MICHIGAN LAW ENFORCEMENT ACCREDITATION PROGRAM

Accreditation Process Manual

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INTRODUCTION AND ACKNOWLEDGEMENT

Accreditation is a progressive and time-proven way of helping law enforcement agencies calculate and improve their overall performance. The foundation of Accreditation lies in the adoption of standards containing a clear statement of professional objectives. Participating agencies conduct a thorough self-analysis to determine how existing operations can be adapted to meet these objectives. When the procedures are in place, a team of trained assessors verifies that applicable standards have been successfully implemented.

Accreditation status represents a significant professional achievement. Accreditation acknowledges the implementation of policies and procedures that are conceptually sound and operationally effective.

The Michigan Association of Chiefs of Police (MACP) and the Michigan Sheriffs' Association (MSA) have pursued the concept and development of a voluntary statewide law enforcement accreditation program for Michigan. This effort has resulted in the formation of the Michigan Law Enforcement Accreditation Commission (MLEAC), consisting of commissioners appointed by the MACP and the MSA. Personnel from the MACP will provide support services to the MLEAC and to applicant agencies.

The attitudes, training and actions of personnel of Michigan's law enforcement agencies best reflect compliance with the standards contained in this program. Policies and procedures based on Accreditation will not ensure a crime-free environment for citizens, nor will it ensure an absence of litigation against law enforcement agencies and executives.

However, effective and comprehensive leadership through professionally based policy development is directly influenced by a law enforcement program that is comprehensive, obtainable and based on standards that reflect professional service delivery.

DISCLAIMER

This program includes voluntary standards for law enforcement agencies within the State of Michigan. These standards have been developed and approved by the Michigan Law Enforcement Accreditation Commission (MLEAC). The standards are not intended as a substitute or replacement for any legal requirement that may apply to agencies involved in law enforcement services in the State of Michigan. The MLEAC recognizes that federal, state, and local law, collective bargaining agreements, administrative regulations and local ordinances take precedence over these standards.

HOW TO USE THIS MANUAL

This manual has been designed to guide agencies through the process of accreditation. While this manual may offer specific instructions and suggestions, how an agency accomplishes the end result – standards compliance – is up to each individual agency.

The first two chapters are a review of the initial steps necessary to implement the program, including the accreditation application, notification of personnel, and file organization. The next chapter addresses the heart of the process – standards compliance – from identification to recording compliance. From there, the manual focuses on the onsite assessment by preparing the agency for a mock assessment to test readiness and then goes on to explain the official onsite assessment process. Finally, a chapter is included on maintaining accreditation status.

The **Accreditation Program Director** is the contact point between the agency and the Commission. It is the job of the Program Director to assist agencies in the accreditation process. The Program Director provides guidance and informal interpretations of the standards, sample policies, etc. The Program Director's ability to suggest solutions to the agency may at times be limited because the Program Director is at times an arbiter between the agency, the assessors and the Commission. The Program Director is dedicated to the process and will provide resources to the agency based on their specific needs.

The Accreditation Program Director is also responsible for the training of the Accreditation Managers, training and assigning the Commission Assessors, and the oversight of all Commission onsite assessment activities.

The members of the MLEAC and the Program Director have worked diligently to create a useful, easy-to-follow plan to encourage each agency to successfully achieve accreditation.

The law enforcement profession operates in an environment of constant change. In order to ensure that Michigan agencies maintain up-to-date policies and procedures that reflect current best practices, updates of the MLEAC Standards Manual will be released annually on October 1st.

We wish you the greatest success!

For more information, please contact:

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CHAPTER 1
INITIAL STEPS

The Chief of Police, Director, or Sheriff, hereinafter referred to as the Chief Executive Officer (CEO), makes the decision to pursue accredited status.

Designate an Accreditation Manager

The agency's Chief Executive Officer (CEO) may decide to proceed with the accreditation process for several reasons. It is important that the CEO is aware of the complexity of the process and willing to be supportive of the agency's Accreditation Manager (AM). Without the CEO making it clear to all members of the organization that accreditation is a priority, it will be extremely difficult for the AM to get the job done. The CEO should review all of the program materials, prepare for routine update meetings with the Accreditation Manager and consider the space and time commitments necessary to become accredited.

The CEO should designate an AM considering several factors when making this choice:

- ✓ Has an interest in doing the job
- ✓ Is organized and efficient in his/her present job tasks
- ✓ Is capable of writing clearly and concisely. Is proficient with common computer software.
- ✓ Is capable of formulating drafts of agency policy statements
- ✓ Is capable of dealing effectively with all levels of agency management
- ✓ Is willing to work the long hours that accreditation activities demand
- ✓ Is innovative and open-minded to implementing change

While the Accreditation Manager is responsible for the coordination of the agency's accreditation program, some successful accredited agencies created a committee to assist the AM with the work. The AM cannot be expected to do all of the work as it relates to the accreditation process.

Expect Agency Change

Let there be no doubt, accreditation WILL change your agency. The AM is a key change agent. The CEO should also be aware that accreditation is a process in which the entire agency participates. The CEO and command staff will need to participate in the process regularly.

CEO Training

The CEO is required to attend Basic Accreditation Manager Training within 1 year of application or whenever there is a change in CEO (MLEAC Standard 1.9.10). This training is offered on a regular basis by the Program Director. Attending the MACP Police Executives' and New Chiefs' School also meets the requirement.

Accreditation Manager Training

New Accreditation Managers are required to attend Basic Accreditation Manager Training within 1 year of the assignment (MLEAC Standard 1.1.9). This training is offered on a regular basis by the Program Director.

It is recommended that the AM review and study the materials provided on the website. The material includes this Process Manual and the Standards Manual. The Accreditation Program Director is available by phone and email to answer any questions as they arise. A presentation by the Accreditation Program Director is available to agency command staff and other personnel. This presentation is a great way to clearly present the program details and allow an opportunity for questions to be addressed.

Formal Application for Accreditation

Accreditation forms are available on the MACP website at www.michignanpolicechiefs.org and through Content Hub within PowerDMS. Agencies must complete and submit the application, along with the total accreditation fee, to the MACP office. **Once both the application and fee are received by the MACP, the two-year initial accreditation period begins.** The signed application becomes a contract between the agency and the Commission. Once both documents are received by the Program Director, a letter of welcome is sent to the CEO of the applying agency advising them the dates of their initial application and the date that is the end of the 2-year initial accreditation period.

Accreditation Timelines

Departments will have up to two years to complete self-analysis and be awarded their initial accredited status. The date an agency is granted Accreditation will be hereinafter referred to as the "Accreditation Anniversary Date". Each agency who successfully completes the process will be granted accreditation for a period of three years. While the actual date of accreditation will be in February, June or September, for administrative purposes the Commission will use the first day of the following month as the department's Accreditation Anniversary Date **(March 1st, July 1st, and October 1st).**

Accreditation Fees

The accreditation fees are based on the number of full-time sworn law enforcement personnel employed by the agency at the time of application. The total accreditation fee is due upon submission of the initial application and covers the self-analysis period until the agency is granted or denied accreditation (*up to 24 months*). This begins the first cycle of accreditation. The agency will then be invoiced for their continuation fee on their anniversary date.

The MLEAC policy states that agencies that withdraw during the accreditation process or are denied accreditation status will not receive a refund of accreditation fees. See fee schedule in **ADDENDUM 1 – Page 25**.

Continuation Fee

The accreditation fees are based on the number of full-time sworn law enforcement personnel employed by the agency at the time of Application or Continuation Agreement. The Accreditation Continuation Fee will be paid annually on or before the Accreditation Anniversary Date.

Notify Personnel of Intent

A memo or formal order to the agency's staff from the CEO is a 'must do' step in the initial accreditation process. The CEO should advise all agency personnel what accreditation means to the agency, generate enthusiasm for the process and advise of the steps needed to complete the process. In addition, the AM's authority when dealing with accreditation issues and timelines should be addressed and supported.

Designate Clerical Staff

Accreditation is information intensive. The heart of the process lies in the creation and dissemination of agency policy. The level of clerical support for the AM is dependent on his/her clerical and

organizational abilities and the resources available within the agency. Ultimately, the AM will determine the level of support needed during the process.

Periodic Staff Updates

The AM will serve as an information liaison and coordinate with the CEO to hold regular briefings on accreditation activities. The CEO may want to schedule time at regular command staff meetings for the AM to bring personnel up to date on the progress and address problem areas. Agencies may find it useful to use the staff briefings to formalize the process of assigning agency command staff policy review areas and other duties designed to assist the AM.

Other Initial Steps

The AM should immediately affiliate with the Police Accreditation Coalition (PAC) and sign up for the Accreditation forums. The PAC and the forums will be a valuable asset for the AM. The AM should make every effort to contact and consult with other accredited agencies. In addition, it is suggested that the AM participate or observe in Mock Assessments. The information gathered will prove invaluable.

In addition, when the Program Director sends the welcome letter to the agency, it is important that the AM immediately contact the Program Director and introduce themselves to him/her. The Program Director is another invaluable tool for the AM to use during the journey towards law enforcement accreditation.

CHAPTER 2
ORGANIZATION

Well organized supporting documents will be advantageous to the AM, as well as the Assessment Team, when they come to conduct the onsite assessment. Accreditation managers should be provided with a dedicated workspace, a computer and supplies to create an efficient system.

Electronic Tracking Systems

- **File Requirements**

Agencies in the MLEAC Accreditation process must develop an electronic filing system in PowerDMS for each standard and maintain proof of compliance for each standard in the respective file. Each standard (and each standard part/bullet) not deemed Not Applicable must be complied with.

The self-assessment will typically begin as an exercise in comparison. The Accreditation Manager (AM) starts comparing current agency policy to the accreditation standards. Many AM's will quickly come to the conclusion that the agency is closer to compliance than anticipated. Law enforcement typically adapts to the ebb and flow of legislative changes and most agencies quickly adopt policy that is consistent with the law. As the AM compares what must be covered for accreditation purposes, he/she will probably find that some modification of agency policy is necessary.

- **PowerDMS**

PowerDMS is a web-based software development company and service provider which has contracted with the MACP for the purpose of building accreditation assessments. All agencies enrolled in the accreditation program must use "PowerStandards" through PowerDMS to complete their accreditation assessment.

File Organization

File organization is critical to the success of the agency in the accreditation process. In order to facilitate the assessment process, files should be set up in a consistent manner. Accreditation Managers (AM) should familiarize themselves with the MLEAC/PowerDMS User Guide and Best Practices for file organization prior to opening an assessment.

Schedule Briefings for All Staff

Regularly scheduled briefings for officers and clerical staff should be held to discuss progress toward accreditation status.

CHAPTER 3
THE STANDARDS

The Standards adopted by the MLEAC will serve as a blueprint for developing agency policy and written directives. However, the Standards are not the only resources the agency should explore. Michigan law enforcement agencies have an excellent reputation for sharing information, especially in the area of policy development. Law enforcement agencies that have a long-term commitment to accreditation efforts can serve as a tremendous resource for those departments just starting the process. New AMs seeking advice should feel free to contact other agencies involved in the process or the Accreditation Program Director.

The Standards for the Law Enforcement Accreditation Program reflect the best professional practices in each area of police management, administration, operations and support services. The Standards prescribe what agencies should be doing, but not how they should be doing it. The decision of "how" is left up to the agency and the CEO.

Standard Categories

The Standards address the following six (6) general areas of law enforcement operations:

- ✓ The Administrative Function
- ✓ The Personnel Function
- ✓ The Operations Function
- ✓ The Investigative Function
- ✓ The Arrestee/Detainee/Prisoner Handling Function
- ✓ The Campus Security and Policing Function

All written directives and practices developed for the program standards must be developed in conformance with applicable Michigan law and regulations. The standards, as well as other potential additions to the program, will be under constant review and consideration by the MLEAC.

Numbering System

The standards are numbered according to their placement within the section and subsection to which they apply. In Figure 1, the standard is numbered 1.5.5.

- ✓ 1 refers to The Administrative Function
- ✓ 5 refers to Organization subsection
- ✓ 5 refers to the chronological order of the standard within this subsection

Figure #1:

1.5.5 A written directive addresses unlawful workplace harassment and, at a minimum, includes the following provisions:

- ***a. A reporting mechanism to the next level in the complainant's chain of command;***
- ***b. An alternate reporting mechanism if the actor complainant relationship creates a conflict of interest if the actor is in the complaint's unity of command;***
- ***c. A reporting mechanism if the actor is the chief executive that goes outside the agency;***
- ***d. A requirement that all employees report any harassment even if they are not one of the actors;***
- ***e. A requirement to investigate all complaints of unlawful workplace harassment consistent with Michigan law.***

Clarification Statement: *The agency and/or governing entity's written directive shall be in accordance with the Michigan Law and/or the Civil Rights Act. This written directive may be a local ordinance, police department policy or a combination.*

STANDARD COMPONENTS

The standards contained in this program have two parts:

1. ***Standard Statement*** *- The standard statement can be several sentences long and will describe what is required. In some cases, the standard statement may also contain several bullets. Such bullets indicate specific points that must be addressed in the agency's written directive (policy statement) or practice for compliance.*

2. ***Clarification Statement*** *- Following the standard statement is a narrative clarification statement. These statements are developed to more fully define the intent of the standard. However, the clarification statements are* ***NOT BINDING*** *for assessment purposes.*

Standard Statement

In Figure 1, the standard is identified by its specific number, 1.5.5. The standard statement can be several sentences long and will describe what is required. In some cases, the standard statement may also contain several bullets. Such bullets indicate specific points that must be addressed in the agency's written directive (policy statement) or practice for compliance. The standard statement in this case is:

1.5.5 A written directive addresses unlawful workplace harassment and, at a minimum, includes the following provisions:

- ***a. A reporting mechanism to the next level in the complainant's chain of command;***
- ***b. An alternate reporting mechanism if the actor complainant relationship creates a conflict of interest if the actor is in the complaint's unity of command;***
- ***c. A reporting mechanism if the actor is the chief executive that goes outside the agency;***
- ***d. A requirement that all employees report any harassment even if they are not one of the actors;***
- ***e. A requirement to investigate all complaints of unlawful workplace harassment consistent with Michigan law.***

Clarification Statement

Following the standard statement is a narrative clarification statement. These statements are developed to more fully define the intent of the particular standard. However, the clarification statements are not binding for assessment purposes. You are only required to comply with the standard statement. The clarification statement in this case is:

> **Clarification Statement:** *The agency and/or governing entity's written directive shall be in accordance with the Michigan Law and/or the Civil Rights Act. This written directive may be a local ordinance, police department policy or a combination.*

Multiple Components Within a Standard

The standard statement may contain more than one requirement. Each component within a standard will require proof of compliance. In Figure #2, there are two specific components to satisfy.

Figure #2:

> ***4.2.1 The agency has 24-hour access to qualified personnel capable of processing a:***
>
> ***a. crime scene; and***
> ***b. traffic crash scene.***
>
> **Clarification Statement:** *If a crime/traffic crash scene occurs that requires the collection of physical evidence, the agency must have the ability to ensure the prompt collection and preservation of evidence on a 24-hour basis. Qualified personnel shall mean the person(s) responsible for the collection and preservation of evidence has the skills to accomplish the task. Agencies may have skilled personnel on-call or may have the ability to acquire such personnel from another agency.*

Agencies must prove two components in this standard:

1. Agencies must have access to crime scene and/or traffic crash scene processing personnel on a 24-hour basis
2. Such personnel must be qualified

CONDITIONAL STANDARDS

Conditional standards usually contain the word "*if",* see Figure #3. For example, if the law enforcement agency doesn't conduct surveillance, decoy, raid and/or undercover operations, there is no requirement to have a written directive that addresses it. The Standard Report will reflect the standard file as not applicable (N/A) and the reason(s) why the standard is N/A for the agency. You still need to have a file for the standard and attach the approved N/A. The Accreditation Program Director must approve ***ALL*** N/A folders. A request to approve N/A status for a standard or bullet must be made to the Program Director, in writing, using the MLEAC approved form signed by the CEO of Police or CEO. It must be noted that all N/As approved by the Program Director are provisionary. The final decision on whether a standard is N/A is made by the Commission onsite assessors.

Figure #3:

> ***4.5.2 A written directive establishes guidelines for conducting surveillance, decoy, raid and/or undercover operations, if applicable.***
>
> **Clarification Statement:** *Special investigative operations such as surveillance, decoy, raid and undercover missions have a degree of uncertainty and danger that routine law enforcement operations don't have. Special procedures focusing on officer safety and operational security should be developed and followed. Supervisory oversight and control should be built into the procedures to allow for support and guidance to reduce risk and agency liability. De-confliction should be considered.*

There may be some circumstances where certain sections of a standard are considered conditional, see Figure #4. For example, some agencies may not utilize written testing in its promotional process. In the example below, several bulleted sections are conditional (underlining added here for illustration purposes). The individual bulleted sections that aren't applicable will be listed as N/A, while the agency must still prove compliance with the remaining sections. If the agency does perform these functions, the agency must comply.

Figure #4:

> ***2.3.1 A written directive describes the agency promotional process for sworn personnel to include provisions for:***
>
> ***a. Eligibility requirements;***
> ***b. Written tests, <u>if any</u>;***
> ***c. Oral interviews, <u>if any</u>;***
> ***d. Application or scoring of other criteria, <u>if any</u>;***
> ***e. Review or process to redress the results/outcome;***
> ***f. Establishment of promotional lists when more than one person is eligible;***
> ***g. Establishment of the duration of any promotional lists, <u>if applicable</u>;***
> ***h. Identification of person(s) or government agency responsible for administering the promotional process and***
> ***i. A probationary period (working test period), <u>if applicable</u>.***
>
> ***Clarification Statement:*** *It is recognized that an agency that follows Civil Service guidelines in the promotional process will meet the guidelines of this standard. For those agencies that do not use Civil Service guidelines for promotions, the agency's testing processes (written and oral) should be administered, scored, evaluated and interpreted in a uniform, non- discriminatory manner. Bullet (d.) may refer to education, seniority, commendations, military service, etc.*

CHAPTER 4
MANAGING, CONTROLLING AND PROVING COMPLIANCE WITH STANDARDS

Self-Analysis

The self-analysis should begin as an exercise in comparison. Once the filing system is organized, the AM can compare current agency written directives to the standard language. Law enforcement adapts to the ebb and flow of legislative changes and agencies adopt written directives that is consistent with the law.

As the AM compares what must be addressed for accreditation purposes, he/she will probably find that some written directive changes may be necessary. If a written directive must be changed or created to meet the MLEAC standards, departments should use the actual standard language in their written directive. This assists the assessors to compare the standard to the required written directive.

One of the biggest mistakes committed by new AMs and their departments is rushing the job. There is a generous two-year time limitation to complete the accreditation process. The AM may want to address high liability areas first in order to get any necessary changes in agency written directives completed as quickly as possible. Property and evidence control, arrest procedures, etc., are examples of some of these high liability areas.

Cross-Compliance and Reference

When comparing agency written directives to the standards, the AM will need to be mindful of cross-compliance and the possibility of impact on multiple standards. For example, there may be a separate written directive that addresses some of the requirements of the standard. If so, the AM will need the separate written directive in the compliance folder or may opt to submit a draft combining the two written directives.

Compile Supportive Documentation and Proofs

There are several ways available to prove compliance with a standard. Accreditation Managers are not bound by conventional wisdom when it comes to proving compliance with the standards. It is not uncommon to use more than one of the categories to show compliance to a standard or bullet. The Standards Review (SR) designates the four types of compliance: a written directive, supporting documentation, interviews, and observation:

- ✓ Written Directive – Is any written document used to guide the performance or conduct of agency employees. This term includes policies, procedures, rules and regulations, general orders, special orders, memoranda, or any other written means described by the agency in their policy defining what “written directive” is.

- ✓ Supporting Documentation – Examples of supporting documents to the standards or Written Directives might include, but are not limited to: memos, emails, videos, log sheets, agency forms, photographs, training rosters, evidence bags or any number of items. The key element in this category is that the supporting documents show, demonstrate, or describe the actions the agency took or did to with the pertinent written directive.

- ✓ Interviews – Interviews will be conducted by the assessment team. The AM may want to list individuals on the SR who are most knowledgeable about the agency action in a specific area. For example, the Director of Personnel for the jurisdiction may be listed as a potential interview to prove compliance with certain personnel standards. The Communications Center Supervisor may be listed as the best source of information on dispatch and communication responsibilities during pursuits. Listing the names of individuals does not guarantee that the assessment team will interview the person. However, if the team does choose to interview the suggested person(s), the AM has already supplied them with the name of the interviewee. This facilitates the assessment process.

- ✓ Observation – This is the final category on the SR. This type of proof can also be expressed through a photo or video. There are several standards where simply observing the action or a piece of equipment is proof that the agency is in compliance with the standard. Standards addressing alternate sources of power for communications equipment or modified prisoner compartments are examples of observation compliance.

Accreditation Managers should also be aware that the best assessors do not settle for a single proof of compliance unless it is overwhelming in nature. The wise AM will provide proofs in at least two categories, and in some cases, all four categories. The more ways an AM can show compliance, the better.

STANDARDS NOT APPLICABLE TO AGENCY

Some standards may not apply to your agency if you do not offer a service or function required in a standard. The standard will be considered "Not Applicable" and will be marked N/A. For example, if your agency does not utilize reserve/auxiliary police officers, your agency would simply complete the appropriate MLEAC N/A Request form and forward it to the Program Director. The Accreditation Program Director must approve ***ALL*** N/A requests.

When certain bullet sections aren't applicable to the agency, follow the procedures concerning conditional bulleted sections in the previous section.

Approved N/A Requests do not need to be updated each year or each Program Director. Approved N/A Requests are valid until the situation has changed. For Example: If an agency had an approved N/A Request for section 3.5.9 Police Canines because they did not have a canine, then later added a canine, it would make the N/A invalid.

Waiver from Standard Compliance

There are rare occasions when an agency may qualify for and receive a waiver. Waivers are available to agencies when it is impossible to comply with a specific standard. Examples include conflict with local ordinances. A request to waive standard compliance must be made to the Accreditation Program Director in writing on official agency letterhead signed by the CEO of Police or CEO. There is no guarantee that a waiver will be granted. Waivers will be considered on a case-by-case basis. Waivers are granted by the Commission.

Train Agency Personnel in Written Directive Changes

Whenever appropriate, the AM should utilize the accreditation update briefings to convey changes to policies that affect the agency. The AM may want to have other agency personnel present the changes (including the CEO or other high-ranking officer) or may simply coordinate with shift commanders. The important point is that agency personnel know about a newly adopted written directive as soon as

possible. Any new written directive should include a training component for those it affects, and the AM should remember that the assessment team might want to interview agency rank and file on the particular issue addressed.

Extensions

If necessary, agencies are permitted to apply for two six-month extensions during their Self-Analysis period. The extensions must be requested in writing to the Accreditation Program Director from the agency CEO. The Commission allows the Program Director to approve these two six-month extensions without any additional costs.

If the agency is still not able to complete their self-analysis during that addition year, the agency may request an additional year extension. The extension must be requested in writing to the Program Director from the department CEO. The Commission permits the Program Director to grant the extension, however, the agency must pay the appropriate “continuation fee” to continue in the process.

CHAPTER 5
ONSITE MOCK ASSESSMENT

Objective and Benefit

When the agency has completed the self-analysis phase, the AM should arrange for a simulated assessment conducted by a mock assessment team. This assessment can be described as a practice assessment, which is not required, but ***HIGHLY*** recommended. A more comprehensive mock assessment, if conducted properly, can be a valuable strategy in preparation for the actual onsite assessment.

It is beneficial for the AM to observe or participate in the mock assessments of other agencies going through the process. Peers will often assist agencies in obtaining accredited status by participating in this important simulated mock review. It is an effective way to assist his/her own agency, as well as the agency being assessed. **Whenever possible, AMs should take advantage of participating in this opportunity.**

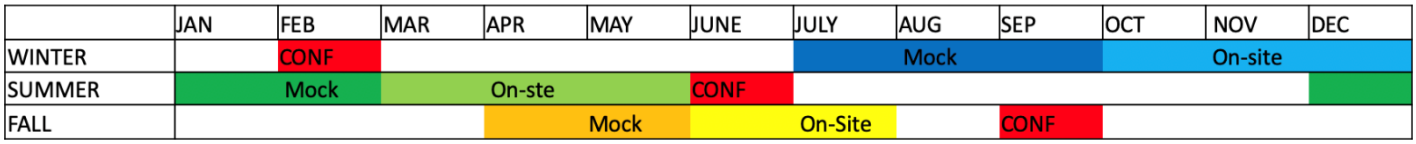
The ultimate purpose of the mock assessment is to provide the AM with an opportunity to evaluate and correct any compliance issues.

Scheduling

The mock assessment is conducted and scheduled by the Police Accreditation Coalition (PAC). The AM must request their Mock Assessment through the accreditation forums It is the intent of the PAC to have at least one trained Commissioner assessor in attendance.

Below is a chart completed by the PAC to assist the AM is planning their mock onsite, as well as the timing for their Commission onsite:

	Winter Conference	Summer Conference	Fall Conference
Mock	July / Aug / Sept	Dec / Jan / Feb	Apr / May / Jun
Onsite	Oct / Nov / Dec	Mar / Apr / May	June / July



Preparation

The AM is responsible for organizing and making arrangements for the mock assessment team, including items to be reviewed and the scheduling of time. The AM should conduct a thorough review of all of the documentation to be examined by the mock assessment team.

All costs for a mock assessment are the responsibility of the agency, although colleagues may be willing to participate in the mock assessment for little or no cost. Most mock assessors will participate on their department's time with the intent that departments are willing to continue this practice with other agencies in the future.

Documentation

The mock team will review files and make suggestions for areas of improvement. The entire mock team format is designed to identify discrepancies prior to the actual onsite assessment. The mock team may make suggestions regarding compliance and format in their final report to the agency. The Commission does not consider mock team findings when determining accredited status -- the mock assessment is for the benefit of the agency only.

The mock team will create a Google spreadsheet for the sharing, transparency, and visibility to assist the agency with successful movement to the next step, the Commission onsite.

The AM should review the mock team's findings and evaluate the relevance of each item and what modifications may need to be implemented to improve the agency's actual onsite assessment. It may be beneficial to contact other AMs and/or assessors prior to making any changes suggested by the mock team. A second mock assessment may be in order if substantial recommendations were made by the mock assessment team. The agency has the option of accepting or not accepting any of the mock team's recommendations.

CHAPTER 6
THE COMMISSION ONSITE ASSESSMENT

Contact the Accreditation Program Director when you are prepared for the onsite assessment to arrange dates. The Program Director will need a minimum of 4-6 weeks to arrange for a team. Remember, the assessor must make personal and professional arrangements in order to come to your agency. The Accreditation Program Director will provide an Assessment Visit Schedule to the agency.

Assessor Selection List

The Accreditation Program Director will assign an assessment team for the onsite assessment. The Program Director will make every effort to ensure a balanced team is formed. The agency will be notified of the final team composition and will receive a sample two-day agenda, a sample press release, and a copy of the of this chapter to remind the AM of their responsibilities before and during the Commission onsite.

PowerDMS Access

The Accreditation Manager will be required to provide the assessors with access to the agency's accreditation files at least three (3) weeks prior to the assessment. The more time the Assessors have with the files, the more time they have to work with the agency to address minor issues before the actual onsite.

Time Schedule

Commission onsite assessments typically take two days to complete. You can expect to follow this schedule for the onsite assessment:

- ✓ Day One – File review, agency tour, ride along, and interviews.
- ✓ Day Two – Public call-in session, further file reviews, interviews, ride along, exit interviews with the CEO and the AM.

Some scheduled items on the agenda may be adjusted depending on the needs of the host agency and/or the assessment team with approval by the Team Leader or Accreditation Program Director.

It is possible that On-Sites for some re-accreditation assessments can be completed in one day. The decision to do a one-day re-accreditation will only be allowed after approval from the Team Leader and the Accreditation Program Director.

Onsite Assessment Protocol

The onsite assessment is a crucial stage of the accreditation process and the agency's preparation for the team of assessors is essential to its success. The following list does not represent all of the preparations the AM may arrange but is fairly comprehensive.

- ✓ Make a personal phone call to the assessment team after receiving notification from the Accreditation Program Director.
- ✓ Determine whether the assessment team needs hotel rooms (one room per assessor) and pass that information on to the Program Director with suggestions for hotels. The cost of lodging the

assessors will be **paid by** the MACP.

- The AM will advise Program Director of lodging suggestions.
- The AM should seek lodging that offers a government rate.
- The AM should check with team members for special considerations such as floor preferences or handicapped access.
- Lodging should be reasonably near the agency headquarters.
- The Program Director will make any hotel accommodations well in advance of the arrival date and recheck the status of the reservations a minimum of two days prior to arrival.

Send an information packet to each team member containing a letter of welcome from the CEO, a map or directions to the hotel (if necessary), pertinent phone numbers (including the AM's cell phone number), a proposed itinerary, and information on the agency such as (limit each item to one page):

- CEO's professional biography
- Accreditation Manager's professional biography
- History of the agency
- History of the political subdivision (city, town, village, township, etc.)
- Copy of the pre-approved public notice and press release
- Any other information requested by the Team Leader

ASSESSMENT TEAM VISIT

Assessment Team Leader

One of the assessors will be the Team Leader. The Team Leader will be the contact person for the assessment team. The Team Leader shall moderate all discussions regarding compliance issues. The AM is expected to be available to discuss issues anytime the team is working. More than one assessor may need information at any given time, so availability to assist the AM should be arranged ahead of time. The Team Leader is the Commission representative and the liaison to the Program Director during the Commission onsite.

Agency Tour

The agency tour provides the assessment team with an opportunity to observe many proofs of compliance. The assessment team will have an opportunity to interview agency employees while they are working. Agency tours should be conducted early in the assessment.

Agencies should provide the assessment team with a list of those standards where compliance can be noted on the agency tour. The agency tour should include areas such as:

- ✓ Processing (booking) and temporary detention areas
- ✓ Communications (dispatch)
- ✓ Property and evidence repositories
- ✓ Agency vehicles
- ✓ Armory and weapons storage areas
- ✓ Interview and interrogation rooms

Public Call-In Session

The agency is required to provide a telephone number for the use of the public to make comments to the assessors about the agency and/or the agency's accreditation efforts. The telephone call-in session must be advertised to the public prior to the arrival of the assessment team.

The public call-in session will take place the second day and may not be changed since it is advertised in the public notice and press release. The telephone number should be a direct line to the location where the team will be conducting their assessment. Agencies are encouraged to contact supporters to call in to the assessors and give their opinion of the agency's professionalism, etc.

Assessment Team Work Area

The assessment team work area is a critical consideration. The area should be free of extraneous noise and distractions. The accreditation files should be easily accessible and all agency procedure or operational manuals (or electronic equivalent) available. Access to electrical outlets is a must! A telephone should also be available. The table should be large enough to accommodate both assessors with adequate space to arrange the files in a logical order for review. A conference table or several smaller tables combined into one larger table is preferred.

Agency Access

Members of the assessment team may want to attend shift change, ride along with officers and/or interview members of the agency. This means the entire agency should be prepared for these possibilities. The AM should arrange to attend shift change prior to the assessment and brief the department members on who is coming and what to expect.

Exit Interview

The assessment team will conduct an exit interview with the CEO and AM prior to departure. The CEO may invite additional personnel, if desired. At this meeting, the agency will be advised of the final recommendation the team will make to the MLEAC. If the team finds the agency in compliance with all applicable standards, the team leader will inform the CEO that the agency will be recommended for accredited status. If the agency failed to comply with any standards during the onsite visit, the agency may be granted additional time to bring the standard into compliance and provide proofs. The additional time may be permitted by the Team Leader, with the approval of the Accreditation Program Director.

Final Report

The Final Report will be completed by the Team Leader with the help of the other Assessor. The Final Report will contain all the relevant information on the onsite assessment process. A template will be provided to the Team Leader. The Final Report will then be forwarded to the Accreditation Program Director for review before being sent to the Commissioners assigned to the MLEAC Hearing.

Disputed compliance issues must be addressed by the Accreditation Program Director. The Accreditation Program Director may request to present an agency's case to the MLEAC. In some cases, the AM and CEO may be asked to appear at the next scheduled hearing and present their interpretation of the issue. The MLEAC members will rule on the disputed matter and if this issue is the deciding factor as to total compliance, will either grant or deny accredited status at this time.

CHAPTER 7
COMPLIANCE REVIEW HEARINGS
AND ACCREDITATION BY THE FULL COMMISSION

The final report will be forwarded to the Accreditation Program Director by the Team Leader. The Program Director will review the report and evaluate compliance with the standards. The report is then forwarded on to the Commission.

MLEAC COMPLIANCE REVIEW HEARING

The Accreditation Program Director will advise the agency of the date and time of the next MLEAC hearing. The MLEAC hearing is a public forum. The CEO and AM will be invited to appear to hear the final report delivered by three members of the MLEAC with one being the Chairperson. The CEO and AM are required to be present whenever possible to allow them to have an opportunity to speak on the accreditation program in general and the assessment in particular. The CEO may also have other members of the agency's accreditation team present at the hearing as well.

The Compliance Review Committee is made up of three Commissioners selected by the Program Director and the Chair of the MLEAC. The Accreditation Program Director then assign's one of the three to be the chairperson of the Compliance Review Hearing for the agency. It is the chairperson's job to greet the agency officials and begin the review of the agency's Final Report. MLEAC members will have questions for the agency representatives regarding particular phases of the process and any troublesome areas the agency experienced. The Compliance Review Hearing script is attached to this document as **ADDENDUM 2 – Page 26**.

If, after the review and questioning the agency about their Final Report, the Compliance Review Committee believes the agency is in compliance with the standards, the chairperson will make a motion that the agency be presented to the Michigan Law Enforcement Accreditation Committee to be granted full accredited status. Another member will second the motion and vote is taken. The agency then moves onto the meeting of the MLEAC as a whole, usually following the Compliance Review Hearings.

If the Compliance Review Committee determines the agency is not in compliance with the standards, they will allow the agency to either drop out of the process and re-enter or they will allow the agency to take their appeal to the full Commission.

GRANTING ACCREDITED STATUS

When the Commission meets as a whole, the chairperson of the Compliance Review Hearing will make a brief comment about the Hearing and how the agency did during the hearing. The chairperson will them make a motion that the MLEAC grant accredited status to the agency for three years.

The chairperson will make a motion that the agency be accredited under the following criteria:

(1) ***Accredited***. The agency is in full compliance with all applicable mandatory standards and with the required percentage of applicable non-mandatory standards.

(2) ***Accredited-with-condition(s)***. The Commission designates the agency as accredited but requires that the agency take specified measures or precautions to cope with current or

anticipated events or conditions threatening or preventing compliance. The Program Director shall monitor the agency as appropriate and bring the agency back for removal of the condition when the agency is in compliance. Full compliance must be met within a specified period as determined by the Commission and the Program Director.

If it was determined the agency was not in compliance with the standards, no motion will be made by the chairperson. The agency will be allowed to make an appeal to the Commission as a whole, if they choose.

CHAPTER 8
ACCREDITATION ACHIEVED

You have done it – congratulations! Now enjoy the benefits.

Post Assessment

Accredited status is granted for three years beginning from the time of the formal award voted on at the MLEAC hearing. The agency should never be without an AM as file maintenance is an ongoing process. The AM should plan on reviewing each file on a regular basis and constantly be watching for proofs of compliance that can be used in three years for the re-accreditation assessment. This will help to ensure that all new policies and procedures adopted by the agency are in compliance with the applicable accreditation standards.

Certificate Presentation

The AM should contact the Accreditation Program Director to arrange for the date, time and place of the presentation of the agency's accreditation certificate. The presentation is normally done in front of the agency's governmental body such as the city council, township board, etc. The formal presentation of the certificate takes about 10 minutes and is usually done by the Executive Director of the MACP and/or MSA, the Program Director and the Association president of the agency's appropriate professional organization (MACP or MSA).

Annual Reports

Accredited agencies are required to complete Annual Compliance reports. The annual report form is available on the MACP website. The Program Director shall receive the annual report and your Continuation Fee no later than 30 days after your accreditation anniversary date. (See Page 27)

Reaccreditation Process

In the third year, the agency must arrange for a mock assessment and an onsite team visit using the same guidelines as the original assessment, with exception that the onsite assessment will be one day only. The re-accreditation onsite assessment shall be conducted prior to your agency's accreditation anniversary date. The MLEAC recognizes that agency workload may hinder efforts to complete the subsequent onsite assessment prior to the anniversary date. The re-accreditation onsite assessment must be completed no later than thirty (30) days following your anniversary date. A good rule of thumb is to have your re-accreditation onsite assessment about three years following your initial onsite assessment. If you fail to complete this assessment within the time period, your agency will lose its accreditation status. Contact the Accreditation Program Director to set up your re-accreditation onsite assessment.

Reaccreditation Proof Requirements

The agency must provide proofs to Commission onsite assessors during their reaccreditation onsite. The Commission has decided, beginning the twelve (12) month period after the agency's anniversary date that the agency must provide proofs for each year of the 3-year re-accreditation cycle.

For example:
March 1 to February 28, if awarded Winter Conference
July 1 to June 30, if awarded Summer Conference
October 1 to September 30, if awarded Fall Conference

Accredited Agency Logo

Once the agency is accredited, the MACP is able to provide copies of the official Accredited Agency Logo. This logo may be displayed on agency vehicles, email signature blocks, letterhead, web pages or any other official manner for as long as the agency maintains their accreditation status.

Final Thoughts

Assistance is available to you from the Accreditation Program Director and many other law enforcement agencies throughout the State.

We want you to succeed in your law enforcement agency accreditation endeavors. Please contact the Accreditation Program Director with any suggestions you may have on improving the program. CEOs may submit requests to consider a new topic for inclusion as a standard. Such requests shall be submitted in writing to the Accreditation Program Director who will forward it to the Standards Review Committee with justification for the topic to be considered as a required standard.

Accredited status represents a significant professional achievement. The Michigan Law Enforcement Accreditation Commission, Michigan Association of Chiefs of Police, and the Michigan Sheriffs' Association congratulate you for making the commitment to excellence and advancing the quality of policing in your agency, in your community and in the State of Michigan.

Glossary

See Accreditation Standards Manual Glossary for definition of commonly used terms.

ADDENDUM 1

Level	Full Time Sworn LE Personnel	Initial Accreditation Fee		Annual Continuation Fee*	
		Not Nationally Accredited	Nationally Accredited	Not Nationally Accredited	Nationally Accredited
A	1-10	$1,500	$1,500	$600	$600
B	11-25	$1,800	$1,500	$700	$600
C	26-99	$2,700	$1,500	$1,000	$700
D	100-199	$3,900	$1,950	$1,300	$800
E	200-299	$4,800	$2,400	$1,600	$900
F	300+	$6,000	$3,000	$2,000	$1,200

*The first Annual Continuation Fee is due on the anniversary date, which is one year following the date initial accreditation is granted and every year thereafter. Fees subject to change.

Note: MLEAC policy states that agencies that withdraw during the accreditation process will not receive a refund of program fees.

ADDENDUM 2

MLEAC Hearing Panel Review

Department: _____

Chair: _____

Date/Time: _____

Facilitator:

The _____ is led by_____.

The Accreditation Manager is _____.

The department is a __ size agency with ___ sworn personnel.

Commissioner _____ will lead the review.

Chair:

The chair will ask the agency's CEO to introduce him/herself and the people with him/her.

Facilitator:

The Commission onsite assessment took place on _____, by team leader _____ and team member _____.

The _____ complied with ___ standards. With __ standards not applicable.

There were _____ standards that were applied discretion during the onsite.

-Starting with the Chair, the Review Panel will offer any comments and ask questions about the agency Final Report.

-The Review Panel Chair will offer a motion to present the _____to the Michigan Law Enforcement Accreditation Commission for full accredited status, then another member will second the motion.

-The Panel then votes on the motion.

-The Chair then refers back to the agency CEO for any comments.

ADDENDUM 3

Michigan Law Enforcement Accreditation Commission
Annual Status and Compliance Report

Accredited status is granted for three years. The Commission expects agencies to maintain compliance with the applicable standards after they receive accredited status. The Accreditation Manager should plan on reviewing each standard on a regular basis and constantly be watching for proofs of compliance that can be used in for the re-accreditation assessment. This will help to ensure that all new policies and procedures adopted by the agency are in compliance with the applicable accreditation standards.

The agency is required to submit an annual report to the Program Director on the anniversary of their accreditation award for the two years between the granting of their accredited status and the next required Commission on-site.

The purpose of the report is to advise the Commission and the Program Director of any major changes in leadership, department size, and other important information to assist in future re-accreditation assessments.

The agency is required to pay their annual Continuation Fee and submit their Annual Compliance Report. The report and fee must be sent by the deadline established by the Program Director. The Program Director shall receive the annual report and your Continuation Fee no later than 30 days after your accreditation anniversary date. The current accreditation anniversary dates are:

March 1: For agencies that receive their award at the Winter Professional Development Conference
July 1: For agencies that receive their award at the Summer Professional Development Conference
October 1: For agencies that receive their award at the Fall Accreditation Conference

****Annual Compliance Reports are due by April 1, August 1 & November 1****

Thank You,

Matthew Silverthorn
MLEAC Program Director

Agency Name: _____

Agency Address: _____

_____

Chief/Director: _____

Email: _____

Phone: _____

Accreditation Manager: _____

Email: _____

Phone: _____

Initial Accreditation Date: _____

Current Number of Sworn Personnel:

Agency:

Has the agency instituted any new written directives or practices that impact MLEAC standards since your last report? ☐Yes ☐No

If yes, please describe in detail:

Has the agency had any significant changes in the department budget or any significant additions to resources or equipment? ☐Yes ☐No

If yes, please describe in detail:

Has your agency had a catastrophic event (natural disaster, death of an employee, significant crime, or community tragedy) since your last report? ☐Yes ☐No

If yes, please describe in detail:

Personnel:

Has your agency experienced any significant personnel changes since your last report?

☐ Yes ☐ No

If yes, please describe in detail:

Has the number of full-time sworn staff changed since your last report?

☐ Yes ☐ No

If yes, please describe in detail:

Has the agency experienced any grievances since your last report?

☐ Yes ☐ No

If yes, please explain how many and a brief description of the grievance, and if any impact on MLEAC Standards:

Standards Compliance:

Has the agency maintained compliance with the applicable standards since your last report?

☐ Yes ☐ No

If no, please describe in detail:

Has the agency conducted the annual analysis and review (Internal Affairs, Prohibited Bias Policing, Use of Force, Vehicle Pursuits, Foot Pursuits, Police Canines), and annual meaningful review (Employee Collision and Injury) required by the applicable standards since your last report? Please check:

- ☐ Internal Affairs (1.3.1)
- ☐ Prohibited Bias Policing (1.5.4)
- ☐ Use of Force (3.3.3)
- ☐ Vehicle Pursuits (3.5.2)
- ☐ Foot Pursuits (3.5.7)
- ☐ Police Canines (3.5.9) if applicable
- ☐ Employee Collision (2.1.4)
- ☐ Employee Injury (2.1.5)

Has the agency conducted quality control procedures in accordance with Standard 4.3.5? Please check:

☐ First semi-annual inspection

☐ Second semi-annual inspection

☐ Annual representative audit

☐ Annual unannounced inspection

Has there been a change in CEO, primary evidence/property custodian or alternate custodian?

☐ Yes ☐ No

If yes, list changes:

If yes, was a full inventory conducted:

☐ Yes ☐ No

Was there any indication or suspicion of a breach of the property/evidence repository that required a full inventory?

☐ Yes ☐ No

If yes, explain:

Any Additional Information:

Chief/Director Certification:
I have reviewed this MLEAC Annual Status and Compliance Report and the entries are complete and correct to the best of my knowledge.

I certify that my agency is in compliance with all applicable accreditation standards.

Signature:

Date: _____

Prepared by: _____