



# **Accreditation Process Manual**

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**2026**

*Setting the Standard for Public Safety in California.*

# ACCREDITATION PROCESS MANUAL

## INTRODUCTION AND ACKNOWLEDGEMENT

Accreditation is a time-tested, constructive approach to help public safety agencies improve their performance. The California Accreditation for Public Safety (CAPS) program is rooted in the adoption of standards that reflect public safety objectives and ensure transparency and accountability within California communities.

While accreditation does not eliminate litigation risk or prevent crime, it establishes a framework of professional practices. The Chief Executive Officer (CEO) (e.g., Chiefs of Police, Sheriffs, Director of Public Safety, etc.) remains responsible for policy development and determining how best to meet the CAPS standards. All standards are approved and maintained by the California Accreditation Commission for Public Safety (CACPS).

## HISTORY OF ACCREDITATION

Law enforcement accreditation began as part of efforts to professionalize policing and improve accountability. Before the 1970s, there were no national standards, leading to inconsistent practices and public distrust. In 1979, in response to the demands from the community to professionalize law enforcement, strengthen accountability, and improve public trust, four major law enforcement organizations created the Commission on Accreditation for Law Enforcement Agencies (CALEA) to establish national standards and a formal accreditation process.

The first agencies were accredited in 1984. Over time, accreditation expanded across the U.S. and internationally, with some states developing their own programs. In recent years, accreditation has gained renewed importance due to public calls for transparency, accountability, and modern policing practices.

## CALIFORNIA ACCREDITATION FOR PUBLIC SAFETY (CAPS)

For more information about California Accreditation for Public Safety (CAPS), please visit our website or connect with CAPS staff.

<https://www.CAPublicSafety.org>

[CAPS@californiapolicechiefs.org](mailto:CAPS@californiapolicechiefs.org)

## VERSION HISTORY

Version	Date	Summary
1.0	December 2025	Initial publication
2.0	June 2026	Reorganized manual structure; expanded self-assessment, compliance, assessment, and reaccreditation guidance; clarified timelines and program procedures

## CHANGES IN THIS EDITION

This edition includes revisions intended to improve clarity, organization, and usability throughout the accreditation process.

### Key updates include:

- Reorganized content to better align with the accreditation lifecycle.
- Expanded guidance on self-assessment, compliance documentation, and assessment preparation.
- Enhanced explanations of standards, applicability, waivers, written directives, and proofs of compliance.
- Updated guidance on mock assessments, formal assessments, Commission hearings, and reaccreditation.
- Clarified timelines, annual reporting requirements, and ongoing compliance expectations.
- General revisions to improve consistency, readability, and user experience.

*All other updates are stylistic in nature.*

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# CHAPTER 1: GETTING STARTED

## SECTION 1.1 - PREPARING TO APPLY

Accreditation requires commitment and coordinated effort. Agencies should ensure they are ready to begin the process before moving forward.

### Research Accreditation and CAPS

CEOs should review the accreditation process to determine if the agency has the capacity and resources to participate. They should also confirm that CAPS is the right accreditation program for their needs.

### Create a Financial Plan

Accreditation includes upfront and ongoing costs. CEOs should evaluate the full financial impact and confirm the agency can budget for enrollment and annual fees as well as any other associated expenses.

See [Appendix A](#) for more information on the cost of accreditation.

### Designate an Accreditation Manager (AM)

The CEO should appoint an Accreditation Manager with strong organizational, analytical, and interpersonal skills. It is recommended that the position be assigned full-time, particularly in the early stages of implementing the accreditation program. This role oversees the agency's accreditation program, ensures compliance with standards, tracks progress, documents findings, and highlights exemplary practices. The manager must be proactive, work independently, and address areas of opportunity. The CEO supports the manager and reinforces the importance of accreditation across the agency.

**Blog Post:** [Choosing the Right Accreditation Manager](#)

## SECTION 1.2 - APPLICATION, ENROLLMENT, AND ONBOARDING

### Step 1. Complete the Formal Application

The formal application marks the official registration of a law enforcement agency into the CAPS Program. CAPS staff will review all applications. Once accepted, the agency will be enrolled in the next enrollment cycle. At the start of the enrollment cycle, the agency formally enters the two-year initial self-assessment phase, a critical period of internal review and documentation.

Agencies can access the formal application here: [CAPS Agency Application](#)

## **Step 2. Pay the Accreditation Fees**

Accreditation through the CAPS Program requires payment of specific non-refundable fees that support the program's administration and sustainability.

Once an agency's application is accepted, an electronic invoice for CAPS fees will be sent to the agency. These fees must be paid in full before the start of the agency's enrollment cycle.

More information on Accreditation Fees can be found in [Appendix A](#).

## **Step 3. Notify Agency Staff and Assign Support Roles**

Once an agency enters the accreditation process, it is important to inform staff and assign support roles early. Accreditation requires coordinated effort across leadership, supervisors, line personnel, and administrative staff. Early communication builds buy-in, clarifies responsibilities, and reinforces shared commitment.

The CEO should announce the agency's participation through roll calls, memos, or staff meetings, explaining the process, timeline, and operational benefits. The CEO should also establish a support team to assist the Accreditation Manager during self-assessment. This may be a dedicated project team or departmental liaisons representing key functions.

At minimum, the team should include personnel from administration, sworn operations (patrol and investigations), communications/dispatch, training, and professional development. This cross-functional structure ensures agency-wide alignment with CAPS standards and strong support throughout the accreditation process.

**Blog Post:** [Building an Accreditation Team](#)

## **Step 4. Complete Enrollment and Onboarding Process**

### **PowerDMS Contract and Onboarding**

Agencies are required to utilize the designated CAPS electronic system PowerDMS to:

- Track compliance with accreditation standards.
- Assign responsibilities for managing compliance.
- Upload and store written directives and documentation that serve as proofs of compliance (e.g., reports, training records, logs, etc.).

- Monitor the progress of each standard in real-time.

Using a centralized electronic system enhances transparency, reduces redundancy, and provides assessors with efficient access to necessary materials.

Once accepted, **CAPS will connect agencies with PowerDMS** to complete their contract, set up their account, and begin the onboarding process. PowerDMS charges an annual fee for software access.

## **Register and attend Orientation and Accreditation Manager Training**

### **Orientation:**

- **Purpose:** Provide a high-level overview of the program, clarify roles and expectations, and walk through key timelines and resources.
- **When:** First month of the enrollment cycle
- **Required Attendees:** CEO and Accreditation Manager

### **Accreditation Manager Training:**

- **Purpose:** Prepare agencies for the accreditation process. This training will cover program expectations, standards, documentation, timelines, and best practices to support a successful accreditation journey.
- **When:** Second month of the enrollment cycle
- **Required Attendees:** Accreditation Manager
  - CAPS encourages all accreditation team members to attend.

## **Determine Roles and Responsibilities**

Successful accreditation requires coordinated effort across the organization. While the Accreditation Manager leads the process, responsibility for compliance is shared.

### **Chief Executive Officer (CEO)**

- Establishes organizational commitment to accreditation
- Approves policies and ensures alignment with standards
- Provides resources and support
- Reinforces accountability across the agency

## **Accreditation Manager (AM)**

- Coordinates the accreditation process
- Tracks progress and maintains documentation
- Serves as the primary point of contact with CAPS staff
- Ensures standards are interpreted and applied correctly

## **Command Staff and Supervisors**

- Support implementation of policies and procedures
- Ensure compliance within their respective areas
- Assist in identifying and providing proofs of compliance

## **Accreditation Team / Subject Matter Experts**

- Contribute documentation and operational knowledge
- Assist with policy development and updates
- Support ongoing compliance efforts

Accreditation is most effective when it is integrated into daily operations and supported at all levels of the organization.

## **Develop a Timeline**

### **Start With Key Milestones**

- Enrollment and Onboarding
- Self-Assessment
- Formal Assessment
- Commission Hearing and Decision
- Reaccreditation

### **Build Backwards**

- Identify your target assessment date
  - Must be completed within 24 months of your enrollment start date
- Must be 90% in compliance at least 6 months out from assessment date
- Work backward to set internal deadlines

- Allow time for review, corrections, and delays

### **Make It Work for Your Agency**

- Assign responsibilities across divisions
- Set realistic, achievable timeframes
- Build in regular check-ins to track progress

### **Example Agency Timeline:**

Example agency would like to have their on-site assessment in January 2028.

- April 1, 2026: Enrollment Start Date
- June 1, 2027: 90% Compliance Report Due (6 months prior to formal assessment)
- June 2027: Mock Assessment (highly recommended)
- December 1, 2027: Formal Assessment Part 1: Remote File Review
- January 15, 2028: Formal Assessment Part 2: On-Site Assessment
- June 2028: Commission Hearing (quarter following formal assessment)

If you would like assistance building your own timeline, please connect with CAPS staff.

## **SECTION 1.3 – UNDERSTANDING THE SELF-ASSESSMENT PHASE**

### **Purpose of the Self-Assessment Phase**

Upon enrollment, agencies enter a two-year self-assessment phase. During this period, the agency evaluates its operations, policies, and practices against CAPS standards to determine compliance and identify areas requiring improvement. The self-assessment phase serves as the foundation of the accreditation process and provides agencies the opportunity to strengthen operations before a formal assessment.

The self-assessment process is intended to:

- Evaluate current policies, procedures, and practices against CAPS standards.
- Identify gaps or opportunities for improvement.
- Implement new or revised policies where necessary.
- Train personnel on new or updated requirements.
- Collect and organize proofs of compliance.

- Establish systems to support ongoing compliance and accreditation readiness.

## **Agency Responsibilities During Self-Assessment**

Successful completion of the self-assessment phase requires participation from personnel throughout the organization. While the Accreditation Manager coordinates the process, responsibility for compliance belongs to the agency as a whole.

During the self-assessment period, the accreditation team of an agency should:

- Review each applicable accreditation standard.
- Determine whether standards are applicable to agency operations.
- Develop or revise written directives as needed.
- Implement policy and operational changes.
- Train personnel on new requirements.
- Collect, organize, and maintain proofs of compliance.
- Monitor progress toward accreditation readiness.

## **Preparing for Formal Assessment**

The goal of the self-assessment phase is to prepare the agency for a successful formal assessment. Agencies should continuously evaluate their progress, address identified deficiencies and maintain documentation demonstrating compliance. Prior to requesting a formal assessment, agencies are strongly encouraged to conduct a mock assessment to verify readiness and identify any remaining areas requiring attention.

# CHAPTER 2: PREPARING FOR ACCREDITATION

Effective organization and communication are foundational to a successful accreditation process. Clear systems and consistent practices ensure accountability and streamline external assessments.

## SECTION 2.1 – COMMUNICATION AND STAFF BRIEFINGS

Regularly scheduled staff briefings play a vital role in maintaining momentum and clarity throughout the accreditation process. These briefings should:

- Inform staff of current progress and upcoming deadlines.
- Clarify individual roles and responsibilities.
- Highlight areas needing attention or improvement.
- Encourage a culture of ownership and continuous improvement.

In addition to scheduled briefings, ongoing communication (via email, intranet updates, or team meetings) ensures that all stakeholders remain aligned and engaged.

## SECTION 2.2 – POWERDMS WORKFLOW AND BEST PRACTICES

Effective use of PowerDMS supports organization, transparency, and long-term program sustainability.

### PowerDMS: Recommended Workflow

Agencies should structure their workflow in a consistent and repeatable manner. Below is an example of what an agency's process may look like:

1. Assign standards to responsible personnel
2. Upload written directives
3. Collect and upload proofs of compliance
4. Review and approve documentation
5. Maintain files on an ongoing basis

This process should be continuous throughout the accreditation cycle, not limited to periods leading up to assessment.

## PowerDMS: Ongoing Use

PowerDMS should be used as an active management tool rather than a static repository. Agencies are encouraged to:

- Upload proofs as they are created
- Maintain current and complete files
- Regularly review standards for accuracy and completeness

## Tips for Maintaining Accreditation Program Continuity

One of the most difficult job functions within an agency is to establish continuity for an accreditation program. As agency accreditation managers change, the accreditation process used to achieve an award of accreditation changes.

Use the PowerDMS features below as suggestions to maintain continuity for your agency's accreditation program.

**Folders:** You have the freedom to build a folder structure not only to house your policy manual but also to house your compliance documentation. Housing your process indicators or secondary documentation within PowerDMS serves many functions to promote accreditation program continuity. Below are a few examples:

- Encourage agency personnel to upload the proof as a document into an assigned folder in lieu of email or using a shared drive. ALL PowerDMS agencies have access to house as many documents as desired in PowerDMS.
- Create historical records for your process indicators using folders. This will enable users to reference previous compliance documentation without providing administrative rights to an achieved assessment.
- These documents may undergo a workflow for approval or as a reminder for time sensitive standards.

**Certificates:** Use this versatile feature to track equipment, driver's licenses, fleet vehicles, etc. Or use them as a reminder to document a time sensitive standard.

**Review Workflows:** Review workflows not only remind policy writers to review documents for validity but also remind Accreditation Managers of time sensitive standards.

**Courses:** Accreditation training can be built specific to an agency's accreditation program using PowerDMS courses. These courses may be assigned to any user. You can also create trainings on how to upload a proof to a folder and how to identify a good proof of compliance.

**Survey:** Surveys are great instruments for gathering input for policy development.

**Tests:** Tests may be attached to a policy to test document knowledge. Tests promote policy knowledge and are another step for agency indemnification when faced with complaints or legal action.

## **PowerDMS: Onboarding & Training Resources**

Agencies that are new PowerDMS customers will receive a guided onboarding process that should walk you through basic system setup and training resources. If your agency is a returning customer with PowerDMS but you are a new PowerDMS user, [Appendix D](#) has resources that we would recommend reviewing.

## **PowerDMS: Assessment Roles**

PowerDMS uses assessment roles to organize accreditation documentation and manage access to assessment files. Proper use of roles helps agencies maintain clear separation between working documents, internal review materials, and files intended for assessment.

Agencies should establish a consistent approach to role assignments and file management early in the accreditation process.

For detailed guidance on assessment roles, user assignments, and assessment configuration, refer to [Appendix D](#).

## **PowerDMS: File Organization**

A uniform file structure must be implemented across all standards and supporting documentation.

This consistency is critical for both internal team efficiency and external assessor navigation during audits or pre-assessments. Regular audits of file organization are encouraged to ensure ongoing compliance and readiness.

File naming and organization expectations can be found in [Appendix D](#).

## **PowerDMS: Preparing for Mock or Formal Assessments**

Before a mock or formal assessment, agencies must ensure assessors have appropriate access to the PowerDMS assessment and all documentation designated for review.

Agencies are encouraged to establish assessor access and verify permissions well in advance of the assessment date to allow sufficient time to address any technical or access-related issues.

For detailed instructions on assigning assessment roles, configuring permissions, and adding assessors to an assessment, refer to [Appendix D](#).

## **PowerDMS: Archiving the Assessment**

Do not archive the assessment until the final report is delivered from CAPS. If your agency has only one assessment license, consider using your PowerDMS Folders to house your compliance documents until you can archive your assessment and open a new assessment.

To archive an assessment, refer to the article, [Archiving your Assessment](#), in the PowerDMS Success Community.

# CHAPTER 3: UNDERSTANDING AND APPLYING THE STANDARDS

This section is intended to guide the reader in understanding the structure, purpose, and interpretation of each standard contained within the standards manual. It is essential that users of the manual understand how to interpret the standards effectively, how compliance is assessed, and how to utilize the supporting materials.

## SECTION 3.1 - COMPOSITION OF A STANDARD

Each standard is composed of the following elements:

### Standard Statement

This is the binding requirement. It defines **what** the agency must do to be in compliance. Adherence to the standard statement is mandatory and non-negotiable. The agency will determine how they meet the standard.

### Clarification Statement

This section provides additional context and guidance regarding the intent and scope of the standard. It is designed to help the agency better understand what is required and how it might be implemented. While not binding, it serves as an interpretive aid to ensure proper alignment with the intent of the standard.

### Suggested Proofs of Compliance

This is a non-exhaustive list of examples that may assist the Accreditation Manager (AM) and the agency in identifying evidence that demonstrates compliance. **These suggestions are intended as guidance only;** agencies may present other forms of evidence that demonstrate compliance effectively.

## SECTION 3.2 - TYPES OF STANDARDS

In the accreditation framework, understanding the various types of standards is crucial for ensuring proper implementation and compliance. Standards are categorized based on their nature, applicability, and the level of obligation they impose on the agency.

## Written Directive Standards

Most of the standards call for a documented written directive. These standards require agencies to develop and maintain formal, written policies, procedures, or directives that clearly articulate organizational rules, responsibilities, and processes.

Written directives provide consistent guidance to staff, serve as an official record for accountability, and demonstrate to assessors that the agency's practices are deliberate and standardized. Without documented written directives, even effective informal practices cannot be verified or reliably maintained, which can undermine compliance credibility. For more information on written directives, refer to [Section 4.2](#).

*Figure 1 – Example of written directive standard*

### **1.1.1 Organizational Structure**

#### **Standard Statement**

The agency shall maintain **a written directive** that describes the organizational structure, including a current organizational chart and/or functional description, which is accessible to all personnel.

## Mandatory Standards (M)

Mandatory Standards are designated by an 'M' next to the standard number code or identifier. Mandatory standards represent non-negotiable requirements that agencies must fully satisfy to achieve or maintain accreditation status. These standards address critical aspects of operations, including legal obligations, safety protocols, and core functional responsibilities essential to agency integrity and public trust. Failure to comply with mandatory standards typically results in a formal finding of non-compliance, which can delay accreditation or lead to its revocation.

## Other than Mandatory Standards (O)

Other than Mandatory Standards are identified with an 'O' next to the standard identifier. These standards highlight best practices that improve service delivery by following widely accepted methods. They encourage agencies to pursue ongoing improvement and provide opportunities to distinguish themselves through exceptional work. Although not required, agencies are strongly encouraged to meet these standards to support consistent, high-quality performance.

## Conditional Standards

Conditional standards apply only when specific circumstances or conditions exist within the agency's operations, structure, or jurisdiction. Compliance is assessed only if the condition applies. If the condition does not exist, the standard is considered Not Applicable or N/A for the agency at the specific time of assessment. Applicability of the standard is evaluated at each assessment period. A conditional standard can often be identified by starting with words such as: "if". For more information on Not Applicable standards, [see Section 3.4](#).

*Figure 2 – Example of conditional standard*

### **5.1.2 Electronic Data Storage (M)**

#### **Standard Statement**

**If the agency** uses a third-party service provider for electronic data storage, a written agreement shall address the following:

## SECTION 3.3 - STANDARD IDENTIFIERS, TITLES AND TYPES

All accreditation standards are clearly designated using a consistent and recognizable format. This designation should be included in all related documentation, file names, and system entries to ensure easy identification, referencing, and audit readiness. The use of standardized designations improves organizational clarity and supports seamless navigation during internal and external reviews.

The numbering format used represents a hierarchical structure used to organize standards, policies, or guidelines into progressively detailed levels:

*Figure 3*

### **1.2.3 Agency Jurisdiction (M)**

In *Figure 3*, **1.2.3** is the numbering code that represents the position of the standard within the overall framework.

The first number, 1, represents the **chapter**. The chapter covers a broad area or general topic within the overall framework.

Chapter 1: Governance & Organizational Structure

The second number, 2 in this example, represents the **section of the chapter** that the standard resides in. Sections break down the chapter’s main topic into specific focus areas or subtopics.



The third number, 3 in this example, identifies the **placement of the standard** in the section. The Agency Jurisdiction standard is the third standard in Chapter 1, Section 2.



The standard title provides a brief description of the standard’s topic. The (M) at the end of the title indicates the [type of standard](#). 1.2.3 is a Mandatory standard.



*Figure 4 – Example of standard elements*

### **2.1.2 Chain of Command**

#### **Standard Statement**

The agency shall maintain a written directive establishing a chain of command and authority succession in the absence of the CEO.

#### **Clarification Statement**

Clear designation of command ensures continuity of leadership and operational integrity.

#### **Suggested Proofs of Compliance**

- Organizational chart

Memo, e-mails, or any other written record of the CEO assisting

## **SECTION 3.4 - DETERMINING APPLICABILITY OF A STANDARD**

Applicability refers to the conditions or circumstances under which a particular standard is relevant and must be implemented by an agency. Understanding the applicability of

each standard is essential to ensure that agencies focus their resources and efforts on meeting requirements that are meaningful and appropriate to their operations.

## Understanding Applicability

Applicability can vary based on several factors:

- First, the scope of the agency's operations plays a central role. Standards may be relevant only to certain types of agencies. For instance, those related to detention or correctional facilities apply solely to agencies that operate such facilities. Agencies must examine their specific services and functions to determine which standards are relevant and exclude those that are not.
- Organizational roles and responsibilities also influence applicability. Some standards are designed for specific units or roles, such as investigative teams. If an agency lacks these units, the related standards may not apply.
- Additionally, jurisdictional and legal requirements can shape applicability. State or federal laws, as well as jurisdictional strategies (e.g., community policing), may determine whether a standard is relevant to a given agency. Agencies should be aware of any legal or regional mandates that could impact their obligations.
- Another important category is conditional standards, which include qualifying language such as "if the agency operates a K-9 unit..." These standards are only applicable when certain conditions are met, requiring a thorough understanding of the agency's characteristics.

## Why Applicability Matters

Determining applicability helps agencies use their resources more efficiently, directing attention to the standards that genuinely impact their operations. It also ensures fair and accurate compliance evaluations, aligning expectations with the agency's actual responsibilities.

## Steps to Determine Applicability

It is not uncommon for an agency to assume a standard is not applicable simply because they do not currently engage in the activity described. However, suppose an agency does not perform the function outlined in a standard. In that case, it must

provide a clear justification and consult with CAPS staff for the standard to be designated as Not Applicable (N/A).

**To determine whether a standard applies, agencies should:**

1. Review the language of the standard carefully, noting any scope or conditional statements.
2. Assess their own profile—this includes size, services, structure, and jurisdictional authority.
3. Consult legal or policy guidance to identify any jurisdiction-specific requirements or exemptions.
4. Document decisions regarding applicability, explaining clearly why each standard is either applicable or not.

**Example:**

- **A standard addressing Agency Jurisdiction** applies universally, as every agency operates within a defined jurisdiction.
- A standard addressing **lead exposure at indoor firing ranges** applies only to agencies that operate an indoor firing range. Agencies that do not operate such a facility are exempt from this standard.

If an agency believes a standard does not apply to its operations, it must provide a clear, documented justification in the accreditation file. Agencies are strongly encouraged to consult with CAPS staff early in the process when questions arise about applicability or potential waiver requests.

CAPS staff can provide guidance on how to document applicability determinations and navigate the waiver process.

Assessors are responsible for verifying the applicability of each standard during the assessment process. Agencies should be prepared to explain and support why certain standards are considered not applicable based on their scope, structure, or services.

## **SECTION 3.5 – REQUESTING TO WAIVE A STANDARD**

There may be instances where an agency is unable to meet a standard due to specific, substantiated limitations, such as legal restrictions, operational constraints, or resource shortages. In such cases, the agency may submit a formal request for a waiver.

## Submitting a Waiver Request

Requests for a standard waiver must be submitted via the [Waiver Request Form](#).

A waiver request must:

- Clearly explain why the agency cannot comply with the standard.
- Include supporting documentation to substantiate the claim.
- Be signed by the agency's Chief Executive Officer (CEO).

Waivers are time-limited and remain in effect only for the period determined by the Commission.

All waiver requests should be reviewed with CAPS staff prior to submission. CAPS staff can provide guidance on how to prepare a request that meets procedural requirements.

## Review and Approval Process

Only the Commission has the authority to approve waivers. Each request is evaluated on a case-by-case basis, considering the agency's justification, supporting evidence, and efforts made toward compliance.

## SECTION 3.6 - TRAINING AND COMMUNICATION

Effective implementation of standards relies not only on written directives but also on ensuring that all personnel are properly trained, and that communication is clear and consistent across the agency.

### Training on New or Revised Directives

Whenever a directive is introduced or updated, all affected staff must receive training. This training should:

- Explain the purpose and scope of the directive
- Clarify employee roles and responsibilities
- Provide guidance on how to apply the directive in daily operations
- Be documented as part of the agency's compliance evidence

Training ensures that personnel are equipped to meet expectations and helps embed the directive into organizational culture and practice.

## Clear and Timely Communication

In addition to formal training, changes to directives must be communicated clearly and without delay. This includes:

- Issuing internal announcements or memos
- Updating manuals or digital systems where directives are stored
- Holding briefings or meetings to address questions and ensure understanding

## SECTION 3.7 - GENERAL TOPICS

The standards are organized into 14 main chapters, each covering general topics that define the fundamental expectations for how agencies structure their operations, manage documentation, and maintain accountability. Each chapter is further divided into sections, which are then broken down into subsections for detailed guidance.

### The Chapters are:

1. Governance and Organizational Structure
2. Authority, Command and Accountability
3. Legal Authority and Public Contact
4. Strategic Planning and Operations
5. Administrative Management and Information Systems
6. Personnel and Organizational Development
7. Criminal Investigations and Community-Focused Policing
8. Vehicles
9. De-escalation, Use of Force, and Firearms
10. Patrol and Traffic
11. Emergency and Tactical Response
12. Property and Evidence Management
13. Communications Center and Interagency Communications
14. Records Management

# CHAPTER 4: DEMONSTRATING COMPLIANCE

The accreditation process is designed to verify that agencies not only have appropriate policies and procedures in place but also implement those directives consistently in daily operations.

Demonstrating compliance requires more than simply possessing a written directive. Agencies must be able to show that standards have been reviewed, applicable requirements have been addressed, personnel have been informed or trained when necessary, and operational practices align with documented expectations.

This chapter outlines a recommended self-assessment workflow and explains the primary methods used to demonstrate compliance during accreditation assessments.

## SECTION 4.1 – EVALUATING COMPLIANCE WITH STANDARDS

The self-assessment process is the foundation of accreditation. During this phase, agencies review applicable standards, evaluate existing practices, implement necessary improvements, and collect documentation demonstrating compliance.

While each agency may approach self-assessment differently, the following workflow provides a recommended process for evaluating and documenting compliance.

### Step 1: Review the Standard

Carefully review the standard statement, clarification statement, and suggested proofs of compliance.

The standard statement identifies the requirement that must be met. The clarification statement provides additional context regarding the intent of the standard, while the suggested proofs offer examples of documentation that may be used to demonstrate compliance.

### Step 2: Determine Applicability

Determine whether the standard applies to the agency's operations, responsibilities, and organizational structure.

If a standard does not apply, the agency should document the justification and consult CAPS staff when appropriate. Guidance regarding applicability and not applicable standards can be found in [Chapter 3](#) and [Appendix C](#).

### **Step 3: Evaluate Current Practices**

Compare existing policies, procedures, and operational practices against the requirements of the standard.

During this review, agencies should determine:

- Whether a written directive exists
- Whether the directive satisfies the standard
- Whether the directive is being implemented in practice
- Whether additional documentation will be required

### **Step 4: Develop or Update Written Directives**

When gaps are identified, agencies should develop, revise, or update written directives to address the requirements of the standard.

Whenever directives are added or revised, agencies should ensure affected personnel are informed and trained as appropriate.

### **Step 5: Collect Proofs of Compliance**

Once a directive has been implemented, agencies should begin collecting documentation that demonstrates ongoing compliance.

Proofs should be uploaded and maintained throughout the accreditation cycle rather than collected immediately prior to assessment.

### **Step 6: Monitor Ongoing Compliance**

Compliance should be reviewed periodically to ensure policies remain current and operational practices continue to align with accreditation requirements.

Regular review helps agencies maintain readiness and avoid last-minute deficiencies during mock and formal assessments.

## **SECTION 4.2 – WRITTEN DIRECTIVES**

### **Purpose of Written Directives**

Written directives establish the agency's expectations, responsibilities, and operational practices. For accreditation purposes, written directives provide the foundation for demonstrating compliance with many CAPS standards.

When a standard requires a written directive, the agency must identify documentation that addresses the requirements of the standard. The written directive serves as the basis from which compliance is evaluated and verified through supporting documentation, interviews, and observation.

## **What Qualifies as a Written Directive?**

A written directive is any formal document that directs, guides, or regulates employee behavior or agency operations.

Written directives may include:

- Policies and procedures
- Standard Operating Procedures (SOPs)
- General or special orders
- Rules and regulations
- Operational manuals
- Training directives
- State or federal laws
- Lesson plans
- Technical manuals and operating instructions
- Other binding documents governing agency operations

Agencies are not required to create a separate directive for every standard. A single policy, plan, manual, or directive may address multiple accreditation standards.

## **Evaluating Written Directives**

Compliance is not based solely on the existence of a directive.

Assessors evaluate whether:

- The directive addresses the requirements of the standard
- Personnel understand and follow the directive
- Agency practices align with the directive
- Supporting documentation demonstrates implementation

Written directives establish the framework for compliance, while proofs of compliance, interviews, and observations demonstrate that the directive is functioning as intended.

## SECTION 4.3 - PROOFS OF COMPLIANCE

Proofs of compliance are evidence used to demonstrate that the agency is not only in possession of the required written directives (policies, procedures, manuals, etc.) but is also actively implementing and adhering to those directives in practice. This concept is a core element of the accreditation process and is critical for validating an agency's accountability, transparency, and professionalism.

Proofs of compliance serve multiple functions:

- Verify that written directives are being applied consistently.
- Demonstrate the agency's commitment to best practices, legal compliance, and community trust.
- Meet the requirements of the accreditation standards.
- Document agency performance in anticipation of audits, inspections, litigation, or public records requests.

### File Sensitivity

The accreditation files are the property of the agency, which retains full control over access to these materials. Access should be limited strictly to the purposes of assessment and verification of compliance.

Documents containing sensitive information may be redacted to protect personally identifiable or otherwise confidential data. Any redacted document must still contain sufficient information for the assessor to verify compliance with departmental policies, operational practices, and accreditation standards.

In some cases, highly sensitive files may not be removed from their secure location. These documents may be reviewed on-site at the office where they are maintained. Examples include personnel investigations, internal affairs records, disciplinary files, and personnel files.

### Types of Proofs of Compliance

Acceptable documentation may include, but is not limited to:

#### Written Documentation

These are the most common and direct forms of compliance proof.

Examples include:

- Reports (e.g., use of force reports, incident reports)
- Logs (e.g., vehicle inspection logs, booking logs, property/evidence chain-of-custody logs)
- Rosters (e.g., training rosters, roll call attendance)
- Meeting minutes (e.g., command staff meetings, community outreach sessions)
- Audit results or inspection checklists
- Memos and correspondence showing action taken in compliance with policy

Proofs of compliance should be completed records generated through agency activities, not blank templates or sample forms.

## Photographic Evidence

Photographs can be used to verify that equipment, signage, or procedures are in place and being followed.

Examples:

- Photos of posted evacuation plans or policy bulletins
- Images of vehicle equipment (e.g., first aid kits, fire extinguishers, body-worn cameras in use)
- Visual confirmation of facility inspections or safety features

Photographs should rarely be used as the sole form of proof. They should not be relied upon as the default evidence, especially when more substantive documentation (e.g. reports, logs, or training records) is available. Instead, photographs are most effective when used as supporting evidence to reinforce or complement written documentation or direct observation visually.

Example (appropriate use):

- A photo of a fire extinguisher in a patrol unit, in addition to the monthly vehicle inspection log that confirms it was checked.

## Number and Frequency of Proofs

**Multiple Proofs May Be Required** - Some standards may require multiple forms of proof — for example, a policy, a training roster, and documentation of actual application (e.g., a report or log entry).

Example:

For a Use of Force standard, the agency might provide:

- The written directive
- Training lesson plans and rosters
- A use-of-force report
- Supervisor review documentation
- Body-worn camera footage (if requested)

## **Proof Requirements for Time-Sensitive Standards**

Time-sensitive standards require specific actions to be completed within defined timeframes or in response to particular events. These standards often involve activities such as reviews, analyses, reports, evaluations, training, or other tasks outlined in the standard or corresponding agency directives.

The table below represents the minimum number of proofs generally expected to demonstrate compliance. If the required documentation is not available, the file must include a memorandum that explains why it is missing.

<b>Frequency Defined in Standard</b>	<b>Number of Proofs Required Per Year</b>
<b>Per incident</b>	1
<b>Daily</b>	1
<b>Weekly</b>	4 consecutive weeks of proofs
<b>Monthly (Once every 30 days)</b>	3 consecutive months of proofs
<b>Quarterly (Once every 3 months)</b>	2 consecutive quarters per year
<b>Biannual (every 6 months)</b>	1
<b>Annually (within a 12-month period)</b>	1
<b>Biennial (every 2 years)</b>	1

## Validity Period for Proofs of Compliance

Each proof of compliance must be clearly dated following the proper naming convention. Proofs must fall within the respective accreditation period to be considered valid. The initial accreditation review covers the 12 months before the assessment, and agencies must submit proofs of compliance dated within that 12-month window.

The accreditation cycle spans three years. Each accreditation year begins immediately after the official assessment concludes and is defined as the 12-month period following that assessment. An accreditation year does not need to align with the calendar year.

For example, if an agency's official assessment is completed on **March 15, 2025**, the accreditation cycle and annual periods would be as follows:

- **Year 1:** March 16, 2025 – March 15, 2026
- **Year 2:** March 16, 2026 – March 15, 2027
- **Year 3:** March 16, 2027 – March 15, 2028

All proofs of compliance must be dated within the corresponding accreditation year to demonstrate ongoing adherence to applicable standards. During the reaccreditation cycle, agencies are required to provide the necessary proofs for each standard annually, covering activities and evidence within each respective 12-month period.

## Ongoing Compliance and Updates

Proofs of compliance should be continuously collected, updated, and reviewed as part of the agency's quality assurance process. This ensures:

- Readiness for scheduled or unscheduled audits
- Proper documentation of personnel actions
- Legal defensibility in the event of litigation or public scrutiny

## SECTION 4.4 - INTERVIEWS WITH PERSONNEL

During accreditation assessments or internal audits, assessors or command staff may conduct interviews with officers, supervisors, or professional staff to confirm that they understand and follow agency directives.

Interviews are useful for:

- Verifying knowledge of policies

- Demonstrating procedural compliance
- Confirming that training has been retained and applied

Example: Interviewing officers about the training they receive annually.

## **SECTION 4.5 - DIRECT OBSERVATION**

Assessors may observe operations or procedures in real time to confirm compliance with policy. This is particularly relevant for standards related to:

- Field operations
- Arrest and booking procedures
- Emergency response drills
- Use of safety equipment
- Training or roll call sessions

Example: Observing a property technician following proper chain-of-custody procedures during evidence intake.

## **CHAPTER 5: MOCK ASSESSMENT**

A mock assessment is one of the most effective ways to prepare for accreditation. It provides an independent review of the agency's policies, documentation, and operations before the formal assessment, helping identify gaps and opportunities for improvement.

The mock assessment is designed to mirror the formal assessment process and provide the agency with a realistic evaluation of its readiness. By identifying issues early, agencies have time to implement corrective actions, strengthen compliance, and improve overall preparedness.

Although not required, agencies that conduct a thorough mock assessment and address identified findings are generally better prepared for the formal assessment and experience fewer compliance issues during the accreditation process.

The Accreditation Manager is responsible for coordinating the mock assessment and ensuring the agency is prepared for the formal review.

## **SECTION 5.1 - PLANNING THE MOCK ASSESSMENT**

Agencies are encouraged to conduct a mock assessment approximately six months before the formal assessment. This provides sufficient time to address any deficiencies and implement corrective actions.

The Accreditation Manager should:

- Schedule the mock assessment
- Secure qualified assessors or accreditation professionals
- Prepare and organize accreditation files and supporting documentation
- Coordinate participation from relevant personnel and departments
- Ensure all applicable standards have been reviewed

## **SECTION 5.2 - CONDUCTING THE MOCK ASSESSMENT**

The mock assessment typically consists of two phases:

### **File Review**

- Review of policies, proofs of compliance, and supporting documentation
- Identification of missing, incomplete, or outdated materials

### **On-Site Review**

- Facility tours
- Staff interviews
- Operational observations
- Review of agency practices and procedures

The on-site portion generally takes one to two days and is designed to mirror the formal assessment process.

## **SECTION 5.3 - ADDRESSING FINDINGS**

Following the mock assessment, the agency should review all findings and develop a plan to address any identified gaps.

Corrective actions may include:

- Updating policies or procedures
- Collecting additional proofs of compliance
- Improving documentation practices
- Providing additional training or communication

Addressing findings promptly helps ensure the agency is fully prepared for the formal assessment.

## **SECTION 5.4 - MAINTAINING READINESS**

After the mock assessment, agencies should continue preparing for the formal review by:

- Conducting periodic internal file reviews
- Maintaining organized and current documentation
- Providing ongoing training and communication to personnel
- Ensuring staff understand their roles during the assessment process

Agencies that maintain readiness throughout the accreditation cycle are generally more successful during formal assessments.

## **SECTION 5.5 - ASSESSMENT READINESS CHECKLIST**

Prior to the formal assessment, agencies should evaluate their readiness to ensure documentation is complete, personnel are prepared, and compliance can be clearly demonstrated.

### **Documentation Readiness**

The agency should verify that:

- All applicable standards have been reviewed.
- Required written directives are current and complete.

- Proofs of compliance have been uploaded and properly organized.
- Documentation falls within the required accreditation period.
- Not Applicable standards and waiver requests have been properly documented.

## **Personnel Readiness**

The agency should verify that:

- Personnel have been informed about the assessment process.
- Key staff are prepared to participate in interviews.
- Training records and documentation are current.
- Personnel understand applicable policies, procedures, and responsibilities.

## **Assessment Logistics**

The agency should verify that:

- Assessor access to PowerDMS has been established.
- Assessment schedules and activities have been confirmed.
- Required meetings, interviews, and facility tours have been coordinated.
- Points of contact have been identified for each functional area.

## **Final Review**

Prior to the assessment, the Accreditation Manager should conduct a final review of accreditation files, outstanding tasks, and any findings identified during the mock assessment. Addressing remaining issues before the assessment helps ensure a smooth review process and reduces the likelihood of deficiencies or delays.

# CHAPTER 6: THE FORMAL ASSESSMENT

The formal assessment process is a critical component of ensuring agency compliance with established standards and best practices. It is designed to be both thorough and collaborative, offering agencies the opportunity to demonstrate their effectiveness while receiving constructive feedback for continued improvement.

Once an agency is prepared for formal assessment, CAPS will coordinate scheduling and assign an assessment team. The assessment consists of a remote file review followed by an on-site assessment.

## SECTION 6.1 - REMOTE FILE REVIEW

The remote file review takes place between 30 and 45 days prior to the scheduled on-site visit. This portion of the assessment is conducted through the PowerDMS platform. The Accreditation Manager must provide assessors with appropriate access to the platform and all required documentation. During this phase, assessors conduct a detailed review of the submitted files to evaluate the agency's compliance with CAPS standards. Ensuring that all required documentation is accurate, complete, and submitted on time will allow assessors to review materials thoroughly in advance and focus the site visit on verifying practices and clarifying any outstanding questions.

## SECTION 6.2 - ON-SITE VISIT

The on-site visit typically spans two days. It follows a series of structured activities designed to provide a comprehensive assessment of the agency's operations and verify compliance with the accreditation standards. These activities include an entrance meeting, a facility tour, direct observations, staff and stakeholder interviews, and follow-up on any outstanding issues identified during the remote file review. In addition, the visit includes opportunities for community input through an online form, email, or mail.

### Entrance Meeting

A meeting is scheduled at the start of the on-site visit with the assessors and agency leadership to introduce the assessment process, review the agenda, and clarify expectations. In addition to the CEO, executive staff, and the accreditation team, the agency may choose to invite other key personnel to this meeting.

## **Facility Tour**

Usually conducted on the first day, a walkthrough of the agency's physical environment is carried out to assess conditions and ensure compliance. Areas typically reviewed include offices, client service areas, property and evidence, security equipment storage, the armory, telecommunications, records, and other key operational spaces. During this tour, assessors may also conduct interviews with staff to gain additional insight into daily operations and practices.

While not required, the agency may choose to arrange a static display of its fleet, such as patrol and specialty vehicles, and special teams, such as Canine and SWAT, to highlight its operational capabilities.

## **Observations**

Assessors will conduct direct observations of daily operations, staff-client interactions, and program implementation to evaluate the agency's practices. Although the facility tour is a structured part of the assessment, observations begin the moment the assessors arrive on site.

## **Ride-Alongs, Interviews, and Shift Briefings**

Scheduled interviews will be conducted with agency staff and leadership. These interviews help assessors understand how policies are applied in practice and how effectively the agency operates in alignment with accreditation standards.

In addition to scheduled interviews, assessors may also conduct informal interviews during facility tours, ride-alongs, and shift briefings (such as roll call). Ride-alongs provide assessors with direct observation of field operations and officer conduct. At the same time, shift briefings offer insight into how information is communicated to staff and how daily operations are coordinated. These real-time observations and interactions allow assessors to evaluate the consistency between documented policies and actual practices, contributing to a comprehensive and accurate assessment of agency performance.

## **Follow-Up on File Review Findings**

Assessors will revisit any outstanding questions or items identified during the remote file review. This follow-up serves to clarify documentation, verify compliance, and ensure all required evidence is accounted for.

## **Public Notification of Assessment**

Once the agency receives official confirmation and scheduled dates for its formal CAPS

assessment, it must notify the community it serves that the evaluation will be taking place. This public notification can be shared through a variety of means, such as the agency's website, social media platforms, press releases, or community newsletters. The purpose of this communication is to promote transparency, invite community awareness, and encourage public participation in the accreditation process.

### **Written Comment Submission**

The agency must provide a written forum for members of the public or community stakeholders to submit comments or feedback regarding the agency's services. This requirement ensures broader access and participation in the accreditation process by offering a convenient and accessible method for community members to share their input in writing. CAPS will provide a method for the collection of public commentary electronically or by mail, along with optional messaging language that agencies may use when notifying the public about the opportunity to submit feedback.

### **Exit Meeting**

A closing meeting is held with agency leadership, including the CEO, executive staff, and key department heads, to present preliminary findings, highlight strengths, identify areas for improvement, and discuss next steps in the assessment process. This collaborative session provides an opportunity for open dialogue, clarification, and planning to support continuous organizational development.

## **SECTION 6.3 - FINAL ASSESSMENT REPORT**

Following the completion of both the remote file review and the on-site visit, the assessment team prepares a final report. The report provides a comprehensive review of how the agency meets the accreditation standards requirements. It includes an overview of the agency, the scope of the assessment, and detailed findings on compliance with each standard. The report outlines the assessment team's findings and observations and may include areas of opportunity, any issues of non-compliance, corrective actions done on site, and highlights of exemplary programs or practices. Serving as the Commission's on-site representatives, assessors do not recommend accreditation; rather, the report offers an objective, fact-based account of the agency's performance for the Commission to make the final accreditation decision. This report is submitted to the Commission and serves as the official record of the assessment.

The agency will receive a copy of the assessment report from CAPS staff. The CEO and Accreditation Manager are responsible for reviewing the report in detail. Any discrepancies or concerns should be communicated to CAPS staff in a timely manner through the [Assessment Report Review Request form](#). The agency should address

identified areas of non-compliance and complete any required corrective actions before the Commission hearing and be prepared to discuss those actions during the hearing. Final accreditation decisions are made solely by the Commission, as assessors do not have the authority to grant accredited status.

## CHAPTER 7: COMMISSION REVIEW HEARING

After the formal assessment, the agency enters the review hearing preparation phase. During this period, the agency receives the assessment report that identifies areas of compliance and areas requiring improvement. If needed, the agency may be required to submit corrective action plans, which are documented plans to address deficiencies, non-compliance issues, or other concerns raised during the assessment. This phase allows the agency time to prepare for meaningful engagement with the Commission.

The Commission Review Hearing is a formal meeting, held either virtually or in person, where the agency presents its information and responds to questions from the Commission. Hearings are held quarterly and represent a key step in the accreditation decision-making process, allowing the Commission to evaluate the agency's compliance with required standards.

Following the hearing, the Commission deliberates and issues a final decision regarding the agency's accreditation status. The Commission's decision may take several forms, each with different implications for the agency.

### **The possible outcomes include:**

- **Full Accreditation:** The agency is granted accredited status for a period of three years.
- **Accreditation with Conditions:** The agency is granted accredited status, subject to specific conditions established by the Commission. The agency must satisfy these conditions within the designated timeframe; failure to do so may result in revocation of accreditation.
- **Deferral of Commission Decisions and Agency Presentations:** The Commission has chosen to defer its determination to a subsequent meeting, pending additional evaluation or the implementation of required corrective measures. An agency may also request to defer its presentation at a Commission hearing to a later meeting, if necessary, due to scheduling conflicts, budgetary considerations, the need for key stakeholder participation, or other relevant reasons. Deferral does not change the original Accreditation Anniversary date.

- **Denial of Accreditation:** The agency has been denied accredited status. The agency retains the right to appeal this decision in accordance with established procedures or to submit a subsequent application after an appropriate interval.
- **Suspension of Accreditation:** The Commission may temporarily suspend an agency's accredited status due to noncompliance with standards, failure to meet conditions of accreditation, or other circumstances that warrant additional review. Accreditation may be reinstated once the agency addresses the issues identified.
- **Revocation of Accreditation:** The Commission may revoke an agency's accreditation if the agency fails to correct identified deficiencies, no longer meets core requirements, or when circumstances arise that call into question the agency's continued ability to meet accreditation expectations. Revocation results in the withdrawal of accredited status. The agency may reapply for accreditation in accordance with the established process after addressing the deficiencies, concerns, or conditions that led to revocation and meeting all required standards.

These decisions reflect the Commission's judgment on whether the agency meets the necessary standards and its commitment to maintaining quality and accountability. Agencies may appeal a Commission decision in accordance with the [Accreditation Appeal Policy](#).

# CHAPTER 8: ACCREDITATION TIMELINES

The accreditation process follows a structured timeline designed to guide agencies from enrollment through accreditation in an organized and transparent manner.

CAPS operates on a quarterly enrollment cycle, with new agencies joining the program at the start of each quarter—January, April, July, and October. This schedule ensures predictable timelines for application review, acceptance, and program entry.

## SECTION 8.1 - ENROLLMENT, ASSESSMENTS, AND COMMISSION MEETING CYCLES

### Enrollment Cycles:

Agencies seeking accreditation may apply for enrollment at any time. Upon acceptance, the agency will be enrolled in the accreditation process at the start of the next enrollment cycle. The enrollment date establishes the starting point for all subsequent accreditation cycles, including assessments and reporting requirements. Refer to [Appendix B](#) for the current enrollment cycle schedule.

### Assessment Cycles:

All assessments are conducted on a quarterly basis, aligned with the Commission’s scheduled meetings, ensuring a consistent and predictable timeline for review and decision-making.

### Commission Review and Accreditation Award:

After the on-site assessment, the team submits a comprehensive report to the Commission documenting all observations, findings, and evaluations. Agencies are then considered for accreditation at the next quarterly meeting, where they participate in a formal hearing to discuss the results. The Commission deliberates and votes on accreditation, which, when granted, is valid for a full three-year cycle until the next scheduled reaccreditation review. Commission hearing schedules will be published on the CAPS website annually.

## SECTION 8.2 - EXTENSION OF INITIAL SELF-ASSESSMENT PERIOD

In certain situations, an agency may need additional time to complete the initial self-assessment. Extensions may be requested, but approval depends on payment of applicable continuation and extension fees, along with a clear demonstration of continued progress toward accreditation.

Agencies requesting an extension should submit their request using the [Extension Request Form](#) and include a status update on accreditation activities.

## SECTION 8.3 - ACCREDITATION TIMELINE

The **initial accreditation** process is a 24-month cycle.

This is a generalized timeline; agencies will move at varied paces, but all agencies must complete their formal assessment **within 24 months**.

### Enrollment and Onboarding

- **1-3 months**
- Onboarding with PowerDMS
- Internal Planning
- Attending Orientation and Accreditation Manager Training

### Self-Assessment Phase

- **About 22 months**, depending on agency need.
- It is recommended that agencies conduct a mock assessment about 6 months before their formal assessment.
- To move into the Formal Assessment Phase, agencies must submit a Standards Summary Report indicating at least 90% of standards being in compliance.

### Formal Assessment Phase

- Must be completed by month 24 of the initial accreditation cycle.
- This phase consists of two parts: a remote and an on-site assessment
- The remote file review will take place about 45 days before the on-site assessment.
- The on-site assessment will take 2 days.

### Commission Hearing and Decision

- 30 days after the formal assessment, the assessment team will submit their report to CAPS.

- Commission hearings will be held during **the quarter following** the formal assessment.

## Reaccreditation

- Agencies must complete the reaccreditation process every 3 years.

## Example Timeline for Cohort 1

This is a generalized example timeline; agencies will move at varied paces. However, all agencies must complete their formal assessment in 24 months.

### Initial Accreditation

- **April 1, 2026** - Begin Enrollment and Onboarding
- **July 1, 2026** - Begin Self-Assessment Phase
- **October 1, 2027** - Begin Formal Assessment Phase
- **March 31, 2028** - Formal Assessment must be completed
- **April-June 2028** - Commission Hearing and Decision

The date an agency is granted accreditation becomes its Accreditation Anniversary Date. Accreditation is valid for three years, beginning on the Accreditation Anniversary Date.

## SECTION 8.4 – REACCREDITATION TIMELINE

The reaccreditation process follows a three-year cycle beginning on the agency's Accreditation Anniversary Date.

This is a generalized timeline. Agencies will move at varied paces, but all agencies must complete a formal assessment before the end of the three-year accreditation period.

### Continuous Compliance Phase

- **Approximately 30 months**
- Maintain compliance with applicable accreditation standards.
- Update policies, procedures, and documentation as needed.
- Collect and maintain proofs of compliance on an ongoing basis.
- Submit Annual Status Reports and Continuation Fees each year.
- Participate in annual peer reviews.

## Reaccreditation Preparation Phase

- **Approximately 6 months** prior to the formal assessment.
- Conduct an internal review of accreditation files and documentation.
- Address any identified deficiencies or compliance gaps.
- Conduct a mock assessment (optional)
- Submit the Summary Status Report demonstrating at least 90% compliance

## Formal Assessment Phase

- Must be completed **before the end of the three-year** accreditation cycle.
- This phase consists of two parts: a remote file review and an on-site assessment.
- The remote file review will take place approximately 45 days before the on-site assessment.
- The on-site assessment will typically take 2 days.

## Commission Hearing and Decision

- Approximately 30 days after the formal assessment, the assessment team will submit its report to CAPS.
- Commission hearings will be held during **the quarter following** the formal assessment.

## Continued Accreditation

- Upon successful completion of the reaccreditation process, accreditation is renewed for an additional three-year period.
- The agency's Accreditation Anniversary Date remains unchanged.

# CHAPTER 9: MAINTAINING ACCREDITATION

**Accreditation is valid for 3 years.** Once accredited, the agency must begin planning for ongoing compliance maintenance and prepare for future reaccreditation cycles to ensure continuous adherence to quality requirements.

## SECTION 9.1 - ANNUAL STATUS REPORTS AND CONTINUATION FEES

Agencies must submit status reports and pay annual fees.

### Annual Status Reports

The agency will submit a status report to CAPS staff 30 days prior to its accreditation anniversary date via the [Annual Status Report form](#). This report serves as a formal update on the agency's compliance status with all applicable accreditation standards.

The report must include:

- A statement of current compliance with each applicable standard.
- Identification of any areas of concern, non-compliance, or risks that could affect continued adherence to standards.
- Disclosure of any critical incidents, major events, or organizational changes that may impact compliance.
- Highlights of positive developments, new programs, or successful initiatives that demonstrate the agency's commitment to excellence and ongoing improvement.

Agencies are encouraged to use this report as an opportunity to showcase good practices, innovative programs, staff achievements, community partnerships, or quality improvement initiatives that support and strengthen compliance with accreditation standards.

### Annual Continuation Fees

Once enrolled, agencies are responsible for paying an annual continuation (maintenance) fee. A detailed breakdown of the Continuation Fees can be found in [Appendix A](#).

### Non-Payment Consequences

Failure to pay continuation fees by the due date may result in:

- Temporary suspension of accreditation status.
- Loss of access to CAPS support and resources.
- Revocation of accreditation if unresolved.

### **Best Practices**

- Assign responsibility for fee tracking to a finance officer or Accreditation Manager.
- Set calendar reminders for annual payments.
- Confirm receipt of payment with CAPS and retain documentation for agency records.

## **SECTION 9.2 - REACCREDITATION**

The reaccreditation process begins after the formal assessment is completed. To maintain accreditation, a formal assessment must be completed before the 3-year anniversary.

In certain situations, an agency may need additional time to complete the reaccreditation process. Extensions may be requested, but approval depends on payment of applicable continuation and extension fees, along with a clear demonstration of continued progress toward reaccreditation.

Agencies requesting an extension should submit their request using the [Extension Request Form](#) and include a status update on accreditation activities.

## **SECTION 9.3 – MAINTAINING CONTINUOUS COMPLIANCE**

Accreditation is not intended to be a one-time effort completed only in preparation for an assessment. Agencies should incorporate accreditation practices into their daily operations to maintain compliance and ensure readiness throughout the accreditation cycle.

### **Maintain Current Documentation**

Written directives, proofs of compliance, and supporting documentation should be reviewed and updated regularly. Agencies should upload documentation as it is created rather than waiting until reaccreditation approaches.

## Conduct Periodic Internal Reviews

Periodic reviews of accreditation files help identify missing documentation, outdated records, and potential compliance issues before they become deficiencies. Internal reviews also help ensure standards continue to be met as personnel, policies, and operations change.

## Monitor Organizational Changes

Changes in laws, regulations, agency structure, operational responsibilities, or community expectations may affect compliance with accreditation standards. Agencies should evaluate these changes and update policies, procedures, and documentation as necessary.

## Promote Shared Responsibility

Accreditation is most effective when responsibility is shared throughout the organization. Supervisors, managers, and subject matter experts should remain engaged in maintaining compliance within their respective areas of responsibility.

## Maintain Assessment Readiness

Agencies should strive to remain assessment-ready throughout the accreditation cycle. Consistent organization, regular reviews, and ongoing documentation practices reduce workload during reaccreditation and support long-term program success.

## SECTION 9.4 - COMMON CHALLENGES AND HOW TO AVOID THEM

Agencies participating in the accreditation process often encounter similar challenges. Awareness of these common issues can help agencies plan effectively and avoid delays.

### Delayed Start on Proof Collection

Agencies that wait too long to begin collecting proofs of compliance often experience compressed timelines and increased workload near the assessment period.

**Best Practice:** Begin collecting and uploading proofs early in the self-assessment phase.

### Inconsistent File Organization

Disorganized or inconsistent file structures make internal review and external assessment more difficult.

**Best Practice:** Implement and maintain a standardized file structure from the beginning.

### **Over-Reliance on a Single Individual**

Accreditation efforts that rely heavily on one person may struggle with sustainability and progress.

**Best Practice:** Distribute responsibilities across units and establish a support team.

### **Lack of Ongoing Review**

Agencies that do not regularly review their files may discover gaps late in the process.

**Best Practice:** Conduct periodic internal reviews to ensure completeness and accuracy.

### **PowerDMS Onboarding Delays**

Delays in system setup reduce the time available for self-assessment.

**Best Practice:** Complete onboarding promptly and begin using the system as soon as access is granted.

# CHAPTER 10: GENERAL INFORMATION

## SECTION 10.1 - USE OF CAPS LOGO

Once an agency achieves accredited status, it may use the CAPS logo for official purposes. [Logo usage and branding guidelines](#) should be reviewed before the logo is utilized in any way. For support or questions with CAPS logo usage please reach out to CAPS staff.

## SECTION 10.2 - PROGRAM EVOLUTION

Participating agencies and members of the public are encouraged to submit suggestions for standard modifications or future standards. Suggestions may be submitted through the [Program Evolution form](#).

For more information, please contact CAPS staff.

# APPENDIX A: ACCREDITATION COST

**These fees are designed to provide a structured, supported, and credible path to achieving and maintaining accreditation, while reducing the administrative and financial burden on participating agencies.**

Agencies are encouraged to budget for both initial and ongoing fees as part of their operational planning. Some agencies may be eligible for grants or reimbursement programs to offset accreditation costs—check with local/state funding sources.

Tier 1 and Tier 2 agencies are strongly encouraged to apply for available [CAPS Grants](#) to support participation in the program.

## INITIAL ACCREDITATION FEE SCHEDULE

Tier	Authorized Full Time Personnel	Application Fee	Initial Accreditation Fees   Year 1	Initial Accreditation Fees   Year 2
1	1-15	\$500	\$5,000	\$5,000
2	16-40	\$500	\$7,000	\$7,000
3	41-100	\$500	\$9,000	\$9,000
4	101-250	\$500	\$11,000	\$11,000
5	251-750	\$500	\$13,000	\$13,000
6	751+	\$500	\$15,000	\$15,000

### Pricing Tiers

“Authorized full-time personnel” refers to all full-time positions included in an agency’s approved staffing plan or budget. Pricing is based on this authorized full-time count.

### Application Fee

If an accepted agency withdraws prior to the start of its enrollment cycle, the application fee remains due and non-refundable.

### Initial Accreditation Fees

The Year 1 Initial Accreditation Fee must be paid in full prior to the start of the agency’s enrollment cycle. Year 2 fees are due on the agency’s enrollment anniversary date.

All fees are non-refundable, regardless of whether the agency completes the accreditation process.

**The initial fees support a comprehensive, end-to-end accreditation experience, including:**

**A Fully Supported Assessment Experience**

- CAPS manages and coordinates the most complex and resource-intensive parts of the accreditation process on your behalf
- Coordination and oversight of the formal assessment and Commission review process
- Scheduling and assignment of qualified assessors for the formal assessment
- Access to a network of trained CAPS assessors to support mock assessment preparation and readiness
- Coverage of costs associated with one formal assessment, including assessor fees and travel
- Coverage of one virtual mock assessment, as outlined below

**Guided Support from Start to Finish**

Agencies receive consistent, hands-on support to navigate each phase of accreditation with clarity and confidence.

- Ongoing guidance from CAPS staff throughout the accreditation process
- Technical assistance and consultation during the self-assessment phase
- Accreditation Manager training to support effective program management and implementation
- Final processing and official issuance of accreditation status upon successful completion

**Tools, Resources, and Infrastructure to Support Your Work**

CAPS provides the systems, standards, and materials needed to streamline and sustain your accreditation efforts.

- Full access to CAPS standards and program resources
- Access to PowerAccred for streamlined program management

## A Connected Network of Peers and Expertise

Participation in CAPS connects agencies to a broader community committed to shared learning and continuous improvement.

- Access to a unique peer-to-peer community for collaboration and support

### The initial fee does not cover:

- Access to PowerStandards (see [additional costs](#))

## CONTINUATION FEE SCHEDULE

Tier	Authorized Full Time Personnel	Continuation Fee
1	1-15	\$3,300.00
2	16-40	\$4,600.00
3	41-100	\$5,900.00
4	101-250	\$7,200.00
5	251-750	\$8,500.00
6	751+	\$9,900.00

## Continuation Fees

Continuation fees are annual fees that apply once an agency has achieved initial accreditation and are required to maintain accredited status. These fees are due each year on the agency's enrollment anniversary date.

Continuation fees are non-refundable, regardless of whether the agency maintains or completes the reaccreditation process.

**Continuation fees support the ongoing maintenance of accreditation, continuous program enhancements, and sustained access to CAPS resources and support, including:**

### A Continued Partnership in Accreditation

CAPS remains an active partner, providing continued guidance and support to help agencies maintain compliance and momentum.

- Ongoing guidance from CAPS staff throughout the accreditation process

- Technical assistance and consultation to support continued compliance and improvement
- Access to CAPS standards, program resources, and dedicated staff support
- Access to annual Accreditation Manager training to support new staff onboarding and continued development of existing personnel

### **Continuous Improvement and Evolving Resources**

Agencies benefit from ongoing program enhancements, ensuring alignment with current best practices and expectations.

- Continuous access to newly developed resources and tools, reflecting evolving best practices
- Updates to standards, guidance materials, and program resources as they are developed
- A guided annual peer review process to ensure continuous progress and a smoother reaccreditation assessment

### **Sustained Access to Tools and Infrastructure**

CAPS provides the systems and structure needed to efficiently manage accreditation over time.

- Access to PowerAccred for streamlined program management

### **A Fully Managed Assessment Cycle**

CAPS continues to coordinate and support each assessment cycle, reducing the administrative burden on agencies.

- Coordination and oversight of the formal assessment and Commission review process
- Scheduling and assignment of qualified assessors for the formal assessment
- Access to a network of trained CAPS assessors to support mock assessment preparation and readiness
- Coverage of costs associated with one formal assessment, including assessor fees and travel

- Final processing and official issuance of accreditation status upon successful completion

**The continuation fee does not cover:**

- a. Access to PowerStandards (see [additional costs](#))

## **ASSESSMENT FEES**

CAPS absorbs the primary costs associated with the assessment process to reduce the financial burden on participating agencies.

CAPS covers the costs associated with the required formal assessment (one assessment per agency per review cycle). This includes assessor compensation, per diem, and all travel-related expenses.

During the initial accreditation cycle, CAPS also provides one remote assessor to conduct a one-day mock assessment and/or file review, supporting agency preparation and positioning for a successful formal assessment.

## **ADDITIONAL COSTS**

Agencies are required to purchase a PowerDMS license to access the PowerStandards system (\$600 annually). This cost is separate from CAPS program fees.

# APPENDIX B: ENROLLMENT CYCLES

Agencies seeking accreditation may apply for enrollment at any time. CAPS staff will review all applications. Once accepted, the agency will be enrolled in the next enrollment cycle. At the start of the enrollment cycle, the agency formally enters the two-year initial self-assessment phase.

## ENROLLMENT CYCLES

<b>Enrollment Cycle Start Date</b>	<b>Application Deadline</b>
<b>April 1</b>	March 15
<b>July 1</b>	June 15
<b>October 1</b>	September 15
<b>January 1</b>	December 15

## APPLICATION AND INITIAL ACCREDITATION FEES

Once an agency's application is accepted, an electronic invoice for the application and initial accreditation fees will be sent to the agency. Fees must be paid in full before the start of the agency's enrollment cycle.

# APPENDIX C: FOUNDATIONAL POLICIES

## SECTION 1 - FUNCTIONS PERFORMED OR DELEGATED

### 1.1 Delegated Functions

An agency that delegates functions to other agencies remains accountable for compliance with all applicable standards governing those functions. For example, if an agency delegates communication operations to a regional center or recruit training to a neighboring agency, the agency retains responsibility for those functions and must ensure compliance with the related standards.

### 1.2 Functions Performed by Another Entity

When another entity performs functions on an agency's behalf, the agency remains accountable for verifying compliance with applicable standards. This includes functions performed by other organizations due to delegation or because the function is traditionally managed externally, such as recruitment, selection, or promotion through a civil service board or central personnel agency.

### 1.3 Occasional Performance of Functions

If an agency only performs a function occasionally, the standard for that function still applies, and the agency must have policies and procedures in place and follow them. Examples include:

1. A non-full-service sheriff's office that backs up a local agency several times per month.
2. A large agency that conducts in-service training locally due to unique retraining needs.
3. A small agency that may establish and operate a temporary command post during large-scale incidents, pre-planned special events, or mutual aid deployments.

Agencies performing functions occasionally should ensure operations comply with standards. Consultation with CAPS staff is recommended if questions arise.

## **SECTION 2 - STANDARDS**

### **2.1 Exceeding Standards**

An agency may exceed the minimum requirements of any standard. When an agency adopts policies or practices that exceed the stated requirements, the agency shall comply with its own policy. Compliance shall be demonstrated through verifiable documentation, records, or other objective evidence. For example, a standard requiring semiannual reporting may be exceeded by quarterly reporting, provided such reporting is documented and available for review.

### **2.2 Non-Applicability**

A standard may be designated as not applicable only if the agency does not perform or have responsibility for the function addressed by the standard. Simply not currently performing a requirement does not automatically make the standard not applicable; the agency must provide evidence that the function is not part of its responsibilities. Agencies are encouraged to consult with CAPS staff when evaluating non-applicability to ensure proper interpretation. All non-applicability determinations must be documented in the self-assessment and are subject to Commission review and approval.

### **2.3 Applicability to Personnel**

Unless otherwise specified, standards addressing personnel matters apply to all agency employees. Where a standard explicitly identifies applicability to sworn or professional personnel, compliance shall be assessed based on that designation. In the absence of such distinction, the standard applies to all personnel.

### **2.4 Personnel Classification and Assessment**

For accreditation purposes, personnel shall be evaluated using the glossary definitions contained in this manual. Agencies are not required to modify internal job titles, classifications, or terminology. Compliance shall be assessed by comparing the agency's actual use, assignment, and authority of personnel to the glossary definitions.

The glossary defines two personnel categories: sworn and professional staff. Sworn personnel are those authorized to effect a full-custody arrest. Professional staff do not possess this authority. This distinction is based solely on arrest authority as defined by this program and is not dependent upon the administration of an oath of office.

Individuals who take an oath, wear a uniform, or perform limited or quasi-law enforcement functions—such as detention or transportation of detainees—shall not be

assessed as sworn personnel unless documentation demonstrates they possess full-custody arrest authority.

## **SECTION 3 - WRITTEN DIRECTIVES**

### **3.1 Definition and Purpose**

A written directive is any formal document that directs, guides, or regulates employee behavior or agency operations. Written directives can originate from multiple authoritative sources, depending on the structure and oversight of the agency. While many directives are internally developed, others are issued by external bodies to ensure legal compliance and standardized practices. The purpose of the written directive standard is to ensure that agency policies are clearly documented. Agencies may use the format that best fits their existing written directive system.

### **3.2 Consolidation of Standards**

Agencies are not required to maintain an individual directive for every standard that requires a written directive. A single manual, plan, or directive may document multiple standards. The accreditation process is intended to avoid unnecessary paperwork, allowing one source to serve as documentation for several standards.

Assessors must evaluate more than the existence of a directive. They must determine whether the content of the directive meets the standard's requirements. Verification may include reviewing the directive, observing agency operations, or conducting interviews to confirm that the directive is being implemented. If observations raise questions about compliance, assessors should review additional documentation, observe operations further, or interview personnel as necessary.

### **3.3 Directives as a Basis for Functional Compliance**

Written directives form the basis for demonstrating compliance with accreditation standards. When agencies follow these directives, they produce documentation, activities, or observable conditions, referred to as "proofs of compliance". These proofs demonstrate the standard is being met on an ongoing basis.

For initial accreditation, documentation may be limited. Reaccreditation requires more substantial documentation reflecting sustained compliance over time.

Compliance with a written directive standard requires more than the existence of the directive itself. Assessors evaluate the policy, observe agency operations, and review supporting documentation to determine whether the standard is being implemented effectively in practice.

## **SECTION 4 - ASSESSORS**

The following principles apply to Assessors and are provided for informational purposes to guide accreditation review.

### **4.1 Verification Beyond Cited Proofs**

Assessors may verify compliance using evidence beyond the proofs of compliance cited in the CAPS Accreditation Process Manual.

### **4.2 Verification Outside the Agency**

Assessors may consult external sources to verify agency compliance.

### **4.3 Verification of All Applicable Standards**

Assessors must verify agency compliance with every standard designated by CAPS. They may also assess compliance with additional standards at their discretion.

# APPENDIX D: POWERDMS RESOURCES

## POWERDMS: ONBOARDING & TRAINING RESOURCES

Agencies that are new PowerDMS customers will receive a guided onboarding process that should walk you through basic system setup and training resources. If your agency is a returning customer with PowerDMS but you are a new PowerDMS user, below are some resources that we would recommend reviewing.

### **PowerDMS University: PowerStandards Online Training**

1. Log into your PowerDMS Site
2. Using the Help Menu at the top of your home screen, select "PowerDMS University"
3. Click the blue bar to sign in using your PowerDMS Credentials
4. Search the course catalog for "Getting Started with Your Accreditation in PowerDMS"

[Click this link for more detailed access instructions.](#)

### **PowerDMS Success Community**

All PowerDMS users must have joined the Success Community and have their account approved before they can access help articles posted in the Success Community.

Please utilize [this guide](#) for assistance on joining the Success Community.

Success Community PowerStandards Help Articles:

<https://success.neogov.com/standards-8>

### **Accessing the Standards Manual and Creating an Assessment**

Subscribing to the CAPS Standards Manual in PowerDMS is the first step in the process of beginning an assessment.

Once agencies have access to the CAPS Standards Manual they can start their first assessment. When naming your assessment, ensure you follow the CAPS naming conventions.

**All agencies should name their assessment with the following format:**

“CAPS Assessment: Start Date-End Date”

Example: CAPS Assessment: 08/2025 – 07/2028

Agencies that are new to PowerDMS will receive guided access from PowerDMS on how to access the CAPS Standards Manual and create their first assessment.

Agencies that are returning customers can utilize this article for assistance on how to access the CAPS Standards and create their assessment:

<https://success.neogov.com/standards-8/part-1-of-8-standards-series-accessing-your-standards-manual-and-beginning-an-assessment-3940>

*Note: You must have joined the [PowerDMS Success Community](#) and have had your account approved, before you can access the link above.*

## **POWERDMS: ASSESSMENT ROLES BEST PRACTICES**

PowerDMS has five **Roles** for use in a CAPS assessment: **Accreditation Manager, Accreditation Team, Auxiliary, Mock Assessor, and Final Assessor.**

These Roles provide you with the ability to create “show or final files”, working files, and self-assessment files in a single location. When you add attachments to your assessment, you **MUST** select a Role before PowerDMS will save the attachment. We do this so you can control which attachments you want your CAPS Assessors to review during your assessment.

**Note:** Roles are not job titles or agency job functions! A good way to understand assessment roles is to think of them as individual file cabinets. Each role is an imaginary file cabinet that you add compliance documentation to for your assessment (i.e., final/show files, working files, etc.).

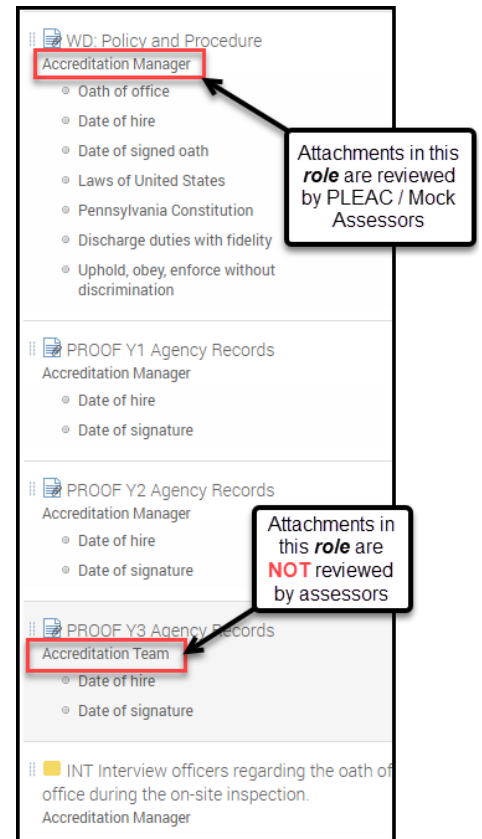
When you assign users, mock assessors, subject matter experts (accreditation team), final assessors, or yourself to an assessment, you select a Role and participation responsibilities to that Role. This means you are granting these individuals permission either to add or merely to observe/view attachments in that Role.

**To assist you with understanding Roles, we have provided the following definitions:**

1. **Accreditation Manager Role (“show” or “final” files):** Attachments made to the Accreditation Manager role are attachments that you want your CAPS or Mock Assessor to review during a final or mock assessment.

2. **Accreditation Team Role (working files):** Attachments to this role are not reviewed by CAPS or Mock Assessors, but act as a repository for compliance documentation that **may** be used to show compliance during the assessment. Below are some reasons to use this role:

- a. You have other people collecting documentation for you and you will need to review the compliance document before approving it for the assessment,
- b. You collect extra documentation for your final assessment, just in case the assessor asks for another proof of compliance,
- c. You do not want other users assigned to the assessment to access the documentation your assessors will review.



Ultimately, the use of Roles is your choice. However, PowerDMS recommends the following:

**Select Accreditation Manager role** for all written directives and proof of compliance attachments you want your CAPS or Mock assessor to review.

- Only assign agency users who are responsible for the agency's accreditation program to the Accreditation Manager role to participate.
- You may wish to give Observe responsibility to other agency personnel so they can see which attachments will be shown to the Mock or CAPS assessors.
- Your Mock or CAPS assessors **MUST** have Observe responsibility to the Accreditation Manager role.

**In the Accreditation Team role**, have agency users who help you collect documentation and build the assessment (e.g. subject matter experts and other personnel).

- This will streamline how proofs of compliance are transmitted to you.
- For example, the subject matter expert will add the proof of compliance to the assessment in the Accreditation Team role, the accreditation manager reviews the attachment and moves the proof to the Accreditation Manager role if approved/needed for assessment.

## **POWERDMS: FILE ORGANIZATION**

A uniform file structure must be implemented across all standards and supporting documentation.

This consistency is critical for both internal team efficiency and external assessor navigation during audits or pre-assessments. Regular audits of file organization are encouraged to ensure ongoing compliance and readiness.

File naming and organization expectations can be found below.

### **Naming of Assessments**

When naming your assessment, add the manual acronym and the start and end month/year of your assessment cycle.

**Example:** CAPS Assessment: 08/2025 – 07/2028

### **Naming of Attachments**

All attachments should have a prefix and a brief description of the document.

Prefixes act as “keywords” that benefit you as you build your assessment. First, they inform your assessors about the type of document they are reviewing. Second, they simplify searching, filtering, and copying attachments from one assessment cycle to the next.

**Please use the following prefixes in your attachments:**

- WD – Written Directive
- PROOF – Proof of Compliance

**Label attachments with the appropriate prefixes and a brief description of the document.**

- **Example:** WD: Policy 11000 Incident Management

**Labels for PROOFS should include the assessment year of the documentation when applicable.**

- **Example:** PROOF Y1, Y2, Y3



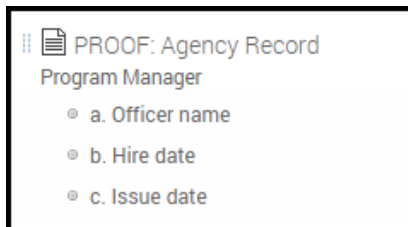
## Labeling Highlights

Label highlights with language that informs the assessor what information is contained in the highlighted material.

How to [Highlight](#) documents

## Labeling Bulleted Standards:

For bulleted standards, include the bullet letter in the highlight label, along with language that identifies the information contained in the highlighted material.



## Simple Notes:

In PowerDMS, a Simple Note is an attachment type that can be used to provide assessors with additional information about compliance with a standard. CAPS permits the use of Simple Notes in place of signed memoranda for non-occurrences and standards designated as Not Applicable.

Simple Notes should be used to provide explanations, observations, interview information, or other context that may assist the assessor in evaluating compliance.

## Labeling Simple Notes

When creating a Simple Note, include the appropriate prefix followed by a brief description.

### Examples:

- INT: Interview with Patrol Sergeant

- OBSV: Property and Evidence Room Inspection
- NO: No Vehicle Pursuits During Assessment Period
- NA: Agency Does Not Operate a Holding Facility

## Simple Note Prefixes

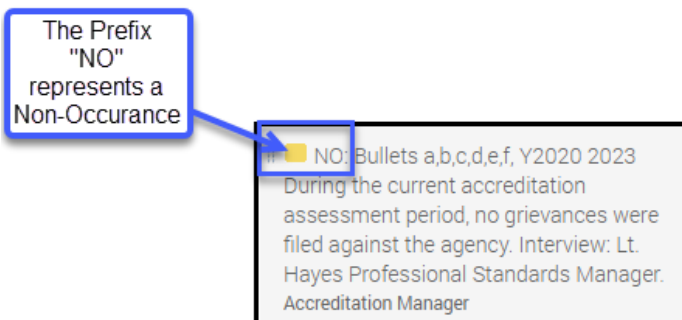
Use the following prefixes to improve organization, searching, filtering, and assessment review:

- INT - Interview
- OBSV - Observation
- NO - Non-Occurrence
- NA - Not Applicable

## Required Information

When creating a Simple Note, include sufficient detail to help the assessor understand the information being provided.

- INT: Identify who was interviewed and their role or assignment.
- OBSV: Describe what was observed and how it relates to the standard.
- NO: Explain what activity, event, or circumstance did not occur during the assessment period.
- NA: Provide a clear justification explaining why the standard does not apply to the agency.



## POWERDMS: PREPARING FOR MOCK OR CAPS ASSESSMENTS

To prepare for your mock or CAPS assessment, you will need to add your assessors to your PowerDMS assessment.

In PowerDMS it is best practice to use groups to manage your users, even users that will be in your site temporarily (i.e., mock or CAPS assessors).

**To add a new user for the mock or CAPS assessment:**

1. Create a group for your mock or CAPS assessors (if one has not been created already). The name of the group is your agency's decision. Example Group Names: Mock Assessors, CAPS Assessors
2. Navigate to the **NEW** dropdown menu at the top of your homepage and **select Group**. Give the Group a name and click **SAVE**.
3. Using the triple dot menu to the right of the group's name, select **Add User** from the dropdown menu.
4. Complete the required fields on the New User page. Required fields include First Name, Last Name, and Username. You will need to create a password for your assessors. You also have the option of entering an END DATE. The end date will archive the user automatically, freeing up a user license.
5. These steps will create the user directly into the appropriate group. You will need to email the assessors and provide the login credentials (Site Key, Username, and Password).

**The following steps outline adding your assessors to your assessment.** These practices are necessary to ensure the assessors can review your final compliance documentation while having the ability to add simple notes and set a final compliance status to your assessment.

1. Navigate to your assessment and click on the root of the standards manual.
2. Click on the "**Assignments**" tab
3. Click **Add new Assignment**
4. In the **User / Group** dropdown field, type the group name you created for your assessors and select the group from the dropdown menu to populate the field.
5. In the **Role** dropdown field, select Mock Assessor or Assessor from the list depending on the nature of the assessment being conducted.
6. In the **Responsibility** dropdown field, select **Participate** from the list.
7. Click **SAVE**

8. Click **Add New Assignment**
9. In the **User / Group** dropdown field, type the group name you created for your assessors and select the group from the dropdown menu to populate the field.  
This is the same group you added to the Mock Assessor or Assessor role in steps 4 – 6 above.
10. In the **Role** dropdown field, select Accreditation Manager from the list.
11. In the **Responsibility** dropdown field, select **Observe** from the list.
12. Click **SAVE**

Your assessors **MUST** have the ability to **PARTICIPATE** in their role (Mock Assessor or Assessor) to set status, clear tasks, and add simple notes.

Your assessors **MUST** have the ability to **OBSERVE** the role all your attachments are in, which is recommended to be the Accreditation Manager role.

More information on adding your assessors to your assessment is found in the article, [Preparing for Mock and Final Assessments](#), located within the PowerDMS Success Community.

## **PowerDMS: Archiving the Assessment**

Do not archive the assessment until the final report is delivered from CAPS. If your agency has only one assessment license, consider using your PowerDMS Folders to house your compliance documents until you can archive your assessment and open a new assessment.

To archive an assessment, refer to the article, [Archiving your Assessment](#), in the PowerDMS Success Community.