

# SELF-ASSESSMENT MANUAL

For Agencies Seeking Initial Accreditation



May 1988

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120899

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# **SELF-ASSESSMENT MANUAL**

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May 1988

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# DEDICATION

This revised edition of the *Self-assessment Manual* is dedicated to four agency chief executive officers who have gained a special position in American law enforcement; the Manual is also dedicated to a number of persons who assisted staff with revisions to the Manual.

The four are special in that they—as agency chief executive officers—brought their former agencies to accredited status and have either committed their present agency to self-assessment or are close to doing so as this publication goes to print. This says a great deal about the value of self-assessment and the value of accreditation as a *process*. As a process, agency heads can achieve a wide range of objectives that touch upon organizational, operational, and personnel aspects of their agencies. Moreover, agencies benefit from the involvement of their members in an effort to achieve accreditation as a *status*. Recognition of jobs especially well done are due the following:

- *Charles C. Plummer*, Sheriff of Alameda County, California, and member of the Commission since 1983, led the Hayward, California, Police Department to accredited status in May 1985. He is about to do the same

for the Alameda County Sheriff's Department.

- *Gerald L. Williams*, Chief of Police of Aurora, Colorado, and a member of the Commission since 1986, led the Arvada, Colorado, Police Department to accredited status in March 1986. He entered the Aurora Department into self-assessment in January 1987.
- *William J. Bratton*, Superintendent of the Metropolitan Police Department of the Massachusetts Metropolitan District Commission, led the MBTA (Massachusetts Bay Transportation Authority) Police Department to accredited status in March 1986, and is about to enter the Metropolitan Police into self-assessment.
- *Erik Dam*, Chief of Police in New Canaan, Connecticut, led the Englewood, Ohio, Police Department to accredited status in November 1986. He entered the New Canaan Department into self-assessment in February 1988.

Persons who assisted staff with revisions to the Manual are identified in Appendix D. Their invaluable assistance is gratefully acknowledged.

# TABLE OF CONTENTS

Dedication .....	ii
Preface .....	v
I. Introduction .....	1
A. Objective of the Manual .....	1
B. Plan of the Manual .....	1
II. The Self-assessment Process in Overview .....	3
A. Events Leading to Self-assessment .....	3
B. Purpose of the Self-assessment .....	3
C. Steps in the Self-assessment Process .....	3
D. Events Following the Self-assessment Process .....	3
III. Self-assessment Methodology .....	7
A. Step 1: Appoint an Accreditation Manager and Publicize the CEO's Active Support of the Accreditation Program .....	8
B. Step 2: Review Self-assessment Package and Call Commission Staff .....	9
C. Step 3: Prepare Self-assessment and Public Information Plan and Accreditation Budget .....	12
D. Step 4: Organize Compliance-documentation Files .....	16
E. Step 5: Set Priorities for Preparation of Compliance Documentation .....	21
F. Step 6: Develop Approach by Which to Delegate Responsibility for Documentation Preparation and to Train, Monitor, and Review .....	21
G. Step 7: Determine Whether Changes in the Agency's Written Directive System Would Be Advantageous .....	23
H. Step 8: Orient All Agency Personnel to the Accreditation Program and Self-assessment Process .....	24
I. Step 9: Assign Documentation-preparation Responsibilities to Individuals, Train Them, and Monitor Progress .....	25
J. Step 10: Review and Approve Compliance Documentation .....	27
K. Step 11: Implement New or Revised Programs, Procedures, Functions, and Purchases Required for Standards Compliance .....	29
L. Step 12: Conduct an Examination Prior to On-site Assessment to Test Compliance with All Applicable Standards .....	30
M. Step 13: Call Commission Staff Regarding Submission of Selected Documentation .....	30
N. Step 14: Submit Public Information Plan and Copies of Required Items .....	32
O. Conclusion .....	32
IV. Achieving Compliance with the Standards .....	35
A. Gaining Compliance and the "Guiding Principles" .....	35
B. Proofs of Compliance .....	35
C. Noncompliance .....	36
V. Reporting Forms and Instructions .....	39
A. The Individual Standard Status Report .....	39
B. Self-assessment Log .....	49

## Appendices

Appendix A: Background Information on the Accreditation Program and the Commission ..	51
Appendix B: Background Information on the Standards—Their Development, Nature, and Scope .....	53
Appendix C: Guiding Principles for Applicant Agencies and Assessors .....	57
Appendix D: Acknowledgments.....	59

## List of Exhibits

Exhibit 2.1: The Accreditation Process in Overview: 5 Phases and 24 Steps .....	4
Exhibit 3.1: Individual Standard Status Report (for Use with Mandatory Standards) .....	10
Exhibit 3.2: Individual Standard Status Report (for Use with Nonmandatory Standards) ...	13
Exhibit 3.3: Self-assessment Log .....	15
Exhibit 3.4: Illustrative Format for Analyzing Applicability and Impact of a Chapter of Standards .....	16
Exhibit 3.5: Illustrative Line Items of Agency Accreditation Budget .....	17
Exhibit 3.6: Organization of Material in Individual-standard File Folder .....	18
Exhibit 3.7: Cross-reference Listings .....	20
Exhibit 3.8: Illustrative Monitoring Log .....	26
Exhibit 3.9: Illustrative Monitoring Log .....	27
Exhibit 3.10: Illustrative Monitoring Log .....	28
Exhibit 3.11: Illustrative Monitoring Report .....	29
Exhibit 3.12: Plan of Action Worksheet .....	30
Exhibit 3.13: ISSR Worksheet .....	31
Exhibit 3.14: Accreditation Log .....	32
Exhibit 5.1: Completed ISSR Form (Applicable to Mandatory Standards) .....	40
Exhibit 5.2: Completed ISSR Form (Applicable to Nonmandatory Standards) .....	44
Exhibit 5.3: Completed Self-assessment Log .....	48

Index .....	61
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# PREFACE

This *Self-assessment Manual* is one of five major publications of the Commission on Accreditation for Law Enforcement Agencies, Inc. (hereinafter, the Commission):

- The *Self-assessment Manual* is an agency guide to the most important aspect of the process of initial accreditation—the agency's self-assessment. It is intended for two audiences: first, for the agency's accreditation manager while he or she manages the program and provides orientation and training for other agency personnel; and second, for agency personnel who may be asked to undertake self-assessment assignments but who may have little or no knowledge about the nature and scope of the accreditation program.
- *Standards for Law Enforcement Agencies: The Standards Manual of the Law Enforcement Agency Accreditation Program* is the Commission's principal publication. More than 900 standards were prepared by the four major law enforcement executive membership associations that formed the Commission:

- International Association of Chiefs of Police (IACP)
- National Organization of Black Law Enforcement Executives (NOBLE)

- National Sheriffs' Association (NSA)
- Police Executive Research Forum (PERF).

Law enforcement agencies that seek accreditation must come into compliance with those standards that are applicable to that agency on the basis of its size and functions it performs.

- The *Accreditation Program Book* is the principal source of information about the accreditation program. Major emphasis is placed on the accreditation process—from the time that an agency applies for accreditation until it is accredited. The *Accreditation Program Book* is designed to provide information not only for law enforcement agencies that are involved in the accreditation program, but also for those that may be interested in applying for accreditation.
- The *Assessor's Manual* is designed as a guide for Commission assessors, who are employed to assess whether an agency is in compliance with all applicable standards. It is provided to assessors during training and used as a guide for on-site assessment activities.
- The *Reaccreditation Manual* is designed to assist accredited agencies maintain their accredited status and to guide them through the reaccreditation process, which must be completed every five years.

# CHAPTER I

## INTRODUCTION

Persons reading this *Self-assessment Manual* should be familiar with the accreditation program, including (1) the background and functioning of the Commission, (2) the nature and scope of the standards, and (3) the accreditation process. (Readers not familiar with these topics are encouraged to read Appendix A, "Background Information on the Accreditation Program and the Commission" and Appendix B, "Background Information on the Standards—Their Development, Nature, and Scope." Additional information may be found in the *Accreditation Program Book*.)

Persons reading this manual should also be aware that the Commission considers self-assessment to be the most important stage in the entire accreditation process. The Commission has provided a body of standards; the agency must bring itself into compliance with those standards that are applicable.

### A. Objective of the Manual

The principal objective of this manual is to guide the agency in its efforts to comply with applicable standards. A complementary objective is to ensure that the agency will be ready to receive the Commission's assessors and to expedite their review of the agency's compliance with applicable standards.

The manual provides information about managing the self-assessment process as well as information about the standards and how compliance must be documented. Copies of Commission forms that will be used in the process, together with instructions for completing them, are also provided. General information to facilitate the agency's work as it

seeks to comply with applicable standards is included in the appendices.

### B. Plan of the Manual

The remainder of the manual is divided into four chapters and three appendices.

- Chapter II provides information about the self-assessment process: events leading up to the self-assessment; steps in the self-assessment process; and events following self-assessment.
- Chapter III offers experience-tested procedures and methods by which to plan, organize, and implement an effective self-assessment process.
- Chapter IV is entitled "Achieving Compliance With the Standards." One part of the chapter is devoted to developing proofs of compliance for those standards that are applicable. Another part of the chapter discusses dealing with standards with which the agency need not come into compliance.
- Chapter V details instructions to be used in filling out the several forms supplied by the Commission.

### IMPORTANT

Read the *Self-assessment Manual* from cover to cover before starting the self-assessment process.



## CHAPTER II

# THE SELF-ASSESSMENT PROCESS IN OVERVIEW

### A. Events Leading to Self-assessment

The accreditation process begins when an agency submits an application to the Commission. From information supplied on the application forms, the Commission determines the eligibility of an agency to participate. Once eligibility has been established, the agency and the Commission enter into a signed agreement. The agency is then asked to submit a profile of its size, legal responsibilities, and functions.

### B. Purpose of the Self-assessment

Self-assessment has three basic purposes: (1) to achieve compliance with applicable standards; (2) to establish *proofs of compliance* with those standards, and (3) to facilitate the on-site review by the Commission's assessors.

The self-assessment provides an opportunity for the agency to conduct a thorough review of its activities to determine whether they meet the requirements of the standards. A systematic analysis of each chapter, subchapter, and standard in the Standards Manual identifies the extent to which the agency meets or exceeds the requirements of applicable standards. The self-assessment also reveals those areas wherein the agency does not meet the requirements of the standards and identifies what must be done to achieve and document compliance. In the event work must be undertaken to achieve compliance, it is done as part of the self-assessment. The agency prepares proofs of compliance with all applicable standards.

The third purpose of the self-assessment is to prepare for the Commission's on-site assessment. A properly conducted and documented self-assessment minimizes the time and expense associated with the on-site assessment by providing quick access to information (directives and other documentation), persons to be interviewed, and/or locales to be visited.

### C. Steps in the Self-assessment Process

The steps in the self-assessment process are listed below. The step numbers, nine through fifteen, are keyed to the numbers in Exhibit 2.1.\*

- *Step Nine.* Commission staff confirms the agency's eligibility and sends the self-assessment

package to the agency. The self-assessment package contains:

- Self-assessment Manual*
- Standards Manual
- Individual Standard Status Report (ISSR) forms
- Self-assessment Logs
- Material describing public information policy pertaining to self-assessment and beyond.

- *Step Ten.* Commission and agency staffs confer by telephone to determine which standards are applicable to the agency on the basis of functions performed and to resolve other questions.
- *Step Eleven.* The agency initiates the self-assessment process.
- *Step Twelve.* The agency calls Commission staff regarding possible requests for interpretations and/or waivers of standards.
- *Step Thirteen.* Commission staff processes requests for interpretations and/or waivers in accord with established Commission policies and procedures. The agency is advised of the Commission's decision.
- *Step Fourteen.* The agency calls Commission staff regarding specific self-assessment documentation to be submitted.
- *Step Fifteen.* The Commission's staff reviews submitted self-assessment documentation and contacts the agency, as required, about completeness of the documentation or pending waivers. When the agency deems itself in compliance with all applicable standards, plans for the on-site assessment are made (Step 16 and beyond), including the agency's public information responsibilities.

### D. Events Following the Self-assessment Process

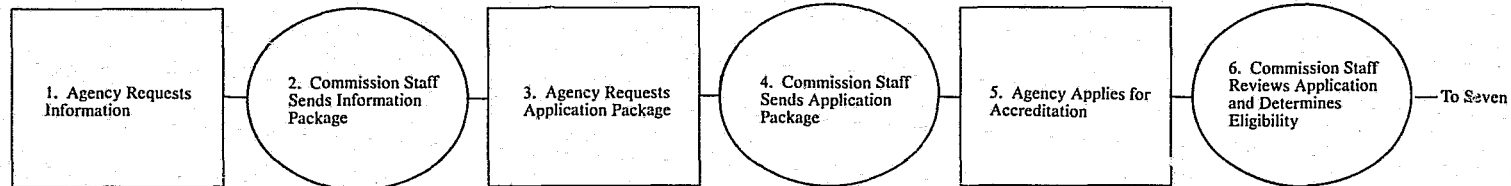
There are two phases (nine additional steps) following the self-assessment. The two are the On-

\*As shown on Exhibit 2.1, steps 1 through 8 encompass the Application and Agency Profile Questionnaire phases of the accreditation process.

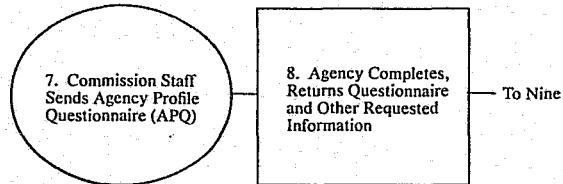
## EXHIBIT 2.1

### THE ACCREDITATION PROCESS IN OVERVIEW: 5 PHASES AND 24 STEPS

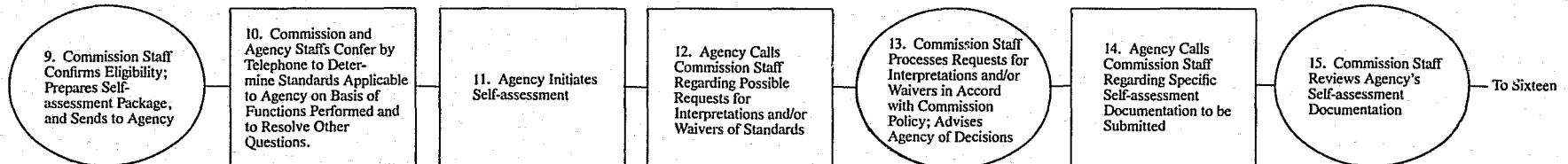
#### APPLICATION PHASE



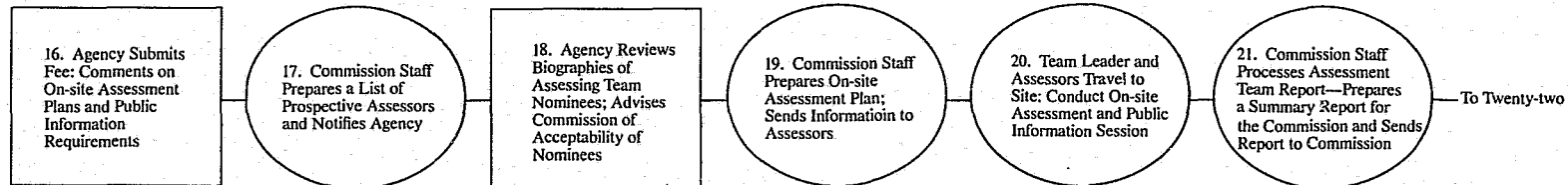
#### AGENCY PROFILE QUESTIONNAIRE



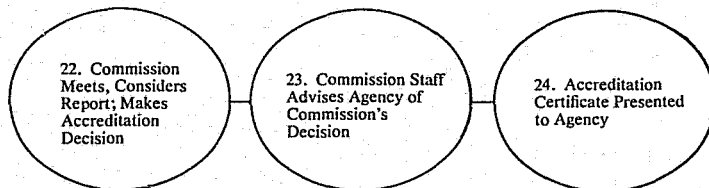
#### SELF-ASSESSMENT



#### ON-SITE ASSESSMENT



#### COMMISSION REVIEW AND DECISION



site Assessment and, after a review by Commission staff, Commission Review and Decision:

- *On-site Assessment.* Commission staff prepares a list of potential assessors, allows the candidate agency to review the list to avoid potential conflicts of interest, and dispatches the team to the agency. The assessors examine proofs of compliance to verify that the agency complies with all applicable standards. The assessors also conduct the public information activities.
- *Commission Staff Review.* The on-site assessment team leader submits a report to Commission staff. If the report indicates compliance with all applicable mandatory standards, and at least 80 percent of applicable nonmandatory standards, staff proceeds with plans to present the agency to the Commission at its next meeting.

If the agency is found not to be in compliance with one or more mandatory standards or less than 80 percent of nonmandatory

tory standards, the agency is advised of steps necessary to come into compliance. In most instances, the matter is resolved by the agency's supplying proofs of compliance to the team leader, who would amend his or her report accordingly. If the standards not complied with are deemed beyond resolution by written or oral communications, a second on-site assessment, requiring an additional fee, may have to be conducted.

- *Presentation to the Commission.* Commission staff processes the on-site assessment team report and sends the report to the Commission prior to its next regularly scheduled meeting. The Commission meets as a committee of the whole or as two or more committees to review the report and other information presented by staff, assessors, or other parties. The committee's recommendation is presented to the Commission for final action. An accreditation certificate is presented to the agency if it is found to be in compliance with all applicable standards.

## CHAPTER III

# SELF-ASSESSMENT METHODOLOGY

This chapter presents experience-tested procedures and methods by which to plan, organize, and implement an effective self-assessment process. Agencies are not required to use the approach outlined here unless otherwise noted. But, if the experience of others is a valid guide, most agencies will probably find that a successful self-assessment is best facilitated by adopting, or adapting, the suggestions that follow.

The recommended 14-step approach begins with the agency's chief executive officer publicizing a strong commitment to the accreditation program (Step 1 below), involves a number of steps focusing on *planning and organizing* (Steps 2-7), and culminates in agency personnel *implementing* those activities necessary to develop satisfactory proofs of compliance with applicable standards (Steps 8-14):

- Step 1: Appoint an accreditation manager and publicize the CEO's active support of the accreditation program.
- Step 2: Review self-assessment package and call Commission staff.
- Step 3: Prepare the self-assessment and public information plan and accreditation budget.
- Step 4: Organize compliance-documentation files.
- Step 5: Set priorities for preparation of compliance documentation.
- Step 6: Develop the approach by which to delegate responsibility for preparing compliance documentation, train those involved, monitor progress, and review and approve results.
- Step 7: Determine whether changes in the agency's written directive system would be advantageous in view of compliance-documentation requirements.
- Step 8: Orient all agency personnel to the accreditation program and self-assessment process.
- Step 9: Assign documentation-preparation responsibilities to individuals, train them, and monitor progress.
- Step 10: Review and approve compliance documentation.

- Step 11: Implement new or revised programs, procedures, functions, etc., required to achieve compliance with applicable standards.
- Step 12: Conduct an examination prior to on-site assessment to test compliance with applicable standards.
- Step 13: Call Commission staff regarding submission of selected documentation.
- Step 14: Submit public information plan and copies of required items.

The foregoing steps not only provide a sound framework for addressing the self-assessment phase but also put in place an approach for maintaining compliance after initial accreditation. An agency spokesman wrote to Commission staff: "Enter the self-assessment believing it is the start of an ongoing project, not one that is about to end. Proper planning initially can make the on-site assessment much easier as well as future self-assessments to maintain accreditation."<sup>1</sup>

Most agencies will probably require at least 18 months to complete the 14-step self-assessment procedure. Many will need a significantly longer period to finish the process, especially if, for example, the nature of the budgetary cycle delays funding for new programs, equipment, or facilities required for compliance with applicable standards. Unless the self-assessment process for your agency appears quite straightforward, immediately setting a deadline for its completion may generate false expectations and put unwarranted pressure on the accreditation manager and others who, through no fault of their own, might not be able to meet the completion date due to circumstances not foreseen initially.

Frequently, therefore, the better procedure, at least at the initial stages, is to set deadlines for one step at a time or, perhaps, for a group of steps, such as for Steps 4 through 6. Eventually, however, what may be unforeseen at the beginning of the process will be identified and put into proper perspective; at that point, a reasonably accurate self-assessment completion date could be estimated.

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<sup>1</sup>Attachment to letter from Colonel G. R. Fox, Tampa Police Department, July 16, 1986.

In any event, maintain the momentum of the process. Keep slack periods to a minimum. A longer process is not always an easier process, as pointed out by one agency: "A prolonged involvement in the process is counterproductive. Proofs of compliance are normally dated, and they quickly become out of date. A constant updating of proofs of compliance is required during the process, regardless of length, so attempt to minimize the work involved by reducing the length of the process."<sup>2</sup>

A central objective of the 14 steps above is to embed three ingredients essential to a successful self-assessment: strong leadership at the top, involvement of agency personnel at as many organizational levels as feasible, and a solid documentation base.

### **IMPORTANT**

The self-assessment process is a means to the end of becoming a more professional law enforcement organization. Accredited status is the beginning, not the end result for an agency.

#### **A. Step 1: Appoint an Accreditation Manager and Publicize the CEO's Active Support of the Accreditation Program**

Other than the decision to seek accreditation, and the active support of the agency's CEO, probably the most important step is selection of a well-qualified accreditation manager.

##### **1. Accreditation Manager**

Responsibility for selection of the accreditation manager rests, of course, with the agency's CEO. According to some of the agencies that have undergone self-assessment, the accreditation manager should possess the following qualities:

—Experience in many facets of the agency. One accreditation manager refers to this quality as "cross-department access," which means that the accreditation manager "has demonstrated knowledge, expertise or experience in many of the divisions or functional components of the agency. [This] helps ensure that the potential impact of various plans of action or compliances are properly evaluated. . . . It also makes it easier for the accreditation manager to identify agency personnel most qualified to work on standards. . . ."<sup>3</sup>

—Working knowledge of agency rules, regulations, and policies.

—Compatibility with the CEO's management style and personality.

—Ability to work well with people, especially with persons of higher rank.

—Ability to administer, plan, organize, and train.

—Skill in writing.

—Initiative and willingness to make significant decisions, delegate tasks, and accept responsibility for the outcomes.

—Willingness to see the accreditation process through to the end. Turnover in this position is an invitation to trouble.

The accreditation manager may be a sworn officer or a civilian. Of those individuals meeting the foregoing criteria, selection of the one with the highest rank is usually advantageous; that is, rank is secondary to possession of the necessary skills, at least in the opinion of some agency personnel who have been heavily involved in the accreditation process.

One agency would temper that opinion with the observation that the accreditation manager should be either a sergeant or lieutenant because such a person will often find it easier to enforce deadlines and make assignments and because an officer higher than lieutenant will generally be too far removed from the operational level of the agency. This may be true in some large agencies, but in smaller ones, high-ranking officers may be closely attuned to operational matters.

Another agency hired as its accreditation manager a person from outside the agency who had considerable standards-related experience. He was able to bring a fresh perspective and to ask "hard questions."

Responsibilities of the accreditation manager encompass all that is required to achieve successfully Steps 2 through 14, in addition to accreditation tasks that precede and follow the self-assessment process. Such tasks may relate to completing the Agency Profile Questionnaire and to assisting Commission assessors during on-site assessment. Because of the breadth and detail of the accreditation manager's job, the CEO may want to appoint a core accreditation team (especially if the agency is not small), which would oversee the accreditation process. The team would be headed by the accreditation

<sup>2</sup>Attachment to letter from Captain David C. Brewster, Phoenix Police Department, December 12, 1986.

<sup>3</sup>Letter from Sergeant Richard S. Casler, Schaumburg (Illinois) Police Department, July 16, 1986.

manager, who would be assisted in an advisory capacity by two or three other persons. These other persons would add expertise, offer different perspectives, and help assure the requisite involvement of agency personnel. Alternatively, the CEO could delegate to the accreditation manager the responsibility for selecting other team members.

Depending on the size of the agency and the complexity of the self-assessment task, the accreditation manager may or may not devote full time to the self-assessment process and may or may not designate someone as an assistant accreditation manager or coordinator. Several agencies advised caution in this regard: the tendency is to underestimate the time required for the self-assessment process and to expect that it can be managed on a part-time basis. Many agencies have found that a full-time accreditation manager, sequestered from the mainstream of operational responsibilities and activities, was essential. In any event, the manager will benefit by consulting with accredited agencies from time to time.

## **2. Chief Executive Officer**

The critical importance of the CEO's role in the accreditation process is underscored by a consensus statement made at a meeting of accreditation managers: "The CEO's role in the accreditation process is critical. CEOs must make accreditation a top priority. This is essential if the accreditation process is to be successful." An agency that has ignored this advice has usually gained accredited status only with great difficulty, ultimate success frequently having been achieved due to the efforts of a high-ranking officer who "ran interference" for the accreditation manager.

In practical terms, what does "making accreditation a top priority" mean for the CEO? First, it means that the accreditation manager should be given direct access to the CEO, granted the opportunity to meet frequently with the CEO (such as weekly), and delegated authority commensurate with his or her responsibilities.

Second, the CEO should issue an agencywide memo describing the accreditation program in general, emphasizing that it is a top priority, summarizing its potential benefits, highlighting the self-assessment process, announcing the appointment of the accreditation manager/team, underscoring the accreditation manager's direct access to the CEO and to the top staff officers, outlining the CEO's active oversight role, and requiring active cooperation with the accreditation manager. If the CEO has publicized these points earlier, such as during the

application phase of accreditation, they should be reiterated in summary form at the outset of self-assessment. The CEO should continue to emphasize commitment to accreditation at staff meetings and at appropriate occasions, such as community meetings.

Third, the CEO should provide the accreditation manager with the resources needed to get the job done, such as office space, equipment, clerical support, and travel funds (see Step 3 for typical line items in an accreditation budget).

Fourth, if not already done during the accreditation application phase, the CEO should make initial contact with the mayor or city/county manager to obtain support for the agency's accreditation effort and to pave the way for subsequent meetings with other government officials whose cooperation may become necessary during self-assessment. The cooperation of those officials may be required in order to develop proofs of compliance for certain standards and, as a spokesman for one agency noted, "Accreditation requires a commitment in agency money and [staff] and must have the support of appropriate officials."<sup>4</sup>

Next, the CEO should encourage the accreditation manager to attend Commission meetings, visit accredited agencies, and participate in regional or statewide accreditation organizations (if any).

Finally, the CEO should play an active role in the self-assessment process, such as through periodic meetings with the accreditation manager and by participating in the review-and-approval process for documenting compliance (see Step 10).

## **B. Step 2: Review Self-assessment Package and Call Commission Staff**

Once an agency's eligibility for accreditation is confirmed, Commission staff sends the agency a Self-assessment Package, which consists of the following items:

- A cover letter describing the other documents in the package and explaining how to proceed with self-assessment.

- The Self-assessment Manual.*

- A loose-leaf, three-hole punched edition of *Standards for Law Enforcement Agencies*, which can be used to facilitate the distribution of standards to units or components of the agency.

- A supply of self-assessment forms—1,250 copies of the Individual Standard Status Report (Exhibit 3.1) on white paper, for use with *mandatory*

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<sup>4</sup>Attachment to letter from Captain David C. Brewster, *op. cit.*

## INDIVIDUAL STANDARD STATUS REPORT (FOR USE WITH MANDATORY STANDARDS)

INDIVIDUAL STANDARD STATUS REPORT (ISSR)	
AGENCY:	_____
STANDARD NO:	_____
ASSIGNED TO:	_____
	Name or Unit Date
PREPARED BY:	_____
	Accreditation Manager Date

<b>RESERVED FOR ASSESSOR USE ONLY</b>	
	<u>Assessor Initials</u>
<input type="checkbox"/> COMPLIANCE VERIFIED _____	
<input type="checkbox"/> NONCOMPLIANCE _____	
<input type="checkbox"/> OTHER STATUS _____	
<input type="checkbox"/> N/A BY SIZE OR FUNCTION _____	
<input type="checkbox"/> WAIVER APPROVAL VERIFIED _____	
<b>ASSESSOR COMMENTS CONTINUED IN SECTION D ON REVERSE SIDE</b>	

☐ **Other Than Compliance** (Complete Section B)

A. COMPLIANCE	(Place an "X" in Appropriate Box or Boxes; Identify the Source or Sources that Prove Compliance)	For Assessor Use Only
<input type="checkbox"/> Written Directive:		
<input type="checkbox"/> Written Documentation:		
<input type="checkbox"/> Interview with:		
<input type="checkbox"/> Observation of:		

**B. OTHER THAN COMPLIANCE** (Place an "X" in the Appropriate Box.)

☐ Not Applicable (N/A) By Reason of Agency Size

☐ Not Applicable By Reason of Function (Complete Section C)

☐ Waiver Approval (Complete Section C)

10

**EXHIBIT 3.1**  
**(Continued)**

<b>C. EXPLANATION</b>		
<ul style="list-style-type: none"><li>• USE THE SPACE BELOW TO EXPLAIN THE ITEM "X" D IN SECTION B</li></ul>	<div><input type="checkbox"/> N/A BY FUNCTION</div> <div><input type="checkbox"/> WAIVER APPROVAL</div>	SEE INSTRUCTIONS IN THE SELF-ASSESSMENT MANUAL BEFORE COMPLETING THIS SECTION.
<div>STANDARD NUMBER:</div> <div></div>		

**Do Not Write Below This Line...For Commission Assessor's Use Only**

[illegible]



standards, and 750 copies of ISSRs (Exhibit 3.2) on tan paper, for use with *nonmandatory* standards. (Additional copies may be ordered at cost. See Chapter V for illustrations of completed forms.)

—The Self-assessment Log (Exhibit 3.3), a form containing a computer-produced, chapter-by-chapter (as found in *Standards for Law Enforcement Agencies*) listing of standard numbers and notations regarding the compliance level of each standard (mandatory, nonmandatory, or not applicable because of agency size). (Additional copies may be ordered at cost. See Chapter V for illustration of a completed form.)

—Materials describing public information policy and activities applicable to self-assessment and beyond.

Other items may also be included in the package and will be so noted in the cover letter. For example, an enclosed form allows agencies to order:

—The Standards Manual on Disks (standard number, text, commentary, and levels of compliance)—available on three 5¼-inch, doublesided, double-density disks that are compatible with IBM PCs using WordPerfect.

—Standards' Numbers and Titles on Disks, which can be used to print standards' numbers and title paraphrases on labels to be affixed to individual-standard file folders. (See Step 4 and Exhibit 3.6.)

—Video—a VHS videocassette which contains two 12-minute programs about accreditation. The first program ("Accreditation: The Next Step") is suitable for all audiences. The other ("Accreditation: A Commitment to Professionalism") explains the process and the results. Its message is directed to a law enforcement audience.

Once the package is checked for completeness, the accreditation manager should review the not-applicable standards (due to agency size) noted by Commission staff on the Self-assessment Log. Next, the manager should identify those standards, if any, that are not applicable because the functions they address are not performed by the agency.

### IMPORTANT

At this point, call Commission staff to confirm that the agency received the complete Self-assessment Package, to resolve questions relating to standards applicability and other matters, and to discuss the agency's public information responsibilities.

Following resolution of applicability-related matters, the accreditation manager should review applicable standards to determine which will have an impact on the department's budget, such as by requiring new functions, equipment, facilities, and the like. This information will be used in Step 3 (accreditation budget preparation), in Step 5 (establishment of priorities for development of standards-compliance documentation), and in Step 11 (implementation of new standards-mandated programs, functions, etc.).

Also, standards pertaining to functions performed on behalf of the agency by other governmental units or by private contractors should be identified. To the extent that standards apply to those functions, the government agencies or contractors performing them will become involved in the compliance-documentation process (Step 9) and should be so alerted.

Finally, the accreditation manager should note those standards that would affect planned projects, functions, procedures, etc., scheduled for implementation during the accreditation period. For example, is a planned project in compliance with standards addressing that area? If not, should the project be changed accordingly? If changes are not made, will this prevent the agency from attaining compliance with the requisite number of applicable standards? A large agency raised this question as follows:

"Actions taken by the Department now and before accreditation is finalized could have a serious impact upon . . . Departmental ability to achieve accreditation. For example, if the Department were to decide that it wished certain Departmental facilities to have an area for holding prisoners, then . . . additional . . . standards would become applicable."<sup>5</sup>

The agency quoted above carefully analyzed the applicability and impact of each standard even before applying for accreditation. Exhibit 3.4 presents the format that the agency used to report the results of its analyses of individual standards.

### C. Step 3: Prepare Self-assessment and Public Information Plan and Accreditation Budget

At the outset, the accreditation manager should develop a self-assessment and public information

<sup>5</sup>James R. Rush, *Plan to Achieve Accreditation: Report of the Accreditation Task Force* (Illinois Department of Law Enforcement, Division of Administration, 1984), p. 65.



## EXHIBIT 3.2

### (Continued)

<p><b>C. EXPLANATION</b></p> <p>• USE THE SPACE BELOW TO EXPLAIN THE ITEM "X" D IN SECTION B</p> <p>STANDARD NUMBER:</p>	<p><input type="checkbox"/> N/A BY FUNCTION</p> <p><input type="checkbox"/> ELECTED 20%</p>	<p>SEE INSTRUCTIONS IN THE SELF-ASSESSMENT MANUAL BEFORE COMPLETING THIS SECTION.</p>
Lined area for explanation		

Do Not Write Below This Line...For Commission Assessor's Use Only

<p><b>D. ASSESSOR'S FINDINGS</b></p>	<p><input type="checkbox"/> COMPLIANCE</p>	<p><input type="checkbox"/> NONCOMPLIANCE</p>	<p><input type="checkbox"/> OTHER STATUS</p>
<p>Remarks:</p>			
Lined area for remarks			
<p>_____ Assessor's Signature</p>		<p>_____ Date</p>	



# EXHIBIT 3.4

## ILLUSTRATIVE FORMAT FOR ANALYZING APPLICABILITY AND IMPACT OF A CHAPTER OF STANDARDS\*

<b>Topic:</b>	Law Enforcement Operations			
<b>Chapter:</b>	42—Criminal Investigations			
<b>Compliance Level:</b>	<b>Mandatory</b>		<b>Optional</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
Full Compliance	21	95	10	100
Partial Compliance	1	5	0	0
Noncompliance	0	0	0	0
Total	22	100	10	100
Not Applicable	0		0	
Total Standards	22		10	
<b>Discussion:</b>				
Mandatory Standard 42.1.6 states: "A written directive establishes procedures for informing crime victims of the status of their case." Status could be defined as "open," "suspended," or "closed" (Standard 42.1.4) or the Department could follow any other system appropriate for the Department Case Management System. The directive prepared should be Departmental in nature since several Divisions are involved with crime victims.				

\*Courtesy of the Illinois Department of Law Enforcement.

plan and overall accreditation budget, no matter how ill-defined many of the details may be at this point.

### 1. Self-assessment and Public Information Plan

Of principal importance initially is to describe what must be done and in what sequence. Precisely how, when, and by whom each task is to be performed should be noted; again, inclusion of many details may not be possible at this point but at least an overall self-assessment framework can be developed. The suggested self-assessment steps described in this chapter may help in the preparation of the operational plan, which can be regarded as a road map by which the route is traced, progress tracked, variances noted, and appropriate corrective mea-

sures implemented. The public information materials in the Self-assessment Package provide similar guidance.

If the accreditation manager is working as part of an accreditation team (see Step 1), the various perspectives of other team members will prove helpful during the development of the plan, which, of course, should be submitted to the CEO for final approval.

### 2. Budget

If the operational plan is the anticipated route, the budget is the expected cost of the trip. Exhibit 3.5 lists illustrative line items of an agency's accreditation budget (encompasses self-assessment and other phases of accreditation). Costs are divided into two categories: additional expenditures and diversion of resources.

Costs listed under the "Additional Expenditures" column are those that would not be incurred by the agency except for its involvement in the accreditation program. "Diversion of Resources" costs are those that would have been incurred even if the agency were not seeking accreditation.

For example, line items 1 and 11 clearly involve additional expenditures, while items 10a and 10b would fall into the diversion-of-resources category (assuming additional personnel were not hired to fill those positions), except for overtime caused by accreditation activities.

Regarding line items 5b and 8, many agencies recommend the use of word processors, given their effectiveness in making the many revisions, additions, deletions, and reorganizations of compliance documentation that inevitably occur during the self-assessment process.

Illustrative of the type of costs some agencies have incurred in line item 11 are the following:

- Intern program.
- Career development program.
- Physical fitness program.
- Internal affairs unit.
- Recruitment brochures.
- Fire extinguishers.
- Body armor.
- First aid kits.
- New directive system and related manuals.

### D. Step 4: Organize Compliance-documentation Files

Effective organization of files containing proofs of compliance and other documentation-related materials is essential to a smoothly functioning self-

## EXHIBIT 3.5

### ILLUSTRATIVE LINE ITEMS OF AGENCY ACCREDITATION BUDGET

Line item	Additional Expenditures	Diversion of Resources
1. Accreditation fee	\$	\$
2. Publications		
3. Office space and furnishings		
4. Office supplies		
5. Equipment		
a. File cabinets		
b. Typewriter/word processor		
c. Other		
6. Telephone		
7. Printing/photocopying		
8. Outside typing/word processing		
9. Travel		
10. Personnel		
a. Accreditation manager		
b. Other members of accreditation team		
c. Clerical		
d. Other		
11. New standards-mandated programs, etc.		
a. New functions		
b. New or replacement equipment		
c. New personnel		
d. New or renovated facilities		
Construction		
Operation		
e. Other		
12. Public information activities		
13. Other		
TOTALS	\$ _____	\$ _____

assessment process and on-site assessment. Three types of files are described below.

#### 1. Individual-standard File Folders

Agencies are required to prepare a file folder (11¾" × 9½", for example) for each standard. (If an entire chapter of standards is not applicable, file in

a single file folder a copy of the self-assessment log and other material bearing on the nonapplicable status of the chapter.) Each individual-standard file folder should be organized as follows:

—Label each file folder with the number of the standard. (Optionally, a word-processing disk for

printing out standard numbers *and* paraphrases may be obtained from Commission headquarters, as explained in Step 2.)

—Insert (loose-leaf fashion) as the first item in the folder the standard's text, commentary, and levels of compliance by filing a photocopy of the page on which the standard (highlighted) appears, a photocopy of the standard alone, or a computer printout of the standard.

—File the completed ISSR form followed by ISSR-cited compliance documentation, loose-leaf fashion, inside the folder.

The folder's organization is illustrated by Exhibit 3.6.

When only a portion of the filed documentation is used as proof of compliance with a standard, highlight that portion either by underlining it or by over-laying it with color.

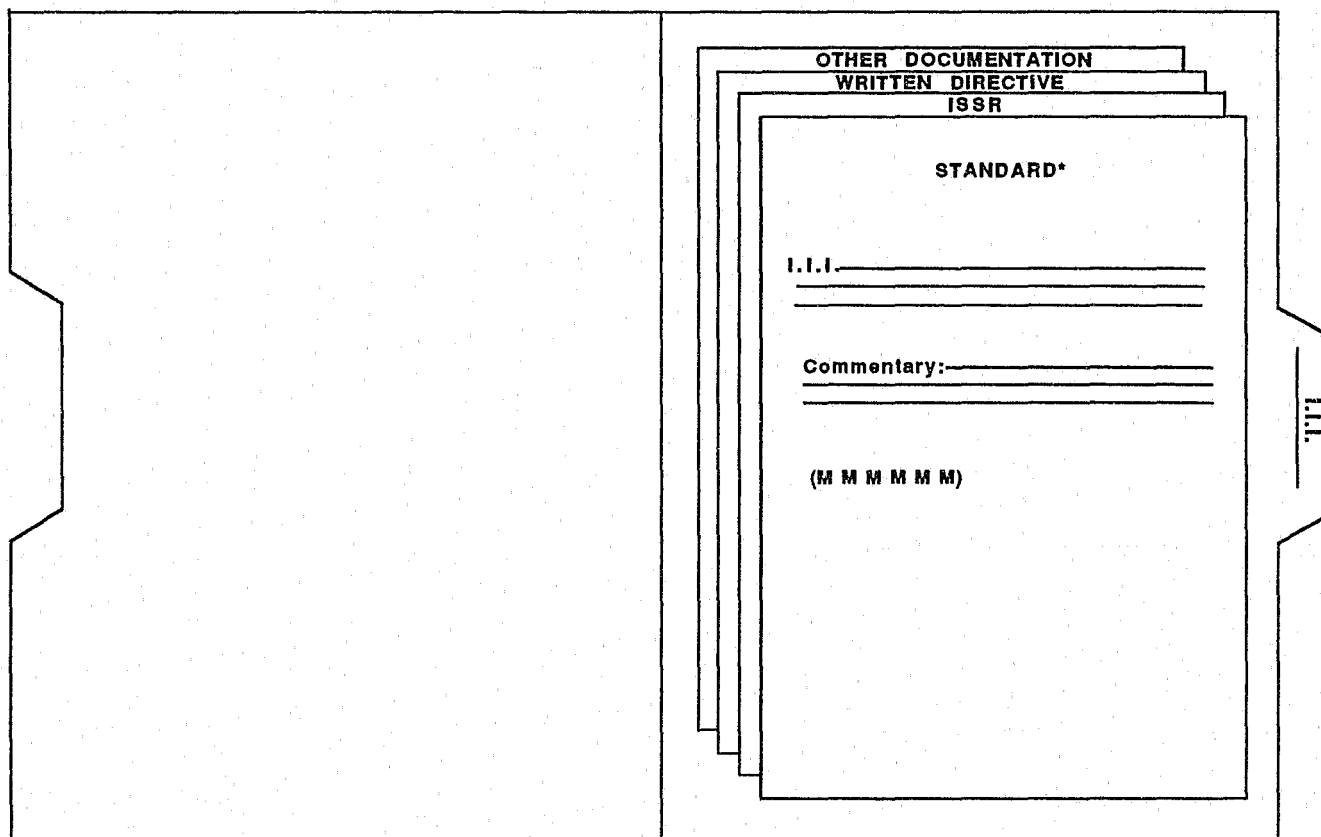
When a standard includes several items preceded by bullets (such as Standard 2.1.8), distinguish bulleted sections by giving each a different number (write it in front of the bullet) and/or a different highlighting color. On the documentation, or relevant portion of the documentation, that proves compliance with a given bulleted section, write the same number as that assigned to the bullet. If highlighting is used, highlight the documentation with the same color as that used for the bulleted section.

These suggested highlighting procedures enable agency staff and on-site assessors to link a given standard, or portion of a standard, with the appropriate proof of compliance, or section thereof, in a timely fashion. The accreditation manager of one agency commented on this procedure:

"Even though this highlighting and color coding of proofs of compliance initially sounds like a lot of

## EXHIBIT 3.6

### ORGANIZATION OF MATERIAL IN INDIVIDUAL-STANDARD FILE FOLDER



\* Standard's number, text, commentary and levels of compliance must be filed loose-leaf fashion as the first item in the folder. This is followed by the completed ISSR and a written directive and other documentation as appropriate.

extra work, it proved to be extremely valuable when it came time to evaluate all of the completed work departmentwide and during the on-site assessment. Our assessment team stated that had we not provided the highlighting, they would not have been able to complete their assignment within the time allotted and recommended to Commission staff that this process be followed by other departments in the future."<sup>6</sup>

Though not required, the practice by some agencies of writing the number of the standard on the documentation item(s) serving as proof(s) of compliance with the standard is extremely helpful when (1) constructing a file that cross-references standards and their proofs of compliance (discussed later) and (2) refiling proofs of compliance that were removed, or became separated from, their respective file folders.

When selecting written directives (see Chapter IV for a description of what constitutes a written directive and other types of compliance proofs) for insertion in the various individual-standard file folders, accreditation managers should keep in mind that Commission assessors take the view that the existence of a given directive does not necessarily indicate that the agency is in compliance. If, for example, a proof of compliance is in the form of a directive mandating the preparation of a certain report on a periodic basis, the file folder should contain not only the directive but also a copy of one or two of the reports in order to demonstrate that agency personnel are complying with the directive. As one agency suggests, "Agencies should attempt to 'over prepare' each standard by including written directives plus proof that the written directive is obeyed."<sup>7</sup> Such proofs include the following items among others:

- Intradepartmental memos.
- Computer printouts.
- Job descriptions.
- State or local laws.
- Letters from citizens.
- Photographs.
- Rosters.
- Forms.
- Copies of investigative reports.
- Newspaper clippings.
- Budget documents.
- Logs.

On the other hand, Commission assessors are not impressed with overstuffed files containing repetitive or irrelevant material. What is desired is ample proof that the agency complies with both the letter and spirit of applicable standards.

## **IMPORTANT**

- The burden of proof regarding compliance rests with the agency.
- Agencies are encouraged to provide more than one proof of compliance for each standard.

Arrange individual-standard file folders sequentially by standard number, with chapter dividers, and store them either in file cabinets or in file-drawer-size boxes. States an accreditation manager, "I kept the material in file boxes as opposed to a file cabinet because it was easier to move around during the in-house review that would follow as well as the on-site assessment."<sup>8</sup> However, storing documentation in lockable file cabinets, in conjunction with lock-and-key control, will maximize the chances that the accreditation manager will, at all times, know where each file folder is located, whether stored in the cabinet or checked out to agency personnel.

## **2. Chapter File Folders**

Some agencies have set up a file folder for each chapter in addition to the individual-standard file folders. They use such folders to store (1) compliance documentation applicable to the chapter but not yet ready for insertion in the appropriate individual-standard file folder, (2) documentation common to more than one standard in the chapter and referenced in the relevant individual-standard file folders, (3) research material relevant to developing proofs of compliance for one or more of the chapter's standards; and (4) a photocopy of the chapter's self-assessment log.

Chapter file folders should be labeled with the chapter number and title and stored either as a group in chapter-order or separately just prior to the first individual-standard file folder of their respective chapters.

## **3. Cross-reference File Folder**

Many agencies have created a listing that cross-references applicable standards with their compliance documentation and vice versa. Such a listing

<sup>6</sup>Thomas Cox, *The St. Petersburg Police Department Explains How It Organized and Managed the Accreditation Process* (St. Petersburg, Florida: St. Petersburg Police Department, June 1985), p. 6.

<sup>7</sup>Attachment to letter from Captain David C. Brewster, *op. cit.*

<sup>8</sup>Thomas Cox, *op. cit.*, p. 7.



permits an agency to identify quickly what standard should be checked when, for example, a general order or procedure is undergoing revision. This facilitates ongoing compliance. The revised order or procedure can then be inserted in the appropriate individual-standard file folder to update the standard's compliance documentation.

Also, if the Commission should revise a standard, a cross-reference listing enables the agency to pinpoint those written directives or other documentation items that are affected.

The cross-reference list, therefore, is highly useful for maintaining compliance, for preparing annual reports that advise the Commission about the agency's compliance status, and for facilitating the eventual reaccreditation effort.

The cross-reference file folder not only contains the ultimate cross-reference listing but also whatever research items were needed to compile it. Some agencies have developed a computer program to prepare and update the listing. Exhibit 3.7 illustrates such a listing.

## EXHIBIT 3.7

### CROSS-REFERENCE LISTINGS

<b>A. Cross-referencing Standards with Proofs of Compliance*</b>						
<b>Accred. Standard</b>	<b>Proof 1</b>	<b>Proof 2</b>	<b>Proof 3</b>	<b>Proof 4</b>	<b>Proof 5</b>	<b>Proof 6</b>
1.1.1	GO 86-19					
1.1.2	GO 86-19					
1.1.3	GO 86-19					
1.1.4	FP CH-4					
1.1.5	PD ST201					
1.2.1	PD CH-38					
1.2.2	PM 204	PM 501	PM 502	PM 202	TB 86-03	
1.2.3	GO 86-11	GO 78-07	GO 83-2R	GO 76-05		

\*Courtesy of the Palatine (Illinois) Police Department

<b>B. Cross-referencing Proofs of Compliance with Standards**</b>					
Accident Report Form					
63.1.5	63.3.1	63.3.2			
Admin Serv Procedures Manual-Informant Fund Audit					
42.1.9					
Administrative Court Order 82-60					
4.1.1	4.2.1				
Administrative Court Order 83-88					
5.1.4					
Administrative Management Performance Eval. Program					
22.1.1	22.1.2				
Administrative Management Performance Eval. System					
35.1.2					
Administrative Services SOP					
16.1.1	17.1.13	17.1.7	17.1.8	17.1.9	84.2.1
Agency Pre-application Contact Card					
31.7.1					

\*\*Courtesy of the St. Petersburg (Florida) Police Department

### **E. Step 5: Set Priorities for Preparation of Compliance Documentation**

The nature of some standards warrants that their proofs of compliance be prepared on a priority basis. Identification of these standards is an important aspect of self-assessment planning. The following listing of priority standards assumes that standards not applicable due to agency size or functions not performed have already been identified (see Step 2).

#### **1. Standards Affecting Agency Organization**

Compliance with standards pertaining to the agency's overall organization (such as those in Chapters 11, 12, and 13 of *Standards for Law Enforcement Agencies*) may require changes in the manner in which the agency is structured. This question should receive priority attention and needed organizational changes identified, if not implemented, before preparation of compliance documentation for other standards begins.

This is so because the responsibility for the development of compliance documentation for most standards is best assigned to those in the units most affected by those standards (Step 6). To assign such responsibility in the face of possible organizational change is to invite less-than-satisfactory results. Thus, standards relating to the organization of the agency should receive prompt attention.

#### **2. Standards Affecting the Agency's Written Directive System**

Since many proofs of compliance will be written directives, compliance with standards that may cause changes in the agency's written directive system (such as standards in Chapter 12 of *Standards for Law Enforcement Agencies*) should receive close attention from the accreditation manager. Quite apart from requirements of the standards, the agency may conclude that the framework of its current directive system is not compatible with how compliance documentation should be structured. Many agencies find that the accreditation process gives them the opportunity to review and upgrade their present written directive system.

For example, changes in directive categories (general orders, special orders, standard operating procedures, rules and regulations, etc.) may be advantageous, not to mention directive style and numbering. These matters merit careful initial consideration by the accreditation manager (see Step 7).

### **3. Standards for Which Compliance Time Is Longest**

Next in line for priority treatment are standards for which compliance time is expected to be lengthy. These may include standards that mandate new programs or equipment whose funding must await the next budget cycle, for example. Or they may be standards that, while not requiring expenditures, necessitate a relatively lengthy planning period.

For whatever reason, compliance with a given standard is anticipated to be lengthy, such standards should be among the first to be assigned to agency personnel for preparation of proofs of compliance.

### **4. Standards for Which Preparation of Compliance Documentation Is Straightforward**

Next in line for proof-of-compliance preparation are applicable standards identified as the most straightforward and uncomplicated. This will help acclimate agency personnel to the compliance-documentation process and give them confidence in their ability to handle standards that are more difficult or even regarded as controversial. Regarding the latter, their assignment should be spaced out over the duration of the documentation-preparation process to the extent that this does not conflict with the preceding three priorities.

At this point, the task is one of *planning* only; that is, identification of those standards that fall into this and the other three priority categories. Actual assignment of documentation responsibilities occurs in Step 9.

### **F. Step 6: Develop Approach by Which to Delegate Responsibility for Documentation Preparation and to Train, Monitor, and Review**

One of the most important decisions in planning and organizing the self-assessment process pertains to the delegation of documentation-preparation responsibilities and to the related training, monitoring, and review.

#### **1. Delegation of Documentation Preparation**

Agencies have followed either a centralized or decentralized approach to organizing the documentation-preparation effort. Both approaches have been used successfully. However, most agencies have selected a decentralized procedure, which Commission staff recommends.

a. *Centralized Approach.* Centralization of documentation preparation restricts involvement to relatively few individuals and organizational levels.

For example, one agency assigned a small number of personnel, well-versed in many areas of responsibility, to develop the needed compliance documentation, standard-by-standard. According to the accreditation manager, this approach eliminated the need to involve personnel from each of the agency's divisions and reduced the scope of documentation-preparation training.

Another agency describes the centralized approach as involving four or five key personnel with vast departmental knowledge and experience so that they could address the majority of the standards. Only standards involving additional attention or development were assigned to appropriate commanders. The agency recommends this approach for larger agencies because it would be less costly and more expeditious; the decentralized process is suggested for smaller agencies only.

b. *Decentralized Approach.* The vast majority of agencies that have completed self-assessment did so through a decentralized effort, which they and Commission staff consider to be highly advantageous. This approach endeavors to involve a relatively large number of agency personnel at as many organizational levels as feasible. What is "feasible" in this regard is determined by such factors as agency size, number of specialized functions or units, extent of geographical separation of the agency's units, and effective control and supervision by the agency's accreditation staff.

For example, agencies with units at geographically separated locations would be wise to assign documentation-preparation responsibilities to personnel at those units, even though this might not be seen as feasible or necessary if those units were located centrally. As a spokesman for a statewide agency states, for large functionality and geographically diverse agencies "such as ours or a large metropolitan force, designating accreditation liaisons for districts (or precincts) helps coordinate and expedite the process. Liaisons at all posts also help make accreditation a departmental rather than just a central office effort."<sup>9</sup>

In very small agencies, sufficient decentralization may be achieved by assigning documentation preparation to a core accreditation team (see Step 1), composed of the accreditation manager and a few others. For large agencies, the core team will be more of a reviewing and monitoring body; the vast majority of proofs of compliance will be prepared at the division, bureau, and unit levels. For example,

one accreditation manager describes the process as follows:

"... with the approval of the Chief, I placed responsibility for actually accomplishing the work to be done on the individual Bureau and Division heads. The chief and all staff members realized very early on that if we were to be successful, it would require a total commitment from all of us.

"... I separated the standards according to our own organizational structure. Following this, I set up a meeting with the Chief and all bureau and division heads. [They] were instructed that they could bring any member of their staff with them that would be working on the project; however, they themselves would be accountable for the finished product.

"... Using a flow chart, I presented a realistic timetable for completion of the project and explained in detail how the work was to be done and packaged."<sup>10</sup>

Another agency explains its decentralized approach this way:

"It had been determined earlier by the Accreditation Team that the best approach to self-assessment would be to distribute the standards to the units within the Police Department (and to other County agencies) most closely associated with the functions addressed by the standard, and to hold those units responsible for providing the required proofs of compliance. This distribution was made by copying chapters and subchapters of the Standards Manual and forwarding them to the responsible units."<sup>11</sup>

A third agency's CEO describes the delegation of documentation-preparation responsibilities as follows:

"Beyond the duties of these individuals [bureau accreditation liaison officers], however, the successful completion of accreditation will require a manpower commitment from all levels of the Department.

"... Officers and civilian employees at all levels will have to be involved to put this program together and to make it work. In that regard, I am asking each Commander in this Department to approach accreditation positively and to offer your resources, rather than reluctantly having to give up a man for a couple of days.

<sup>9</sup>Letter from Jack Van Zandt, Illinois Department of State Police, August 7, 1986.

<sup>10</sup>Thomas Cox, *op. cit.*, pp. 2-3.

<sup>11</sup>Arlington County Police Department, *Accreditation Process Summary* (Arlington County, Virginia: August 22, 1984), p. 5.

“... Each and every Commander will be asked to participate in the drafting of answers, directives, new SOP's, and for advice that may assist another Commander to do the same. Look through the members of your Division and seek their assistance and participation in your assignments. My goal is that every employee has at least some small part in this project.”<sup>12</sup>

Under the decentralized approach, the accreditation manager usually deals directly with the accreditation coordinator or liaison officer in each division or bureau, who was designated as such by his or her commander. In turn, the coordinator may deal with several other officers who may be at a lower organizational level and have been assigned responsibility to prepare compliance documentation. Some accreditation managers have obtained needed participation by issuing intraagency memos requesting volunteers for the accreditation effort.

Among the advantages cited for the decentralized approach are these:

- Allows those most familiar with a specific agency function to provide proofs of compliance for standards dealing with that function.

- Promotes maximum feasible participation, which generates needed cooperation and understanding by agency personnel.

- Helps build support for possible changes caused by compliance with applicable standards, inasmuch as those who are affected have participated in the change process.

- Encourages a broader, agencywide perspective by personnel.

- Develops writing and research skills in those who helped develop proofs of compliance.

## 2. Training Plans

To ensure that the documentation-preparation process is as effective as possible, the accreditation manager should develop plans to train the involved personnel. Among the areas that training should address are the following:

- Scope of responsibility of involved personnel (see Step 9).

- Distinction between the standard's text (binding) and its commentary (nonbinding).

- Preparation of acceptable written directives in terms of format and writing style. Perhaps illustrative policy statements, procedures, regulations, etc., could be distributed to serve as models.

- Familiarization with the agency's written directive system (see Step 7).

- Research required prior to preparing compliance documentation (see Step 9).

- Orientation regarding the monitoring and review process and related forms (see Steps 9 and 10).

- The range of documentation that qualifies as proof of compliance, and the depth of documentation that is required (see Step 4).

- Organization of the compliance-documentation files, including highlighting and cross-referencing (see Step 4).

## 3. Develop a Monitoring, Review, and Approval Process

Monitoring documentation-preparation progress involves keeping track of who is preparing what compliance proofs and how the work is proceeding in relation to the assigned deadlines. This is the time to design the appropriate procedures, including whatever forms may be useful. One such procedure and related forms are noted in Step 9.

Plans for the process of reviewing and approving the prepared documentation should also be completed, including the design of related forms. For example, who will review drafts of proofs of compliance and what should they look for? Step 10 presents a possible approach.

### G. Step 7: Determine Whether Changes in the Agency's Written Directive System Would Be Advantageous

Should the manuals, etc., that comprise the existing written directive system be “retrofitted” to the standards, as necessary, or should they be totally revised, perhaps including a new category of directives? Should the directive system be reorganized to track the organization of *Standards for Law Enforcement Agencies*? Both approaches—retrofitting and extensive revision—have been used successfully. To help accreditation managers address this question, the observations of two agencies are presented below.

According to one accreditation manager:

“In order to keep the size of our written directives (General Orders) manual from becoming unwieldy, individual SOP manuals were to be developed for each organizational component within the agency. This decision has proved to be beneficial for several reasons. It not only proved to be a very good method for developing proofs of compliance for the

<sup>12</sup>Memo from Chief C. D. Wade to all Bureaus and Divisions, Greensboro (North Carolina) Police Department, May 21, 1985.

accreditation process, but also provided us with written policies and procedures specific to each component. In addition, employee and supervisory accountability was enhanced and an excellent management/staff inspections tool was created.

"Based upon the experiences that I gained from visiting the test-site departments, it was decided that written directives (General Orders) contained in our manual would be rewritten, where required, to meet the requirements of the standards rather than trying to make existing ones fit. This decision also proved to be beneficial and actually speeded-up the process in the long run rather than slowing it down.

"Even though we already had what we considered to be a very good written directives manual, we realized that by rewriting existing orders where required, and developing new ones where necessary, we could capture much of the language from the standards themselves."<sup>13</sup>

In a memo to all departmental bureaus and divisions, the CEO of another agency stated:

"The most significant change that we will see is a completely rewritten Department Manual. We have come to the realization that our current system of official directives is somewhat outdated, not so much in content, but in format.

"Therefore, when we also realized that we must make some changes in policy to comply with the accreditation standards, we made a decision to completely redesign our Manual and supporting directives. The new Manual will contain information that is much the same as the existing Manual in content, but will be presented in a more modern format which can be more easily indexed and revised when necessary. . . .

"The new Manual will be used for Department-level information, and will be supported by a system of Standard Operating Procedures for each Division in the Department. . . . All SOP's will follow the same format and will contain information that is Division-specific. A great deal of the information for the new Manual and the Division SOP's is already in existence in other documents . . . and will only require conversion to the new formats. Additional policy information is currently in place in various divisions, but is not in written form. These items will all be codified and consolidated into either the Department Manual (for department-wide issues) or in the Division SOP (for division-specific issues.)"<sup>14</sup>

Each accreditation manager should review carefully the agency's written directive system, decide on whether and to what extent revisions are appropriate, and assure that compliance documentation is prepared in accordance with the updated system.

## **H. Step 8: Orient All Agency Personnel to the Accreditation Program and Self-assessment Process**

Orientation of agency personnel, which marks the shift from planning and organizing to implementation, is general in nature and is not to be confused with the detailed training (Step 9) that will be given to those who eventually become involved in preparing compliance documentation.

If the CEO has not already issued an agency-wide memo describing the program and self-assessment process (Step 1), now is the time to issue it. One CEO's memo addressed these questions: What is accreditation? Why do we want to be accredited? How will we accomplish accreditation? What changes will we see as a result of accreditation?

One accreditation manager supplemented such a memo by addressing the roll-call training session of various sections within the agency. Another informed officers about self-assessment during in-service training and kept the public information office up to date, which used available resources to inform personnel. One agency issued an accreditation bulletin periodically to keep personnel abreast of developments.

Many agencies used material available from the Commission to orient agency personnel:

—The Commission has a VHS videocassette for sale, as noted in Step 2.

—*Accreditation Program Overview* (APO) provides information in a convenient question-and-answer format. Single copies of the APO are free.

—The "Introduction" to *Standards for Law Enforcement Agencies* provides general information about the Commission, the standards, and the accreditation process. Permission is granted to applicant agencies to reproduce the three-page Introduction for distribution to agency personnel.

### **IMPORTANT**

The accreditation program should be "sold" to agency personnel on a continuing basis to help ensure needed cooperation. This is a key responsibility of the accreditation manager and CEO.

<sup>13</sup>Thomas Cox, *op. cit.*, pp. 3-4.

<sup>14</sup>Memo from Chief C. D. Wade, *op. cit.*

## **I. Step 9: Assign Documentation-preparation Responsibilities to Individuals, Train Them, and Monitor Progress**

Preparing compliance documentation, conducting the necessary training, and monitoring progress constitute the central task of the self-assessment process.

### **1. Assign Documentation-preparation Responsibilities**

Accreditation managers should first determine what compliance documentation is appropriate for them and their accreditation teams to develop, such as, perhaps, documentation of applicable standards relating to the agency's organizational structure and written directive system.

The balance of applicable standards are assigned for documentation preparation in accordance with the priorities established in Step 5 and the overall approach to delegation (centralized or decentralized) developed in Step 6.

Some individuals will be assigned documentation-preparation responsibilities because of their recognized expertise in certain areas. Others will be selected because the applicable standards specifically apply to their duties or to the responsibilities of their units. Still others may receive documentation assignments because of previously expressed interest in participating in the effort, such as by responding to requests for volunteers.

During the assignment process, the accreditation manager should decide whether to assign all applicable nonmandatory standards for documentation or whether to assign the minimum number (80 percent) required for accreditation purposes. Several agencies recommend assigning 100 percent of applicable nonmandatory standards: "Set an initial goal of 100 percent. . . . This will allow maximum flexibility at the conclusion of the self-assessment phase and during on-site assessment."<sup>15</sup> (Caution: standards determined not applicable for reasons of agency size or functions not performed are not to be included as part of those standards comprising the 80-percent minimum; that is, the 80-percent minimum compliance rate for nonmandatory standards pertains to the *applicable* standards in that category.)

The accreditation manager should also be aware of the relationship between many of the standards. To the extent that a relationship exists between two or more standards, a single written directive may suffice as compliance documentation for all of them,

in contrast to preparing a directive for each. For example, this is the case for Standards 82.2.15 and 44.2.13, each pertaining, at least in part, to juvenile records.

Of course, in conjunction with assignment of documentation responsibilities, appropriate training should be given to the personnel involved, as discussed next.

### **2. Conduct Training**

The overall training agenda is described in Step 6. Elaborated here are those aspects of the agenda related to the scope of responsibility of those involved in documentation preparation, the written directive system, and the type of research required in the documentation-preparation process.

First, however, note that training is necessary not just for personnel within the agency but for those in other government agencies that perform functions covered by applicable standards. As one law enforcement agency observed, "Since other departments of the city government were responsible for establishing compliance with some of the standards, it was also necessary to establish a liaison with them, review the accreditation process and the standards, and explain the methods of proving compliance. This task was accomplished by assigning a member of the department to interview a representative from appropriate agencies and obtain, or assist in the development of, needed documentation."<sup>16</sup>

The training process will be facilitated if each major organizational entity receives a copy of the *Self-assessment Manual*. Information in the Commission's *Accreditation Program Book* could also be incorporated into the training program: accreditation background information, the standards, the accreditation process, and the benefits of accreditation.

a. *Scope of Responsibilities.* The accreditation manager should clearly spell out the responsibilities of those involved in preparing compliance documentation, the highlights of which might be presented as follows:

—Determine whether the agency is currently in compliance with each standard assigned.

—Regarding standards for which the agency is currently in compliance, complete an ISSR form for each standard, attach the appropriate proofs of com-

<sup>15</sup>Newport News Police Department, *Accreditation Process Summary* (Newport News, Virginia: September 23, 1985).

<sup>16</sup>*Ibid.*

pliance (prepared in accordance with the methods described in Step 4—highlighting, etc.), and submit the documentation for review.

—Regarding standards for which the agency is not in compliance, determine the steps necessary (and the amount of time required) to bring the agency into compliance and prepare the necessary documentation. This may or may not involve submitting a plan of action, depending on the procedures established by the accreditation manager to cover this situation.

b. *Written Directive System.* The agency's written directive system may have been substantially revised depending on the action taken in Step 7. The accreditation manager should thoroughly familiarize trainees with the current system, including explaining what the various types of directives are, how to format and number them, and what kind of writing style to employ. This is very important because, ideally, the accreditation manager should, at the outset, designate the type of written documentation (general order, SOP, training instruction, etc.) required for each standard.

c. *Research Process.* The accreditation manager should instruct trainees that their first task in the compliance-documentation process is to identify and collect all agency written material related to the standard being documented. To facilitate this research, the accreditation manager should consider distributing a list of the various types of written material and its location in the agency.

Once that is done, these questions should be answered: Does any of the written material constitute a proof of compliance? If so, is it in final form in terms of wording (that is, tracks the wording of the standard sufficiently), format, etc., and does it require a back-up proof, such as a report or job description to which the material refers?

### 3. Monitor Progress

The accreditation manager should devise a control system or log by which to link each applicable standard (and its status) to the person responsible for preparing the related compliance documentation. Ideally, this information should be cross-referenced both ways; that is, given the standard number, the person preparing compliance documentation can be identified (see Exhibits 3.8 and 3.9) and, given the name of the person, the standards (in total or by number) for which he or she is responsible can be identified (see Exhibit 3.10).

Exhibit 3.11 is a computer-generated monitoring report used by one agency to track the documentation status of each standard. Depending on how the computer is programmed or, in a manual system, on how the reports are filed, the monitoring report could be accessed by standard number, by progress achieved (documentation complete or incomplete), by person responsible for documentation preparation, and/or by the deadline for documentation completion. Note that the report forms the basis for preparing the cross-reference file

## EXHIBIT 3.8

### ILLUSTRATIVE MONITORING LOG\*

11:02 Thursday, October 8, 1987				
Accreditation Standards—For a Selected Chapter				
Chapter 12: Direction (ACRDT21/8/#1)				
Standard	Category	Name	Person 1	Status
12.1.1	Mandatory	CEO's desig authty & respblty thru law or ordnance	R&E Staff	Completed
12.1.2	Mandatory	Command authority in event of absence of CEO	R&E Staff	Completed
12.1.3	Mandatory	Supervisors accountable for personnel performance	R&E Staff	Completed
12.1.4	Mandatory	Employee to obey lawful & related orders by supvr	R&E Staff	Completed
12.1.5	Mandatory	Procdurs emplyee to follow when recvg conflict ords	R&E Staff	Completed
12.1.6	Optional	Procedure for conducting staff meetings	R&E Staff	Completed
12.2.1	Mandatory	Written dirctve systm incl policy, rul & regs, othrs	R&E Staff	Completed
12.2.2	Optional	Staff rev'w of propsd directives prior to implement	R&E Staff	Completed
12.2.3	Mandatory	Dissemnaton, acknowlmt, recpt of written directives	R&E Staff	Completed
N=	9			

\*Courtesy of the Rochester (New York) Police Department

## EXHIBIT 3.9

### ILLUSTRATIVE MONITORING LOG

Chapter, Subchapter, or Standard Number	Issued to: Person or Organizational Entity and Date	Name of Person Assigned to Task	Staff Contact or Status Report & Date	Staff Contact or Status Report & Date	Staff Contact or Status Report & Date	Date Received and Remarks

described in Step 4; for example, as noted after "Ref 1," General Order 101 constitutes part of the compliance documentation for Standard 12.1.1.

#### **J. Step 10: Review and Approve Compliance Documentation**

An effective ongoing review-and-approval process contains at least three key ingredients: three or more individuals who review the completed proofs of compliance, personal review and final approval by the CEO, and one or more forms that systematize the process and help the accreditation manager control it.

When each individual responsible for preparing compliance documentation completes the necessary work, he or she forwards the standard, associated documentation, and the completed ISSR form and/or other forms to the *group* responsible for conducting the initial review. This group may be the accreditation team (see Step 1) or other individuals (including the accreditation manager) designated to review the proofs of compliance. Having at least three individuals conduct the initial review provides several different perspectives. One member of the group may conclude that the documentation is acceptable, while another from a different area of agency operations may pinpoint a flaw or suggest how the documentation could be improved. In some agencies, the review group met at least weekly.

If the documentation is not accepted by the reviewers, they return it to the originating unit or individual for further work. The review group may request that the unit prepare a plan of action—that

is, a description of how and when the unit intends to come into compliance with a given standard.

The review group may conclude that the agency should request that the Commission waive the requirement that the agency comply with an applicable standard. Waiver requests should be prepared as soon as it is determined that the agency is *prohibited* from complying with an applicable standard. The request should be forwarded to Commission headquarters in care of the Director of Field Operations. Before submission of a formal waiver request, contact Commission staff. (See Chapters IV and V for more information about waivers.)

The review group may also wish to request an interpretation of one or more standards in order to clarify, for example, what documentation would constitute proof of compliance. Such requests should be addressed to Commission headquarters. The issue may be resolved at the Commission staff level. Interpretations not so resolved will be forwarded to the appropriate Commission committee, which, in most instances, presents its recommendations to the full Commission. Note that interpretations referred to the Commission (and all waiver requests) must be resolved at a Commission meeting prior to the meeting at which the agency's candidacy for accreditation is considered. (See the *Accreditation Program Book* for more details about interpretations and waivers.)

The review group should be sensitive to potential conflicts between the wording of proofs of compliance and the wording of agency collective bargaining agreements. Such issues should be resolved



## EXHIBIT 3.10

### ILLUSTRATIVE MONITORING LOG \*

Analysis of Persons Assigned to Accreditation Standards				
11:02 Thursday, October 8, 1987				
Table of Person1 by Status				
PERSON1 (primary person responsible)	STATUS(progress status)			
	Complete	In Progress	Pending	Total
Name 1	25	0	0	25
Name 2	30	0	0	30
Name 3	71	0	0	71
Name 4	29	0	0	29
Name 5	16	0	0	16
Name 6	16	0	0	16
Name 7	68	0	0	68
Name 8	19	0	0	19
Name 9	11	0	0	11
Name 10	73	0	0	73
Name 11	21	0	0	21
Name 12	4	0	0	4
Name 13	35	0	0	35
Name 14	44	0	0	44
Name 15	37	0	0	37
Name 16	20	0	0	20
R&E Staff	240	1	1	242
Name 17	34	0	0	34
Name 18	27	0	0	27
Name 19	15	0	0	15
Name 20	61	0	0	61
Name 21	35	0	0	35
Name 22	11	0	0	11
TOTAL	942	1	1	944

\*Courtesy of the Rochester (New York) Police Department

in a manner that is compatible with both the standard and the agreement.

Once the group is satisfied that a given standard is documented adequately, the work product should be forwarded to the CEO for final approval, especially if the proofs of compliance involve revised or new written directives.

Many agencies have designed forms to supplement the ISSR (Chapter V) in order to structure, and

enhance control over, the review-and-approval process. For example, one agency developed a plan-of-action worksheet (Exhibit 3.12), which "worked well in setting deadlines and providing a good control mechanism. A key to the process is to set deadlines and maintain forward momentum and continuity."<sup>17</sup>

<sup>17</sup>Attachment to letter from Sergeant Richard S. Casler, *op. cit.*

## EXHIBIT 3.11

### ILLUSTRATIVE MONITORING REPORT\*

NOTICE OF STANDARD STATUS Accreditation Tracking System		
Chapter: 12	Section: 1	Subsection: 1
<div style="display: flex; justify-content: space-between;"> <span>Type: Written</span> <span>Category: Mandatory</span> </div>		
Name: CEO's Desig Authty & Respblty thru Law or Ordinance		
Person1: R&E Staff	Person2: SMITH	Person3:
Assigned: 12/15/86	Due: 02/15/87	Complete: 01/15/87
Status: Completed	ISSR: Complete	Proofs: Written Dir.
Notes:		
Ref1: GO 101	Ref2: CC 8-A1	Ref3:
Ref4:	Ref5:	Ref6:
Ref7:	Ref8:	Ref9:
Ref10:		
Std: 12.1.1		
Date: October 8, 1987		

\*Courtesy of the Rochester (New York) Police Department

The same agency also designed an ISSR worksheet (Exhibit 3.13), which was attached to each submitted ISSR proof and plan of action. The accreditation manager states that the form helped the agency to maintain a high degree of quality control and a constant exchange of ideas as well as kept the CEO informed. The form was initially submitted to the accreditation manager, who completed his section and passed it along to his supervisor, who forwarded it to the CEO.

Finally, Exhibit 3.14 depicts a form, the Accreditation Log, used by another agency to track the results of documentation reviews.

#### **K. Step 11: Implement New or Revised Programs, Procedures, Functions, and Purchases Required for Standards Compliance**

Compliance with applicable standards may require development and implementation of new or revised procedures, functions, etc. (See Step 3 for specific examples.) Does an agency wait until the end of the self-assessment process before imple-

menting such changes, or should they be implemented as soon as possible after their need becomes apparent?

Accreditation managers interviewed by Commission staff unanimously recommended incremental implementation. They stated that to delay implementation to the very end of the self-assessment process might involve so much work in relation to the staff and time available that the task would constitute an unnecessarily heavy burden and might result in introducing too much change in too short a period for many personnel to accept easily.

On the other hand, incremental implementation would not place an undue burden on personnel and would constitute an evolutionary process, one that is likely to minimize resistance to change. The accreditation managers noted that the accreditation process often generates a certain amount of fear and apprehension among agency personnel. One way to help allay those fears and related rumors is to implement needed changes as soon as feasible, which permits personnel to experience those changes early on and to realize that the new procedures, etc., are not a threat to anyone.

## EXHIBIT 3.12

### PLAN OF ACTION WORKSHEET\*

Standard No. _____	
Assigned to _____	Name _____
Date _____	
<ul style="list-style-type: none"> <li>● Please review the attached material. Your assignment is to accomplish the plan of action that is described on the attached ISSR. When you are finished, the completed product should be ready for implementation and, as such, brings us into compliance with the standard for which the plan was prepared.</li> <li>● To ensure completion of the self-assessment process according to the established schedule, a deadline of _____ has been set by which this plan of action shall be completed. If you are unable to meet the deadline, submit a to/from/subject letter to the Chief of Police explaining the reason for the delay.</li> </ul>	
_____ Plan of action completed:	
Preparer Signature _____	Date _____
<ul style="list-style-type: none"> <li>● Return to the Accreditation Manager when complete</li> </ul>	

\*Courtesy of the Schaumburg (Illinois) Police Department

#### **L. Step 12: Conduct an Examination Prior to On-site Assessment to Test Compliance With All Applicable Standards**

Once proofs of compliance for each applicable standard have been prepared, reviewed, approved, and properly filed—and once Step 11 has been completed—a quality control check is conducted, which can be regarded as a preview of the subsequent on-site assessment. Some agencies selected examiners from those among their own personnel who had not been closely associated with the accreditation program up to this point and, therefore, were considered relatively objective.

Several accreditation managers recommend that the examination be conducted by persons from outside agencies, such as assessors and experienced accreditation managers from nearby agencies. The rationale for this approach is that outside personnel will bring a fresh perspective to the task, will be less likely to assume that “doing it” is the same as “documenting it,” and will not assume that “close enough” is necessarily “good enough.”

#### **IMPORTANT**

Contact Commission staff for purposes of coordination and for suggestions regarding persons who might serve as examiners.

Whether selected from the inside or from the outside, examiners should be asked to check at least the following:

—Proofs of compliance for each applicable standard. Do they document compliance, and are they present in sufficient depth? Are they prepared properly (highlighted, for example)?

—Forms. Are the Self-assessment Log and each ISSR prepared properly?

—Degree of compliance. Is the agency in compliance with all applicable mandatory standards and at least 80 percent of applicable nonmandatory standards?

—Individual-standard file folders. Are they organized as required in Step 4?

—Clerical and typographical errors. Are they corrected as detected?

Findings for the pre-on-site examination are reviewed with the accreditation manager and suggestions are made regarding how to remedy deficiencies.

#### **M. Step 13: Call Commission Staff Regarding Submission of Selected Documentation**

When an agency believes that it has completed self-assessment, it calls Commission staff to determine which documentation items are required by staff and to answer questions staff may have about the agency's self-assessment.

Upon receiving the above documentation and finding it in good order, Commission staff will request the agency to send completed ISSRs for specified standards.

# EXHIBIT 3.13

## ISSR WORKSHEET\*

ISSR No. _____		
Received as a _____ compliance, _____ plan of action, _____ N/A ISSR.		
<b>● Sgt. Smith Review</b>		
First Review	Second Review	
_____	_____	Approved as received Date _____
_____	_____	Needs more work to demonstrate compliance _____
_____	_____	Should be a compliance ISSR _____
_____	_____	Should be a plan of action
_____	_____	Should be a N/C size _____ function _____ 20 percent _____
<b>● Lt. Jones Review</b>		
First Review	Second Review	
_____	_____	Approved as received Date _____
_____	_____	Needs more work to demonstrate compliance _____
_____	_____	Should be a compliance ISSR _____
_____	_____	Should be a plan of action
_____	_____	Should be a N/C size _____ function _____ 20 percent _____
<b>● Chief of Police Review</b>		
Reviewed _____ Approved _____ Disapproved _____		
<b>Recommended Action</b>		
First Review	Second Review	
_____	_____	File as a completed compliance _____ 20 percent _____ N/A _____
_____	_____	Reassign as a plan of action Name _____ Date _____
_____	_____	Accr. Staff to Correct/Modify Name _____ Date _____
_____	_____	Return to preparer for further work
		Preparer _____ Date _____
		First Review/Date _____
		Second Review/Date _____

\*Courtesy of the Schaumburg (Illinois) Police Department

## EXHIBIT 3.14

### ACCREDITATION LOG\*

Subchapter Number	1.1	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5
Unit Assigned	Research and Development Unit					
First Review Due Date	2/15/84	2/15/84	2/15/84	2/15/84	2/15/84	2/15/84
Compliance = C	C			C	C	
Noncompliance = X		X				X
Date Returned	2/18/84			2/18/84		
Second Review Due Date	3/15/84			3/15/84		
Compliance = C	C					
Noncompliance = X				X		
Date Returned				3/16/84		
Final Due Date				3/31/84		
Compliance = C				C		
Noncompliance = X						
Remarks	All standards for subchapter 1.1 met. ISSR and proofs of compliance reviewed and filed 4/10/84.					

\*Courtesy of the Arlington County (Virginia) Police Department

#### N. Step 14: Submit Public Information Plan and Copies of Required Items

As noted in Step 2, the Self-assessment Package includes material describing Commission public information policy and the related agency activities, which pertain to the self-assessment period and beyond.

Agency public information activities include, among other responsibilities, establishment of a public accreditation file, preparation of publicity related to the upcoming public information session (where the public has the opportunity to speak with Commission assessors), and distribution of press releases to the media regarding the scheduled on-site assessment.

Among the items included in the material the agency receives from the Commission are a public information plan, sample public notices and press

releases, and a check list pertaining to planning and conducting the accreditation ceremony.

The agency submits its public information plan and drafts of media releases and notices to Commission staff for review.

After receiving staff approval of the plan and related items, the agency implements the plan and maintains a file documenting its public information activities. This file is to be made available to the Commission assessors.

The public information aspect of the accreditation process should be developed and implemented during the self-assessment stage, not left until the agency considers itself ready for on-site assessment.

#### O. Conclusion

As stated earlier in this chapter, a central objective of the preceding steps is to help ensure that the

self-assessment process is characterized by strong leadership at the top, involvement of agency personnel at as many organizational levels as feasible, and a solid documentation base. These characteristics are essential to an effective and smooth self-assessment process.

For the most part, the above steps are merely guidelines, not rigid requirements, which constitute a decision-making framework that can be adapted to the special circumstances of each agency.

Assistance is available from Commission staff. Please do not hesitate to ask for it.

# CHAPTER IV

## ACHIEVING COMPLIANCE WITH THE STANDARDS

Gaining compliance with a standard is accomplished by *establishing proofs of compliance*—a verification that the agency fully complies with the letter and spirit of the standard. This chapter addresses what constitutes a proof of compliance along with other information that an agency will need to gain compliance.

At the outset, two “compliance caveats” should be considered.

- *Compliance Caveat One:* If an agency finds it difficult to interpret a standard, the criteria used to interpret the standard should favor a *strict, literal* interpretation.
- *Compliance Caveat Two:* The commentary\* is designed to explain or expand upon the standard or to provide guidance with regard to compliance. The thoughts and ideas expressed in the commentary are not binding on the agency. The standard *is* binding; the commentary is *not*.

### A. Gaining Compliance and the “Guiding Principles”

During the initial stages of standards development, it became clear that certain guidelines would have to be developed to govern the general application of standards. These guidelines are intended to explain the applicability of certain standards, clarify the intent of others, and amplify actions that assessors may take in verifying an agency’s compliance with standards. Therefore, a series of Guiding Principles were developed; they were intended as guides for assessors, but many of them will be of value to agencies embarking on self-assessment. They are included in Appendix C.

### B. Proofs of Compliance

Proofs of compliance for all applicable standards must be developed, and all documentation must be compiled in one place to facilitate verification of the agency’s compliance. When conducting this exercise, an agency must realize that it has to review each standard carefully to ensure both compliance with and documentation of each requirement of each standard. Proofs of compliance are expected to fall into one or more of the following four categories:

### 1. Written Directives

This proof-of-compliance category includes written directives as defined in the Guiding Principles (Appendix C): “A written directive can be a policy, plan, procedure, rule, general or special order, training directive, or other document that is binding upon agency personnel.”

The objective of a written directive standard is to require written policy, so as to ensure compliance with a given standard now and into the future. The form of the written policy can be what the agency has determined best fits its written directive system.

Guiding Principles 3.2 and 3.3 express pertinent thoughts. The former principle states: “An agency does not need to have individual directives for each standard requiring a written directive; the agency may have a single manual or directive covering several standards.” It is *not* anticipated that written directives and standards will bear a one-to-one relationship. This may be the case for some directives, but others may prove compliance with several standards. (The commentary of Guiding Principle 3.2 makes an important point: “The accreditation process is not intended to generate unnecessary paperwork for the applicant agency.”)

A second pertinent thought is contained in Guiding Principle 3.3: “A written directive presumes functional compliance with the directive.” Written directives usually indicate what agency personnel must do and how they will accomplish one or more given objectives. The existence of a written directive presumes that agency personnel have been informed of the policy, procedure, or practice. (In the course of the on-site assessment, Commission assessors will take the view that the existence of a written directive does *not necessarily* indicate that the agency is in compliance. Assessors are encouraged to go beyond checking for the existence of a written directive; they are trained to verify compliance in other ways.)

### 2. Other Written Documentation

This proof-of-compliance category is composed of other kinds of written documentation. These may

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\*The “commentary” is described in Appendix B, Section B.1.

include examples of completed reports, logs, records, or files. They may also include written goals and objectives, budget documents, plans, instructional materials and evaluations.\*

Some written documents may serve as primary proofs of compliance; e.g., documentation proving compliance with a standard calling for written goals and objectives. Other written documents will often be listed as additional, or secondary, proofs of compliance. An agency's proof of compliance is measurably strengthened when an agency directive is cited together with other related written documentation, such as a report mandated by a written directive.

In certain instances, a state law, county or municipal ordinance, court order, or other documentation, which is legally binding on the agency, may be referenced in lieu of a written directive or other written documentation.

### 3. Interviews

This proof-of-compliance category involves the Commission's assessors asking questions of agency personnel or others who should have knowledge about the implementation of a standard or who are affected by that particular standard. The agency must indicate on the ISSR the standards that may or must be verified by interviews. When developing this type of proof, an agency must specify the person or persons to be interviewed, including name, rank, position (or job title), and information about how to contact the person.\*\*

### 4. Observation

This category of proof includes verification through viewing a facility, condition, activity, or object required by a standard.

*In summary:* Proving compliance is the agency's responsibility; the agency must develop and compile as many proofs of compliance as it believes necessary for assessors to determine compliance. There is no limit to the total number of proofs an agency may assemble for each standard nor to the number of proofs drawn from the categories noted above. Agencies, however, are urged to focus on documenting compliance by supplying written directives and written documents. Interviews and observations may supplement written documentation; in some instances, interviews and observations may serve as primary proofs of compliance.

## C. Noncompliance

Part of gaining compliance involves dealing with standards that are "exceptional"—in the sense that

compliance is not necessary. There are four non-compliance categories; these involve standards that are:

- Not applicable because of agency size;
- Not applicable because the agency does not perform the function;
- Not applicable for other reasons; or
- Waived by the Commission because the agency is prohibited from complying with the standard.

### 1. Not Applicable by Reason of Size

As indicated in Appendix B, certain standards are classified as not applicable by virtue of the agency's size. An agency need not comply with a standard indicated as "N/A." (It should be noted that Guiding Principle No. 1.4 states that "If an agency performs functions governed by standards designated as 'not applicable,' the agency must comply with those standards.")

### 2. Not Applicable by Function

The Agency Profile Questionnaire (APQ) is used to assist in determining the standards with which the agency must comply—and those that the agency need not come into compliance with because "the agency does not perform the function." If an agency does not have a holding facility, for example, it is not bound by either the mandatory or nonmandatory standards of Chapter 72 (Holding Facility).

Standards that are not applicable by function will roughly fall into one of two categories. One category includes the so-called "if" or conditional standards. Standard 2.2.1 states: "If a statewide radio system exists, the agency has access to the system by radio." If there is not a statewide law enforcement radio system, the standard does not apply—because the function is not performed—even though it is a mandatory standard.

Besides "if" standards, there may be a few others that the agency can exempt themselves from because the function is not performed. For example, if the agency does not contract for law enforcement services, then it is not bound to comply with Stan-

\*In cases involving confidential or highly sensitive information, such as internal affairs reports or records dealing with informants, assessors will accept blank forms or record formats as proof of compliance.

\*\*Several agencies have prepared a master list of key staff members who might be interviewed; it was organized by organizational unit and contained name, rank, location, telephone number, and other pertinent information. Assessors have found such lists invaluable.



dard 3.1.1 (among others in Chapter 3). If the agency does not enter into collective bargaining, then Standard 24.1.1, and others in Chapter 24, would be not applicable. Court security (73.1.1 *et al.*) and civil process standards (74.2.1 *et al.*) are often not applicable to many municipal agencies.

With regard to standards that the agency classifies as "not applicable by function," there are two caveats:

- Certain standards apply whether an agency performs the function or not. All municipal (county, city, township, etc.) agencies are expected to analyze crime and engage in crime prevention and community relations efforts.
- Commission staff and assessors will carefully review all instances whereby an agency indicates that a standard is not applicable because the function is not performed.

### 3. Not Applicable for Other Reasons

An agency may be exempt from complying with a standard for other reasons. For example, an agency need comply with only 80 percent of the applicable nonmandatory standards.\* Therefore, if the agency wants to designate a given applicable nonmandatory standard as falling within the percentage for which compliance is not required, it may do so by placing an "X" in Section B of the ISSR: "Other Than Compliance—Elected 20%," and on the Self-assessment Log: "20%."

### 4. Waived by the Commission

On rare occasions, the Commission may waive a requirement of a standard at the request of an agency. Requests for a waiver are considered if an agency is *prohibited* from complying with a standard.

These prohibitions may exist for one or more of the following five reasons:

- Legislation.* State statute may prohibit compliance with a given standard. The specific

legislation is identified and a copy is attached to the request for waiver. In this case and the succeeding four, explanations are recorded in Section C of the Individual Standard Status Report (ISSR) form. Use a continuation sheet, if required.

- Labor Agreement.* The specific language of the labor agreement is identified and a copy attached to the request.
- Court Order.* The specific court action is identified and a copy of the transcript or order is attached to the request.
- Case Law.* The specific case citation that prevents compliance is identified and a copy is attached to the request.
- Written Rule or Regulation.* Details regarding the source, nature, scope, and date of the rule or regulation are identified and a copy of the rule or regulation is attached to the request. The source *must* be from *outside* the agency; it could include the civil service commission, state attorney general, or governor, among others. But the Commission will *not* accept a verbal order, no matter what the source, nor will it accept unwritten customs, conventions, or understandings.

### IMPORTANT

- Additional information about waivers may be found in the *Accreditation Program Book* Chapters III and V and Appendix A.
- Before submitting a written request for a waiver, call Commission staff.

\*It should be noted that the 80 percent is computed on the basis of *applicable nonmandatory standards*—and not the total number of nonmandatory standards.

# CHAPTER V

## REPORTING FORMS AND INSTRUCTIONS

There are two forms for reporting the agency's compliance with the standards. One is the Individual Standard Status Report (ISSR); the other is the Self-assessment Log.

### A. The Individual Standard Status Report

The Commission supplies copies of the ISSRs in two colors and in quantities that will allow an agency to prepare a "working copy" and then prepare a final copy for use by the assessors. Each agency is supplied with:

- 1250 copies of the ISSR on white paper for use with *mandatory* standards. The words: "For Use With Mandatory Standards" is preprinted on the bottom of the form. (Exhibit 5.1 is a completed form.)
- 750 copies of the ISSR on light tan paper for use with *nonmandatory* standards. The words: "For Use With Nonmandatory Standards" is preprinted on the bottom of the form. (Exhibit 5.2 is a completed form.)

The ISSR is the basic form for recording the compliance status of each standard. The agency's name is inserted as is the standard number. Optionally, both the person (or, if preferred, the organizational entity) to whom the standard is assigned and the date of assignment are recorded.

If the standard has multiple requirements, the agency records all proofs of compliance on one ISSR, if possible. If there is insufficient space on a single form, attach a piece of 8½" × 11" paper. The supplemental forms or sheets of paper must be stapled to the original; the standard number is entered on each continuation page.

In addition to the directions below, see Exhibits 5.1 and 5.2 (and the accompanying special instructions) for more information on how to complete ISSRs.

#### 1. Compliance

If the agency believes it is in compliance with the standard, proofs of compliance are recorded in Section A. An "X" or check mark is recorded in one or more of the boxes adjacent to the proof categories; details of the proof are spelled out accordingly.

Proofs must be specific as possible and assembled in individual-standard file folders for ease of internal assessment and, later, for the on-site assessment (see Chapter III). Comments on each type of proof of compliance are as follows:

- *Written Directive.* Identify the specific written directive; place a highlighted copy of the directive in the standard folder to facilitate the assessors' on-site examination. In the case of an especially lengthy written directive, which may prove compliance with several standards, rather than attaching the entire directive to several ISSRs, the accreditation manager may wish to cite the written directive on the ISSR, photocopy a portion of the directive that substantiates compliance with the applicable standards, and attach it to the ISSR. To assist the assessors, the citation should be underlined or highlighted (see Chapter III).
- *Written Documentation.* Identify the document, such as a record or report, which the assessor shall examine to verify compliance. If feasible, a copy of the document or documents is assembled to facilitate assessment. Underlining or highlighting should be done.
- *Interview.* If interviews are required to verify compliance, the person or persons to be interviewed are identified. If there are more than one person with knowledge of the agency's compliance, several names are included. Persons are identified by name, position or job title, telephone number, location (address and room number), and usual shift, if other than "days." If additional space is required, Section C may be used for this purpose.
- *Observation.* The agency provides guidance to the Commission's assessors regarding what must be observed and the appropriate time to view the facility, condition, activity, or object. Directions should specify the name, address, and telephone number of the contact person.

#### 2. Noncompliance

An agency may not comply with a standard for several reasons. If noncompliance is indicated by an

(cont'd. on page 49)

**(Special Instructions on Facing Page Are Keyed to Circled Numbers Below)**

## SPECIAL INSTRUCTIONS FOR COMPLETING PAGE 1 OF EXHIBIT 5.1

- ① Indicate the agency's name, state, and type as they appear on the Self-assessment Log (Exhibit 5.3).
- ② Note the number of the standard addressed. This number is the one assigned to the standard in the Commission's *Standards for Law Enforcement Agencies*.
- ③ Supply the name of the individual assigned to prepare and/or assemble documentation proving compliance with the standard. Indicate date when this work was finished. Completion of this line is *optional*.
- ④ Provide the name of the accreditation manager and date of final review. Completion of this line is *optional*.
- ⑤ Check either "Compliance" or "Other Than Compliance." If "Compliance" is checked, as here, proceed to Section A of the form. If "Other Than Compliance" were checked, you would proceed to Section B.
- ⑥ List each written directive (see Chapter IV, Section B.1) that has been selected to prove compliance with the standard. If a directive is part of a larger body of material, identify the precise location of the directive, such as by citing section and/or page numbers. File the directives (and other written items listed in Section A) in the individual-standard file folder (Exhibit 3.6) in the order they are listed on the ISSR Form.
- ⑦ List other written documentation (see Chapter IV, Section B.2), if any, that is selected to prove compliance with the standard. If a documentation item is not included in the individual-standard file folder, indicate where it is located.
- ⑧ Indicate individuals (and their locations and phone numbers) whom the agency would make available for interviews (see Chapter IV, Section B.3) that would constitute proofs of compliance with the standard.
- ⑨ Note what, if anything, would serve as proof of compliance with the standard if observed by assessors (see Chapter IV, Section B.4).

### REMINDER

- The burden of proving compliance with the standard is on the agency.
- Multiple proofs of compliance should be developed whenever possible.

- ⑩, 11, 12 You would check one of these boxes if "Other Than Compliance" were checked in 5 above. If 11 or 12 were checked, you would proceed to Section C of the ISSR Form. (Items 10, 11, and 12 are discussed in Chapter IV, Section C, of this manual, as well as in Section B.3 of Appendix B.)



## **SPECIAL INSTRUCTIONS FOR COMPLETING PAGE 2 OF EXHIBIT 5.1\***

- ⑬ and 14 Check one of these boxes, assuming either item 11 or 12 on page 1 has been checked. On the facing page, item 13 (N/A by Function) is checked, which means item 11 was checked on page 1. If item 14, Waiver Approval, were checked, that would indicate that the agency is requesting the Commission to approve a waiver for the standard. (Regarding waivers, see Chapter III, Section J, and Chapter IV, Section C.4.)
- ⑮ Provide the number of the standard addressed. This number should, of course, be the same one that is noted on page 1 of the form.
- ⑯ Furnish details relevant to checked item 13 or 14. In this example, the agency explained why the standard is not applicable. Had item 14, Waiver

Approval, been checked, item 16 would have contained information about why the waiver is requested and what documentation supports the request. Such documentation may be considerably more detailed than that needed to support noncompliance for "N/A by Function" reasons. **BE SURE TO CONTACT COMMISSION STAFF PRIOR TO FORMAL SUBMISSION OF A WAIVER-APPROVAL REQUEST.**

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\*For illustrative purposes only, the standard addressed on ISSR page 2, opposite, is different from the one on page 1, shown earlier. In practice, of course, both page 1 and page 2 pertain to the same standard.



## **SPECIAL INSTRUCTIONS FOR COMPLETING PAGE 1 OF EXHIBIT 5.2**

- ① through 4 See the discussion applicable to these items in the special instructions for page 1 of Exhibit 5.1.
- ⑤ Check either "Compliance" or "Other Than Compliance." If the latter is checked, as here, proceed to Section B of the form. Were "Compliance" checked, you would proceed to Section A.
- ⑥ through 9 Had "Compliance" in item 5 been checked, the various types of proofs of compliance selected by the agency would be described here. See the discussion applicable to these items

in the special instructions for page 1 of Exhibit 5.1.

- ⑩, 11, 12 Since "Other Than Compliance" is checked in item 5, one of the three boxes here must be checked. In this example, "Elected 20%" (Item 12) is checked, which means that the agency elects to place this standard among the 20 percent of applicable nonmandatory standards with which it is permitted not to comply (see Chapter III, Section I.1, and Chapter IV, Section C.3). Explanations of items 10 and 11 are found in Chapter IV, Section C, and in Appendix B, Section B.3.



# **EXHIBIT 5.2 (cont'd)** **COMPLETED ISSR FORM APPLICABLE TO** **NONMANDATORY STANDARDS: PAGE 2**

(Special Instructions on Facing Page Are Keyed to the Circled Numbers Below)

13 14 15 16	<b>C. EXPLANATION</b> • USE THE SPACE BELOW TO EXPLAIN THE ITEM "X" D IN SECTION B STANDARD NUMBER: 5.1.3	<input type="checkbox"/> N/A BY FUNCTION <input checked="" type="checkbox"/> ELECTED 20%	SEE INSTRUCTIONS IN THE SELF-ASSESSMENT MANUAL BEFORE COMPLETING THIS SECTION.
Since this standard does not fall in the mandatory category, we elect to exercise our option to place the standard among the 20 percent of applicable nonmandatory standards with which we are permitted not to comply.			

Do Not Write Below This Line...For Commission Assessor's Use Only

<b>D. ASSESSOR'S FINDINGS</b>	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> NONCOMPLIANCE	<input type="checkbox"/> OTHER STATUS
Remarks:			
Assessor's Signature		Date	

## **SPECIAL INSTRUCTIONS FOR COMPLETING PAGE 2 OF EXHIBIT 5.2**

- ⑬ and 14 Check one of these boxes if either item 11 or 12 on page 1 has been checked. Since item 12 was checked, item 14 in Section C is also checked.
- ⑮ Provide the number of the standard addressed. This number should, of course, be the same one that is noted in page 1 of the form.
- ⑯ Furnish details relevant to checked item 13 or 14. In this example, the agency explained item 14. Had the agency checked item 13, "N/A by Function," the explanation in item 16 would have been comparable to the one on page 2 of Exhibit 5.1.



(cont'd. from page 39)

"X" or check mark on the form, the specific reason should be indicated in Section B.

If noncompliance is a matter of "not applicable by reason of agency size"—further documentation is unnecessary.

Other reasons for noncompliance require not only an "X" or check mark in the appropriate box in Section B but also an explanation in Section C.

- *Not Applicable by Reason of Function.* If the agency does not comply with a given standard because the function is not performed, it places an "X" or check mark in the appropriate box and prepares a full explanation in Section C.
- *Elected 20%.* Applicable *nonmandatory* standards not complied with because the agency has opted to include them in the 20% category should be identified in Section C.
- *Waiver Approval.* A waiver of an applicable *mandatory* standard is considered if an agency is *prohibited* from performing the function that is covered by a standard.

Every completed ISSR is signed and dated by the accreditation manager.

## B. Self-assessment Log

The Log (see Exhibit 5.3) is a two-part (no carbon required) continuous form.

Commission staff will preprint the agency's name and the Standards Manual chapter number and title

at the top of each form. Staff will also preprint standard numbers for *all* standards in that chapter along with their levels of compliance: (1) "M" for mandatory standards; (2) "O" for other than mandatory; and (3) N/A for those standards that are not applicable to that agency by virtue of its *size*.

The Commission sends both parts to the agency. The original should be set aside for use as a final document. The copy can be used as a work sheet by the accreditation manager.

The Log can be filled out quickly and easily by transferring information from the ISSRs.

For a given standard listed in column (1), place an "X" in *only one* of the following columns.

- Compliance (column 2 or 4).
- Waiver (column 3).
- 20% (column 5).
- Not applicable (column 6).

Total columns (2) through (6) and place totals as indicated on Exhibit 5.3. The total of these five columns should equal the total number of standards in the chapter, as indicated in column (1). This will serve as a control total for the accreditation manager.

As each chapter is completed, the accreditation manager transfers information from the Log copy to the original.

The on-site assessment team will examine the Log original and make any necessary notes on that document as a permanent record of the on-site assessment.

# APPENDIX A

## BACKGROUND INFORMATION ON THE ACCREDITATION PROGRAM AND THE COMMISSION

### A. The Accreditation Program for Law Enforcement Agencies

The voluntary accreditation program for law enforcement agencies is a joint effort of the Commission on Accreditation for Law Enforcement Agencies, Inc., and the four major law enforcement executive membership associations:

- International Association of Chiefs of Police (IACP)
- National Organization of Black Law Enforcement Executives (NOBLE)
- National Sheriffs' Association (NSA)
- Police Executive Research Forum (PERF).

### B. General Information About the Commission's Developmental Phase

The Commission on Accreditation for Law Enforcement Agencies was formed in 1979 to establish a body of standards designed to: (1) increase law enforcement agency capabilities to prevent and control crime; (2) increase agency effectiveness and efficiency in the delivery of law enforcement services; (3) increase cooperation and coordination with other law enforcement agencies and with other agencies of the criminal justice system; and (4) increase citizen and employee confidence in the goals, objectives, policies, and practices of the agency. In addition, the Commission was formed to develop an accreditation process that provides law enforcement agencies an opportunity to demonstrate *voluntarily* that they meet an established set of law enforcement standards.

The four major law enforcement executive membership associations joined forces to create the Commission and to appoint its members. At this writing, the Commission is composed of 21 members: eleven law enforcement professionals and ten representatives from the public and private sectors, including a state appeals court judge, state attorney general, county administrator, city manager, city council member, and professor, among others. The Commission reflects broad representation from state and local levels as well as from many regions of the United States.

Following its first organizational meeting in December 1979, the Commission turned its attention to the consideration of standards drafted by the four associations. The final chapters of the "draft" standards were approved on May 1, 1982.

During this 28-month time frame, there were organizational changes. The four associations incorporated the Commission as an independent, non-profit corporation in October, 1980. In March, 1981, an Executive Director was employed to begin work on program implementation; since then, other staff have been employed.

Following approval of the draft standards, the four associations and the Commission's staff turned their attention to a field review of standards and to the development of the accreditation process, including policies, procedures, manuals, and forms. Much of 1982 and early 1983 were taken up in field testing the standards and the accreditation process.

### C. The Commission Becomes Operational: October 1983

Research and developmental activities took the better part of 45 months—late December 1979, to late September 1983. October was a key month in the Commission's brief history—especially October 1, 1983.

- On October 1, 1983, the Commission found itself thirteen days away from being fully operational—awaiting delivery of the *Accreditation Program Book* from the printers.
- On October 1, 1983, staff had just completed moving into new offices in Fairfax, Virginia—about 17 miles and 25 minutes west of Washington, DC.
- On October 1, 1983, the Commission consisted of 21 dedicated individuals from throughout the United States.
- On October 1, 1983, the Commission had a grant of \$500,000 available from the Office of Justice Assistance, Research, and Statistics (OJARS) of the United States Department of Justice. The grant was designed to defray a major portion of the Commission's expenses

to September 30, 1984; the balance was to come from fees received from agencies which apply for accreditation.

- And, finally, on October 1, 1983, the Commission had \$900 in hand from nine \$100 application fees and prospects for many more. But the Commission was a long way away from self-sufficiency, which was defined at the time as "having 600 agencies in the system (applicant, candidate, and accredited agencies) and adding 200 agencies or more each year."

#### **D. Fifteen Months Later: December 1984**

A review of Commission accomplishments as of December 31, 1984, saw the following as major accomplishments since October 1, 1983:

- *Initiating the accreditation process in mid-October 1983.* The Commission began accepting applications in August 1983, and

began mailing "application packages" to applicant agencies in mid-October 1983.

- *Conferring accreditation on the first law enforcement agency—the Mt. Dora (FL) Police Department.* Meeting in Chicago on May 25, 1984, the Commission considered the candidacy of the Mt. Dora Police Department and voted unanimously to confer accreditation.

#### **E. After Four Years of Operation**

Fifty-six agencies are accredited; more than 300 are in self-assessment; and another 300 have made initial application. The Commission in early 1988 finds itself in good operating circumstances. The staff has grown to 11 members. A budget for 1988 was enacted by the Commission in November, 1987. It calls for one additional employee plus several part-time employees. Revenues are projected to be in excess of \$1,000,000—with expenditures just below total revenues.

# APPENDIX B

## BACKGROUND INFORMATION ON THE STANDARDS— THEIR DEVELOPMENT, NATURE, AND SCOPE

(Excerpts from Chapter II of the *Accreditation Program Book* and from the Introduction to the *Standards for Law Enforcement Agencies*.)

### A. Standards Development

The Commission, at its inception, defined 48 topics that the standards would address. From that point in time, one of the four associations researched each topic and drafted standards. The standards drafted by each association were submitted to the other three for their review and comment prior to submission to the Commission. Typically, standards were reviewed by committees of the Commission before presentation to the full Commission. Each standard was acted on individually; three elements were approved—the standard statement, the commentary, and levels of compliance. Following approval of the final chapters in early May 1982, the draft standards were submitted to a field review by several hundred law enforcement agencies in the second half of 1982. The Commission approved modifications to the draft standards at its meeting in late April 1983. The first edition of the Standards Manual was published in August 1983. A second edition was published in May 1987.

### B. Nature and Scope of the Standards

#### 1. Standards Format

Each standard is composed of three parts: the standard statement, commentary, and levels of compliance.

The standard statement is a declarative sentence that places a clear-cut requirement, or multiple requirements, on an agency. Many statements call for the development and implementation of a policy or procedure in the form of a rule, regulation, or written directive. Other standards require an activity, a report, a procedure, or other action.

The commentary is designed to explain or expand upon the standard or to provide guidance with regard to gaining compliance with the standard. (It should be noted that the commentary is not binding; only requirements included in the standard statement are binding on the agency.)

The third and final part of the standard is levels of compliance. Levels of compliance match mandatory, nonmandatory, and not applicable standards to agency size. Agencies are separated into six categories according to total number of full-time authorized personnel:

A	1 to 9	D	50 to 199
B	10 to 24	E	200 to 999
C	25 to 49	F	1,000 and over

The level of compliance indicates whether a given standard is mandatory (M) for an agency of a given size; whether the standard is nonmandatory (O)—for “other than” mandatory; or whether the standard is not applicable (N/A).

#### 2. Mandatory, Nonmandatory, and Not Applicable Standards

There are more than 900 standards, about 60 percent of which fall into a “mandatory” category—mandatory in the sense that all accredited agencies must comply with all mandatory standards that are applicable to the agency. The balance of the standards are either “nonmandatory” or, in a few instances, “not applicable” to certain agencies—principally agencies with fewer than 25 members.

Agencies applying for accreditation will be expected to comply with: (1) all applicable mandatory standards, and (2) at least 80 percent of applicable nonmandatory standards. An agency is free to select the 80 percent of nonmandatory standards with which it chooses to comply.

a. *Mandatory Standards.* In the development and categorization of standards, the Commission was guided by three basic criteria in designating standards as “M”—i.e., mandatory:

- *Standards That Deal with Health, Life, or Safety.* Standards that fall in this category are required of all agencies regardless of size or the functions they perform.
- *Standards That Pertain to Constitutional Issues or Are Matters Covered by Applicable Law.* While it is expected that all law enforcement agencies conduct their activities in accord with constitutional dictates and applicable law,

certain standards focus on specific activities agencies must perform to be in full compliance with the law. Standards in the recruitment, selection, and promotion areas fall into this category.

- *Standards That Specify Essential Operational or Administrative Policies.* Generally, standards in this area pertain to activities that are indispensable to the effective and efficient delivery of law enforcement services and/or that are directly related to professionally-accepted practices. In an operational sense, all law enforcement agencies must have mutual assistance pacts with neighboring agencies; in an administrative sense, all law enforcement agencies must maintain records centrally.

b. *Nonmandatory.* These standards are designated as "O"—for other than mandatory. Two criteria guided the Commission in designating a standard as nonmandatory.

- *Standards That Specify Desirable Practices.* Standards in this category enhance the delivery of services through the use of generally accepted practices and procedures.
- *Standards That Deal with Exemplary Activities.* Standards in this category include innovative practices, new technologies, or advanced professional concepts that are intended to achieve desirable or worthwhile objectives.

c. *Not Applicable.* Standards in this category are indicated by an "N/A"—and are those standards that have been determined as being not applicable to an agency on account of its size. For example, a standard that governs the establishment of a SWAT team would not be applicable to agencies with fewer than ten employees. As a general rule, "N/A" standards relate to smaller agencies; i.e., those in the A and B categories (fewer than 25 employees).

### 3. Levels and Degree of Compliance and Applicability of Standards

In terms of the nature and scope of standards, three aspects should be clearly understood.

- *Levels of Compliance* match mandatory, nonmandatory, and not applicable standards to agency size (A through F) as explained above.
- *Degree of Compliance* refers to the percentage of applicable nonmandatory standards with

which an agency must comply—as indicated, the minimum percentage is 80 percent.

- *Applicability of standards* is determined by an applicant agency's legally mandated responsibilities as well as by the functions the agency does and does not perform. If a municipal police agency does not have a holding facility, it is not bound to comply with mandatory or nonmandatory standards of the chapter on holding facilities. If a sheriff's office does not provide basic uniformed patrol services, then it is not bound by the standards in the patrol chapter. The Commission reserves the right, however, to make certain standards applicable without regard to whether the agency currently performs the function. A municipal police department without crime analysis or crime prevention activities could not claim exemption because these activities are not being performed. Such determinations are made on the basis of a set of Commission approved "guiding principles." (See Appendix C.)

During the course of standards development, it became clear that certain stipulations would have to be formulated to govern the applicability of standards. For that reason, the guiding principles were developed. These principles are intended to explain the applicability of certain standards, clarify the intent of others, and amplify actions that assessors may take in verifying an agency's compliance with standards.

### 4. Types of Standards

There are many different types of standards that agencies are expected to meet. The more common types of standards are discussed in this section.

a. *Written Directive Standard.* The most common type of standard is a "written directive" standard. Agencies are asked to comply with a standard and to document compliance by means of a written directive. (A written directive can take many forms: rule, regulation, general or special order, or training material. In some instances, an ordinance, law, or statute can serve as a written directive.)

The first standard in the Standards Manual requires a written directive:

- 1.1.1 A written directive requires the formulation, annual updating, and distribution to all personnel of written goals and objectives for the agency and for each organizational component within the agency.



b. *Policy or Procedure Standard.* Certain standards require the existence of a policy or procedure without specifying the nature and scope of the policy or procedure. (As noted below, the standards as a whole are designed to reflect "what to"—leaving the "how to" up to the agency.) Standard 1.3.14 requires a "procedure" to review use of force by agency personnel, but it does not specify the nature or scope of the review.

1.3.14 The agency has a procedure for reviewing incidents in which there is application of force through the use of a weapon by agency personnel.

c. *Linking Standard.* There are many instances of one standard "linking" to another. For example, the procedure required in Standard 1.3.14 (above) must include a report of findings to the agency's chief executive officer as follows:

1.3.15 The procedures required in Standard 1.3.14 include a report of findings to the agency's chief executive officer.

d. *Standards with Multiple Requirements.* In the earliest stages of standards drafting, a limitation of one requirement was placed on any given standard. After field review and reconsideration, multiple requirements were allowed—as long as the requirements concerned a single topic. In the following standard (2.1.9), three requirements are expressed in the three "bullets" or bulleted items:

2.1.9 The agency's mutual aid agreement addresses the use of outside personnel in:

- mass processing of arrestees;
- transporting prisoners; and
- operating temporary detention facilities.

e. *"If" or Conditional Standards.* There are a number of standards that are conditional. Many of these contain the "if" in the standard, such as in Standard 2.2.1.

2.2.1 If a statewide law enforcement radio system exists, the agency has access to the system by radio.

If there is not a statewide law enforcement radio system, the standard does not apply even though it is a mandatory standard.

A similar situation is encountered in the mutual aid area. If the state does not mandate mutual aid agreements, then agencies must enter into written agreements with neighboring law enforcement agencies.

2.1.4 In the absence of controlling legislation governing mutual aid, the agency has

written agreements with neighboring law enforcement agencies to provide mutual aid in emergency situations.

f. *Standards That Require Organizational Components and/or Staffing.* There are several standards that require a component and/or staffing. The first one to be encountered is in Chapter 14—Planning and Research.

Standards 14.1.1, 14.1.2, and 14.1.3 require respectively, (1) that larger agencies (sizes E and F) have a planning and research component; (2) that functions are established; and (3) that the component employs at least one full-time staff member. (For "D" agencies the standards are nonmandatory; for smaller agencies—A, B, C—the standards are not applicable.)

14.1.1 The agency has a planning and research component.

14.1.2 A written directive establishes the functions of the planning and research component.

14.1.3 The agency employs at least one full-time planning and research staff member.

g. *Standards That Require a Function.* In certain instances, a standard specifies the establishment of a function. For example, in the same planning and research chapter, Standard 14.2.1 specifies that each agency establish a planning and research "function."

14.2.1 A written directive establishes the agency's planning and research function.

Inasmuch as the function (by the way of a "component") is required of sizes E and F agencies (in Standard 14.1.2), this standard is aimed at A- through D-size agencies. (However, it should be noted that the above standard is nonmandatory for all agencies; therefore, the planning and research function is not mandated per se for agencies A, B, C, and D.)

h. *Other Types of Standards.* There are many other types of standards. Four have been selected for purposes of exposition: the first requires an "estimate"; the second requires maintenance of "liaison"; the third addresses organizational subdivisions (not applicable to A-size agencies); and the fourth requires a plan (also not applicable for A-size agencies). The following four standards are nonmandatory for all agencies with the exception of A-size agencies as noted:

2.1.5 The mutual aid agreement includes an estimate of the amount of aid available from provider agencies.

4.1.3 The agency maintains liaison with local

fire department officials and emergency medical services.

11.1.2 The organizational subdivisions within the personal span of control of the agency's chief executive officer are grouped by function.

14.2.4 The agency has a multiyear plan that includes the following:

- goals and operational objectives;
- anticipated workload and population trends;
- anticipated personnel levels; and
- anticipated capital improvements and equipment needs.

### **C. Gaining Compliance with the Standards**

Agencies document their achievement of compliance with the standards during the self-assessment process. At that time, agencies must ask themselves whether they comply with all applicable mandatory standards. If an agency determines that it is not in compliance with a particular mandatory standard, it must take appropriate action to bring itself into compliance. If an agency is prohibited from complying by state statute, case law, court order, or other compelling reasons, the Commission may entertain a request to waive a given standard. The Commission has indicated that granting waivers will be a rare event—only granted in the most exceptional circumstances.

In the case of nonmandatory standards, if an agency finds that it is not in compliance with a particular standard, it may choose one of two courses of action.

- Take action required to come into compliance.
- Take no action to come into compliance. In this case, the standard would fall outside the 80 percent of nonmandatory standards required of the agency.

When the agency's self-assessment is completed and Commission-requested logs and other data are returned to Commission headquarters, the Commission's staff begins a review that seeks answers to the following questions:

- Does the agency indicate that it is in compliance with all applicable mandatory standards?

- If not, is action being taken to bring it into compliance?
- If not, has the agency filed a waiver request? Has the request been approved or disapproved?
- Is the number of nonmandatory standards with which the agency has indicated it is not in compliance greater than 20 percent of the total number of such standards that are applicable to the agency?

To summarize, an agency gains the opportunity to have an on-site assessment by Commission assessors when it indicates that it (1) complies with all applicable mandatory standards, and (2) complies with at least 80 percent of applicable nonmandatory standards.

### **D. The Commission's View of the Standards**

The Commission's view of the standards is summarized in five policy statements:

- The standards are designed to reflect the best professional practices in each area of law enforcement management, administration, operations, and support services.
- The standards are designed to reflect "what to"—leaving the "how to" up to the agency.
- The standards are designed so that compliance is "attainable." Compliance may not be an easy matter for some agencies. The standards are not considered to be an unreasonable burden for any well-managed law enforcement agency.
- Every accreditation is also a test of the standards—as it is a test of the entire accreditation process. The Commission considers reevaluation of standards as an ongoing process.
- New or revised standards reflecting new or improved practices are developed from time to time; these standards are developed with the advice and counsel of agencies already accredited, as well as with the advice and counsel of the four participating law enforcement executive membership associations. The inclusion of new or revised standards will be an orderly process.

# **APPENDIX C**

## **GUIDING PRINCIPLES FOR APPLICANT AGENCIES AND ASSESSORS**

### **1.0 Functions Performed or Delegated**

**1.1 AN AGENCY THAT DELEGATES FUNCTIONS TO OTHER AGENCIES IS HELD ACCOUNTABLE FOR COMPLIANCE WITH APPLICABLE STANDARDS GOVERNING THOSE FUNCTIONS.**

For example, even though an agency delegates its communication functions to a regional center and its recruit training to a neighboring law enforcement agency, the applicant agency remains responsible for the functions and, therefore, for compliance with the standards related to those functions.

**1.2 AN AGENCY FOR WHICH FUNCTIONS ARE PERFORMED ON ITS BEHALF BY ANOTHER ENTITY IS HELD ACCOUNTABLE TO VERIFY COMPLIANCE WITH APPLICABLE STANDARDS GOVERNING THOSE FUNCTIONS.**

An applicant agency remains accountable for the performance of functions that the Commission determines are applicable for an agency of its size and type, even if the function is performed by another organization. This applies to functions delegated (as in 1.1) and functions that are traditionally performed by another entity. This includes recruitment, selection, and promotion, which may be the responsibility of a civil service board or central personnel agency.

**1.3 AN AGENCY CAN BE HELD ACCOUNTABLE FOR FUNCTIONS GOVERNED BY STANDARDS, IF THE COMMISSION DETERMINES THAT AN AGENCY OF ITS SIZE AND TYPE SHOULD PERFORM THE FUNCTION.**

Ordinarily, this matter is resolved before the self-assessment, but agencies should be aware of this guiding principle.

**1.4 IF AN AGENCY PERFORMS FUNCTIONS GOVERNED BY STANDARDS DESIGNATED AS "NOT APPLICABLE," THE AGENCY MUST COMPLY WITH THOSE STANDARDS.**

This guideline applies in those cases where, because of an agency's size, the standard is "not applicable." If the agency performs the function, regardless of whether the standard is designated as not applicable, the manner in which the agency performs the function must not be in conflict with the relevant standard.

**1.5 IF AN AGENCY OCCASIONALLY PERFORMS A FUNCTION GOVERNED BY STANDARDS, ITS OPERATIONS IN THIS REGARD MUST NOT BE IN VIOLATION OF THE APPLICABLE STANDARDS.**

"Occasional" performance might include: (1) a nonfull-service sheriff's office which, several times a month, backs up the local law enforcement agency at times when the law enforcement agency may be short-handed; (2) a small law enforcement agency which, several Friday nights a month, must hold prisoners for several hours in a holding area within the agency because the lock-up normally used by the agency is full; or (3) a large agency that normally utilizes a regional law enforcement training center holds in-service training programs several times a year because the demand for retraining increases due to problems which are unique to that agency. Agencies that occasionally perform functions should ensure that its operations do not violate the standards. Commission staff should be consulted by the self-assessing agency if questions arise in this regard.

### **2.0 Standards**

**2.1 AN AGENCY CAN EXCEED THE REQUIREMENT OF A STANDARD.**

A semiannual reporting requirement may be done quarterly. This is but one example of how an agency's performance can exceed the standard.

**2.2 A STANDARD MAY BE NOT APPLICABLE IF THE AGENCY DOES NOT HAVE RESPONSIBILITY FOR THE FUNCTIONS ADDRESSED BY THE STANDARD, PROVIDING THE COMMISSION CONCURS.**

A procedure by which to establish non-applicability is included in the self-assessment process.

### **2.3 UNLESS OTHERWISE INDICATED, STANDARDS RELATED TO PERSONNEL MATTERS APPLY TO ALL AGENCY EMPLOYEES.**

Some standards indicate applicability to sworn or to civilian personnel. Where that differentiation is not made, the standard applies to all agency personnel.

## **3.0 Written Directives**

### **3.1 A WRITTEN DIRECTIVE CAN BE A POLICY, PLAN, PROCEDURE, RULE, GENERAL OR SPECIAL ORDER, TRAINING DIRECTIVE, OR OTHER DOCUMENT THAT IS BINDING UPON AGENCY PERSONNEL.**

The objective of a written directive standard is to require written policy. The form of that written policy can be what the agency has determined best fits its written directive system.

### **3.2 AN AGENCY DOES NOT NEED TO HAVE AN INDIVIDUAL DIRECTIVE FOR EACH STANDARD REQUIRING A WRITTEN DIRECTIVE; THE AGENCY MAY HAVE A SINGLE MANUAL OR DIRECTIVE COVERING SEVERAL STANDARDS.**

The accreditation process is not intended to generate unnecessary paperwork for the applicant agency. A written directive, general order, plan, etc., may serve to document a number of standards. The agency may list one source of documentation as many times as appropriate.

Assessors must go beyond merely verifying the existence of a directive and must determine if the content of the written directive meets the standard requirement. Assessors may choose to verify the agency's compliance with any written directive standard. If the observation of agency operations raises questions about compliance with the written directive, the assessor must resolve the compliance question through a review of additional written materials, or if appropriate, further observations, or interviews.

### **3.3 A WRITTEN DIRECTIVE PRESUMES FUNCTIONAL COMPLIANCE WITH THE DIRECTIVE.**

The integrity vested in agencies participating in this program as well as the large number of standards dictates that the Commission initially presume that the agency operates in compliance with its written directives.

## **4.0 Assessors**

The final three principles pertain to assessors. They are presented for purposes of information, without comments.

### **4.1 ASSESSORS MAY GO OUTSIDE THE PROOFS OF COMPLIANCE CITED IN THE ASSESSOR'S MANUAL.**

### **4.2 ASSESSORS MAY GO OUTSIDE THE AGENCY TO VERIFY COMPLIANCE.**

### **4.3 ASSESSORS MUST VERIFY AGENCY COMPLIANCE WITH EVERY STANDARD LISTED BY THE COMMISSION; ASSESSORS MAY VERIFY COMPLIANCE WITH ANY OTHER STANDARD THEY DECIDE TO ASSESS.**

## APPENDIX D

### ACKNOWLEDGMENTS

Persons who helped develop the revised edition fall into four groups: (1) those who prepared reports of their self-assessment experiences; (2) those who were sought out and interviewed; (3) those who responded to several staff requests for information, guidance, and a reaction to the revisions to Chapter III; and (4) members of staff who participated.

- *Those who published* performed a very real service for the Commission inasmuch as they incorporated their experiences and recommendations into a form that could be distributed to other agencies and persons. Hundreds of copies of the following publications have been distributed. In rough order of their appearance, we acknowledge:

- Lieutenant Daniel V. Boring, "Accreditation Process Summary," Arlington County (Virginia) Police Department, August 22, 1984. Dan was assisted by Deputy Chief Robert Dreischer and Lieutenant Michael McCampbell. (The first report of an agency's experience.) Later, Lieutenant Boring wrote an article entitled "The Accreditation Process as a Management Tool." The article appeared in April 1985 issue of *The Police Chief*.
- Mr. James R. Rush, "Plan to Achieve Accreditation: Report of the Accreditation Task Force," Illinois Department of Law Enforcement, September 1984. (The first major planning document from a very large agency using a "task force" approach to self-assessment.)
- Chief of Police Philip L. Ash, Staunton, Virginia, "Lessons Learned—The CALEA Process," May 7, 1985. (Wise words from a sage counsel.)
- Division Chief Tom Cox, St. Petersburg (Florida) Police Department, "The St. Petersburg Police Department Explains How It Organized and Managed the Accreditation Process," June 1985. (Cox is identified as the agency's Accreditation Manager/Coordinator. The article appeared later in *The Florida Police Chief* magazine.)
- Chief of Police B. D. Moody, Covington,

Georgia, "Accreditation: The Covington Police Department Experience," September 1985. (Appeared in *Urban Georgia* magazine.)

- Chief of Police Darrel W. Stephens and Captain K. T. Hause, Accreditation Manager, of the Newport News (Virginia) Police Department, "Accreditation Process Summary," September 1985.
- Inspector Douglas W. Maas, Clark County (Washington) Sheriff's Department, "Accreditation Project Summary, June 1986." (A magnificent record of what can be achieved by an agency utilizing a "standards chapter-by-chapter format." Contents identified: who worked on each chapter's standards, who assisted, number of person hours consumed, the "products/benefits" and "highlights"—the latter defined as "major changes in department systems, practices, policies, and procedures that employees should be made aware of.")
- Captain David C. Brewster, Phoenix (Arizona) Police Department, "CALEA: The Phoenix Experience," December 1986. (A program brief recounting experiences of the Phoenix Department.)
- *Those who were interviewed* included three members of MASS-PAC (the Massachusetts Police Accreditation Coalition) and Lieutenant Scott Hill, Accreditation Manager of the Rochester (New York) Police Department.
- Steven Unsworth (MASS-PAC President), Donna Taylor (Vice President), and Donald Mooers (Secretary) were interviewed by William D. Falcon (identified below) in a lengthy session. The three are accreditation managers for these Massachusetts police departments: Waltham, MBTA (Massachusetts Bay Transportation Authority), and Andover, respectively. Moreover, their experiences as leaders of a state accreditation network provided another invaluable dimension.
- Lieutenant Scott Hill, Accreditation Manager of the Rochester (New York) Police

Department, which was accredited in November 1987, at the Commission's Rochester meeting. By automating many aspects of the accreditation process, Lieutenant Hill produced a wide range of valuable records and reports. His department benefited from a well-planned and well-organized self-assessment effort, which actively involved many persons in the agency.

- *Those who responded* to staff requests for information, guidance, and reaction to the new Chapter III (listed alphabetically by agency):

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- Arlington County (Virginia) Police Department—Lieutenant Daniel V. Borning.
- Baltimore County (Maryland) Police Department—Detective Ronald M. Hadaway.
- Danvers (Massachusetts) Police Department—Sergeant Richard C. Landers.
- Greensboro (North Carolina), Chief C.D. Wade, Deputy Chief Sylvester Daughtry, and Lt. Andrew F. Cannady.
- Illinois State Police—Master Sergeant Bruce Mottin, Mr. James Rush, and Mr. Jack VanZandt.
- Lakewood (Colorado) Police Department—Lieutenant Gary Mecham.
- Louisville (Kentucky) Police Department—Major John E. Swencki.
- Massachusetts Bay Transportation Authority Police Department—Ms. Donna Taylor.
- Palatine (Illinois) Police Department—Chief Jerry Bratcher and Deputy Chief Walter D. Gasior.
- Phoenix (Arizona) Police Department—Captain David C. Brewster.

- Redmond (Washington) Police Department—Commander Robert M. Morton.
- Rochester (New York) Police Department—Lieutenant Scott C. Hill.
- St. Charles County (Missouri) Sheriff's Office—Lieutenant Robert A. Boerding.
- St. Petersburg (Florida) Police Department—Division Chief Tom Cox.
- Salisbury (Maryland) Police Department—Major Edward L. Guthrie.
- San Diego County (California) Sheriff's Department—Commander Robert F. DeSteunder.
- Schaumburg (Illinois) Police Department—Lieutenant Richard S. Casler.
- Tampa (Florida) Police Department—Colonel George Fox.
- Virginia Beach (Virginia) Police Department—Mr. George R. Notel.

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Comments and suggestions should be directed to the Managing Editor.

Frank J. Leahy, Jr.  
Managing Editor and  
Director of Headquarters Operations

# INDEX

- Accreditation Log, 29, 32
- Accreditation Manager
  - assistant to, 9
  - civilian, 8
  - outsider, 8
  - qualities of, 8
  - rank of, 8
  - responsibilities of, 8
  - selection of, 8
- Accreditation Process and Program, 3
- Accreditation Program Book*, v, 1, 25, 27, 37
- Accreditation Program Overview*, 24
- Assessors, 4, 5, 30, 49, App. C (57, 58)
- Assessor's Manual*, v
- Budget for Self-assessment, 12, 16, 17
- Chapter File Folders
  - see*: files for documentation
- Chief Executive Officer
  - communication with accreditation manager, 9
  - contact with other governmental officials, 9
  - issuing agencywide memo, 9, 22, 24
  - priority given to self-assessment, 9, 24
  - role of in self-assessment, 9, 24, 27
  - support given to accreditation manager, 9, 27
- Commission on Accreditation for Law Enforcement Agencies
  - background information on, App. A (51–52)
  - self-assessment, importance of, 1
  - standards, initial adoption of, App. B (53)
- Compliance Documentation
  - see*: documentation
- Contractors, involvement in self-assessment, 12
- Cross-reference file folder
  - see*: files for documentation
- Directive System, 21, 23, 24, 26
- Disks
  - Standards Manual on, 12
  - standards' numbers and titles on, 12
- Documentation
  - adequacy of, 19
  - highlighting of, 18, 19
  - in individual-status file folders, 18, 19, 30
  - interviews, 39
  - monitoring preparation of, 7, 21, 22, 23, 25, 26
  - observations, 39
  - preparation, delegating responsibility for, 21, 25
  - priorities for, 7, 21
  - proofs of compliance, examples of, 19, 20, 27, 28, 30, 35, 36
  - review and approval of, 19, 21, 22, 23, 27, 28, 32
  - submission of to Commission staff, 27, 30, 32
  - training for preparation of, 23, 25
  - written directives, 3, 23, 26, 35, 39
- Examination prior to on-site assessment, 7, 30
- Files for Documentation, 7, 16
  - chapter file folders, 17, 19, 26
  - cross-reference file folders, 19, 20
  - cross-reference listings, 20
  - illustration of, 20
  - Individual-standard file folders, 17–19, 30
  - organization of, 17, 18, 19
- Folders
  - see*: files for documentation
- Forms
  - see*: Accreditation Log, Individual Standard Status Report, ISSR Worksheet, Monitoring Log, Monitoring Report, Plant of Action Worksheet, Self-assessment Log
- Government Agencies
  - contact with, 12
  - involvement in self-assessment, 12
- Guiding Principles (of compliance), 35, App. C (57, 58)
- Highlighting, 18, 19
- Individual Standard Status Report, 9–14, 39–47
- Individual-standard File Folders
  - see*: files for documentation
- International Association of Chiefs of Police, v, 51
- ISSR Worksheet, 29, 31
- Monitoring Log, 26, 27, 28
- Monitoring Report, 26, 29
- National Organization of Black Law Enforcement Executives, v, 51
- National Sheriffs' Association, v, 51

- On-site Assessment, 3, 5
- Plan of Action Worksheet, 28, 30
- Police Executive Research Forum, v, 51
- Proofs of Compliance
  - see*: documentation
- Public Information Policy and Plan, 7, 12, 16, 32
- Reaccreditation Manual*, v
- Self-assessment Log, 12, 15, 30, 41, 48, 49
- Self-assessment Methodology
  - objective of, 3
  - steps in, 3
- Self-assessment Manual*
  - distribution of, 3, 9, 25
  - objective of, v, 1
  - organization of, 1
  - self-assessment package, included in, 3, 9
- Self-assessment Package, 3, 9, 12, 16
- Self-assessment Process
  - orientation of agency personnel to, 7, 24
  - purpose of, 3
  - steps in, 3, 4, 5
  - time to complete, 7, 8
- Staff, of Commission
  - responsibilities of, 3, 5
  - when to contact, 3, 5, 7, 9, 12, 27, 30, 33, 37
- Standards
  - affecting planned projects, 12
  - applicability of, 7, 12, 35, 36
  - development of, App. B (53–56)
  - gaining compliance with, 35, App. B (56)
  - noncompliance, reasons for, 36, 37, 39, 49
  - nonmandatory, compliance percentage for, 37
  - requiring new agency functions, 7, 29
  - types and scope, App. B (53–56)
- Standards for Law Enforcement Agencies*, v, 3, 9, 12, 21, 23, 24, 41
- Videocassette orientation program, 12, 24
- Waivers, 36, 37