



**Division of Criminal  
Justice Services**

# **New York State Law Enforcement Accreditation Program**

## **GUIDE TO MAINTAINING ACCREDITATION AND PREPARING FOR REACCREDITATION**

**New York State Division of Criminal Justice Services  
Office of Public Safety  
80 South Swan Street**

Prepared by

New York State

DIVISION OF CRIMINAL JUSTICE SERVICES

Office of Public Safety

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## **INTRODUCTION**

It can be an arduous task to prepare an agency for accreditation, but the work does not end once the initial assessment is over. Maintaining accreditation and preparing for reaccreditation requires regular and consistent work and a commitment to adhering to the standards.

Agencies are accredited for a period of five (5) years. To become reaccredited, the agency undergoes a reassessment and must be able to demonstrate that compliance with the program standards was maintained for the entire five-year period of accreditation. Taking the time to maintain the program files on a regular basis is the best way to ensure your agency is prepared for the reassessment.

This guide is intended to provide agencies with information that will enhance their ability to maintain their accredited status. It also identifies steps that agencies must take in order to become reaccredited.

## **MAINTAINING ACCREDITATION**

Maintaining accreditation requires a commitment by the agency to the program. This commitment is demonstrated by investing time and effort into the program by ensuring that agency policies and procedures are being implemented as intended, program files are kept up-to-date, and lapses in compliance are promptly identified and corrected.

Through the initial assessment the agency has proven they have in place the policies, practices and procedures that are required to meet all of the accreditation standards. In order to maintain accreditation, the agency has to ensure that they regularly review the policies and procedures (at least once during the period of accreditation), update them as necessary, and demonstrate that they have actually maintained compliance with the program standards for the five year period of accreditation.

Agencies are most successful when accreditation is incorporated into the culture of the agency from the leadership down to the rank and file. There are several other tips that will ensure success in maintaining accreditation:

1. It's critical that a program manager be assigned to oversee the program. The program manager will ensure that the program is being properly maintained and the agency is in compliance with the standards.
2. Although it is not mandatory, it is strongly recommended that all program managers attend the Division of Criminal Justice Services (DCJS) Accreditation Program Manager Training.
3. Regular attention to the agency's compliance with standards through file

maintenance is critical to maintaining accreditation and achieving reaccreditation.

4. Non-compliance with program standards must be reported to your assigned representative within the Office of Public Safety (OPS) Accreditation Unit within 30 days of the discovery/realization. If necessary, Accreditation Unit program staff members will assist in developing a corrective action plan for regaining compliance with the standard in question.

## **The Program Manager**

The agency program manager is responsible for maintaining many elements of the program that will lead to a successful reassessment and continued accreditation. The program manager gathers the documentation necessary to demonstrate compliance with the standards, maintains the file folders, and is responsible for keeping the chief law enforcement officer and others apprised of any changes to the standards which would affect departmental policies and/or procedures. The most effective program managers are good communicators; have solid organizational skills; and are attentive to detail.

Some program managers are dedicated solely to the accreditation program, but most have other responsibilities. It is imperative that program managers are supported in their efforts when it comes to the program. This means they are allowed adequate time to devote to maintenance of the program files, review of policies and procedures, and staying abreast of changes to the program itself. File management is perhaps one of the most important duties of the program manager; when files are not regularly maintained, program managers find themselves scrambling to ready the agency for a reassessment when their agency's accreditation is set to expire. The time needed to work on accreditation files will vary by agency and by the method used. Some program managers take time each week to add necessary documentation, while others may have a few days each month devoted to accreditation. How this is done is completely up to the agency, as long as the files are being properly maintained throughout.

### ***Program Manager Training***

One-day training sessions are offered each year for program managers and other department members assisting with the accreditation program. We strongly recommend that all program managers (and back-ups or assistants) attend this training. We also recommend that the chief law enforcement officer or other members of command staff attend so they have an overall understanding of the program as far as their role, the role of the program manager, and what is needed for an agency to be successful.

If the person assigned to the program manager position changes, the new program manager should attend the training as soon as possible. Training covers important topics such as how to assemble and maintain a file folder, standards that have been problematic for agencies, and the assessment process. The trainings are offered through DCJS and are conducted by a trained assessors and/or former program managers with many years of experience in the accreditation program.

## Maintaining Accreditation Files

Throughout the five-year period of accreditation, one of the main responsibilities of the program manager is to ensure there is enough documentation in the file folders to demonstrate compliance for the entire period of accreditation. Examples of documentation which can appropriately show proof of compliance can be found in the “Compliance Verification Strategies” section of each standard. Program managers can expect to collect things such as fiscal statements, evidence room audits, performance evaluations, training records, incident reports, internal memos, and a variety of other documents that will prove the agency has continuously met each of the standards. Program managers should develop a general awareness of the documentation required to show proof of compliance with each one of the standards. A sampling of proof is required for each year of accreditation, and program managers should ensure they have access to additional documentation in the event it is requested during the reaccreditation assessment.

File maintenance is one of the most important aspects of the accreditation process because: a) it is the main measure of compliance used by assessors during the on-site assessment, and; b) it is a tangible way for program managers and chief law enforcement officers to track their agency’s compliance with standards throughout the period of accreditation. Program managers can develop their own method for keeping the program files up-to-date provided they manage the accreditation files regularly. If the files are not kept up-to-date, the agency will be faced with the daunting task of preparing for reaccreditation by having to locate the appropriate proof for the file folders going back years. Agencies have had to forego reaccreditation because they simply could not adequately prepare their files in a condensed period of time.

For some standards, annual maintenance of the files is appropriate (e.g. Standard 1.1, Mission; or 2.2 Job Classifications). Others may require quarterly maintenance (e.g., Standard 5.2 Accounting - System and Responsibility). Each standard should be evaluated individually to determine the amount and frequency of maintenance that is needed to ensure the file is complete and the agency is maintaining compliance. Logs designed to help the program manager stay organized can be found on the DCJS website at <http://www.criminaljustice.ny.gov/ops/docs/index.htm#accredforms> under *Program Manager Resources*.

The type of documentation needed for each file folder will vary according to the requirements set forth in each standard. Documents required to show proof of compliance should be filed in their usual location, with only a sampling included in the file folder for the assessment. The amount of documentation requested during an assessment can vary depending on individual assessor’s preferences<sup>1</sup> but, generally speaking, three to four proofs per year should be sufficient. As noted above, be prepared to make more information available in the event the assessor asks for additional documentation.

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<sup>1</sup> The Accreditation Unit plans to develop a guide to be used by assessors in an effort to remove some subjectivity from the assessment process, including the amount of proof required.

*Lack of sufficient proof of compliance is the number one reason agencies have difficult reassessments, are not recommended for reaccreditation, or have to withdraw from the program.* Even if an agency is vigilantly following all of their policies and complying with program standards there needs to be tangible proof of compliance. Without it, the assessors cannot verify compliance and the agency's reaccreditation may be jeopardized.

### **Maintaining Compliance and Reporting Non-Compliance**

Accredited agencies are expected to maintain compliance with all program standards during the course of their period of accreditation. Program managers are encouraged to regularly review and update program files not only to facilitate preparations for reassessment, but because file maintenance provides a mechanism for agency staff to monitor compliance with the standards. In addition to regular monitoring, agencies are encouraged to do an annual audit of all of their accreditation program files to further ensure files are up-to-date and all standards are being met. Program managers who conduct regular file maintenance and an annual audit will quickly uncover non-compliance and be able to remedy it in a timely manner.

Despite the best efforts, even the most efficient and committed agencies can fall out of compliance from time to time. How you handle the non-compliance is very important.

### ***Annual Compliance Survey (ACS)***

Each year, accredited agencies are required to submit an Annual Compliance Survey (Appendix A), which is a self-reporting of compliance with various high-liability standards. The Annual Compliance Surveys are instrumental in keeping the Office of Public Safety (OPS) Accreditation Unit program staff and the Law Enforcement Accreditation Council (the Council) up-to-date on the status of each accredited agency's compliance, so it is imperative that they are submitted on time each year. The schedule for submitting the Annual Compliance Survey is based on the quarter that each agency was accredited:

- 1<sup>st</sup> Quarter (March) Reports are due January 15<sup>th</sup>
- 2<sup>nd</sup> Quarter (June) Reports are due April 15<sup>th</sup>
- 3<sup>rd</sup> Quarter (September) Reports are due July 15<sup>th</sup>
- 4<sup>th</sup> Quarter (December) Reports are due October 15<sup>th</sup>

The Accreditation Unit will send out a notification to agencies when their ACS is due and will provide a due date for submission. The due date may vary slightly from those listed above to allow agencies ample time to complete the surveys, but the dates listed are a good guide to keep in mind.

Equally important is that the information provided on the ACS accurately portrays the agency's standing with regard to compliance with accreditation program standards.

Once submitted, the Annual Compliance Survey is a legal business document and subject to FOIL. If the agency is out of compliance with one or more standards, or if they experienced a lapse of compliance at any point during the year, it should be documented on the Annual Compliance Survey. Doing so will allow OPS Accreditation Unit staff to provide assistance to get the agency back on track. If the agency was able to correct the lapse before the submission of the survey that should be noted as well to ensure the information on the report is complete and accurate.

### ***Notify OPS Staff of Non-Compliance***

Agencies should not wait for submission of the Annual Compliance Survey to report non-compliance. The Council policy entitled *Agency Responsibilities Following Accreditation* (Appendix B) requires that OPS be notified within 30 days of the discovery of non-compliance. Lapses in compliance might include issues such as an evidence room breach, fiscal issues, a lack of sufficient staff training, or overdue performance evaluations. By notifying the Accreditation Unit staff of an issue, it gives us an opportunity to assist agencies in finding a solution to the problem before it impacts their accredited status.

The chief law enforcement officer must also notify the Accreditation Unit if changes within the department make it impossible to continue complying with a particular standard. The notice must be in writing, specify the standard affected, and the reason for the agency's inability to comply. This letter must be submitted within thirty days of the date that the agency stopped complying. If officials believe that they will be able to comply at a later date, the agency should include a plan of action and timetable for implementation. Accreditation Unit program staff will review all of the information and determine what action is necessary to ensure the agency maintains its accredited status.

Finally, circumstances may dictate that the chief law enforcement officer rewrite a procedure in a way that is substantially different from the version initially approved by program assessors. Should this happen, please send the new policy to your OPS Accreditation Unit representative so it can be reviewed for compliance with the standard.

An accredited agency will rarely be penalized for disclosing areas of non-compliance provided they can demonstrate a good faith effort to implement a corrective action plan that will bring the agency back into compliance. Early identification and reporting of problems allows issues to be addressed and resolved before they become an impediment to reaccreditation. Failure to report problems with compliance will almost always lead to a difficult reassessment or the potential for being denied reaccreditation.

## **REACCREDITATION**

If an agency adheres to the suggestions made in this manual, becoming reaccredited should not be problematic. By following the recommendations in this guide, an accredited agency will have:



- Maintained the position of program manager to oversee all aspects of accreditation and ensured that person is properly trained and has ample time to devote to the program;
- Regularly maintained file folders to ensure they are always complete and up-to-date;
- Notified OPS Accreditation Unit staff of lapses in compliance or significant changes to written directives or procedures, and;
- Made the accreditation program part of the culture within the department.

### **The Reassessment Process**

As explained in the Council policy entitled *Reaccreditation* (Appendix C), the reassessment process is identical to that of an initial assessment, with the main difference being the amount of documentation needed in the file folders. When being assessed for initial accreditation, agencies must be able to provide 90 days' worth of compliance with program standards. Agencies being assessed for reaccreditation must provide documentation that demonstrates compliance with program standards for **five years**, or the entire period of accreditation. (More information about the Initial Assessment process can be found in the Implementation Guide found on the DCJS website at <http://www.criminaljustice.ny.gov/ops/docs/index.htm#accredpubs>.)

Approximately 6 months prior to the end of an agency's period of accreditation, DCJS Accreditation Unit staff will send a letter to start the process of coordinating an agency's reassessment. Documents that are requested in order to begin the process include the *Application for Reaccreditation* (Appendix D) and the *Reaccreditation Assessment Agreement* (Appendix E). The agreement provides a list of key agency personnel in regards to matters such as training and evidence so the assessors are aware of critical staff members that will need to be interviewed during the assessment. Although an agency may submit these documents earlier, its good practice to wait until they are requested so that the information on both the application and assessment agreement is up-to-date.

The initial letter will also include:

- A request for a short overview of the agency and the municipality it serves;
- Dates to choose from for the on-site reassessment (Tuesday-Thursday);
- A list of assessors eligible to be selected for the assignment. As per council policy, chief law enforcement officers have the right to request the disqualification of one or more assessors with appropriate justification.

Once the documents are received, Accreditation Unit staff will take care of scheduling the reassessment, assigning the assessment team, sending the appropriate documentation to the assessment team, and facilitating communication between the

accredited agency's staff and the team leader prior to the on-site reassessment.

Prior to the on-site assessment, a "ten-file review", is conducted by the team leader assigned to the assessment team. The purpose of the ten-file review is to determine, through looking at a sampling of file folders, whether the agency is prepared for their reassessment. The team leader will contact the program manager regarding which ten files will be reviewed prior to the actual on-site reassessment. These files are normally sent to the team leader through the mail or electronically, depending on the agency, but when sending files be sure they are appropriately prepared, including color-coding. If the ten-file review goes well, the reassessment will proceed as scheduled. If the file documentation is insufficient, the team leader and OPS Accreditation Unit staff will discuss the issues and determine how to proceed.

As with an initial assessment, the reassessment involves a team of three assessors spending three days at the agency reviewing the program files, interviewing staff, and making observations as they relate to certain standards. Reassessments begin on a Tuesday and end on Thursday. On Tuesday morning the assessors meet with the chief law enforcement officer and program manager to review the nature and scope of the reassessment. The agency usually provides the assessors with a short tour and orientation of the agency.

The assessors should be provided with a private room and have access to appropriate office supplies, a telephone and a list of personnel, their duties and their phone numbers (if possible). All folders and documents should be well organized and in one location.

The program manager must be available at all times to answer questions, gather additional information if necessary, and facilitate interviews. Key personnel, including those listed in the Assessment Agreement, should be available for interviews. While it's unrealistic to think that the chief law enforcement officer will be available throughout the entire period of the reassessment, it is important that he or she be as available as possible and that another member of command staff is designated to be available in his or her absence.

Assessors will review the file folders, examine records, conduct interviews and make observations in order to verify compliance with the standards. If the agency has a satellite location or sub-stations, arrangements should be made to take an assessor to those locations if time permits.

At the conclusion of the reassessment, the team will meet with the chief law enforcement officer and program manager to discuss their overall findings. A detailed report of the team's findings is prepared and forwarded to Accreditation Unit staff and then to the Accreditation Council for review. Provided the agency was found to be in compliance with all of the standards, or minor compliance issues were identified and resolved during the reassessment, the agency will be recommended for reaccreditation

and will be awarded their certificate at the next Accreditation Council Meeting<sup>2</sup>.

### **File Folder Organization**

Proper file folder organization can make the difference between an assessment that is chaotic and difficult and one that runs smoothly. For the purposes of a reassessment, the ideal folder is organized as follows (from top to bottom):

1. The Standard should be stapled to the inside left cover of the folder.
2. The first thing the assessor should see when reviewing the file is the new *Standard Compliance Report* (Appendix F). The Standard Compliance Report can almost be considered a “Table of Contents” for each file folder. The agency uses the top section of the report to identify how they have chosen to show compliance with the standard and the bottom half is completed by the assessor(s) to indicate the method(s) by which compliance was verified.
3. The policy(s) or written directive(s) related to the standard (if required) should be directly under the Standard Compliance Report. **Please note:** if any policy has been revised during the period of accreditation, previous versions of the policy within the period of accreditation must be included in the folder.
4. Sample documentation, organized by year, should be included after the written directive. These yearly proofs are often separated into individual folders (within the main standard folder) and labeled with the year for organization purposes.
5. The Standard Compliance Report from the previous assessment should be in the back of the folder.

### **Color-Coding Files**

A system of matching the standard requirements to the corresponding section of the policy (and sometimes proof) should be in place. **Color coding** seems to be the most popular choice among program managers to accomplish this. Many standards are covered by policies that touch on more than just what is required in the standard. If color coding or some other form of designation is not used, assessors may have to read through very lengthy policies just to get to the one small section that meets the standard. Color-coding makes the assessment easier and can also be used as an “at-a-glance” check for the program manager to make sure all aspects of the standard are covered by the policy.

Color-coding can be accomplished easily and with minimal expense. Everyday highlighters, or the highlight text tool on the computer and printing on a color printer will

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<sup>2</sup> The Law Enforcement Accreditation Council meets quarterly – in March, June, September, and December.

do the trick. For standards that have several bullets or components, a different color should be used for each and the corresponding section of the policy should match the color of the appropriate bullet.

## **COMPLIANCE AUDIT**

Accredited agencies that are seeking reaccreditation for the second time or more will be eligible to undergo a compliance audit of their program files. The council and/or OPS reserve the right to call for a full reassessment of all program files for agencies seeking reaccreditation for the second time or more if a determination is made that the potential for widespread compliance issues warrants a comprehensive file review.

Compliance Audits are conducted for the purposes of reaccrediting an agency that has previously demonstrated full compliance with all current approved standards through both an initial accreditation and a first-time reaccreditation; submitted all required Annual Compliance Surveys; and not had a negative finding through any file review conducted by OPS staff during their term of accreditation (if applicable). Compliance audits will include a full review of all 'critical standards' and a partial review of the remaining 'essential standards' (minimum of 20).

### **Compliance Audit Procedure**

1. One assessor (or two depending on the size of the agency) will be assigned to conduct a compliance audit of the agency seeking to be reaccredited. Prior to assigning an assessor, the chief law enforcement officer will have the opportunity to review the list of potential assessors. In the event of a conflict of interest, the chief law enforcement officer is required to submit a letter to OPS staff requesting the disqualification(s) and describing the conflict(s) that exists.
2. Program managers will be required to provide the following information to the assessor prior to the on-site visit:
  - a. Program files for the designated critical standards;
  - b. Program files for a minimum of 20 essential standards, as determined by the assessor.

The assessor will conduct an off-site review of the information outlined above and will contact the chief law enforcement officer and/or program manager to discuss his/her review. The assessor may request that additional information or documentation be provided if compliance cannot be immediately determined. That additional information may be reviewed during the on-site portion of the assessment.

3. Once the assessor is confident the information reviewed off-site is in order, he/she

will notify the chief law enforcement officer and OPS staff of his/her intent to go forward with an on-site compliance audit.

4. OPS staff will assist in coordinating the on-site compliance audit. The on-site audit will include:
  - a. A review of additional documentation for program files reviewed off-site (if necessary);
  - b. Interviews with appropriate staff members to verify compliance on standards reviewed;
  - c. A tour of certain units/facilities as determined by the assessor, and;
  - d. A review of additional program files (above and beyond those reviewed off-site) if requested by the assessor.

***The agency undergoing a compliance audit must continue to maintain the program files for all current standards throughout the course of their accreditation and ensure they are complete and up-to-date on the day of the onsite review, whether or not the files are selected for audit.***

5. For any standards that may not have applied at the time of the previous assessment, agency staff should be prepared to provide verification of compliance if the standard(s) subsequently became applicable because of changes in agency practices (e.g. performance evaluations that were previously prohibited by union contract have since been successfully negotiated);
6. Agency staff should be prepared to provide verification that the agency has complied in a timely manner with any applicable standards that the council adopted following the initial assessment; and
7. Assessors shall pay particular attention to any problems that were identified during the period of accreditation and to the efforts that the agency made to address them.

***The reaccreditation Compliance Audit will generally be conducted by one assessor and will involve one to two days of off-site work and one day of on-site work. However, certain audits may require either more time on-site or an additional assessor in order to ensure a comprehensive and efficient audit of the critical and selected essential files.***

### **Non-Compliance with Program Standards**

Although rare, an agency may be found to be non-compliant with program standards during the course of their reassessment or compliance audit. Assessors are trained to be proficient at identifying potential compliance issues and are able to assist an

agency to a certain degree in correcting the deficiencies.

The degree of an agency's non-compliance will be determined by the team leader/compliance auditor and, if something that cannot be easily corrected with policy modification or additional proofs of compliance, will be discussed with DCJS accreditation program staff so that an appropriate course of action can be determined. If correction of the matter is not possible, it may be necessary to terminate the reassessment process. If this occurs, accreditation program staff will discuss the potential outcomes with the agency head.

### **Council Action Following Reassessment / Compliance Audit**

The Council may make one of four decisions after reviewing the assessment report of an agency applying for reaccreditation. They may:

1. *Grant reaccreditation.* If the Council votes to reaccredit an agency, the period will last for five years.
2. *Reaccredit the agency with provisions for enhanced monitoring.* If the Council chooses this course of action, provisions it may impose include:
  - a. requiring the agency to develop a new plan for monitoring internal compliance with applicable program standards subject to Council review and approval;
  - b. requiring the agency to submit periodic reports in addition to the Annual Compliance Surveys that all accredited agencies must prepare;
  - c. requiring the agency to periodically submit documentation which proves that it is still complying with selected program standards, subject to review by an experienced assessment team leader chosen by OPS;
  - d. requiring the agency submit to additional site visits made by DCJS program staff.
3. *Defer reaccreditation until certain conditions have been met.* If the Council chooses this course of action, it will provide the agency with written notice specifying the action that needs to be taken and the method that the Council will use to verify that all appropriate action has been taken.
4. *Deny reaccreditation.* If the Council decides to deny a law enforcement agency's request for reaccreditation, it must notify such agency in writing of the reasons for its decision and of the steps that must be taken to become reaccredited. Once an agency's application for reaccreditation is denied, the agency will not be assessed again until a specified period of time has elapsed. The Council determines the length of the period of time before another assessment, but the elapsed time may

not exceed three years. If the agency decides to reapply when it becomes eligible to do so, the assessment shall include a review of agency plans to ensure that the compliance problems encountered in the past will not be repeated.

Further information regarding reaccreditation assessments and compliance audits may be found in the Law Enforcement Accreditation Council's Policy Manual located online at <http://www.criminaljustice.ny.gov/ops/docs/accred/CouncilPolicyManual.pdf>.

## **LAW ENFORCEMENT ACCREDITATION UNIT SITE VISITS**

Starting in January 2015, Accreditation Unit staff began conducting site visits of accredited agencies. Your agency will be visited at least once during the five-year period of accreditation, more if accreditation unit staff determine it's necessary or if the agency requests additional visits for their own benefit. The visits are non-adversarial in nature and intended to provide guidance, answer any questions that the agency may have, and provide technical assistance where needed. The visit will also serve to provide aid to the agency (if needed) in correcting any issues prior to reassessment. At least 5 files will be reviewed during the visit to ensure each agency is maintaining compliance. We will also make observations and take a department tour. The visit is not intended to replace a mock assessment, as we are only reviewing a small sample of files. Your agency will be notified in writing at least 30 days in advance of the site visit. A letter documenting the findings of the visit will be forwarded to the agency's chief law enforcement officer within two weeks. By conducting these site visits, the Accreditation Unit staff hopes to be able to assist agencies in their efforts to maintain compliance and achieve reaccreditation.

## **CONCLUSION**

The most successful programs are those where the chief law enforcement officer demonstrates commitment to the program by incorporating it into the culture of the department and by allowing the program manager ample time to maintain and update the file folders. In addition, the program manager is a key player in not only ensuring the agency maintains compliance with the standards, but providing the right amount and type of proof necessary to demonstrate that compliance.

While the tasks to maintain accreditation may seem tedious, the program is an excellent tool for managing the department, determining if all personnel are following established policies and procedures, and identifying where and when adjustments in practices need to be made. Considering the value accreditation adds to the effectiveness of an agency, the time spent on the program is well worth the effort.

The Accreditation Unit is always available to provide the necessary tools to keep your agency on track. A variety of forms and publications that will assist can be found on our website: <http://www.criminaljustice.ny.gov/ops/accred/index.htm>. Finally, when in doubt, contact any member of the unit and we will help guide you in the right direction.

**APPENDIX LISTING**

Annual Compliance Survey.....A  
Council Policy – Agency Responsibilities Following Accreditation.....B  
Council Policy – Reaccreditation.....C  
Reaccreditation Application Form.....D  
Reaccreditation Assessment Agreement.....E  
Standard Compliance Report.....F





**NEW YORK STATE LAW ENFORCEMENT ACCREDITATION PROGRAM**

**ANNUAL COMPLIANCE SURVEY FOR ACCREDITED AGENCIES**

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All accredited law enforcement agencies must demonstrate continued compliance with program standards in order to maintain their accredited status. As such, the accurate completion and timely submission of this Annual Compliance Survey is required of all accredited agencies.

Any agency that is unable to maintain compliance with any of the program standards must notify Office of Public Safety (OPS) program staff within 30 days. Once notified, OPS program staff will work with the agency to determine if they have developed an effective corrective action plan to regain compliance. If the non-compliance persists, OPS program staff may conduct a site-visit to the agency to determine the extent of the problem and what steps must be taken to correct it.

The Accreditation Council may at any time require chief law enforcement officers of accredited agencies to submit documentation which clearly demonstrates the agency's ongoing compliance with selected standards. If the review of these selected files indicate that the agency is out of compliance, OPS may meet with appropriate staff members to discuss ways to improve the agency's maintenance activities.

**Note: This report is subject to the provisions of the Freedom of Information Law and may be subject to review by third parties.**

**Agency Name:**

**Date of Accreditation:**

**Date of Reaccreditation:**

**Annual Report #:**

**Report Due on:**

**Sworn Members:**    **Full Time**                      **Part-Time**

**Program Manager Name:**

**Email:**

**Phone:**





















- b. Agency program staff will be required to provide the following information to the assessor **prior** to the on-site visit:
- Program files for the designated critical standards;
  - Program files for a minimum of 20 essential standards, as determined by the assessor assigned to conduct the compliance audit.
- c. The assessor will conduct an off-site review of the information outlined above and will contact the chief law enforcement officer and/or program manager to discuss his/her review. The assessor may request that additional information/documentation be provided if compliance cannot be immediately determined. In some instances, that additional information will be obtained during the on-site review.
- d. Once the assessor is confident the information reviewed off-site is in order, he/she will notify the chief law enforcement officer and OPS staff of his/her intent to go forward with an on-site compliance audit.
- e. OPS staff will assist in coordinating the on-site compliance audit. The on-site audit will include:
- A review of additional documentation for program files reviewed off-site (if necessary);
  - Interviews with appropriate staff members to verify compliance on standards reviewed on-site (and off-site if applicable); and
  - A tour of certain units/facilities as determined by the assessor.
  - A review of additional program files (above and beyond those reviewed off-site) if requested by the assessor.

**NOTE: The agency undergoing a compliance audit must continue to maintain the program files for all current standards throughout the course of their accreditation and ensure they are complete and up-to-date on the day of the onsite review, whether or not the files are selected for audit.**

- f. Agency staff should be prepared to provide verification that the agency has complied in a timely manner with any standards that may not have applied at the time of the previous assessment but which subsequently became applicable because of changes in agency practices;
- g. Agency staff should be prepared to provide verification that the agency has complied in a timely manner with any applicable standards that the council adopted following the initial assessment; and
- h. Assessors shall pay particular attention to any problems that were identified during the period of accreditation and to the efforts that the agency made to address them.
7. The reaccreditation Compliance Audit will generally be conducted by one assessor and will involve one to two days of off-site work and one day of on-site work. However, certain

audits may require either more time on-site or an additional assessor in order to ensure a comprehensive and efficient audit of the critical and selected essential files.

### **Variations in the Compliance Audit Procedure**

- a. If an assessor determines the need to remain on-site an additional day, he/she MUST contact the OPS Accreditation Program Manager to request approval and provide justification for the additional time.

**No additional assessor travel costs will be reimbursed without prior approval by DCJS.**

- b. The DCJS Deputy Commissioner for the Office of Public Safety or his or her designee will make the determination of when the compliance audit of an agency due to be reaccredited may warrant the addition of a second assessor, such as in the case of very large departments. When this determination is made, one assessor will be assigned as the team leader. In order to contain program costs, assessors selected may be from within the same training zone as the agency being reassessed or audited, provided, however, that no conflict of interest or appearance of impropriety exists.
  - c. A full reassessment of all program files may be conducted in lieu of a compliance audit if: an agency is determined to have experienced difficulty in complying with program standards based on a review of previous assessment reports and annual compliance surveys; an agency has experienced difficulty in complying with standards since the last successful reassessment, or; if other circumstances exist, such as if outside investigations or other difficulties related to accreditation standards are brought to the attention of the council or DCJS staff.
  - d. As required by law, DCJS will pay all costs associated with the Compliance Audit. Assessor fees will be outlined in a letter of agreement that all approved assessors must enter into with DCJS.
  - e. Finally, at any point in time an agency can be randomly selected to undergo a full reassessment even after one or more successful compliance audits.
8. The assessor or team leader conducting a compliance audit shall prepare a detailed report of the findings and make appropriate recommendations for the Accreditation Council's consideration.
  9. The council may vote on a law enforcement agency's application for reaccreditation prior to their five (5) year expiration date, but only after three (3) years has passed since the date of the most recent accreditation. Circumstances that may necessitate an assessment for early accreditation include, but may not be limited to:
    - a) A determination by program staff to ensure an agency is in compliance with program standards and solidify their standing within the program;
    - b) A request by the chief law enforcement officer of an accredited agency who has identified a compelling need for early reaccreditation, and;

- c) Budgetary considerations and constraints within the program.

A law enforcement agency that is required to undergo a reaccreditation assessment prior to the end of their current five year term will be given no less than 90 days' notice of said assessment. The council will develop policies to establish specific procedures for an agency requesting an extension of their early assessment.

If the council votes to reaccredit an agency at an earlier date, the new five year period of reaccreditation will begin on the date of approval by the council.

(See § 6035.9 (C) of Title 9 of the Official Compilation of the Codes, Rules and Regulations of the State of New York.)

10. Representatives of the law enforcement agencies being considered for reaccreditation shall have the right to address the council, to present evidence in their behalf and to respond to concerns raised by the council (§ 6035.7 (a) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York.)
11. The council shall make one of four decisions following its review of the agency's application for reaccreditation. The council may:
- a. Reaccredit the agency;
  - b. Reaccredit the agency with provisions for enhanced monitoring;
  - c. Defer reaccreditation until certain conditions have been met; or
  - d. Deny reaccreditation status.

**The assessor must confer with the current DCJS Accreditation Program Manager if they find during their off-site review that the agency will likely be deferred; denied reaccreditation; or recommended for reaccreditation with enhanced monitoring.**

12. The council's decision shall be based on the totality of relevant circumstances. In making its determination, the council shall consider several factors including but not limited to the following:
- a. The percentage of standards the audit reveals as being out of compliance at the start of the audit and during the period of accreditation;
  - b. The relative importance of the standards with which the agency did not comply;
  - c. The length of time that the agency was out of compliance;
  - d. The reason(s) why the agency was not in continuous compliance;
  - e. Efforts made by the agency to re-establish compliance with all applicable standards;
  - f. Whether or not agency officials advised the council of the problems that they were experiencing; and
  - g. Whether or not the agency worked with OPS where appropriate to develop a strategy for resolving the problems that prevented full and on-going compliance.

13. Agencies shall be reaccredited for a period of five years (§ 6035.9 (d) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York.)
14. If the council votes to reaccredit the agency with provisions for enhanced monitoring, the council may impose one or more of the stipulations specified below.
  - a. The agency can be required to develop a new plan for monitoring internal compliance with applicable program standards. The council may further require that this plan be submitted to the council for review and approval.
  - b. The agency can be required to submit periodic reports in addition to the Annual Compliance Surveys that all accredited agencies must prepare.
  - c. The agency can be required to periodically submit documentation to demonstrate continued compliance with selected program standards. The documentation shall be submitted to OPS which will then arrange for review by an experienced assessor.
  - d. The agency can be required to schedule additional on-site visits by one or more assessors during the period of reaccreditation. The visits will be as frequent and as narrow or as broad in scope as the Council deems appropriate.
15. If the council votes to defer reaccreditation until certain conditions have been met, the council will provide the agency with written notice specifying the action that needs to be taken, the method that the council will use to verify that all appropriate action has been taken, and a timeframe in which to demonstrate full compliance.
16. If the council votes to deny reaccreditation because of significant or repeated failures to comply with applicable standards, the agency will not be assessed again until a specified period of time has elapsed. The length of this period shall be set by the council at the time of the denial but will in no case exceed three years. If the agency chooses to reapply when it becomes eligible to do so, the assessment shall include a review of agency plans to ensure that the compliance problems encountered in the past will not be repeated.
17. If a decision is made to deny a law enforcement agency's request for reaccreditation, the council shall notify such agency in writing of the reasons for its decision and of the steps that must be taken to become reaccredited (§ 6035.7 (c) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York.)
18. Law enforcement agencies whose reaccreditation is deferred may have their application reconsidered at the next meeting of the council by filing a written appeal with program staff within 30 calendar days of the initial decision (§ 6035.7 (d) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York.)

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This policy was approved by the State Law Enforcement Accreditation Council on September 17, 1992.

**1st revision - December 3, 2009**

**2<sup>nd</sup> revision – 6/7/11** (Revisions added the compliance audit for reaccreditations of 2 or more times.

**3<sup>rd</sup> Revision – 6/13/13** (Revisions align the policy with the newly implemented compliance audit procedure.)

**4<sup>th</sup> Revision – 6/19/14** (Revisions align the policy with changes to Part 6035 and provide additional clarification.)

**5<sup>th</sup> Revision – 6/18/15**, Effective upon the release of Version 8 of the Standards and Compliance Verification Manual (9/2015).

**6<sup>th</sup> Revision – 9/17/15**, Critical Standards Only

Attachment: *Appendix A, Critical Standards*

## **APPENDIX A**

### **New York State Law Enforcement Accreditation Program**

## **Critical Standards**

The following Critical Standards are to be used in conjunction with the LEAC Reaccreditation Policy. These standards are required to be reviewed as part of all reaccreditation compliance audits. The list represents the standards that have historically held the highest potential for liability to a law enforcement agency.

***PLEASE NOTE - accredited agencies must establish and maintain compliance with all Program Standards in order to maintain their accredited status.***

### **ADMINISTRATIVE STANDARDS**

- 2.3 – Written Directives**
- 2.7 – Responsibility and Authority**
- 5.3 – Safeguarding Cash**
- 6.2 – Safeguarding Agency Weapons**
- 7.1 – Evidence and Non-Agency Property Management**
- 7.3 – Property Audit and Inventory Management**
- 8.7 – Records Management System**
- 12.5 – Background Investigation**
- 13.1 - Performance Evaluation System**
- 14.1 – Rules of Conduct**
- 14.4 – Disciplinary System**
- 14.7 – Sexual Harassment**
- 20.1 – Necessary Force**
- 21.2 – Review of Force Causing Injuries**
- 25.1 – Internal Affairs Function**

### **TRAINING STANDARDS**

- 33.1 – In-Service Training – Length and Content**

### **OPERATIONAL STANDARDS**

- 43.4 – Vehicle Pursuits**
- 44.1 – Domestic Incidents**
- 50.1 – Criminal Investigations**
- 58.2 - Disaster Plans**

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Approved by the Law Enforcement Accreditation Council on June 7, 2011.  
Revisions approved by Law Enforcement Accreditation Council on 6/18/2015 and 9/17/15. (Change in Critical Standards related to Version 8 of the Standards and Compliance Verification Manual.)



NEW YORK STATE LAW ENFORCEMENT ACCREDITATION PROGRAM

REACCREDITATION APPLICATION

Date of Application: [ ]

LAW ENFORCEMENT AGENCY INFORMATION:

Agency Name: [ ]

Address: [ ]

[ ]

[ ]

County: [ ]

Chief Law Enforcement Officer (CLEO): [ ]

CLEO Telephone: ( ) [ ]

CLEO Email: [ ]

Number of full-time police officers: [ ] Number of part-time police officers: [ ]

MUNICIPALITY (OR COMMUNITY SERVED) INFORMATION:

Chief Elected Officer (CEO) of Municipality: [ ]

Or

<sup>1</sup>Authorized Administrator (if there is no CEO): [ ]

Title: [ ]

Address: [ ]

[ ]

[ ]

Telephone: ( ) [ ]

CEO Email: [ ]

PLEASE NOTE: Since Sheriffs are countywide elected officers, obtaining the approval of the county's chief elected officer is optional.

<sup>1</sup> Examples of an "Authorized Administrator" are president of a university or chairman of the main legislative body if there is no CEO.



**Desire to Participate**

The [ ] (name of law enforcement agency) hereby expresses its desire to participate in the New York State Law Enforcement Agency Accreditation Program and affirms that it is committed to earning accreditation in accordance with the requirements set forth by the New York State Law Enforcement Agency Accreditation Council.

[ ]  
\_\_\_\_\_  
**Signature**  
**Chief Law Enforcement Officer**

**Date** [ ]

**Executive Approval**

Approval is hereby given for the agency named above to participate in the New York State Law Enforcement Agency Accreditation Program.

[ ]  
\_\_\_\_\_  
**Signature**  
**Chief Elected Officer**  
**(Or other authorized signature)**

**Date** [ ]

This form should be returned to:

**NYS Division of Criminal Justice Services**  
**Office of Public Safety**  
**Alfred E. Smith State Office Building, 3<sup>rd</sup> Floor**  
**80 South Swan Street**  
**Albany, New York 12210**  
**Attention: Law Enforcement Agency Accreditation Program**

**New York State Law Enforcement Accreditation Program****REACCREDITATION ASSESSMENT AGREEMENT**

On behalf of the \_\_\_\_\_(name of agency), I hereby request an on-site assessment pursuant to the requirements set forth by the New York State Law Enforcement Accreditation Council. In making this request, I formally certify that:

(1) The policies and procedures needed to meet all program standards have been fully implemented and in effect for a minimum of three months.

(2) All revisions in our agency's Policy and Procedure Manual have been distributed to appropriate personnel and an orientation of all personnel to the new procedures has been completed.

(3) All forms or logs referred to in our agency's Policy and Procedure Manual are available for review by the assessors and have been in use for a minimum of three months.

(4) There is a separate folder available for review for each of the program standards. Each folder contains at a minimum:

a. A copy of the relevant page from the Standards and Compliance Verification Manual. This page reprints the individual standard and contains a list of suggested strategies which agencies can use to demonstrate compliance;

b. An original Standard Compliance Report with NCR copy attached that identifies the specific ways (documentation, interviews, etc.) in which the agency can show that it has met the intent of the standard;

c. A copy of all departmental policies and procedures that address the standard in question: and

d. Supporting documentation (sample forms, job announcements, lesson plans, etc.) which clearly demonstrates that all components of the standard have been fully implemented.

(5) The agency has done a comprehensive internal review.

Furthermore, I agree to be present and available to assess potential problems throughout the entire period of the on-site assessment. Key personnel are identified by name below and will also be present and available during the entire



New York State Law Enforcement  
Accreditation Program

Standard Compliance Report / Policy Advice

**For Agency Use:**

Agency:

Standard:

Prepared by:

Method of Compliance:

- Written Directive (must be attached)
- Written Documentation (must be attached)
- Interview(s) (specify names and titles)
- Observations
- Waiver (attach approval from Council)

Identify source(s) and explain:

C.L.E.O. (or designee) Signature:

Date:

**Assessor Use Only:**

Compliance:

Noncompliance:

Remarks:

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Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor Printed Name: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLEO (or designee) Signature (if non-compliant): \_\_\_\_\_

C.L.E.O. (or designee) Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_