

# MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES

**Subject** 

## EARLY IDENTIFICATION SYSTEM

Policy Number
GH-5
Effective Date
03-28-23

#### **Related Information**

CP-2, Code of Conduct

EB-1, Traffic Enforcement, Violator Contacts, and Citation Issuance

EB-2, Traffic Stop Data Collection

GB-2, Command Responsibility

GC-1, Leaves and Absences

GC-13, Awards

GC-16, Employee Grievance Procedures

GC-17, Employee Disciplinary Procedures

GG-1, Peace Officer Training Administration

GG-2, Detention/Civilian Training Administration

GH-2, Internal Investigations

GH-4, Bureau of Internal Oversight Audits and Inspections

## **Supersedes**

GH-5 (12-16-21)

#### **PURPOSE**

The purpose of this Office Policy is to provide guidelines and procedures for an Early Identification System (EIS) which is designed to identify Office operating procedures that may need reevaluation and to assist supervisors with consistently evaluating employees, conducting performance evaluations, identifying outstanding employee performance, identifying those whose performance warrants further review, intervention, and when appropriate, a referral to the ProfessionalStandards Bureau (PSB) for alleged misconduct.

Although this Office Policy refers to employees throughout, this Office Policy also applies with equal force to all volunteers. Volunteers include, but are not limited to, reserve deputies and posse members.

#### **POLICY**

It is the policy of the Office to use data from the EIS to support effective supervision, evaluation, and management of employees in order to promote lawful, ethical, and professional law enforcement practices; to identify behavior that represents arisk to the employee, community or the Office; and to evaluate Office operating procedures.

#### **DEFINITIONS**

**Action Plan:** An approved written plan documented in the EIS consisting of a series of specific tasks and performance goals for the purpose of improving an employee's work performance and preventing negative work performance from developing into misconduct. The effectiveness of an action plan will be assessed by monitoring employee performance for a designated timeframe, discussing progress with the employee and documenting progression in the EIS.

**Alert:** A notification generated by the EIS that initiates a review of employee performance and/or conduct or of an Office operating procedure.

Author: The MCSO employee who creates an initial entry into the EIS.

Bias-Based Profiling: The selection of an individual for law enforcement contact or action based to any degree on an actual or perceived trait common to a group, including age, nationality/ national origin, immigration status, religious beliefs/religion, race, color, gender, culture/cultural group, sexual orientation, gender identity/expression, veteran status, ancestry, physical or mental disability, ethnic background, socioeconomic status, or any other identifiable group characteristic, except as part of a reliable and specific suspect description. Selection for law enforcement contact or action includes selection for a stop, detention, search, issuance of citation, or arrest. Such bias-based profiling and/or discriminatory policing is prohibited even when a deputy otherwise has reasonable suspicion or probable cause justifying the law enforcement contact or action. The establishment of reasonable suspicion and/or probable cause must remain neutral as to race and the other characteristics listed above.

Effective Date: 03-28-23

**Blue Team:** The EIS application that allows employees and supervisors to record information in a database regarding incidents, performance, and conduct. The information from Blue Team is transferred to the IAPro Early Identification case management system.

**Boilerplate:** Language that is stock, formulaic, unoriginal, appears repeatedly in different reports, and fails to attest to the unique facts of an incident.

**Conclusory:** An assertion for which no supporting evidence is offered.

Disparities: Lack of similarity or equality, inequality, difference.

Early Identification System (EIS): A system of electronic databases that captures and stores threshold events to help support and improve employee performance through early intervention and/or to identify problematic operating procedures, improving employee performance, identifying detrimental behavior, recognizing outstanding accomplishments, and to improve the Office's supervisory response. The computerized relational database shall collect, maintain, integrate, and retrieve information gathered in order to highlight tendencies in performance, complaints, and other activities. The database allows the Office to document appropriate identifying information for involved employees, (and members of the public when applicable), and the actions taken to address the tendencies identified. Blue Team, IAPro, and EIPro are applications of the EIS.

*Early Intervention Unit* (EIU): The EIU is part of the Bureau of Internal Oversight. The EIU is responsible for the implementation, maintenance, and operation of the EIS and for providing training and assistance to the EIS users. The unit conducts data analysis, data input, review of activities exceeding thresholds to address potentially problematic conduct, operating procedures, and recognizes positive attributes by reviewing employee awards. The Office shall ensure there is sufficient personnel to facilitate EIS input and training.

*EI Dashboard:* A Blue Team database tool that provides a visual overview of an employee's status in the EIS and is used to monitor alerts within the system. The EI Dashboard indicates the number of the identified incidents for tracked threshold events. The color yellow indicates the employee is one incident away from reaching a threshold. The color red indicates the employee has reached or surpassed a threshold.

EIS Allegation: A descriptor contained within EIS entries created to allow the user to better shape or tailor an entry and provide greater detail about the entry. EIS Allegations may or may not reflect a negative connotation or problematic conduct. Allegations are not always required for each incident type, but when required the descriptor must correlate with the Incident type. Each incident type can have a number of allegations, but allegations cannot exist without incident types. Allegations are a way to be more specific about the meaning of an Incident type or an Alert

*Employee:* A person currently employed by the Office in a classified, unclassified, contract, or temporary status.

*IAPro:* A case management system used by the EIU, the Professional Standards Bureau (PSB), and the Administrative Services Division that tracks and analyzes information, including but not limited to, complaints, commendations, use of

force incidents, pursuits, discipline, supervisor notes, and internal investigations. IAPro is used by PSB for the periodic assessment of timelines of investigations and for monitoring the caseloads of internal affairs investigators. IAPro is also used to track, as a separate complaint category, allegations of biased policing and unlawful investigatory stops, searches, seizures, or arrests.

Effective Date: 03-28-23

*Incident Type:* The label given to an EIS entry at the time the entry is generated. The EIS utilizes the entry labels to identify, categorize, track, and sort incidents within the EIS. A complete list of the current utilized incident types with definitions are listed in Attachment A.

*Intervention:* An approved specified action taken by a supervisor to improve a situation or prevent a potential negative work performance situation from developing into misconduct.

*Misconduct:* Includes any violation of Office policy or procedure, federal, state, or local criminal or civil law, constitutional violations, whether criminal or civil, administrative rules including, but not limited to, the Maricopa County Merit System Rules, or Office regulations.

**Criminal Misconduct:** Misconduct by an employee that a reasonable and trained supervisor or internal affairs investigator would conclude could result in criminal charges due to the apparent circumstances of the misconduct.

*Minor Misconduct:* Misconduct that, if sustained, would result in discipline or corrective action less severe than a suspension.

Minor misconduct, while a violation of Office Policy, can often be addressed with supervisor initiated intervention intended to improve a situation, or prevent a potential negative work performance situation from progressing into a misconduct investigation. To address these employee behaviors, supervisors may initiate an intervention method, as specified in this Office Policy, to include; squad briefing; meeting with supervisor; employee services; supervisor ride-along/work along; training; supervisor evaluation period; action plan; meeting with the commander; re-assignment; and coaching. The use of intervention shall only be used to address employee minor misconduct or behavior that does not exceed a Category 1, First or Second Offense or a Category 2, First Offense, and which has not been received by the Office as an External Complaint, or has not already been assigned to the PSB.

**Serious Misconduct:** Misconduct that, if sustained, would result in discipline of a suspension, demotion, or dismissal.

**Pattern:** A recurring characteristic that helps in the identification of any positive attributes or problem. It might also act as an indicator of how that problem might behave in the future.

**Peer Group:** An organizational subgroup with a common work environment and common duties.

**Purview Inbox:** A function within the Blue Team Application that allows command staff to view, access, monitor, and reassign incidents assigned within Blue Team to anyone in their respective division and for supervisors to view their subordinate's pending incidents.

**Threshold:** The point at which a sufficient number of incidents have occurred to alert the EIU of conduct or performance which could be categorized as a positive attribute, problematic behavior, or require a review of an Office operating procedure.

**Traffic Stop:** A temporary detention, commonly called being pulled over by a law enforcement officer, usually initiated by activating the lights and or sirens of a law enforcement vehicle, to alert a driver to merge off to the side of the road, to investigate a traffic violation.

*Traffic Stop Analysis Unit* (TSAU): The TSAU is part of the Bureau of Internal Oversight. The TSAU is responsible for implementation, support, and maintenance of the Traffic Stop Analysis program. The unit conducts data analysis specific to traffic stop data. The unit conducts data analysis, data input, and review of activities identified by analysis of traffic stop data to address potentially problematic conduct or operating procedures.

Effective Date: 03-28-23

**Traffic Stop Monthly Report** (TSMR) Alert: An analysis/data driven indication that an employee's traffic stop behavior, when compared to that of their peers, shows disparities in traffic stop outcomes by race or ethnicity and serves as a warning sign or indicia of possible racial profiling or other misconduct. If necessary, an intervention shall be initiated.

**Volunteer:** A person who performs hours of service for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered. An employee may not volunteer to perform the same, similar, or related duties for the Office that the employee is normally paid to perform.

#### **PROCEDURE**

- 1. **Blue Team:** Blue Team allows employees and supervisors to record information regarding incidents, performance, and conduct in a centralized location. The information entered into Blue Team is used in the Early Identification System (EIS). The Early Intervention Unit (EIU) shall use Blue Team to communicate with command staff, supervisors, and employees regarding EIS information.
  - A. Blue Team utilizes pick-list values (i.e., drop down selections) to ensure the consistency of the data entered.
  - B. Information entered into Blue Team can be routed electronically with review and approval functions at each step. The electronic routing of the information is dependent upon the type of entry made.
  - C. The employee shall receive an auto generated e-mail message in their County e-mail box informing them of any EIS incidents that have been forwarded to them for action, review, approval, or correction. The message shall instruct the employee to log into Blue Team to take the appropriate action.
  - D. Upon logging into Blue Team, the employee shall be notified of any EIS incidents and/or pending routings that require their action, review, approval, or correction.
- 2. **EIPro:** EIPro allows employees, supervisors, and command staff to review entries which have been previously entered into the EIS, including incident details, supervisor notes, alerts, and incident outcomes.
- 3. **EIS Incident Type Entries:** All employees are responsible for the timely, accurate, and complete entry of data in the EIS.
  - A. Entries shall be entered prior to the end of the shift upon the discovery or report of the incident, unless the specific policy governing the incident type dictates otherwise.
  - B. A complete list of the incident types utilized to categorize entry information in the EIS is located in Attachment A.
  - C. The involved employee(s) shall be linked to the EIS entry, and when appropriate, the associated allegation(s) shall be linked with the corresponding employee(s).
  - D. Attachment A provides a definition of the incident type categories, the person(s) responsible for the entry, and the available allegation(s) for each incident type entry.

- 4. **Supervisory EIS Alert Notification and Intervention:** An alert for supervisory review shall be generated by the EIS after verification of the employee meeting or exceeding, an established threshold.
  - A. There are five categories of alerts generated by the EIS:
    - 1. Allegation Alert: An alert is generated when the frequency of an allegation reaches the set threshold.

- 2. Incident Type Alert: An alert is generated when the frequency of an incident type reaches the set threshold.
- 3. Monitored Status Alert: An alert is generated when a tracked behavior is entered while an employee is in monitored status. Monitored status is used to track employees on administrative leave.
- 4. Overall Alert: An alert is generated when the overall frequency of multiple incident types reaches the set threshold.
- 5. Supervisory Alert: An alert is generated when the frequency of the tracked actions of the employees supervised by the same person reach the set threshold.
- B. Supervisors may also initiate the EIS alert process on subordinate personnel prior to the employee meeting or exceeding an established threshold to address employee performance and/or conduct.
  - 1. To initiate the process, the supervisor shall utilize the Incident Type of Discretionary Alert in Blue Team.
  - 2. The entry shall include a written justification for the alert and be submitted through the supervisor's chain of command to the EIU.
  - 3. If approved by the chain of command, the EIS will generate an alert and the alert process will commence.
  - 4. If not approved by the chain of command, the reason for the non-approval will be documented within the entry by the non-approving entity, and it will be forwarded to the EIU with a carbon copy sent in Blue Team to the initiating supervisor.
  - 5. Non-approved Discretionary Alerts will be stored within the employee's EIS purview.
- C. Established thresholds are viewable within EIS by accessing the EI Dashboard.
  - 1. Thresholds are calculated within the EIS on a specified rolling time period.
  - 2. While specified thresholds are established to assist supervisors with identifying patterns of conduct, thresholds do not substitute for continual proactive supervision.
  - 3. Supervisors shall not wait for an alert to be received prior to taking corrective action for observed patterns, practices, or activities in violation of Office Policy.
- 5. **EIS Alert Process:** When an EIS alert is generated, the EIU shall send the alert to the immediate supervisor of the identified employee through Blue Team. The next level supervisor shall also be advised of the alert assignment by the EIU through a carbon copy of the alert in Blue Team. Command staff can view all open alert incidents assigned to their respective division through the Blue Team Incident Management

## Dashboard.

A. The immediate supervisor shall log into Blue Team and review the alert information. The review shall include the alert notification, type of alert, attached documentation, entries that generated the alert, and any other relevant resources to assess the alert and identify an appropriate level of intervention, the initiation of the disciplinary process, or acknowledgement of commendable behavior.

- B. The supervisor shall analyze and assess available data/information to look for behaviors, issues, concerns, or policy violations on an individual-level, unit-level, or systemic level warranting attention.
- C. The scope of the review must be thorough enough to identify factual circumstances surrounding the initiation, progression, and conclusion of the generating incident(s) and to enable the supervisor to identify potential issues.
- D. The supervisor shall review all incident reports, supplemental reports, and body-worn camera footage for each underlying incident, if such information exists.
- E. If the generating incident(s) have already gone through a separate administrative review, such as a use of force committee review, the supervisor should be aware of the outcome of such review and should verify that the employee has followed through with any training recommendations or requirements or is scheduled to do so.
- F. The exact method of an intervention shall depend on the nature of the alert, the circumstances revolving around the activity that generated the alert, and the information specified in the alert Blue Team entry.
- G. The supervisor shall take into consideration all relevant factors when determining the appropriate level of intervention, including, but not limited to the following:
  - 1. The current EIS information of the employee;
  - 2. Past EIS alerts and their dispositions;
  - 3. Past work performance of the employee;
  - 4. Current work performance of the employee;
  - 5. Changes in the work performance of the employee;
  - 6. Law enforcement off-duty/extra-duty or secondary employment of the employee;
  - 7. Known personal circumstances of the employee;
  - 8. The overall training/experience of the employee;
  - 9. The exact nature of the activities that generated the alert;
  - 10. The nature of the employee's assignment;
  - 11. The work performance of the employee when compared to a peer group across the same squad, shift, beat, district, or entire organization; and

12. The results of any discussion or meeting with the employee regarding the alert incident.

- H. Depending upon the conduct that initiated the alert, an administrative investigation may be warranted, as specified in Office Policy GH-2, *Internal Investigations*, and/or discipline may be warranted, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*. The supervisor shall utilize the Internal Complaint process to initiate the administrative investigation process, if warranted.
- I. Based upon the supervisory assessment, the supervisor shall identify an approved intervention in response to the alert.
- J. The approved intervention shall begin within 14 calendar days of receipt of the alert.
- K. The supervisor shall select at least one of the following approved interventions:
  - 1. No Further Action: Selected when, after the supervisory assessment, no pattern of at-risk behavior was identified, or appropriate corrective action was taken prior to the activation of the alert. This selection is also appropriate if the alert was generated by an entry error.
  - 2. Commendation: Selected when, after the supervisory assessment, the behavior is deemed worthy of department recognition. The commendation shall be submitted in accordance with Office Policy GC-13, *Awards*.
  - 3. Meeting with Supervisor: Selected when the supervisory assessment determines that the employee needs a formal meeting with the supervisor to discuss the circumstances of the alert that does not result in any further action.
  - 4. Employee Services: Selected when, after the supervisory assessment, the supervisor identifies that the employee may benefit, or the development of a negative performance issue may be prevented, from available voluntary employee services for a personal matter. The supervisor shall provide the employee with resource information and document the information provided. Any additional information regarding the employee's personal matter or the employee's utilization or refusal to use such services shall be considered confidential and not documented within the EIS.
  - 5. Supervisor Ride-Along/Work-Along: Selected when, after the supervisory assessment, the supervisor physically observes the subordinate perform daily activities and provides encouragement, instruction, and documents conformance to policy and procedures.
  - 6. Squad Briefing: Selected when the supervisory assessment identifies the need to address performance issues related to an alert to act upon or prevent performance issues at the unit level.
  - 7. Training: Selected when the supervisory assessment identifies a need for training. The supervisor shall make a referral to the training division for training as defined in Office Policies GG-1, *Peace Officer Training Administration*, and GG-2, *Detention/Civilian Training Administration*.
  - 8. Supervisory Evaluation Period: Selected when the supervisory assessment determines that the employee needs mentoring and a dedicated monitoring period by the supervisor. The supervisor shall identify an appropriate review period of 30, 60, or 90 days. Upon conclusion of the review period, the EIU will send a request to the supervisor in Blue Team and require a documented final assessment of the review period.

- 9. Action Plan: Selected when the supervisory assessment identifies the need to address an ongoing work performance issue related to an alert, or if other intervention methods have been unsuccessful. The action plan shall identify a work performance goal, clarify what resources are required to reach the goal, and formulate a timeline for when specific tasks need to be completed. The tasks will be built into the Action Plan by EIU to allow the supervisor to track the progress and completion of the action plan.
  - a. The EIU will assist in the creation of the initial entry and maintain oversight throughout the duration of the action plan process.

- b. Before selection of this intervention, the employee's supervisor shall be in communication with EIU staff for ease of implementation, and to prevent unnecessary delays in this intervention process.
- 10. Meeting with the Commander: Selected when the supervisory assessment determines that the employee needs a formal meeting with a command officer of the employee holding the rank of lieutenant or above, or the civilian equivalent.
- 11. Coaching: May be selected when, after the supervisory assessment, specific instances of negative work performance have been identified as not exceeding a Category 1 or Category 2 of the Attachment B, of Office Policy GC-17, *Employee Disciplinary Procedures*; and which has not been received by the Office as an External Complaint, or has not already been assigned to the PSB; and the need for immediate improvement is necessary to avoid the situation from developing into misconduct. Supervisors shall ensure that when considering a Coaching as an intervention, the employee has not exceeded the number of allowable Coachings, as specified in Office Policy GC-17, *Employee Disciplinary Procedures* for three years prior to the current offense. Previous disciplinary history shall also be reviewed and considered when selecting this intervention. Employee conduct outside the limitations of this section shall be addressed, as specified in Office Policy GH-2, *Internal Investigations*. Coaching shall be documented with the Incident Type of Coaching in Blue Team and the specific policy or policies involved in the performance issue linked to the employee.
- 12. Re-assignment: Selected when the supervisory assessment determines that the employee should be removed from their present assignment, shift, or work location, and placed into a different duty assignment, shift, or work location.
- 13. Referral to the PSB: Selected when, after the supervisory assessment, the conduct that initiated the alert warrants an administrative investigation. The supervisor shall utilize the Internal Complaint process in accordance with Office Policy GH-2, *Internal Investigations*, to initiate the administrative investigation process.
- L. Alerts shall not be cleared/closed by reference to the above listed intervention strategies alone. Supervisors shall specify why the intervention fits the circumstances and provide sufficient information to support and understand the alert closure.
- M. The supervisor shall document in detail the supervisory review conducted, the intervention implemented, any discussion with the employee, action(s) taken, and the conclusions rendered. This shall be documented on the *Early Identification System Alert Response Form* (Attachment B) and routed through Blue Team.
- N. The supervisor shall complete and attach the Attachment B to the alert report in Blue Team. A blank copy of the form will be attached to every alert assigned to a supervisor for disposition. A copy of the *Early Identification System Alert Response Form* is attached to this Office Policy.

O. Completed alerts shall be submitted in Blue Team through the chain of command to the Division Commander. At every level of review each supervisor shall document in detail the supervisory review conducted, conclusions rendered, action(s) taken, and their approval of the alert response. Deficient entries shall be returned to subordinate personnel for corrections and the deficiency documented within the entry. Once reviewed/approved by the Division Commander, the alert shall be sent to the EIU.

- P. Alerts assigned to an employee with the rank of Division Commander, or above, shall require the review/approval of the next level command officer.
- Q. Supervisors shall make a good faith effort to complete an approved intervention within 14 calendar days of assignment of an EIS Alert, and division commanders shall make a good faith effort to complete a review of the supervisor's response within 30 calendar days of the assignment of the EIS Alert.
- R. Exceptions to the completion of an EIS Alert within the established timeframe include the employee of an EIS Alert being on an approved leave, as specified in Office Policy GC-1, *Leaves and Absences*. The intervention shall be completed within 14 calendar days of the employee returning from approved leave.
  - 1. If the completion of an EIS Alert will exceed the 14 calendar day intervention timeframe or the 30 calendar day command review timeframe, the supervisor assigned to complete the Alert, or their chain of command, shall request an extension by submitting a *Request for Alert Extension* memorandum to the division commander. The *Request for Alert Extension* memorandum shall contain the reason for the extension request. As specified above, exceptions to the completion of an EIS Alert within the established timeframe may include, but are not limited to, an employee being on approved leave; or additional time is needed to complete the EIS alert.
  - 2. The *Request for Alert Extension* memorandum shall be reviewed and approved by the division commander or designee. If the extension is requested by the division commander, the commander shall submit the request to the EIU commander without further approval.
  - 3. All approved memorandum requests for extensions shall be submitted by email to the EIU commander prior to the expiration of the original established timeframe. The email shall be copied to the next level in the chain of command for notification when submitted.
  - 4. The EIU commander will review the *Request for Alert Extension* memorandum and make the final determination if the request is approved or denied. The supervisor requesting the extension, and their chain of command, to include the division commander, shall be notified through email of the status of the extension request. If approved, the notification will also include a new submission due date 30 calendar days beyond the original due date. If the employee's approved leave and projected return date exceeds the 30 calendar days, the supervisor requesting the extension shall request the date to be no more than two weeks beyond the date the employee is expected to return.
  - 5. The EIU Commander or designee shall verify the new submission due date for each approved extension, which shall be entered in IAPro by the EIU, to ensure effective case management.
  - 6. The *Reguest for Alert Extension* memorandum shall be retained in the EIS.
- S. Throughout the intervention process, the supervisor shall continue to maintain a written record of each of their employee's performance within the Blue Team Supervisor Notes.

T. Refusing to participate in an intervention shall result in disciplinary action, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*.

- U. The intervention documentation shall make no reference to any Family Medical Leave Act (FMLA) protected information, medical symptoms, conditions, or diagnosis of the employee.
- 6. **Traffic Stop Monthly Report Alert Process:** A Traffic Stop Monthly Report (TSMR) Alert requiring supervisory review and action shall be generated by the Traffic Stop Analysis Unit (TSAU) after they determine through their TSMR review process an intervention is required to address a deputy's traffic stop activities and/or interactions with drivers or passengers. When the TSAU determines an intervention is necessary there are three TSMR Alert intervention processes used. A TSMR Alert is designated as either a **Full Intervention**, an **Intermediate Intervention**, or a **Memorandum**; based on the review findings. A supervisor receiving a TSMR Alert notification requiring a full intervention is required to complete the Attachment C of this Office Policy. A Supervisory Guide shall also be provided to the supervisor for completing the Attachment C when receiving full intervention alert notifications.
  - A. **Full Intervention:** Statistical flag reviewed by the TSAU confirmed disparate outcomes with one or more of the following: no explanation for disparate outcomes identified; no explanation for disparate outcomes; a pattern of possible bias actions or behaviors; and/or disparate treatment, actions, or words. The Attachment C shall be submitted as an attachment to the Blue Team TSMR Alert entry, once an appropriate intervention response has been identified, approved by TSAU, and initiated. After reviewing all material, the direct supervisor, in consultation with the TSAU and the division chain of command, including the division commander, will determine the appropriate interventions. The Attachment C form shall be returned to TSAU within 60 calendar days of the TSMR Alert being assigned to the supervisor. Further processes for addressing a TSMR Alert for a full intervention are as follows:
    - 1. Pre-Orientation Meeting: A pre-orientation meeting shall be held between the TSAU Liaison and the immediate supervisor of the deputy identified in the review. This meeting is scheduled by the TSAU Liaison. During this meeting, the immediate supervisor will be provided with the TSMR Pre-Orientation Training. Upon completion of this meeting the supervisor will provide a TSMR Summary to the deputy.
    - 2. Deputy Orientation Scheduling: The TSAU is responsible for scheduling the deputy orientation upon completion of the TSMR review.
      - a. If either the TSAU or the division commander determine the deputy's immediate supervisor should not conduct the alert intervention process for any reason, the commander shall identify another supervisor within the division to complete the intervention process.
      - b. The reason for assigning the TSMR Alert to another supervisor shall be documented by the TSAU in the summary section of the TSMR Alert in IAPro.
    - 3. Deputy Orientation: A deputy orientation is conducted through a meeting among TSAU personnel, the deputy, and the supervisor. The meeting shall occur at least 2 calendar days after the pre-orientation meeting. The division commander may attend the orientation at their discretion.
      - a. The orientation meeting shall be audio recorded by a TSAU supervisor using an Office-issued recorder.

b. A summary of the meeting shall be documented by the TSAU Liaison in the orientation meeting summary document, and the audio recording shall be uploaded into IAPro and attached to the assigned Alert where it shall be preserved as a permanent record by the TSAU Liaison

- 4. Full Intervention Alert Assigned to Division: The TSAU shall assign the TSMR Alert to the division of the deputy identified in the review after the deputy orientation meeting has occurred and the TSAU has completed the orientation meeting summary.
- 5. Supervisor Review and Completion of the TSMR Alert: Using the Supervisor Guide as a reference for the requirements for the Attachment C, the supervisor shall review all information attached to the TSMR Alert Within 14 calendar days of the TSMR Alert being assigned to the supervisor, including the results of the TSAU's review. In addition to reviewing the material provided in the TSMR Alert, the supervisor is required to complete a review of the deputy's EIS profile prior to determining an intervention strategy. Any patterns or incidents found shall be further documented in the Attachment C.
  - a. As required by the Attachment C, the supervisor review shall include at a minimum, the following:
    - (1) Disciplinary history for the prior 3 years;
    - (2) If any patterns emerge, an additional history of three years should be reviewed. History should include the nature of the complaints/allegations, and if closed, the findings. Similar allegations, regardless of finding, constitute a pattern;
    - (3) Supervisor Notes for the prior twelve months, with a focus on corrective action taken including Coachings;
    - (4) Twelve months of EIS alerts, including alerts related to Body-Worn Camera (BWC), traffic stop activity, and the misclassification of race/ethnicity of drivers or passengers;
    - (5) All prior TSMR and Traffic Stop Annual Report (TSAR) Alerts;
    - (6) Training history to ensure the deputy has received all required training, and to note any other additional or refresher training opportunities the deputy was required to take within the last year at the recommendation of supervisors or command staff; and
    - (7) At the discretion of the supervisor, any additional BWC footage.
  - b. If additional patterns of potential biased policing are found that were not identified in the TSAU review, the supervisor shall document those patterns. Any other concerns about performance or training needs shall also be documented.
  - c. If additional BWC video is reviewed that was not part of the TSAU review, the supervisor shall use the BWC Inspection Matrix to document their review. A copy of each BWC Inspection Matrix shall be attached to the TSMR Alert for submission.
  - d. After reviewing all material, the supervisor, in consultation with the TSAU and the division chain of command, including the division commander, shall determine the

appropriate intervention(s). The intervention(s) selected by the supervisor and division commander in the Attachment C shall be approved by the TSAU Division Liaison. Any disagreements between the supervisor or division chain of command, including the division commander and TSAU shall be resolved by the TSAU commander.

- e. Within 60 calendar days of the alert being assigned to the supervisor, the TSMR Alert shall be routed through the division chain of command to the division commander for approval. All supporting additional documentation created by the supervisor is to be attached to the TSMR Alert including the completion of the Attachment C. The intervention(s) selected by the supervisor in the Attachment C shall be completed and documented.
- f. Misconduct identified during this review shall be addressed, as specified in Office Polices GH-5, *Early Interventions System* and GH-2, *Internal Investigations*.
- 6. Division Commander Review: Using the Supervisor Guide as a reference for the requirements for the Attachment C, the division commander's review must include, but is not limited to:
  - a. If the supervisor completed the required reviews and documented all identified patterns, if approved interventions were used;
  - b. If the interventions are documented in detail;
  - c. If the interventions were appropriately implemented; and
  - d. If the document is fully completed.
  - e. The division commander shall document the approval in the routing comments of the Alert and forward the Alert through Blue Team for approval by the TSAU.
- 7. Supervisor 30 Day Follow Up: Following the approval of the TSMR Alert by the division commander, the supervisor is required to make an entry in Blue Team within 30 calendar days with subjective comments on the intervention process, noting if the process can be improved and where it was successful. The supervisor should state the basis for their decision such as the deputy's work performance with a focus on traffic stops, review of BWC video, and a review of the deputy's traffic stop activity. The decision should be limited to the intervention process as it relates to the specific deputy. The Blue Team alert shall be routed through the division chain of command to the TSAU for review and approval by the TSAU Division Liaison and the TSAU Alert Review Committee. The Attachment C and the mandatory 30-day supervisor observation summary note, shall fulfill the documentation requirements of the supervisory response to a TSMR Full Intervention.
- B. **Intermediate Intervention:** Statistical flag reviewed and is discounted by the TSAU; however, the review identified possible indicators of implicit bias. When a TSMR Alert is generated for an intermediate intervention, the following actions shall occur:
  - 1. Pre-Orientation Meeting: A pre-orientation meeting shall be held between the TSAU Liaison, and the immediate supervisor of the deputy identified in the review. The meeting is scheduled by the TSAU Liaison.
  - 2. Deputy Orientation Scheduling: The TSAU is responsible scheduling the deputy orientations

upon completion of their TSMR review.

a. If either the TSAU or the division commander determine the deputy's immediate supervisor should not conduct the alert intervention process for any reason, the commander shall identify another supervisor within the division to complete the intervention process.

- b. The reason for assigning the TSMR Alert to another supervisor shall be documented by the TSAU in the summary section of the TSMR Alert in IAPro.
- 3. Deputy Orientation: A deputy orientation is conducted through a meeting among TSAU personnel, the deputy, and the supervisor. The meeting shall occur at least 2 calendar days after the pre-orientation meeting. The division commander may attend the orientation at their discretion.
  - a. The orientation meeting shall be audio recorded by a TSAU supervisor using an Office-issued recorder.
  - b. A summary of the meeting shall be documented by the TSAU Liaison in the orientation meeting summary document, and the audio recording shall be uploaded into IAPro and attached to the assigned Alert where it shall be preserved as a permanent record.
- 4. Supervisor 30 Day Follow Up: Following the orientation, the supervisor shall document in the affected deputy's next upcoming monthly performance Supervisor Note a summary of the observed behaviors/deficiencies noted in the TSAU Alert review, the implemented intervention(s), observed behavior changes since the implementation of the intervention(s), as well as feedback from the affected deputy about their take-aways and recommendations for the TSMR Alert process.
- C. **Memorandum**: Statistical flag is discounted by the TSAU review with no indicators of disparate treatment but did identify other minor policy, procedural, or training issues.
  - 1. When the TSAU review finds no disparate outcomes or possible patterns of bias; however, minor concerns are identified, a memorandum is provided to the deputy's supervisor by the TSAU Liaison within 14 days of the TSAU Commander's approval of the recommendation.
    - a. Upon receipt of the memorandum in Blue Team the supervisor shall review at a minimum the following:
      - (1) Disciplinary history for the prior 3 years;
      - (2) If any patterns emerge, an additional history of three years should be reviewed. History should include the nature of the complaints/allegations, and if closed, the findings. Similar allegations, regardless of finding, constitute a pattern;
      - (3) Supervisor Notes for the prior twelve months, with a focus on corrective action taken including Coachings;
      - (4) Twelve months of EIS alerts, including alerts related to Body-Worn Camera (BWC), traffic stop activity, and the misclassification of race/ethnicity of drivers or passengers;

- (5) All prior TSMR and TSAR Alerts;
- (6) Training history to ensure the deputy has received all required training, and to note any other additional or refresher training opportunities the deputy was required to take within the last year at the recommendation of supervisors or command staff; and

- (7) Any additional BWC footage, at the discretion of the supervisor.
- b. Misconduct identified during this review shall be addressed, as specified in Office Polices GH-5, *Early Interventions System* and GH-2, *Internal Investigations*.
- 2. The supervisor shall complete the most appropriate intervention(s) to address the concerns outlined in the TSAU Alert memorandum. The supervisor shall document in the affected deputy's next upcoming monthly performance Supervisor Note a summary of the concerns noted in the TSAU Alert review, the implemented intervention(s), observed behavior changes since the implementation of the intervention(s), as well as feedback from the affected deputy about their take-aways and recommendations for the TSMR Alert process.
- 3. Intervention No Further Action: TSMR flag is discounted by the TSAU review. Disparate outcomes were able to be explained and no disparate treatment were found. The TSAU closes this alert with Disposition "No Further Action."
- E. **Additional Time Frames:** A supervisor may require an additional review period to further monitor and assist the deputy in addressing a TSMR Alert intervention.
  - 1. For an additional timeframe of 30 or 60 calendar days, the supervisor shall contact the TSAU by e-mail for approval. A copy of the approval shall be attached to the alert by the TSAU.
  - 2. Examples of when additional time may be considered include, but are not limited to, the deputy requires more intensive mentoring over time or circumstances such as administrative or other leave prevented proper observation.
- 7. **Supervisor Initiated Intervention:** An approved action, as specified in this Office Policy, taken by a supervisor to improve a situation or prevent a potential negative work performance situation before it develops into a misconduct investigation. Supervisors may also initiate this action when an employee's conduct, has minimal negative impact on the overall operations of the Office. Examples of employee work performance situations in which a supervisor may consider approved interventions include those categorized as a Category 1 or Category 2 of the Attachment B, of Office Policy GC-17, *Employee Disciplinary Procedures*. Employee conduct outside of the limitations of this section shall be addressed, as specified in Office Policy GH-2, *Internal Investigations*. Supervisors are encouraged to contact the PSB if unsure whether the employee work performance situation may be addressed through a supervisor initiated intervention or reported to the PSB for investigation.
  - A. Prior to determining intervention regarding the work performance situation, the supervisor shall:
    - 1. Confirm the employee's conduct does not exceed a Category 1, First or Second Offense or a Category 2, First Offense, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*, and which has not been received by the Office as an External Complaint, or has not already been assigned to the PSB;
    - 2. Review discipline history by accessing the employee's EI Dashboard to assist the supervisor in their intervention or corrective action decision; and

3. Ensure that when considering a coaching for the intervention, that the employee will not exceed the number of coachings allowed, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*, for three years prior to the current offense.

Effective Date: 03-28-23

- B. All supervisor initiated intervention action taken shall be documented in Blue Team, as specified in this Office Policy. The entry shall include justification for the intervention and the specific Office Policy or Policies involved in the performance issue linked to the employee.
- 8. **Employee Responsibilities:** Employees are responsible for keeping supervisors informed of their actions and completing the appropriate Incident Type: Employee Reported Activity Blue Team entry, as specified in Office Policy CP-2, *Code of Conduct*.
  - A. Employees shall utilize the EIS to enter information, review and complete incidents assigned to them in EIS, and route incidents as required by Office Policy.
  - B. If an employee generates an EIS entry in error that requires the entry to be deleted or purged from the EIS, the employee shall forward the entry in Blue Team with an explanation to their supervisor for approval. The supervisor shall review the request and forward it through the chain of command to the division commander, and if approved, forward the entry to the EIU to be removed.
  - C. Attachment A provides a definition of the incident type categories, the person(s) responsible for the entry, and the available allegation(s) for each incident type entry.
  - D. The Employee Grievance Procedure governed by Office Policy GC-16, *Employee Grievance Procedures*, is the method for an employee to resolve concerns pertaining to grievance eligible matters entered on them in EIS. Non-grievable matters are defined in Office Policy GC-16, *Employee Grievance Procedures*.
- 9. **Supervisor Responsibilities:** Supervisors are responsible for entering employee information into the EIS and using the EIS to monitor subordinates' conduct and performance. Supervisors shall attempt to identify and address performance or conduct issues before they reach an alert within the EIS.
  - A. Attachment A provides a definition of the incident type categories, the person(s) responsible for the entry, and the available allegation(s) for each incident type entry.
  - B. All EIS entries initiated by a supervisor, with the exception of Internal, External, and Service Complaint or Probationary Release/Unclassified Less One Year entries, shall be carbon copied in Blue Team to the involved employee(s). Supervisor initiated EIS entries which do not require the approval/review by the chain of command, such as supervisor notes, shall also be carbon copied in Blue Team to the supervisor of the person initiating the entry.
  - C. Supervisors shall use the EIS to monitor subordinates' conduct. Supervisors shall do the following:
    - 1. Review and respond to alerts pertaining to subordinates in accordance with this Office Policy;
    - 2. Initiate, implement and assess the effectiveness of interventions conducted in response to EIS information;
    - 3. Document in detail the supervisory review conducted, conclusions rendered, and response to all incidents assigned or submitted by subordinate personnel within the EIS;

Review weekly subordinates' Blue Team entries to ensure proper action was taken, return deficient entries to subordinates for corrections, and route the approved incidents through the

chain of command to the EIU;

4. Track each subordinate's violations or deficiencies in arrests and the corrective action taken, in order to identify deputies needing repeated corrective action. Deficiencies in arrests include situations where there was no probable cause for arrest or no basis for the legal action taken. These deficiencies shall be documented in the EIS in accordance with Office Policy GB-2, *Command Responsibility*, within a Blue Team IR Memorialization entry;

- 5. Conduct a review of EIS records within 14 business days, including disciplinary history, of all employees upon transfer to their supervision or command. This review shall be documented within the Blue Team Supervisor Notes;
- 6. Conduct two reviews per month of each sworn, and one per month of each non-sworn subordinate's EIS information for the purpose of identifying and responding to any conduct patterns or concerns including, but not limited to racial profiling, improper immigration enforcement, investigatory stop violations, detentions unsupported by reasonable suspicion or otherwise in violation of Office Policy. This review shall be documented within the Blue Team Supervisor Notes;
- 7. Supervisors who have employees that are on an extended leave of absence shall complete a supervisor note to document the beginning date and end date of the absence. Blue Team Supervisor notes are not required while employees are on extended leave; and
- 8. Notify their chain of command so that the Office may initiate an investigation in accordance with Office Policy GH-2, *Internal Investigations*, if they believe an employee may be engaging in racial profiling, unlawful detentions or arrests, improper enforcement of immigration-related laws, or other behaviors that warrant administrative investigation. The supervisor shall also closely monitor the situation.
- 10. **Command Staff Responsibilities:** Command staff is responsible for entering employee information into the EIS and using the EIS to monitor subordinates' conduct.
  - A. Command staff shall attempt to identify and address performance or conduct issues before they reach an alert within EIS.
  - B. Command staff shall use the EIS in the same manner as required by supervisors. Additionally, command staff shall do the following:
    - 1. Monitor the EIS Purview Inbox to assure timely completion of all EIS incidents assigned to personnel under their command;
    - 2. Take appropriate corrective or disciplinary action against supervisors who fail to conduct reviews of adequate and consistent quality;
    - 3. Review and evaluate the quality and completeness of supervisory actions and interventions taken in response to EIS alerts and EIS incidents. The quality of these supervisory actions shall be taken into account in the supervisor's own performance evaluations, promotions, or internal transfers;
    - 4. Document in detail the command review conducted, conclusions rendered, and response to all incidents assigned or submitted by subordinate personnel within the EIS;
    - 5. Conduct quarterly reviews of broader, pattern-based reports provided by and in conjunction

with the EIU to assess the quality and effectiveness of interventions. Specific attention shall be directed at investigatory stop violations and arrests without probable cause; and

Effective Date: 03-28-23

- 6. Conduct a review of EIS records within 14 business days, including disciplinary history, of all employees upon transfer to their supervision or command. This review shall be documented within the Blue Team Supervisor Notes.
- 11. **Hardware and Equipment:** The Office shall maintain computer hardware, including servers, terminals and other necessary equipment, in sufficient amount and in good working order to permit personnel, including supervisors and commanders, ready and secure access to the EIS system to permit timely input and review of EIS data.

## 12. **Data Security and Retention:**

- A. Employees who have been authorized to access the EIS shall only do so in the performance of their duties. The access and use of the EIS for personal reasons, or as a matter of curiosity, is strictly prohibited. Employees who are found to be in violation of this section shall be subject to disciplinary action, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*.
- B. Employees who have access to the EIS shall only have the access required of their position in the Office.
- C. Supervisors shall treat the information contained or obtained during the performance of their duties within the EIS as confidential. Unauthorized disclosure of EIS information, including open administrative investigations, shall result in disciplinary action, as specified in Office Policy GC-17, *Employee Disciplinary Procedures*.
- D. Individual profiles are set for supervisors to see only those employees they supervise.
- E. Entry to the system shall be only through authentication through username and password.
- F. The EIS shall include appropriate identifying information for each involved employee, including the name, badge number, race and/or ethnicity.
- G. A usage log shall be maintained by the system showing who viewed entries, made entries, and what entries were made.
- H. Office personnel shall enter information into the EIS in a timely, accurate, and complete manner, and shall maintain the data in a secure and confidential manner. No individual shall have access to individually identifiable information that is maintained only within EIS and is about an employee not within that supervisor's direct command, except as necessary for investigative, technological, or auditing purposes, or if providing temporary supervision due to staffing assignment, or special operational needs.
- I. All personally identifiable information about an employee included in the EIS shall be maintained for at least five years following an employee's separation from the Office. Information necessary for aggregate statistical analysis shall be maintained indefinitely in the EIS, except where restricted by any Court Order.
- J. The EIS may purge data received from TraCS after retaining the information for 12 months. Data received from TraCS includes the Citation, Written Warning, Incidental Contact Form, and Incident Report data feeds.

K. The EIS may purge data received from TheHUB after retaining the information for 12 months. Data received from TheHUB includes information from an employee's training record which includes, but is not limited to, the type of training, registration date, and status.