – Department Inspections (December 2013)
- Custody Division Manual 3-06/020.00 - Facility Inspection (November 2017)

Views of Responsible Officials

On April 10, 2026, the AAB submitted the Custody Operations Division Command Inspections Review Report to the Division Director, Office of Constitutional Policing.



04/15/2026

GEOFFREY N. CHADWICK DATE
Captain
Audit and Accountability Bureau
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