

**INTRODUCTION AND ACKNOWLEDGEMENT**

Accreditation is a progressive and time-proven way of helping law enforcement agencies calculate and improve their overall performances. 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) has 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. 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.

We want to express our gratitude to the New Jersey Association of Chiefs of Police for their commitment to improving professionalism in their state and allowing us to create our program based on theirs.
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.

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**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 on-site assessment by preparing the agency for a mock assessment to test readiness, and then goes on to explain the official on-site assessment process. Finally, a chapter is included on maintaining accreditation status.

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

We wish you the greatest success!
# Table of Contents

<table>
<thead>
<tr>
<th>Introduction and Acknowledgement</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclaimer</td>
<td>3</td>
</tr>
<tr>
<td>How To Use This Manual</td>
<td>4</td>
</tr>
</tbody>
</table>

## CHAPTER 1 - INITIAL STEPS
- Designate an Accreditation Manager | 6 |
- Expect Agency Change               | 6 |
- Accreditation Manager Training    | 6 |
- Formal Application for Accreditation | 7 |
- Accreditation Fees                 | 7 |
- Continuation Fee                   | 7 |
- Notify Personnel of Intent         | 8 |
- Designate Clerical Staff           | 8 |
- Periodic Staff Updates             | 8 |
- Note                              | 8 |

## CHAPTER 2 - ORGANIZATION
- Folder Organization               | 9 |
- Schedule Briefings for All Staff  | 9 |

## CHAPTER 3 - THE STANDARDS
- Standard Categories               | 10 |
- Numbering System                  | 10 |
- STANDARD COMPONENTS                | 11 |
- Standard Statement                | 11 |
- Clarification Statement           | 11 |
- Multiple Components Within A Standard | 12 |
- CONDITIONAL STANDARDS             | 12 |
- STANDARDS NOT APPLICABLE TO AGENCY | 13 |
- Waiver From Standard Compliance   | 13 |

## CHAPTER 4 - MANAGING, CONTROLLING AND PROVING COMPLIANCE WITH STANDARDS
- Create and Implement a Tracking System | 14 |
- Self-Assessment                     | 14 |
- Cross-Compliance and Reference      | 14 |
- Compile Supportive Documentation and Proofs | 14 |
- Train Agency Personnel in Policy Changes | 15 |

## CHAPTER 5 - ON-SITE MOCK ASSESSMENT
- Objective and Benefit              | 16 |
- Preparation                        | 16 |

## CHAPTER 6 - THE ON-SITE ASSESSMENT
- Assessor Selection List            | 17 |
- Time Schedule                      | 17 |
- On-site Assessment Protocol        | 17 |
- ASSESSMENT TEAM VISIT              | 18 |
- Public Call-In Session             | 18 |
- Agency Tour                        | 18 |
- Assessment Team Work Area          | 19 |
- Assessment Team Leader             | 19 |
- Agency Access                      | 19 |
- Exit Interview                     | 19 |
- Final Report                       | 19 |
- EXTENSIONS                         | 20 |
- MLEAC HEARING                      | 20 |

## CHAPTER 7 – ACCREDITATION ACHIEVED
- Post Assessment                    | 21 |
- Accredited Agency Logo             | 21 |
- Certification Presentation         | 21 |
- Annual Reports                     | 21 |
- Final Thoughts                     | 21 |
- Addendum 1                         | 21 |
CHAPTER 1
INITIAL STEPS

The Chief of Police or the agency’s Chief Executive Officer makes the decision to pursue accredited status.

Designate an Accreditation Manager

The Chief or 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 computer literate
- Is organized and efficient in his/her present job tasks
- Is capable of writing clearly and concisely
- 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

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.

Accreditation Manager Training

The AM should receive training or technical assistance by the MACP Accreditation Program Director. Formal training classes will be offered on a regular basis. To prepare, it is recommended that the AM review and study the materials provided. The MACP Accreditation Program Director is available by phone and email to answer any questions as they arise. A presentation by the MACP Accreditation Program Director will be 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.michiganpolicechiefs.org. Agencies must complete and submit the application, along with the total accreditation fee, to the MACP office. The date an agency is granted Accreditation will be hereinafter referred to as the “Accreditation Date”. Each agency who successfully completes the process will be granted accreditation for a period of three years.

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, which is one year following their accreditation date.

See the following example:

<table>
<thead>
<tr>
<th>SPARTAN PD</th>
<th>IMPORTANT DATES</th>
<th>LEVEL C (size: 26-99)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submission</td>
<td>Application Date: July 1, 2016</td>
<td>Accreditation Fee: $2700</td>
</tr>
<tr>
<td>Accreditation Granted</td>
<td>Effective Accreditation Date: March 3, 2018</td>
<td>Accreditation cycle runs 3/3/2018 thru 3/3/2021</td>
</tr>
<tr>
<td>Annual Continuation Fee</td>
<td>Due by March 3, 2019 (anniversary date)</td>
<td>Amount Due: $1,000.00</td>
</tr>
<tr>
<td>payment w/ Annual Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Continuation Fee</td>
<td>Due by March 3, 2020</td>
<td>Amount Due: $1,000.00</td>
</tr>
<tr>
<td>payment w/ Annual Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule your re-accreditation on-site assessment</td>
<td>Contact the MACP 60 days prior to expiration</td>
<td>All fees must be current</td>
</tr>
<tr>
<td>Annual Continuation Fee</td>
<td>Due by March 3, 2021</td>
<td>Amount Due: $1,000.00</td>
</tr>
<tr>
<td>payment w/ Annual Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle expires: March 3, 2021</td>
<td>On-site assessment must be completed by expiration date</td>
<td>Continuation of Accreditation approved</td>
</tr>
<tr>
<td>Annual Continuation Fee</td>
<td>Due by March 3, 2022</td>
<td>Amount Due: $1,000.00</td>
</tr>
<tr>
<td>payment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Process continues as long as agency maintains Accredited status.

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.

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 also want to schedule time at regular command staff meetings for the AM to bring staff 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.

Note

The AM should make every effort to contact and consult with other accredited agencies. The information gathered will prove invaluable.
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 on-site assessment. Accreditation managers should be provided with a dedicated workspace, a computer and supplies to create an efficient filing system (e.g., cabinet, folders, banker’s boxes, plastic tubs, etc.).

Folder Organization

In order to facilitate the assessment process, you need to set up your files in a consistent manner. Each folder should be labeled with the standard number on a tab. The Standard Report (SR) should be the first document in the file followed by a second page with the actual standard. This SR serves as the table of contents for the file and a mechanism for the assessor to acknowledge compliance. Further documentation should then be filed in the order listed on the SR.

If there are bulleted items in the standard, these items should be separated by a page titled with the bullet letter. This ‘bullet page’ can be of any weight paper, but index card stock is preferred as the thicker page facilitates the assessor’s review.

You must be consistent with the highlighting method when highlighting text on either a written directive or supporting documentation. If you decide to use yellow highlighters, all files should be highlighted with yellow. Don’t mix colors.

Helpful tips from others who have completed this process include:

- Place the standard number for every proof of compliance at a consistent location on all items. This will help identify loose paper in the event a pile of folders is accidentally knocked to the floor. It will also speed the AM’s filing process.
- Be creative when necessary. Compliance is demonstrated not only in written materials, but also by electronically recorded materials, photographs, interviews and demonstrations.
- Do not staple written directives. Assessors may need to separate specific pages to facilitate their review.
- Written documentation may be stapled or paper clipped, but do so sensibly. The stapled documents should be such that it facilitates the assessor’s review (e.g., a two-page incident/investigation report should stay together). Do not staple or paperclip the entire contents of a folder to each other.

Schedule Briefings for All Staff

Regularly scheduled briefings for officers and clerical staff should be held to discuss the 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 MACP 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 agency and the CEO.

Standard Categories
The Standards address the following five (5) general areas of law enforcement operations:

- The Administrative Function
- The Personnel Function
- The Operations Function
- The Investigative Function
- The Arrestee/Detainee/Prisoner Handling 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
STANDARD COMPONENTS

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 prohibits unlawful workplace harassment to include sexual harassment. The written directive minimally requires:

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.
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 access to qualified personnel capable of processing a crime scene and/or traffic crash scene on a 24-hour basis.**

**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 create a folder and insert the completed standards report. The MACP 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 MACP Accreditation Program Director, in writing, on official agency letterhead, signed by the CEO of Police or CEO.

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:

<table>
<thead>
<tr>
<th>2.3.1 A written directive describes the agency promotional process for sworn personnel to include provisions for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eligibility requirements;</td>
</tr>
<tr>
<td>b. Written tests, if any;</td>
</tr>
<tr>
<td>c. Oral interviews, if any;</td>
</tr>
<tr>
<td>d. Application or scoring of other criteria, if any;</td>
</tr>
<tr>
<td>e. Review or process to redress the results/outcome;</td>
</tr>
<tr>
<td>f. Establishment of promotional lists when more than one person is eligible;</td>
</tr>
<tr>
<td>g. Establishment of the duration of any promotional lists, if applicable;</td>
</tr>
<tr>
<td>h. Identification of person(s) or government agency responsible for administering the promotional process and</td>
</tr>
<tr>
<td>i. A probationary period (working test period), if applicable.</td>
</tr>
</tbody>
</table>

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.

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 auxiliary police officers, your agency would simply complete the appropriate N/A text on the Standard Report for that standard. You still need to create a folder and insert the completed Standard Report. There must be narrative contained on the SR stating why the standard is not applicable. The MACP Accreditation Program Director must approve ALL N/A folders. As stated above, a request to approve N/A status for a standard or bullet must be made to the MACP Accreditation Program Director in writing on official agency letterhead signed by the CEO of Police or CEO.

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

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 collective bargaining agreements or local ordinances. A request to waive standard compliance must be made to the MACP 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. Please allow at least 90 days for a reply.
CHAPTER 4
MANAGING, CONTROLLING AND PROVING
COMPLIANCE WITH STANDARDS

Create and Implement a Tracking System
The AM will need to create a tracking system that will provide quick reference to the status of each folder. Some AMs use a large white board, while others use a spreadsheet. Whichever system is selected should be convenient and easy to use. A status board makes it easy for the CEO and other interested parties to visualize the agency’s progress.

Self-Assessment
The self-assessment should begin as an exercise in comparison. Once the filing system is organized, the AM can compare current agency policy to compliance than originally anticipated. Law enforcement adapts to the ebb and flow of legislative changes and agencies adopt policy that is consistent with the law.

As the AM compares what must be addressed for accreditation purposes, he/she will probably find that some policy changes may be necessary. One of the biggest mistakes committed by new AMs 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 policy 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 SR designates four types of compliance as 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, photographs, videos, log sheets, agency forms, 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 demonstrate compliance 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 Dispatcher 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 is the easiest for the assessor and probably the least utilized. 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.

**Train Agency Personnel in Policy 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 policy as soon as possible. Any new policy 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.
CHAPTER 5
ON-SITE MOCK ASSESSMENT

Objective and Benefit

When the agency has completed the self-assessment 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 recommended. A more comprehensive mock assessment, if conducted properly, can be a valuable strategy in preparation for the actual on-site 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 mock team will review folders and make suggestions for areas of improvement. The entire mock team format is designed to identify discrepancies prior to the actual on-site 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 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 on-site 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.

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

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.
CHAPTER 6
THE ON-SITE ASSESSMENT

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

Assessor Selection List
The MACP Accreditation Program Director will assign an assessment team for the on-site assessment. The MACP Accreditation 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 table of contents, and a mail-off files list to assist them in preparing for the assessment team's visit.

Time Schedule
On-site assessments typically take two days to complete. You can expect to follow this schedule for the on-site assessment:

- **Day One (Sunday)** – File review, agency tour, ride along, and interviews.
- **Day Two (Monday)** – 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 prior approval by the MACP Accreditation Program Director.

On-Site Assessment Protocol
The on-site 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 MACP Accreditation Program Director.
- Determine whether the assessment team needs hotel rooms (one room per assessor); make arrangements to house the assessors at the agency’s expense.
  - Check with team members for special considerations such as smoking/non-smoking preferences or handicapped access.
  - Lodging should be reasonably near the agency headquarters.
  - 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. The hotel should have restaurant facilities.
  - Arrange with the hotel management for rooms away from main traffic corridors and...
in an area of the hotel away from distractions.

- Make the hotel manager aware of the importance of the team.
- Advise the hotel manager that the team may want to secure their weapons in the hotel safe.

✓ 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.)
  - Completed data tables
  - Copy of the pre-approved public notice and press release

**ASSESSMENT TEAM VISIT**

**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.

**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:

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

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.

Assessment 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.

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 on-site 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 on-site 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 MACP Accreditation Program Director. The MACP 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.
EXTENSIONS

On occasion, agencies have sought an extension of time beyond the 24-month limit prior to the initial on-site assessment. An agency may be granted up to two (2) six-month extensions; no further extensions are permitted.

To receive the first extension, the CEO of the agency must submit a letter to the MLEAC requesting the extension. The MACP Accreditation Program Director can approve the initial six-month extension.

To receive the second extension, the CEO of the agency must submit a second a letter to the MLEAC requesting the additional extension. Only the MLEAC can approve the second and final extension. All applicable program fees must be paid in full prior to approval of the second extension. If the agency fails to become accredited during the second extension, they can reapply for a fee of $500.00. This will give the agency a new one-year self-assessment period.

Failure to apply for or complete this reapplication extension will mean all program fees are forfeited and the agency must make a new initial application.

MLEAC HEARING

The MACP 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. It is normal for the CEO and AM 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. MLEAC members will have questions for the agency representatives regarding particular phases of the process and any troublesome areas the agency experienced. This open forum is highlighted by the vote on accredited status.
CHAPTER 7
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.

In the third year, the agency must arrange for an on-site team visit using the same guidelines as the original assessment. The re-accreditation on-site assessment should be conducted prior to your agency's accreditation anniversary date. The MLEAC recognizes that agency workload may hinder efforts to complete the subsequent on-site assessment prior to the anniversary date. The re-accreditation on-site 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 on-site assessment about three years following your initial on-site assessment. If you fail to complete this assessment within the time period, your agency will lose its accreditation status. Contact the MACP Accreditation Program Director to set up your re-accreditation on-site assessment.

Accredited Agency Logo

The MACP Accreditation Program Director will provide the AM with copies of the official MACP Accredited Agency Seal. This logo may be displayed on agency vehicles, letterhead, web pages or any other official manner for as long as the agency maintains their accreditation status.

Certificate Presentation

The AM should contact MACP Accreditation Program Director to arrange for a date, time and place of the presentation of the agency’s accreditation certificate.

Annual Reports

The MLEAC requires annual reports on accreditation activities every year. The annual report form is provided to you by the MACP Accreditation Program Director. The MACP Accreditation Program Director shall receive the annual report and your Continuation Fee no later than 30 days prior to your accreditation anniversary date. (See addendum 1)

Final Thoughts

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

As this accreditation program evolves in Michigan, the process will be revised and streamlined to better serve your needs. We want you to succeed in your law enforcement agency accreditation
endeavors. Please contact the MACP 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 MACP Standard Review Committee (SRC) 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 and the Michigan Association of Chiefs of Police 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.
### ADDENDUM 1

<table>
<thead>
<tr>
<th>Level</th>
<th>Full Time Sworn LE Personnel</th>
<th>Initial Accreditation Fee</th>
<th>Annual Continuation Fee*</th>
</tr>
</thead>
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<tr>
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</tr>
<tr>
<td>A</td>
<td>1-10</td>
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<td>11-25</td>
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<td>300+</td>
<td>$6,000</td>
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</tr>
</tbody>
</table>

|                              | Not Nationally Accredited | Nationally Accredited |
| A                             | $600                      | $600                   |
| B                             | $700                      | $600                   |
| C                             | $1,000                    | $700                   |
| D                             | $1,300                    | $800                   |
| E                             | $1,600                    | $900                   |
| F                             | $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.