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# **PROGRAM OVERVIEW AND PROCESS GUIDE**

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## **Massachusetts Police Accreditation Program**

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## **The Program**

Accreditation is a self-initiated process by which police agencies *voluntarily* strive to meet and maintain standards established *for* the law enforcement profession *by* the profession.

The program establishes standards on best practices for police agencies to adopt. Agencies then establish written directives and procedures for their personnel to implement. Standards dictate *which* topical areas an agency must have policies and procedures, leaving the agency's chief executive officer and supervisory staff to develop and enforce agency-specific policies and procedures. Most of the Commission's standards require agencies to commit their often-unwritten policies and procedures to writing. The remaining standards are equipment or facility-related (generally found in communication centers, holding facilities, and property rooms).

The process begins with a thorough self-examination by the agency to determine its compliance with program standards. The "self-assessment," or the internal review initiated by the agency's chief executive officer, is followed by an external peer review by Commission-appointed assessors.

The Commission grants two awards: Certification and Accreditation. Assessments for Certification are generally conducted in two days by two assessors. Assessments are conducted under the supervision of an Assessment Team Facilitator or Team Leader. Assessments for Accreditation are typically conducted in three days by three assessors. Both assessments are similar in purpose to line and staff inspections in that they monitor compliance with standards and provide a timely means for corrective action when necessary.

Certification includes only mandatory standards. Accreditation is comprised of mandatory and optional standards. All the Certification standards are a part of the mandatory standards for Accreditation.

Achieving Certification or Accreditation means that the agency has agreed to adopt our program's standards as a way of doing business.

That said, being *certified* or *accredited* means that:

1. The agency is committed to meeting professional standards,
2. The agency is willing to be assessed on a regularly scheduled basis by Commission-appointed assessors to confirm compliance with professional standards, and
3. The agency agrees to correct any deficiencies discovered during the assessment process to establish or re-establish compliance with program standards.

It is important to note that the Massachusetts Police Accreditation Program does not certify or accredit Police Chiefs, Accreditation Managers, or any other individuals in the agency; it certifies and accredits the *agency*.

The program is also not a performance evaluation of any individuals in the agency. Instead, it is a measure of a police agency's policies and procedures -- typically verifying that the agency has specific directives and processes covering various aspects of its operations.

### **Voluntary Nature:**

Participation in the Massachusetts Police Accreditation Program is voluntary. Agencies may or may not participate in the program as they wish. They may withdraw from the program at any time during the process, without prejudice, upon written notice to the Commission. The Commission promotes the concept of voluntary self-regulation and encourages maximum participation in the program.

## **The Commission:**

### **Commission Composition:**

MPAC is overseen by a Commission composed of 11 board members. The board members select six (6) Commissioners by majority vote. They must be sitting police chiefs appointed by the election of the majority of the Board who are active members of the Massachusetts Chiefs of Police Association and from a certified or accredited agency. Four (4) members must come from an accredited agency. The Massachusetts Police Association shall appoint one (1) member. The Massachusetts Municipal Association shall appoint one member (1). A majority of the Board shall elect two members (2) provided the individuals have demonstrated expertise in law enforcement and public safety initiatives. Finally, one member (1) shall be elected by a majority of the Board, provided that the individual shall be from an accredited public safety academic institution with demonstrated expertise in law enforcement and public safety initiatives.

### **MPAC Staff:**

The Board of Commissioners appoints an Executive Director to manage a professional staff responsible for the day-to-day operations of MPAC. MPAC's Deputy Executive Director assists agencies enrolled in the program with the assessment process and provides guidance/informal interpretations of standards. The Assessment Compliance Manager supports the Deputy Executive Director by reviewing on-site assessment results and reporting. MPAC's Office Manager works with agencies on billing/invoicing and other administrative functions. Finally, our Assessment Coordinator is the primary point of contact for all on-site assessment scheduling.

In addition, all MPAC Staff support agencies in self-assessment, oversee the assessment process, coordinate on-site reviews and awards, and assist the Commission with their business matters, including scheduled MPAC Conferences and Trainings.

### **Assessment Team Facilitators:**

Assessment Team Facilitators (ATFs) are MPAC-contracted employees hired to oversee and supervise on-site assessments. The facilitator-agency relationship must always be professional, with assessors fostering a non-confrontational relationship with participating agencies and staff. As the eyes and ears of MPAC in the field, ATFs report the Assessment Team's findings concerning a participating agency's ability to comply with the requisite number of applicable standards and associated program requirements.

### **Assessors:**

MPAC's assessors are volunteer law enforcement professionals from our program's participating agencies. Assessors are an essential part of the on-site assessment process. They are selected by their agencies with CEO approval and trained by MPAC to perform assessments. Under MPAC's 6<sup>th</sup> Edition Program, agencies are now required to supply at least one trained assessor for one assessment here at MPAC during the agency's three-year reassessment period. This requirement is mandated after an agency's first assessment under the 6<sup>th</sup> Edition has been completed and will be implemented by MPAC in phases.

## **Program Benefits:**

The benefits of Law Enforcement Certification and Accreditation vary among participating agencies based on the agency's status when it enters the process. In other words, the benefits will be better known when the agency quantifies the "changes" made in agency operations as a direct result of participating in this process to comply with program standards. Generally, these changes involve policy writing, minor facility improvements, and, in some cases, equipment purchases. Below are some of the most common benefits of the program.

### **Participation in the program:**

- Requires agencies to commit their policies and procedures in writing to a comprehensive and uniform set of directives.
- Provides a professional-related norm for an agency to judge its performance.
- Promotes accountability among agency personnel.
- Provides a means of independent evaluation of agency operations for quality assurance.
- Enhances the agency's reputation and promotes staff and public confidence in the agency.
- Improves the delivery of law enforcement services to communities.

Professional credentialing programs such as Law Enforcement Certification and Accreditation are practical risk management tools for preventing and reducing loss in professional liability claims.

## **Program Eligibility Criteria**

Law Enforcement Agencies are eligible to apply for and to become Certified and/or Accredited through participation in the Accreditation Program if the following two conditions are met:

- A. The agency is eligible through legal authority, meaning that the agency's sworn officers:
  - are mandated to enforce laws, **AND**
  - are granted the legal authority to make an arrest by law, **AND**
  - are certified by The Massachusetts Peace Officer Standards and Training (POST) Commission.
- B. The Commission determines that an agency is eligible to participate.

Examples of eligible agencies include municipal, state, and specialized (e.g., campus, transit, and housing) law enforcement agencies.

## **Program Stages**

There are six (6) stages or steps in the Massachusetts Police Accreditation Program's Process. The first three stages are how MPAC administratively classifies agencies before successfully completing an on-site assessment and receiving an award. The last three stages are for tracking agencies in their on-site process.

- Stage 1 – Applicant Phase
- Stage 2 - Pre-Assessment Phase
- Stage 3 - Self-Assessment Phase
- Stage 4 - On-site Assessment Step
- Stage 5 - Commission Review Step
- Stage 6 - Agency Award Step

## 1. **The Applicant Phase:**

Upon deciding to participate in the program, agencies must complete the Program Application and return it to the Commission with their Application Fee. The Program Application and Invoice consist of two parts. Part I requests information about the agency, and Part II deals with the agency's eligibility to participate in the program. Annual fees are invoiced on a fiscal year basis: July 1 – June 30, and their payment is required to continue in the program.

Agencies in this program stage are classified as **Phase 1 – Applicant Agencies** on the MPAC Participating Agency List and Map.

Upon receipt of a signed program application, MPAC Staff will arrange a call or meeting with an applicant agency's CEO to verify their participation eligibility and discuss entry into the program.

As part of the Application Phase, agencies are required to appoint an Accreditation Manager (AM). This position is responsible for managing the agency's Accreditation process and is the agency's primary liaison with the Commission on all matters concerning Accreditation. A sample job description from MPAC identifies the position's primary duties and responsibilities.

The Accreditation Manager position should not be viewed as the sole agency employee responsible for compliance and adherence to our program's requirements. Instead, the entire agency, under the CEO's guidance and supervision, must actively comply with our program. The Accreditation Manager manages and coordinates compliance areas of responsibility with all employees to build and maintain an agency's accreditation files.

### **MPAC Application On-Boarding Process:**

The agency's CEO fills out an application form and submits it to MPAC.

Once an application is received, the agency's CEO and Accreditation Manager (AM) will be invited to join MPAC's Members Only Portal on our website [www.masspoliceaccred.net](http://www.masspoliceaccred.net). This is where all program documents and standards can be found.

The Executive Director will reach out to arrange a meeting with the agency's CEO and Accreditation Manager (AM) to review the application and confirm entry into the program, including verifying compliance with Police Reform Law Requirements.

Once MPAC's initial application review is completed, a membership dues invoice will be generated and sent to the agency.

MPAC Staff will send an email to the agency's CEO and Accreditation Manager (AM) with the specific Police Reform Law Standards requiring a written directive that needs to be submitted to MPAC within 30 days of an application being approved. These written directives should be returned via email to be assigned to and reviewed by MPAC Staff.

Once MPAC Staff verifies the agency's written directives (policies) for the Police Reform Law, the application will be finalized, and the agency will be added to our website on MPAC's Participating Agencies Map and List as in self-assessment.

### **Cost to Enroll in the Program**

The annual fee is based on agency size and the maximum allowable complement or budgeted total number of full-time police officers in the agency.

**NOTE** – if any agency has vacant positions for their total allowable number of full-time officers, those vacancies are included when determining the total amount of the fee invoiced. The cost is pro-rated by the total number of months remaining in the fiscal year for enrollment after the start of the current fiscal year.

*Effective July 1, 2024, there are five agency-size categories:*

<b>Full-time Police Officers</b>	<b>FY2026's Annual Fee</b>
Less than 10	\$1,220
10-25	\$2,340
26-75	\$3,220
75-399	\$4,205
More than 400	\$7,500

## **2. The Pre-Assessment Phase:**

This phase of the process is established for agencies to access program information and standards to prepare for the requirements of stage 3, self-assessment. Agencies in this stage are provided access to all program standards/requirements, MPAC Training, MPAC's Members Only Website Portal, a PowerStandards Software License (based on available on-boarding scheduling), and MPAC Staff for inquiries/guidance.

Agencies in the program phase are classified as **Phase 2 – Pre-Assessment Agencies** on the MPAC Participating Agency List and Map.

**NOTE** - Previous guidance that indicated that there "are no time limits for achieving initial Certification" is still applicable for pre-assessment agencies.

Any agency that **entered the program before July 1, 2023**, previously classified as being in Self-Assessment, and that has not been placed on MPAC's Assessment Calendar is now administratively classified in this stage of the process. These agencies can move to the next stage, self-assessment, at any point in time, once they meet the requirements established below for phase 3 - self-assessment.

## **3. The Self-Assessment Phase:**

This phase of the process involves a thorough examination by the agency itself. It is the most labor-intensive and time-consuming stage of the process because the activities in this stage initially begin with a comprehensive review of the standards and include all the activities associated with preparing for the agency's on-site assessment.

The primary activities in stage 3 – self-assessment include:

- (1) Analyzing each standard to determine agency compliance,
- (2) Achieving agency compliance where non-compliance is determined, and
- (3) documenting and centralizing agency compliance for the assessors to review.

Agencies in this program stage are classified as **Phase 3 – Self-Assessment Agencies** on the MPAC Participating Agency List and Map.

In addition, self-corrective action by the agency during this stage generally involves policy writing, potential facility adjustments, and sometimes equipment purchases.

**NOTE** - Previous guidance that indicated that there "are no time limits for achieving initial Certification" is no longer applicable for agencies in stage 3 - Self-Assessment.

Agencies that are classified in the self-assessment phase include:

1. Agencies that **entered the program after July 1, 2023**, and have completed a mandated review of their written directives for all police reform-related standards by MPAC and are assigned a three (3) year deadline by July 1, 2027, to have an initial assessment.
2. Agencies that **entered the program before July 1, 2023**, and have completed a voluntary review of their written directives for all police reform-related standards by MPAC and have been assigned a three (3) year deadline to have an initial assessment based on when they submitted their written directives.
3. Agencies previously awarded certification or accreditation have requested to return to self-assessment with the approval of MPAC and have a scheduled/definitive date on MPAC's Assessment Calendar for an initial assessment.
4. Agencies denied an award after reassessment and have been mandated to return to self-assessment by MPAC with a scheduled/definitive date on MPAC's Assessment Calendar for an initial assessment.
5. Any Pre-Assessment Agency that advises of their intent for an initial assessment at least six months before a requested on-site date. These agencies will be provided a scheduled/definitive date on MPAC's Assessment Calendar for an initial assessment and will be required to follow the assessment process established by MPAC.

#### **4. The On-site Assessment Step:**

The first part of this stage of the process is designed to give agencies an indication of their readiness. The focus should be to confirm preparedness to be assessed by Commission-appointed assessors. It involves two preliminary reviews, submission of an application for Certification or Accreditation, and completion of a required mock assessment on all applicable standards.

**The On-site Application:** This step begins with reviewing an agency's readiness for assessment and compliance with program requirements and standards necessary for an on-site assessment by MPAC Staff. As requested, agency rosters, organizational charts, compliance logs, etc., and documentation will be included for review by MPAC staff with all applications.

#### **Mock Assessments:**

Mock assessments are invaluable for the agency to prepare before an on-site assessment to verify compliance or readiness with our program's standards and/or requirements. It serves as a dry run for the agency. Mock assessments allow agency personnel to interact with assessors relative to their respective areas of responsibility and to identify and address problem areas (weak or lacking evidence of compliance or documentation) before the Commission conducts a formal on-site assessment.

**Mocks for Initial Assessments:** Mock assessments are mandatory for any agency before any initial assessment (certification or accreditation). Agencies with an initial on-site scheduled must document and submit the results of their mock assessment based on established timelines to MPAC before a formal on-site may proceed.



### **Deadlines for Initial Assessment Mocks:**

Mocks must be **completed at least 90 days before an initial on-site assessment**. The 90-day deadline is the minimum period before an on-site agency has to have the mock finished. This does not prevent an agency from having their mock before the 90-day deadline based on readiness, schedules, holidays, etc.

If after confirmation by MPAC that an agency pending an initial assessment fails to have a mock at least 90 days before their on-site without the approval of MPAC Staff, their on-site will be canceled 60 days before the scheduled on-site and they will either be assigned to return to *Phase 2 – Pre-Assessment* or *Phase 3 – Self-Assessment* based on a review by MPAC Staff.

**Mocks for Reassessments:** For an agency that has received an award previously, mock assessments are strongly suggested/encouraged. Agencies scheduled for a reassessment on-site should document and maintain the results of their mock assessment for MPAC for reference upon request by Assessors, MPAC Staff, and/or the Commission.

**Scheduling of Mocks:** An agency arranges a mock assessment.

**NOTE** – Regardless of whether the agency is having an initial or reassessment on-site, The Commission or MPAC Staff may request any agency's mock assessment documentation, checklists, notes, etc., as part of the review to determine whether an agency receives a certification or accreditation award.

**On-site Assessments:** After on-site application and completion of a mock assessment, stage 4 moves to the evaluation process for Certification or Accreditation, which consists of a multi-day assessment at the agency's facility(s) by a trained team of assessors assigned by the Commission. The assessors are tasked with verifying compliance with all applicable standards and program requirements.

An on-site begins with an introductory meeting between agency personnel and the Assessment Team, the conducting of a tour of the agency's facility(s), a review of agency files, and concludes with an agency exit briefing by the Assessment Team to summarize their findings and recommendations to the Commission.

## **5. The Commission Review Step:**

Once the on-site assessment is complete and all required file repairs, including updates, changes, and/or additions to agency written directives and written documentation, MPAC Staff will complete reports of the agency's performance. These reports are forwarded to the Commission. The Commission will review the agency's assessment based on the findings and recommendations of the Assessment Team and Commission staff. The Commission votes in advance of scheduled meetings when awards are issued. In addition, they may vote to approve or deny Certification or Accreditation based on the totality of information provided and confirmation of compliance with all standards and program requirements.

The Commission is the authority or body determining whether an agency receives a Certification or Accreditation Award.

### **Appeal of Commission Decisions:**

There are no appeal options for the Commission's decision to award an agency Certification or Accreditation; the Commission's rulings and votes are final.

## 6. **The Agency Award Step**

When all requirements for Certification or Accreditation have been met and awarded by the Commission, the agency is invited to attend the Commission's next regularly scheduled meeting. Meetings to review agencies and present awards are held three times per year in February, June, and October – and are referred to as the Winter, Summer, and Fall meetings.

### **Types of Assessments or Awards**

#### **Tier 1 - Certification:**

Certification is the first tier or level of our program. It is highly recommended that an agency exits self-assessment in our program by first attaining Certification. The standards established for the Certification Program allow an agency to transition from self-assessment in a measured way with a reduced totaled number of standards based on essential functions and areas of focus for the agency.

Certification is not a lesser program. Certification can assist an agency in assessing the increased number of standards required to attain accreditation. Once Certification is achieved, the decision if or when to move from Certification to Accreditation is based on that individual agency's specific needs or limitations.

#### **Achieving Accreditation upon Certification:**

Agencies are not required to achieve Accreditation upon Certification. Instead, they may be re-certified at the end of their three-year reassessment period;

However, if an agency elects to pursue Accreditation upon Certification, it may do so under the following potential timelines:

1. Complete a three-year reassessment period while certified and come into compliance with accreditation requirements at their next scheduled on-site assessment, or
2. ***Before July 1, 2024***, during the first twelve months after an agency's first time being certified (initial certification), enter the Accelerated Accreditation Program as noted below, or
3. Request an accreditation assessment at any point during a three-year reassessment period.

**NOTE** – a request for an accreditation assessment before the end of the three-year reassessment period is not guaranteed to occur within the time requested. These requests will only be granted based on consideration of the availability of an Assessment Team and other previously scheduled assessments.

#### **Accelerated Accreditation Program (AAP):**

***Before July 1, 2024***, if an agency's assessment for initial Accreditation occurs within twelve months of its assessment for an Initial Certification, only a select group of Certification standards and the additional mandatory and optional standards for Accreditation will be reviewed. Typically, two assessors will conduct accelerated assessments in two days under the supervision of a facilitator or team leader.

**NOTE - *After July 1, 2024*, the Accelerated Accreditation Program is removed from MPAC's Program.**

## **Tier 2 - Accreditation:**

Accreditation is the second tier or level of our program. It encompasses all the Certification standards along with additional mandatory and a percentage of optional accreditation standards. Accreditation is best accomplished upon completing an agency's Certification to meet all readiness and program-related requirements.

If an agency wishes to enter directly into Accreditation from self-assessment, they may request to do so in writing to the Executive Director. They will provide an application for initial Accreditation to MPAC Staff that focuses on verification and confirmation of readiness by the agency to skip Certification. If approved, a department would then be assessed for Accreditation on all the Certification standards, additional mandatory accreditation standards, and a percentage of optional standards.

Reassessments for Accreditation will occur every three years during the month of the agency's last on-site. So, for example, if an agency had its last on-site in January of 2023, its next assessment would occur in January of 2026.

### **Award Period:**

Certification and Accreditation Awards are granted for three-year periods. The agency's anniversary date is the month (February, June, or October) and year in which the Commission presents the award.

To avoid any lapse in status, an agency must complete its on-site assessment and review before its award anniversary date. Failure to successfully achieve Recertification or Reaccreditation on or before the agency's anniversary date without written approval from the Commission authorizing an extension will cause the agency's award status to lapse. As a result, the agency may be placed back in self-assessment or removed from the program by the Commission.

Upon completing their first assessment under the 6<sup>th</sup> Edition during an agency's reassessment period, annual status reports are required at the first and second anniversary of an award date and a mid-point review with the agency monitoring compliance with standards during the three-year award period.

## **Readiness Indicator Reporting During a Re-Assessment Period:**

### **Annual Status Reports:**

Annual Status Reports are required on the first and second anniversaries of an agency's award date, commencing with an agency's first 6<sup>th</sup> Edition Award. These reports are completed using a template provided by the Commission. They are not intended to be voluminous or burdensome but to provide updates on critical areas during an agency reassessment. The Accreditation Manager completes the agency's Annual Status Reports. The chief executive officer will review, sign, and submit the report to the Executive Director.

Once the MPAC Staff reviews the completed report, they will contact the agency's chief executive officer to arrange a meeting or conference call to discuss the information submitted in the annual status report and the agency's continued progress toward Recertification or Reaccreditation.

### **Mid-point Reviews:**

Agencies are fully expected to monitor and evaluate their compliance with program standards during the three-year award period and take all necessary steps to re-establish compliance with standards when non-compliance is discovered. In addition, as part of verifying continued compliance, a mandatory mid-point review is scheduled for eighteen (18) months after an agency's first 6<sup>th</sup> Edition Award.

MPAC Staff conducts mid-point reviews to assist agencies in monitoring program compliance during the three years between their assessments. This review involves reviewing time-sensitive reporting requirements, confirmation of compliance with new or updated standards, and a random sampling of standards checklist compliance of written directives and any required associated written documentation or "proofs" of compliance.

### **Program Extensions**

#### **Assessment Period Extensions:**

An agency may request an extension with cause for an assessment to extend the time frame when their next on-site is scheduled.

Extensions may be granted on a limited basis to assist an agency with completing accreditation file construction or maintenance. They are not given to allow an agency to take a pause or break in their ongoing compliance with standards and program requirements. Extensions are not automatically granted and must be supported for a specific reason(s) or the need for an extension.

If an agency needs to request an extension, the CEO will send a written notice to the Executive Director, who will arrange a call or meeting to review the request. Any documentation supporting the request for an extension should also be included with an agency's written notice.

Extension periods are granted in four-month increments to coincide with the Commission's meeting schedules and award periods. The Executive Director may give an extension for one award period, or four (4) months, with documentation of progress supplied by the agency during the agreed-upon time of the extension. The Commission must approve any extension beyond four (4) months or one Commission Meeting Period.

All extensions will require compliance documentation and progress reporting at intervals set forth by MPAC Staff. If an agency fails to meet the agreed-upon extension period as granted, it will be subject to re-entry into self-assessment or suspension.

Once an extension is granted, rescheduling arrangements must be made early to the Deputy Executive Director and Assessment Coordinator. Regardless of the agency's assessment and Commission review during an extension, its original award date (anniversary date) remains the same. Scheduling future assessments after an extension is based on an agency's original award date.

### **MPAC's Members Only Portal**

The Commission's website has a private and interactive portal for agencies enrolled in the Massachusetts Police Accreditation Program.

Upon application, the agency's Accreditation Manager will be emailed an invite to join the Members Only Portal. Once the AM is set up, they can onboard their team (Group) by emailing invites to them. They are also required to onboard others in the agency - for instance, those wishing to attend training sessions offered by MPAC.

In sum, the MPAC Members Only Portal is a resource and support network for those working on Certification and Accreditation. The site contains easy and timely access to program updates and news, pages specific to Certification and Accreditation resources, member contact information, training calendars, and more.

Because of the site's capacity to store and broadcast program information efficiently and cost-effectively, all program members must remember that the Members Only Portal is the Commission's primary means of communication for disseminating program information to program members. In other words, the Members Only Portal is the Commission's Written Directive System.

## **Participating Agency Information and Management Reporting Requirements**

Each agency participating in our program is required to report the following to the Commission:

- A change to the agency name, address, phone number, fax number, or website address.
- A permanent change in Chief Executive Officer (CEO).
- A permanent change in the person assigned as, or rank of, the current Accreditation Manager (AM).
- Whenever an agency appoints an interim Accreditation Manager or Chief Executive Officer.
- When any officer from the agency has had their Certification suspended or revoked by the Peace Officers Standards and Training Commission (POSTC).
- Department of Justice investigations, memorandum of agreement, or consent decrees.
- The removal of the agency's Chief Executive Officer (CEO) from office.
- Any court judgment, ruling, and/or memorandum of agreement/understanding, either civil or criminal, against an agency or one of its employees as a result or within the scope of their employment with the agency.
- Any significant internal complaints or issues that may affect the integrity of the accreditation process.

Significant Internal complaints or associated program compliance issues should be reported to the Executive Director when they occur to the extent allowable by law. At a minimum, the reporting should include the nature of the allegation, the total number of employees involved, an affirmation that applicable MPAC Standards and Program Requirements relevant to the issue are being followed (i.e., the requirements of chapters *26 Conduct and Discipline* and *Chapter 52 Internal Affairs*), and whether the case involves potential criminal charges against any agency employee.

The agency reporting shall be in writing through an email or letter to the Executive Director describing the complaint or issues that may affect the integrity of the accreditation process. Before the agency's review for a Certification or Accreditation Award, the Commission will be informed of any matters reported and noted above.

**NOTE** - When an Accreditation Manager or CEO change occurs, the agency needs to notify MPAC as soon as possible to ensure MPAC has the most up-to-date agency information. The official notification should include an email or letter from the CEO to the Executive Director with the updated name, title, phone number, and email for the person assuming the position of CEO or AM.

In the case of a new CEO (permanent or interim), the executive authority for existing written directives must be confirmed by the incoming CEO to avoid any confusion about the authority and all requirements of the agency's existing written directives. In addition, the new CEO should address the validity of any previously approved and adopted written directives.

To address this issue, the new CEO should issue a bridging document to all agency personnel, a memorandum, or other written directive stating that all written directives issued by the previous CEO(s) will remain in effect until otherwise amended, revised, or rescinded. A sample of bridging document language on the Members Only Portal can be copied and pasted onto an agency special order, memorandum, etc., and signed by the agency's incoming CEO.

## **Program Complaint Procedures**

**External Complaints:** are complaints MPAC receives from an outside source, i.e., members of the public, government agencies, news media, agency personnel, etc., about an agency and their compliance with any standard or program requirement. These are often generated upon community and agency notifications about a pending on-site assessment that has been disseminated or posted.

MPAC documents external complaints, and the agency is notified in writing of the receipt of the complaint. The agency can respond to the complaint in writing in accordance with its agency complaint policy. If MPAC identifies any special concerns, the agency is notified with the complaint material.

Based on the nature of a complaint, the Commission may direct the Executive Director to conduct inquiries to determine an agency's compliance and make recommendations to the full Commission. In addition, in some instances, a complaint or issue could require an on-site visit of the agency by an MPAC Representative for clarification or review of specific conditions.

**Internal (Program) Complaints:** are complaints that MPAC receives from participating agencies, usually through the CEO or Accreditation Manager. They may include, but are not limited to, complaints from participating agencies related to MPAC Staff's or Assessment Team's conduct or performance, those pertaining to the objectiveness of the assessment process, and allegations of subjective interpretation of compliance with a standard or program requirement.

Assessment-related complaints shall be submitted by the agency's chief executive officer (CEO) in writing to the Executive Director. Specific facts, evidence, and witnesses should be included with the complaint to aid the review of the complaint. In addition, an agency is expected to reference the applicable standard or program requirements related to their complaint in their written notice.

Complaints against specific MPAC Staff, Assessment Team Facilitators, or Assessors in reference to any ethics violations, conflicts of interest, demeanor, and/or poor performance shall be submitted by the agency's chief executive officer (CEO) in writing to the Executive Director.

The Executive Director will review the complaint and supporting documentation submitted for any alleged violations of MPAC's Policies and Procedures. If the complaint is an allegation against the Executive Director, the CEO shall submit the complaint to the Commission's President.

The Commission will be advised when a complaint warrants any possible formal personnel action or discipline against an MPAC Staff Member. In these cases, the Commission will be the sole determinant of any final disposition of any complaint. There is no appeal of the Commission's determination of a complaint, and their decision shall be deemed final and binding.

## **Agency Reviews and Commission Sanctions**

**Award With Condition(s):** The Commission designates the agency as Certified or Accredited but requires that the agency take specified measures or provisions to cope with current or anticipated events or circumstances threatening or preventing compliance.

Generally, an award with conditions is applied on a very limited basis by the Commission, and the Commission sets conditions as opposed to them being requested by any agency.

Conditions during an initial assessment may result from required updates to an agency's facilities, infrastructure, etc., that necessitate a defined period for obtaining compliance and purchasing supplies or equipment to comply with a standard(s). In these instances, the agency, under the direction of the Executive Director, would submit a detailed plan to the Commission to include timelines, deadlines, steps for verification of progress during the project, and for final inspection by MPAC Staff to verify compliance.

The Commission may establish a condition(s) for an initial or reassessment when an agency is deficient in its written directive system during an assessment or when it provided weak or insufficient documentation or "proofs" of compliance with standards. In that case, the conditions applied are intended to ensure that the agency can prove any efforts or identified requirements have been met and instill confidence in the agency's compliance with our program.

Through the Executive Director, the Commission monitors the agency as appropriate and sets any benchmarks or reporting requirements by the agency during any conditions.

**Suspension:** The Commission may suspend an agency's current award status based on any of the following conditions:

- The agency is subject to a US Department of Justice Consent Decree.
- The agency has personnel subject to criminal charges, and there is sufficient cause to believe that the agency failed to follow established program requirements related to the charges. For example, an internal affairs investigation was not conducted per Chapter 52, agency personnel failed to act upon the report of alleged criminal conduct, etc.
- The agency is suspected of providing false information or documentation to meet standard(s) or program requirements.
- The agency is suspected of knowingly and intentionally failing to comply with program requirements.

**NOTE** - Suspension periods will be defined, and the Commission will identify specific benchmarks, required documentation, and program compliance verification steps the agency must meet to comply with their award program.

**Revocation:** The Commission may revoke an agency's current award status based on any of the following conditions:

- The agency is subject to a US Department of Justice Consent Decree and has failed to meet any of the mandatory requirements of the decree.
- The agency's award status was suspended or awarded with conditions, and they failed to comply with Commission suspension requirements or any required conditions during their award period.
- The agency knowingly and intentionally failed to comply with any program requirements.
- The agency provided false compliance documentation within its accreditation files or to the Commission upon a request for information.



**Deferment of an Award:** The Commission may postpone awarding an agency Certification or Accreditation based on a pending action or complaint.

The agency maintains its current status until the Commission makes a final decision on a pending award.

**Denial of an Award:** An agency may be denied an award under the following:

- When an agency is not in compliance with all applicable MPAC standards and program requirements, **and**
- After being notified of a deficiency or specific area of non-compliance, the agency has not presented proof or evidence that it may come into compliance within a reasonable period in a manner that convinces the Commission they are in compliance, **or**
- The agency has not continually participated in the accreditation process as prescribed within the program guidelines for its Certification or Accreditation Award.

If the Commission denies awarding an agency, they will advise the agency if they will re-enter self-assessment in our program for a defined period pending an initial assessment or be removed from future participation in the program.

Any decision to suspend, revoke, defer, or deny an agency's award status is final and binding. Accordingly, no appeals shall be heard or granted upon the Commission's final revocation vote.

### **Agency Dues and Payments to MPAC**

**Payment Terms:** All payments of dues, invoicing, or fees will be billed "Net 60", meaning the agency has 60 days to pay any invoice before the bill is overdue.

When the agency needs additional time beyond 60 days to pay any invoiced amount, a request must be made in writing to the Executive Director to make arrangements for payment(s).

**Non-Payment of MPAC Dues or Fees:** Any agency that has failed to pay its annual dues, invoice balance for MPAC Store Items, or any fees set forth by the Commission may be removed from participating in the program, regardless of what level of participation they are currently assigned.

The Executive Director will provide written notification to the CEO of any agency that has an overdue payment and establish a defined period for receipt of payment.

If any agency fails to meet any payment deadline or to respond to phone calls, emails, and/or mailed (USPS) notices of overdue payment, they shall default membership within the program and be removed from participation by a vote of the Commission.

**Refunds:** Once an agency's payment for dues or other MPAC fees has been processed and deposited, refunds will only be provided in the case of a billing error by MPAC. In the event of an overpayment by an agency, MPAC will add the additional funds to an agency's account to be applied as a credit toward any future payments or purchases. If an agency withdraws from the program or is subject to any sanctions by the Commission, no refunds of dues or fees shall be provided to the agency.

## **MPAC Standards**

**Program Standards.** Standards are classified as either mandatory or optional. The Certification Program is comprised of mandatory standards only. The Accreditation Program is comprised of both mandatory and optional standards. Since all standards for certification are part of the mandatory standards for accreditation, certification is considered a significant milestone toward accreditation, which is the Commission's highest tier/award.

**Mandatory Standards.** Agencies must meet all standards designated as mandatory unless the standard is not a function or responsibility of the agency. Mandatory standards generally impact officer and public safety, address high liability/risk management issues, or promote operational efficiency in the agency. Any standard deemed *not applicable* to an agency will be waived by the Commission through a formal waiver process initiated by the agency.

**Waivers for Mandatory Standards deemed Not Applicable by Function or Responsibility.** Pending an agency's on-site assessment, Commission Staff may provisionally (conditionally) approve Waivers. It will, however, be the responsibility of the Assessment Team to confirm the agency's representation in the Waiver request during the agency's on-site assessment. If confirmed, the reviewing Assessor and the Team Leader/Facilitator will recommend approving the Waiver on the Commission's Waiver Form.

Waiver information is included as part of the Assessment Team's Final Report to the Commission for final approval by the Commission in considering an agency for Certification or Accreditation. Agencies may appeal waivers *not* approved by Commission Staff or the Assessment Team to the Commission, who will render a final, binding determination on whether an agency may waive compliance with a specific standard(s).

**Optional Standards.** Optional standards are often considered *enhancements* to agency operations, including exemplary programs or activities.

The percentage of optional standards an agency must meet is based on agency size. *Agency size* is based on the total number of authorized (not actually hired or working) full-time sworn personnel.

<b>Percentage Table for Optional Standards</b>		
<b>Authorized Full-Time Sworn Personnel</b>	<b>% of Standards</b>	<b># of Standards</b>
1 - 50	55%	66
51 - 100	60%	72
101 - 200	65%	78
201 - 300	70%	84
301 +	75 %	90

## **MPAC Checklists and Standards**

### **MPAC Assessment Checklists and Standards are the Accreditation Manager's Road Map to Certification and/or Accreditation.**

The Commission's Standards, more commonly known as and referred to as the Commission's *Assessment Checklists*, contain specific *evaluation criteria* for determining an agency's compliance with program standards, and they serve three primary purposes:

- *They reflect our program requirements.*
- *They guide accreditation managers through self-assessment.*
- *They promote consistency among assessors and assessments.*

**Self-Assessment / Aid to Accreditation Managers:** Accreditation Managers for current participating agencies should download a complete set of the Commission's Assessment Checklists from MPAC's Members Only Portal *for a working copy* if their next assessment is scheduled to use paper/hard copy checklists.

Otherwise, participating agencies in pre-assessment or self-assessment using PowerStandards Software can access the MPAC Standards Manual within PowerDMS' PowerStandards Software upon being given access by MPAC.

As an instructional tool for Accreditation Managers, the Assessment Checklists/Standards *dissect* standards into simple parts, highlighting multiple requirements and specifying the documentation and/or information that must be provided to the Assessment Team in order to demonstrate agency compliance.

Therefore, before being scheduled for an on-site assessment by Commission-appointed assessors, Accreditation Managers must have a completed "working copy" of the Assessment Checklists to show to the Commission.

**Consistency Among Assessments:** Aside from the fact that the Assessment Checklists/Standards guide Accreditation Managers through self-assessment and identify the Commission's *expectations* of agencies during the on-site assessment, they similarly provide guidance to assessors by establishing some parameters for them. This is because, during the on-site assessment, assessors are required to use the Assessment Checklists as the "standard" or review electronic assessments to verify agency compliance with all MPAC requirements.

Incorporating the checklists/standards into the on-site assessment process promotes consistency among individual assessors and agency assessments. In other words, they standardize assessments.

**Provided Examples in Files and Random Samplings to verify Functional Compliance:** At the beginning of the on-site assessment, agencies are required to provide each assessor with a current employee roster accounting for all agency personnel, for the standards requiring providing an example in a file or a random sampling to be checked.

The agency's roster must include all sworn and non-sworn personnel employed or affiliated with the agency, whether full-time or part-time, paid or unpaid.

Rosters should identify dates of **new hires** and **recent promotions**.

**NOTE** – Whenever an agency updates an existing roster, they must save the changes as a new document with the updated date noted. This will allow the agency to memorialize changes and provide past rosters for review when necessary or upon request.

When an Assessment Checklist directs an assessor to verify compliance in practice, only one agency-provided example in the associated file will be checked unless specified otherwise.

Example: Standard 33.5.1 requires all sworn personnel to complete an annual retraining program, including legal updates (aka In-service Training).

To verify compliance with this standard, documentation of one (1) name for each rank shall be provided in the file by the agency selected from the employee roster.

Suppose the agency employs more than one category of sworn personnel (i.e., the agency has both full and part-time officers). In that case, part-time officers will be similarly selected by the agency and provided in the files.

## **MPAC Assessment Checklists:**

### **Assessment Checklists.**

The Commission has developed an Assessment Checklist for each program standard that contains the *evaluation criteria* for determining an agency's compliance with the standard.

Massachusetts Police Accreditation Program				
ACCREDITATION STANDARDS MANUAL				
CHAPTER 11: ORGANIZATION AND ADMINISTRATION				
Accreditation Standards and Assessment Checklists – 6 <sup>th</sup> Edition				
11.1.2	Organizational Chart	CERTIFICATION	Revision Date: 03/31/2024	Written Directive Observation
Note to Accreditation Managers and Assessors			Proofs of Compliance	
<p>Agencies' organizational charts do not need to list the specific names of individuals from their employee roster. Instead, it may identify a position or group of positions within a box/shape.</p> <p>When listing a position on an organizational chart, it should be the primary duty of that employee/position versus any secondary assignments or additional functions that the employee may fill. For example, if an officer assigned to patrol as their primary job also conducts training, their position wouldn't be listed twice on the chart.</p> <p>An organizational chart must show a precise (clear) line or path to the supervisor(s) for each position or group report within the agency's hierarchy. If an agency also lists <i>functions</i> on an organizational chart, they should be identified by a separate or distinct shape, symbol, color, etc., from listed <i>positions</i> or groups.</p> <p>A written directive is needed to assign functional responsibility for the organizational chart, ensuring it remains current. In addition, it should establish the agency's policy to make the chart available to the public upon request and make it accessible to agency employees.</p> <p>Organizational charts must be reviewed at least annually to be considered current under this standard. If an organization chart lists employee names, it must be updated each time a new employee is hired, promoted, a role is changed, etc.</p>			<input type="checkbox"/> Agency Organizational Chart  <input type="checkbox"/> Written Directive	
State Standard/Evaluation Measures:				
<ol style="list-style-type: none"> <li>The agency has an Organizational Chart. Y N</li> <li>The lines connecting each position (boxes) <i>accurately</i> reflect the agency's reporting structure or the supervisor (who) that position reports to within the agency's hierarchy by a precise line or path. Y N</li> <li>The organizational chart is current, meaning <u>documentation</u> confirms that the agency has reviewed it within at least the past twelve months. Y N</li> <li>The chart is accessible to both agency personnel, and the public upon request Y N</li> <li>The agency has a written directive that assigns functional responsibility for the organizational chart to a specific job position, ensuring it remains current. Y N</li> </ol>				

**Topical Chapters:** Standards are organized into various topical chapters.

**Edition of the Standards Manual:** The edition of the standards appears in the header of each Standard/Assessment Checklist.

**Revision Dates of Individual Standards:** As the Commission changes individual standards within a chapter, whether a new or a revised standard, the effective date of the affected standard will be noted accordingly and prominently displayed to the right of the standard's title and compliance level as a revision to the chapter.

All amendments to program standards will be issued through MPAC's Members Only Portal. Accreditation Managers are responsible for keeping abreast of all changes in standards as their agencies will ultimately be assessed by them. All changes will be updated and maintained on Members Only Portal to assist agencies in keeping track of these changes.

**Standards with Multiple Requirements:** When a standard has multiple requirements, the evaluation criteria will be lettered or numbered to facilitate cross-referencing the standard's specific requirements to the agency's compliance documentation. For example, numbered 1, 2, 3, or bulleted A, B, C, etc.

**Yes/No Questions:** *Except in a few prominent areas*, the questions are intended to be answered YES if the agency complies with the standard.

**Obtaining the Assessment Standards Checklists.** The Commission's **Standards** [aka Assessment Checklists] are available electronically on the Commission's MPAC Network.

The Standards for:	Are located at:
Certification Assessment Checklists	<a href="#">Linked Here</a>
Accreditation Assessment Checklists	<a href="#">Linked Here</a>

**Completed Checklists (Originals and Copies):** Accreditation Managers can copy the completed checklists during the on-site assessment.

**NOTE** - Arrangements for any copies of checklists must be made before the completion of the on-site assessment and the Assessment Team leaving the agency.

Once the checklists are submitted to MPAC Staff, they become an internal administrative file, and as such, they are no longer available for release to the agency.

The Commission will maintain the original set of checklists in the agency's on-site assessment file, which will be shredded or destroyed upon confirmation of the agency's subsequent award.

## Standards from MPAC's PowerStandards Manual:

11.1.2 Organizational Chart (C) <span>Print</span>	
<b>Mandatory</b>	
<p><b>Standard</b></p> <p>The agency has a <u>written directive</u> that assigns functional responsibility for the organizational chart to a specific job position ensuring it remains current.</p> <p>A review of the current Organizational Chart confirms the following:</p> <ul style="list-style-type: none"> <li>the lines connecting each position (boxes) accurately reflect the agency's reporting structure or the supervisor (who) that position reports to within the agency's hierarchy by a precise line or path;</li> <li>the organizational chart is current, meaning documentation confirms that the agency has reviewed it within at least the past twelve months; and</li> <li>the chart is accessible to both agency personnel, and the public upon request.</li> </ul> <p><i>Note to Accreditation Managers and Assessors</i></p> <p>Agencies' organizational charts do not need to list the specific names of individuals from their employee roster. Instead, it may identify a position or group of positions within a box/shape. When listing a position on an organizational chart, it should be the primary duty of that employee/position versus any secondary assignments or additional functions that the employee may fill. For example, if an officer assigned to patrol as their primary job also conducts training, their position wouldn't be listed twice on the chart.</p> <p>An organizational chart must show a precise (clear) line or path to the supervisor(s) for each position or group report within the agency's hierarchy. If an agency also lists functions on an organizational chart, they should be identified by a separate or distinct shape, symbol, color, etc., from listed positions or groups.</p> <p>A <u>written directive</u> is needed to assign functional responsibility for the organizational chart, ensuring it remains current. In addition, it should establish the agency's policy to make the chart available to the public upon request and make it accessible to agency employees.</p> <p>Organizational charts must be reviewed at least annually to be considered current under this standard. If an organization chart lists employee names, it must be updated each time a new employee is hired, promoted, a role is changed, etc.</p> <p><b>File Guidance / Suggested Evidence</b></p> <ul style="list-style-type: none"> <li><u>Written Directive</u></li> <li>Organizational Chart</li> <li>Documentation that Organizational Chart is accessible (personnel/public upon request)</li> </ul> <p><b>Attachment Frequency</b></p> <p><u>Written Directive</u>: Attach once for the assessment period unless an update is issued, then attach the updated version of the <u>written directive</u>.</p> <p><u>Initial</u>: 1 proof (evidence dated within the past 12 months)</p> <p><u>Re-Assessment</u>: 1 proof (evidence for EACH year of the assessment period)</p>	

### Standard Number and Title: Standards

**Standard Statement:** The standard may be a sentence and/or a paragraph. Some standards include bullet points. Agencies are required to meet all elements of the standard (and bullet points, if any). The standard will always be in **Bold, black font**.

**Note to Accreditation Manager and Assessors:** This section further explains the standard and provides the intent behind the standard. The agency is not responsible for meeting the requirements of the notes section. The notes to accreditation managers and assessors section will always be in *black, italicized font*.

**File Guidance / Suggested Evidence:** This section is an itemized list of suggested materials to potentially be included in the standard's file. The list is derived from what documentation/proofs or evidence of compliance the standard requires of the agency, such as a [written directive](#), training records, [annual](#) reports, lists of employees, etc. The actual evidence added to the file is at the agency's discretion. The suggested evidence in this section is meant as an example of what to include to meet the standard. This section has a **red, bold, italicized header**.



**Attachment Frequency:** Continuous compliance requires [annual](#) evidence that agencies meet the standards. This section clarifies the number of times the agency must attach their written directive(s) to the standard during their assessment period, as well as the number of times evidence of compliance must be attached according to the type of assessment the agency is undergoing (i.e., initial versus reassessment). This section has a *green, bold, italicized header*.

**Obtaining the Standards from MPAC's PowerStandards Manual.** The Commission's Standard's Manual is loaded within our PowerDMS/PowerStandard's Account. They are made available electronically within the PowerStandards Software as part of an agency's MPAC Dues.

## Checklist/Standard Compliance

**Complying with Checklists/Standards.** Agencies are expected to meet both the letter and spirit of standards.

*Letter and spirit* mean *functional compliance* or *compliance in practice*, which means that agencies do what they say they do. While the Commission fully expects agencies to meet the letter and spirit of its standards, it recognizes that for *initial* Certification and Accreditation, the first step towards achieving standards compliance is often to commit to the standard in writing. The term "WET INK" describes these newly implemented written directives; some are so new that the agency cannot provide proof that the standard is being complied with at the time of the assessment.

At a minimum, *functional compliance* means:

- The written directive is *in effect*,
- The written directive is *agency-specific and accurately reflects agency practice*,
- The written directive has been *disseminated to affected personnel*, and
- All systems required by the standard are *in place*.

### **Transition Policy for Achieving Compliance with New or Amended Versions of Standards.**

Unless otherwise directed by the Commission, new or amended standards are effective upon enactment, and compliance must be demonstrated at the first on-site assessment following the enactment dates of those standards. However, if an on-site assessment occurs within one (1) year after enacting a new or amended standard, the agency may make a written request to the Executive Director to delay compliance for up to one (1) year after the enactment date of the standard. All requests shall be subject to the written approval of the Commission through the Executive Director.

## **Types of Standards:**

**Written Directive:** is a document that is binding upon agency personnel. Written directives can include: a policy, plan, procedure, rule, general or special order, training directive/bulletin, collective bargaining agreements, other municipal or state departments or agency's policies or protocols applicable to the agency, local ordinances or laws, MA Code of Regulations (CMRs), and MA Commonwealth Legislation.

- Examples of Checklists/Standards requiring a written directive:

**Checklist - 1.1.2** *The agency has a **written directive** defining: deadly force, de-escalation tactics, chokeholds, and serious bodily injury.*

### **Standard – 1.1.2**

1.1.2 Use of Deadly Force (C)	
Mandatory	
Standard	
The agency has a <u>written directive</u> governing the use of force that meets the requirements outlined in MGL Part I, Title II, Chapter 6E.	
Additionally, the <u>written directive</u> :	
<ul style="list-style-type: none"> <li>• defines and establishes procedures for the use of <u>deadly force</u>;</li> <li>• defines and establishes procedures for <u>de-escalation tactics</u>;</li> <li>• defines and prohibits <u>chokeholds</u> and/or neck restraints;</li> <li>• defines <u>serious bodily injury</u>;</li> <li>• pre-service and <u>annual</u> documented training for all sworn officers (part-time and full-time) according to MGL Part I, Title II, Chapter 6E, Sections 14 &amp; 15 and non-sworn personnel authorized to use <u>deadly force</u> according to agency <u>written directive</u> requirements on the proper and legal use of <u>deadly force</u>;</li> <li>• prohibits the discharge of a firearm into a fleeing motor vehicle;</li> <li>• requires officers to intervene when witnessing another officer using deadly force beyond that which is necessary or objectively reasonable unless intervening would result in <u>imminent harm</u> to the officer or another individual according to MGL Part I, Title II, Chapter 6E;</li> <li>• requires that an officer who witnesses another officer using <u>deadly force</u> beyond that which is necessary or objectively reasonable reports the incident to a supervisor and submits a detailed written statement to that supervisor describing the incident, as soon as possible, but no later than the end of the witnessing personnel's shift; and</li> <li>• requires and establishes procedures for a supervisor not involved directly in the use of <u>deadly force</u> incident to review the incident and submit a written report that includes statements from any officers who witnessed the unreasonable or unjustified use of <u>deadly force</u>.</li> </ul>	

**Checklist - 26.1.1** *The agency has a **written directive** establishing appearance guidelines for sworn personnel.*

### **Standard – 26.2.1**

26.1.1 Appearance Guidelines (C)	
Mandatory	
Standard	
The agency has a <u>written directive</u> which establishes the appearance guidelines for all personnel (sworn and non-sworn).	



**Checklist - 46.1.1** *The agency has a **written directive** (or job description) indicating WHO is responsible for planning responses to critical incidents.*

### Standard – 46.1.1

46.1.1 Position Responsible for Planning (C) <span>Print</span> <span>Edit</span>	
Mandatory	
Standard <ul style="list-style-type: none"> <li>• The agency has a <u>written directive</u> indicating who is responsible for planning responses to critical incidents.</li> <li>• The position identified for planning is responsible for conducting and documenting an <u>annual review of the All Hazard Plan</u> for accuracy and up to date information.</li> </ul>	

**Action-Oriented** compliance requires that the agency has a process or protocol in place as noted in the standard.

- Examples of Checklists/Standards requiring action-oriented compliance:

**Checklist - 32.2.3** *A **medical exam was conducted** prior to appointment to certify the general health of the candidate.*

### Standard - 32.2.3

32.2.3 Medical Examinations (C) <span>Print</span> <span>Edit</span>	
Mandatory	
Standard The agency has a <u>written directive</u> that requires a medical examination to be conducted as part of the selection process of sworn personnel.	

**Checklist - 52.2.5** *Within the past 12 months, agency **employees were notified** that they were the subject of an Internal Affairs Investigation. If Yes, When the employee was notified, the **employee was given a written statement** containing the following information: the allegation(s) against them, the employee's rights relative to the investigation (Miranda Warning, Garrity Rights, Carney Rights, Rights to Appeal, etc.), the employee's responsibilities relative to the investigation (providing reports, statements, etc.).*

### Standard – 52.2.5

52.2.5 Statement of Allegations - Rights (C) <span>Print</span> <span>Edit</span>	
Mandatory	
Standard The agency has a <u>written directive</u> that requires agency employees to be notified in writing that they are the subject of an Internal Affairs Investigation. The directive requires the notification to include: <ul style="list-style-type: none"> <li>• the allegation(s) against them;</li> <li>• the employee's rights relative to the investigation (Miranda Warnings, Garrity Rights, Carney Rights, Rights to Appeal, etc.); and</li> <li>• the employee's responsibilities relative to the investigation (providing reports, statements, etc.).</li> </ul>	

**Checklist - 72.6.2** *A First Aid Kit is available in the holding facility. The agency has a **system to replenish** the First Aid Kit.*

#### Standard – 72.6.2

72.6.2 First Aid Kit (C) <span>Print</span> <span>Edit</span>
Mandatory
<p>Standard</p> <p>The agency demonstrated:</p> <ul style="list-style-type: none"> <li>• that a first aid kit is available in the holding facility;</li> <li>• a weekly inspection of the first aid kit is conducted; and</li> <li>• that there is a system for replenishing supplies.</li> </ul> <p>N/A by Function (WAIVER) - If the agency does not have a holding facility, this standard is N/A by Function.</p>

**Observation** of a standard's requirements may be necessary to verify compliance. These observations are generally facility or equipment-related but may include posted plans, signage, etc.

- Examples of Checklists/Standards requiring compliance by observation:

**Checklist - 70.4.1** *Regarding vehicles used primarily for transporting detainees, the driver is separated from the detainee by a safety barrier. **Vehicle observed** on the Tour (Vehicle Number):\_\_\_\_\_*

#### Standard – 70.4.1

70.4.1 Vehicle Safety Barriers (C) <span>Print</span> <span>Edit</span>
Mandatory
<p>Standard</p> <p>OBSERVATION STANDARD ONLY</p> <p>The agency was able to demonstrate that the driver is separated from the detainee by a safety barrier in cruisers designed for transport.</p>

**Checklist - 84.1.3** *Secure facilities are available for storing property during periods when the property room is closed (i.e., in custody and evidentiary property). Proofs of Compliance: Observation of temporary storage facilities (securable storage lockers, etc.)*

Massachusetts Police Accreditation Program				
<b>ACCREDITATION STANDARDS MANUAL</b>				
<b>CHAPTER 84: Property and Evidence Control</b>				
Accreditation Standards and Assessment Checklists – 6th Edition				
<b>84.1.3</b>	<b>Temporary Security</b>	<b>CERTIFICATION</b>	Revision Date: <b>03/31/2024</b>	<b>Tour</b>
Note to Accreditation Managers and Assessors			Proofs of Compliance	
Provisions should be made for securing items of property when the property room is closed. Several methods can be followed to achieve this objective, such as installation and use of one-way drop boxes, lockers, and specially designed containers.			<input type="checkbox"/> Observation of temporary storage facilities (securable storage lockers, etc.)	
<b>STANDARD / EVALUATION MEASURES:</b>				
<b>BY OBSERVATION:</b>				
<b>1.</b> Secure facilities are available for storing property during periods when the property room is closed (i.e., in-custody and evidentiary property). <b>Y N</b>				
Location of facilities: _____				
Briefly describe facilities: _____				
_____				
_____				
_____				

### Standard – 84.1.3

<b>84.1.3 Temporary Security (C)</b>	<a href="#">Print</a> <a href="#">Edit</a>
<b>Mandatory</b>	
<b>Standard</b>	
<b>OBSERVATION STANDARD ONLY</b>	
Secure facilities are available for storing property during periods when the property room is closed (in-custody and evidentiary property).	

**Conditional (If..., then...):** Some standards require action or steps if an initial condition is met.

- Examples of Condition Checklists/Standards:

**Checklist - 33.6.2** *The agency has a tactical team or the agency participates on a tactical team (such as a regional tactical team). If Yes to either ... agency personnel on the Tactical Team received training and participated in readiness exercises.*

Massachusetts Police Accreditation Program				
<b>ACCREDITATION STANDARDS MANUAL</b>				
<b>CHAPTER 33: Training and Career Development</b>				
Accreditation Standards and Assessment Checklists – 6th Edition				
33.6.2	Tactical Team Training Program	CERTIFICATION	Revision Date: 03/31/2024	Observation
Note to Accreditation Managers and Assessors				Proofs of Compliance
<p>This standard applies to all agency personnel participating on a tactical team, whether the agency's tactical team or a regional tactical team.</p> <p>Whether the agency's tactical team or a regional team, all training must be documented in the employee's training file.</p>				<input type="checkbox"/> Training Records for tactical personnel
<b>STANDARD / EVALUATION MEASURES:</b>				
1. The agency has a tactical team. Y N				
2. The agency participates on a tactical team (such as a regional tactical team). Y N				
3. If No to questions 1 and 2, there is a conditional waiver signed by MPAC Staff. Y N				
4. If Yes to either question 1 or 2, agency personnel on the Tactical Team received training and participated in readiness exercises. Y N				
Tactical Team Member Training Sample Provided: _____				

### Standard – 33.6.2

33.6.2 Tactical Team Training Program (C)	Print	Edit
Mandatory		
<p><b>Standard</b></p> <p>Agency personnel who participate on the Tactical Team (agency or regional) receive training and participate in readiness exercises.</p> <p>N/A by Function (WAIVER) - If the agency does not have a tactical team or have any personnel who are authorized to participate on a tactical team outside the agency, this standard is N/A by Function.</p>		

**Checklist - 72.5.3** When/if males, females, and/or juveniles are required to be detained in the holding facility at the same time, **the agency can separate their holding areas (cells) by sight and sound (conversational sound)**

### Checklist – 72.5.3

72.5.3 Sight and Sound Separation (C)	
Mandatory	Print Edit
<p><b>Standard</b></p> <p>If males, females and/or juveniles are required to be detained in the holding facility at the same time, the agency can separate their holding areas (cells) by sight and sound (conversational sound).</p> <p>N/A by Function (WAIVER) - If the agency does not have a holding facility, this standard is N/A by Function.</p>	

**Multiple Requirements:** Some standards may have multiple requirements that must be met to prove compliance. These requirements are usually bulleted or a series of items with a heading broken up by sub-lettering.

- Some Examples of Multiple Requirement Standards:

**Checklist - 41.2.2 1.** *The agency has a written directive governing the pursuit of motor vehicles.*

*The agency's directive addresses:*

2. *Evaluating the circumstances for a pursuit (i.e., the deciding factors: whether to pursue or not).*
3. *The initiating officer's responsibilities.*
4. *Any secondary unit's responsibilities.*
5. *Specifies roles/restrictions pertinent to the use of:*
  - A. *Marked vehicles.*
  - B. *Unmarked vehicles.*
  - C. *Motorcycles.*
  - D. *Personally owned vehicles.*
6. *Assigns the dispatcher's responsibilities.*
7. *Describes the supervisor's responsibilities.*
8. *Specifies when to terminate the pursuit.*
9. *Specifying the authority to terminate a pursuit.*
10. *Addresses inter-jurisdictional pursuits.*
11. *Addresses intra-jurisdictional pursuits.*
12. *Requires a written report of the pursuit.*
13. *Requires an administrative review of each pursuit (i.e., a review by a supervisor NOT PERSONALLY involved in the pursuit).*
14. *Requires an annual documented analysis of all pursuit reports.*

## Standard 42.2.2

42.2.2 Follow-up Investigation Steps (A) <span>Print</span> <span>Edit</span>
Optional
<p><b>Standard</b></p> <p>The agency has a <u>written directive</u> establishing steps to be followed in conducting a follow-up investigation.</p> <p>The directive provides for the following:</p> <ul style="list-style-type: none"> <li>• reviewing and analyzing all previous reports prepared in preliminary phase;</li> <li>• reviewing and analyzing departmental records;</li> <li>• reviewing and analyzing results from laboratory examinations;</li> <li>• conducting additional interviews and interrogations;</li> <li>• seeking further information;</li> <li>• planning, organizing and conducting searches;</li> <li>• collecting physical evidence;</li> <li>• identifying and apprehending suspects;</li> <li>• determining involvement of suspects in other crimes;</li> <li>• checking suspects' criminal histories; and</li> <li>• preparing cases for court presentation.</li> </ul>

### **Compliance "Years" for File Construction of Evidence of Compliance/Written Documentation or "Proofs":**

**Initial Assessment:** For an agency's initial assessment, their files shall contain written documentation or proofs for the previous twelve months before their on-site, unless otherwise noted on the standards checklists.

**Reassessment:** When an agency has completed an initial assessment, they should begin the construction of their reassessment files immediately upon on-site completion. The reassessment period files are divided into three years for written documentation or proofs. Year one for reassessment file construction begins the day the agency's on-site is completed through 365 days later. For example, if an agency on-site ends on February 1, 2023, then file year one runs from that date until January 31, 2024, and year two would run from February 1, 2024, through January 31, 2025. The third and final file year for reassessment runs from February 1, 2025, through January 31, 2026.

### **Interpretation of Checklists/Standards:**

The Executive Director and Deputy Executive Director are available to provide interpretations of the standards. In most cases, an interpretation issue can be resolved by emailing or calling MPAC staff. However, when MPAC Staff cannot resolve standards interpretation issues, it is important to seek a formal interpretation from the Commission. The Commission will identify a committee as the designated body to meet and resolve interpretation disputes. To dispute a standard's interpretation beyond MPAC Staff, the agency would submit MPAC's Agency Request for Standard or Program Review Form for raising standards-related issues found on the Members Only Portal. The form should be forwarded to the Executive Director with supporting documentation for review and ruling at the review committee's next meeting.

### **Agency Input on Program Standards and/or Requirements:**

Whenever an agency representative or MPAC Assessor has a suggestion for a new standard, current standard revision, a change in a standard's compliance level, or for the deletion of a standard, the Commission has implemented a standardized document for submission of the request, along with any supporting documentation, to the Executive Director. The MPAC Agency Request for Standard or Program Review Form on the Members Only Portal is designated for use by agencies or assessors to suggest changes.

The Executive Director will review the request and determine what action or follow-up is most appropriate for the request being made.

This form is also necessary for an agency to request a review of a standard's interpretation by the Commission. The Executive Director may handle any interpretation request, any committee established for that purpose, or the Commission itself based on all the facts, circumstances, and supporting documentation/evidence provided by the agency.

**Compliance Log:** is a required document for each participating agency to complete and provide to MPAC Staff upon request.

**Primary Purpose of the Compliance Log:** A completed *On-site Assessment Compliance Log* (Log) ensures the required documentation is placed in the file folders.

**File Status Log:** This is an optional document for each participating agency to complete and track compliance progress for all required standards. Self-assessment agencies that do not use this log will need to show agency readiness with another tracking mechanism. A tracking method confirming that all standards files are completed is a prerequisite to scheduling an *initial* assessment. Three logs are available: Certification, Accelerated Accreditation, and Accreditation. They can be located on the Members Only Portal on their respective pages.

The File Status Log is a helpful tool for the accreditation manager as a *fill-in-the-blank worksheet*. The log provides a quick *visual* measure of the agency's status in the process for the Accreditation Manager and the agency's CEO.



## MPAC Standards Table

6th Edition Standards Table

Certification - Mandatory			Accreditation - Mandatory			Accreditation - Optional		
1.1.0	41.1.2	70.1.1	11.3.1	42.1.3	81.1.1	2.1.1	32.1.2	45.1.1
1.1.1	41.1.4	70.1.2	11.3.2	42.1.5	81.1.2	2.1.2	32.1.3	45.1.2
1.1.2	41.2.1	70.1.3	11.4.4	42.2.1	81.2.1	2.1.3	32.1.4	45.1.3
1.1.3	41.2.2	70.1.4	11.5.1		81.2.3	2.1.4	32.2.6	45.2.1
1.1.4	41.2.3	70.1.6		43.1.1	81.2.4			45.2.2
1.1.5	41.2.5	70.1.7	12.1.2	43.1.2	81.2.5	11.1.0	33.1.2	
1.1.6	41.2.6	70.2.1			81.2.6	11.1.1	33.1.3	46.1.11
1.1.7	41.3.1	70.3.1	17.5.2	48.2.8	81.2.0	11.2.1	33.5.2	46.1.13
1.1.8	41.3.3	70.3.2		48.3.4	81.2.10	11.4.1	33.8.3	46.1.14
1.1.9	41.3.4	70.4.1	21.1.1		81.2.11	11.4.2	33.8.4	46.2.2
1.1.10	41.3.5	70.4.2		54.1.1	81.2.12		33.8.6	46.2.4
1.1.11	41.3.6	70.5.1	22.2.0	54.1.3	81.2.13	12.1.1		46.2.5
1.1.12	41.4.0		22.2.4	54.1.4	81.3.1		34.1.1	46.2.6
1.1.13	41.4.1	71.1.1	22.3.5			15.1.1	34.1.2	46.2.7
1.1.14	41.4.2	71.2.1		55.1.1	82.1.3	15.2.1	34.1.3	46.3.3
	41.4.3	71.3.1	24.1.1	55.1.2	82.1.6	15.2.2	34.1.5	
11.1.2		71.3.2		55.2.3	82.2.1	15.3.1	34.1.6	53.1.1
11.4.3	42.2.0	71.3.3	26.1.5	55.2.4	82.2.2			53.2.1
	42.2.7	71.4.1	26.1.6		82.2.3	16.1.1	35.1.1	
12.1.3	42.2.10	71.4.2	26.1.7	61.1.3	82.2.5	16.2.1	35.1.2	54.1.2
12.2.1	42.2.11	71.4.3		61.1.4	82.3.3	16.2.2	35.1.3	
12.2.2	42.2.12		31.2.1	61.1.9	82.3.5	16.2.3	35.1.4	55.2.1
	42.2.13	72.1.1		61.1.12			35.1.5	55.2.5
16.3.0		72.1.2	32.1.1	61.2.1	83.2.2	17.1.1	35.1.6	
16.3.1	44.2.1	72.2.1		61.2.2	83.2.3	17.2.1	35.1.7	61.1.1
16.3.2	44.2.2	72.3.1	33.1.1	61.3.3	83.2.4	17.3.1	35.1.8	61.1.5
16.3.3	44.2.3	72.3.2	33.2.1	61.3.4	83.2.5	17.4.1		61.1.6
16.3.4	44.2.4	72.4.1	33.4.3	61.4.1	83.2.6	17.4.3	41.1.1	61.1.8
16.3.5		72.4.2	33.5.3	61.4.2	83.3.1	17.5.1	41.2.4	61.1.10
16.3.6	46.1.1	72.4.3	33.6.1	61.4.3	83.3.2		41.3.2	61.1.13
16.3.7	46.1.2	72.4.5	33.7.1			22.1.1	41.4.6	61.3.2
16.3.8	46.1.3	72.4.7	33.7.2	70.1.5	84.1.8	22.2.2		61.4.4
16.4.1	46.1.4	72.4.8				22.2.3	42.1.1	
16.5.1	46.1.5	72.4.9	34.1.4	72.4.4		22.2.7	42.1.2	72.4.6
16.6.1	46.1.6	72.4.10		72.5.5		22.3.1	42.1.4	72.6.3
	46.1.7	72.4.11	41.1.3	72.5.6		22.3.2	42.2.2	72.8.2
17.4.2	46.1.8	72.5.1	41.1.5	72.7.2		22.3.3	42.2.3	
	46.1.9	72.5.2	41.2.7			22.3.4	42.2.4	81.2.14
22.2.1	46.1.10	72.5.3	41.3.7	74.1.1			42.2.5	81.3.3
22.2.5	46.1.12	72.5.4	41.3.8	74.1.2		25.1.1	42.2.6	81.3.4
22.2.6	46.2.1	72.5.7	41.3.9	74.1.3		25.1.2	42.2.8	
	46.2.3	72.6.1	41.4.4	74.2.1			42.2.9	82.1.4
20.0.1	40.3.1	72.6.2	41.4.5	74.3.2		20.1.2		82.1.5
20.0.2	40.3.2	72.6.4				20.1.4	43.1.3	82.2.4
20.0.3		72.7.1					43.1.4	82.3.1



6th Edition Standards Table

Certification - Mandatory			Accreditation - Mandatory			Accreditation - Optional		
28.0.4	52.1.1	72.8.1				31.1.1	44.1.1	82.3.2
28.1.1	52.1.2	72.8.3				31.3.1	44.2.5	82.3.4
28.1.3	52.1.3	72.8.4		Total				
28.1.8	52.1.4	72.8.5		96		35.1.8		83.1.1
	52.2.1							
32.2.1	52.2.2	74.3.1						84.1.7
32.2.2	52.2.3						Total	
32.2.3	52.2.4	81.2.2					120	
32.2.4	52.2.5	81.2.8						
32.2.5	52.2.6	81.3.2						
	52.2.7							
	52.2.8	82.1.1						
33.3.1	52.2.9	82.1.2						
33.3.2		82.1.7				Authorized Full-time Sworn	Percentage Required	No. of Standards
33.4.1	55.2.2							
33.4.2	55.2.6	83.2.1						
33.5.1						1 – 50	55%	66
33.6.4	61.1.2	84.1.1				51 – 100	60%	72
33.6.2	61.1.7	84.1.2				101 – 200	65%	78
33.8.2	61.1.11	84.1.3				201 – 300	70%	84
	61.3.1	84.1.4				301 +	75%	90
		84.1.5						
		84.1.6						
		84.1.9						
	Total							
	178							
	<p>The first column identifies the 178 standards that must be met for state certification, all of which are mandatory.</p> <p>The second column identifies the additional 96 mandatory standards that must be met for state accreditation.</p> <p>The third column identifies the remaining 120 standards in the Program, all of which are optional and only a percentage of which must be met for accreditation only. The required percentage of optional standards that an agency must meet is determined by agency-size and ranges from 55-75%.</p> <p>09/15/2022 Version</p>							
							9/15/2022	

## **Standards for Certification (Tier 1)**

The Commission offers two tiers in our professional credentialing program: **Certification and Accreditation.**

The **Certification Tier** of our program currently consists of 178 standards, all of which are mandatory. These carefully selected standards impact officer and public safety, address high liability/risk management issues, and promote operational efficiency throughout an agency. Therefore, any standard that is not a function or responsibility of the agency will be deemed *not applicable* and waived through a formal waiver process.

Since the 178 standards for certification are part of the 274 mandatory standards for accreditation, certification is a significant milestone toward accreditation.

Below are the standards in the Certification Tier of our program.

### **Chapter 1: Use of Force**

- 1.1.0 Legal Authority to Carry/Use Weapons
- 1.1.1 Use of Physical Force
- 1.1.2 Use of Deadly Force
- 1.1.3 Warning Shots
- 1.1.4 Use of Authorized Less Lethal Weapons
- 1.1.5 Rendering Medical Aid After Use of Force or LE Action
- 1.1.6 Reporting Uses of Force
- 1.1.7 Reviewing Use of Force Reports from 1.1.6
- 1.1.8 Removal from Line of Duty Assignment - Use of Force
- 1.1.9 Authorized Weapons and Ammunition
- 1.1.10 Demonstrating Proficiency with Weapons
- 1.1.11 Annual Proficiency Weapons Training
- 1.1.12 Biennial Weapons Training and Defensive Tactics
- 1.1.13 Issuing UOF Written Directives Prior to Carrying a Weapon
- 1.1.14 Use of Force Analysis

### **Chapter 11: Organization and Administration**

- 11.1.2 Organizational Chart
- 11.4.3 Accreditation Maintenance System

### **Chapter 12: Direction**

- 12.1.3 Obey Lawful Orders
- 12.2.1 The Written Directive System
- 12.2.2 Dissemination and Storage

### **Chapter 16: Agency Personnel**

- 16.3.0 Legal Authority Defined
- 16.3.1 Part-Time Police Officers
- 16.3.2 Minimum Selection Criteria for Part-Time Police Officers
- 16.3.3 Entry-Level Training for Part-Time Police Officers
- 16.3.4 Uniforms and Equipment
- 16.3.5 In-Service Training
- 16.3.6 Use of Force Training and Firearms Proficiency
- 16.3.7 Bonding/Liability Protection
- 16.3.8 Educational Requirements
- 16.4.1 Non-Sworn, Unarmed, Uniformed in the Field
- 16.5.1 Volunteer Program Description
- 16.6.1 Non-Sworn/Armed Personnel

### **Chapter 17: Fiscal Management and Agency Equipment**

- 17.4.2 Cash Funds / Accounts Maintenance

### **Chapter 22: Compensation Benefits and Work Conditions**

- 22.2.1 Military Activation and Reintegration
- 22.2.5 Clothing, Equipment, and Appearance
- 22.2.6 Personnel Identification

### **Chapter 26: Conduct and Discipline**

- 26.0.1 Oath of Office
- 26.0.2 Code of Ethics
- 26.0.3 Code of Conduct
- 26.0.4 Duty to Intervene / Anti-Retaliation Protections
- 26.1.1 Appearance Guidelines
- 26.1.3 Harassment in the Workplace
- 26.1.8 Disciplinary Records

### **Chapter 32: Selection**

- 32.2.1 Background Investigations
- 32.2.2 Background Investigations Training
- 32.2.3 Medical Examinations
- 32.2.4 Emotional Stability / Psychological Fitness Examinations
- 32.2.5 POST Certification of Law Enforcement Officers

### **Chapter 33: Training and Career Development**

- 33.3.1 Employee Training Record Maintenance
- 33.3.2 Training Class Records Maintenance
- 33.4.1 Training on Written Directives
- 33.4.2 Entry-Level Training Required
- 33.5.1 Annual Retraining Program, aka In-Service Training
- 33.5.4 Accreditation Manager Training
- 33.6.2 Tactical Team Training Program
- 33.8.2 Skill Development Training Upon Promotion

### **Chapter 41: Patrol**

- 41.1.2 Shift Briefing
- 41.1.4 Agency Owned or Controlled Animals
- 41.2.1 Responding Procedures
- 41.2.2 Pursuit of Motor Vehicles
- 41.2.3 Forcible Stopping / Roadblocks
- 41.2.5 Missing Persons
- 41.2.6 Missing Children
- 41.3.1 Patrol Vehicles: Lights, Sirens
- 41.3.3 Occupant Safety Restraints
- 41.3.4 Authorized Personal Equipment

**Chapter 41: Patrol (continued)**

- 41.3.5 Protective Vests
- 41.3.6 Protective Vests/ Pre-Planned, High-Risk Situations
- 41.4.0 Bias-Free Policing
- 41.4.1 Search and Seizure
- 41.4.2 Strip and Body Cavity Searches
- 41.4.3 Arrest With/Without a Warrant

**Chapter 42: Criminal Investigation**

- 42.2.0 Compliance with Constitutional Requirements
- 42.2.7 Confidential Informants
- 42.2.10 Designated Rooms for Interviews and Interrogations
- 42.2.11 Lineups
- 42.2.12 Showups
- 42.2.13 Facial Recognition Technology

**Chapter 44: Juvenile Operations**

- 44.2.1 Handling Offenders
- 44.2.2 Procedures for Custody
- 44.2.3 Custodial Interrogation and Non-Custodial Interviews
- 44.2.4 School Resource Officer Program

**Chapter 46: Critical Incidents, Spec Ops & Homeland Security**

- 46.1.1 Position Responsible for Planning
- 46.1.2 All Hazard Plan
- 46.1.3 Command Function
- 46.1.4 Operations Function
- 46.1.5 Planning Function
- 46.1.6 Logistics Function
- 46.1.7 Finance/Administration Function
- 46.1.8 Activities: Quarterly Inspections of Equipment
- 46.1.9 Annual Training: All Hazard Plan
- 46.1.10 Active Threat Response
- 46.1.12 Crowd Control Response and Training
- 46.2.1 Tactical Team Procedures
- 46.2.3 Tactical Team Equipment
- 46.3.1 Liaison for Exchange of Terrorism Information
- 46.3.2 Reporting and Relaying Terrorism Information

**Chapter 52: Internal Affairs**

- 52.1.1 Complaint Investigation
- 52.1.2 Records, Maintenance, and Security
- 52.1.3 CEO, Direct Accessibility
- 52.1.4 Complaint or Commendation Procedures
- 52.2.1 Investigation Responsibility
- 52.2.2 CEO Notification
- 52.2.3 Investigation Time Limits
- 52.2.4 Informing Complainant
- 52.2.5 Statement of Allegations / Rights
- 52.2.6 Submission to Tests, Procedures
- 52.2.7 Relieved from Duty
- 52.2.8 Conclusion of Fact
- 52.2.9 Submission of Records to POST

**Chapter 55: Victim/Witness Assistance**

- 55.2.2 Assistance, Threats
- 55.2.6 Next-of-Kin Notification

**Chapter 61: Traffic**

- 61.1.2 Uniform Enforcement Procedures
- 61.1.7 Stopping / Approaching
- 61.1.11 DUI Procedures

**Chapter 61: Traffic (continued)**

- 61.3.1 High Visibility Retroreflective Vests or Clothing

**Chapter 70: Detainee Transportation**

- 70.1.1 Pre-Transport Detainee Searches
- 70.1.2 Searching Transport Vehicles
- 70.1.3 Procedures, Transporting by Vehicle
- 70.1.4 Interruption of Transport
- 70.1.6 Procedures, Transport Destination
- 70.1.7 Procedures, Escape
- 70.2.1 Detainee Restraint Requirements
- 70.3.1 Sick, Injured, or Disabled Detainees
- 70.3.2 Hospital Security and Control
- 70.4.1 Vehicle Safety Barriers
- 70.4.2 Rear Compartment Modifications
- 70.5.1 Detainee ID and Documentation

**Chapter 71: Processing and Temporary Detention**

- 71.1.1 Authorized Rooms or Areas
- 71.2.1 Training User Personnel
- 71.3.1 Procedures, Use, and Supervision
- 71.3.2 Securing to Immovable Objects
- 71.3.3 Procedures, Security
- 71.4.1 Physical Conditions
- 71.4.2 Fire Prevention / Suppression
- 71.4.3 Inspections

**Chapter 72: Holding Facility**

- 72.1.1 Training User Personnel
- 72.1.2 Access, Nonessential Persons
- 72.2.1 Minimum Conditions
- 72.3.1 Fire, Heat, and Smoke Detection Systems and Inspections
- 72.3.2 Posted Evacuation Plan
- 72.4.1 Securing Firearms
- 72.4.2 Entering Occupied Cells
- 72.4.3 Cell Door Key Control
- 72.4.5 Security Checks
- 72.4.7 Tool and Culinary Equipment
- 72.4.8 Alerting Control Point
- 72.4.9 Duress Alarms
- 72.4.10 Procedures, Escape
- 72.4.11 Reports, Threats to Facility
- 72.5.1 Detainee Searches
- 72.5.2 Intake Forms
- 72.5.3 Sight and Sound Separation
- 72.5.4 Segregation
- 72.5.7 Identification, Released Detainees
- 72.6.1 Procedures, Medical Assistance
- 72.6.2 First Aid Kit
- 72.6.4 Dispensing Medication
- 72.7.1 Procedures, Detainee Rights
- 72.8.1 24-Hour Monitoring
- 72.8.3 Supervision, Opposite Gender
- 72.8.4 Receiving Personal Items
- 72.8.5 Visitors

**Chapter 74: Legal Process**

- 74.3.1 Procedures, Criminal Process

**Chapter 81: Communications**

- 81.2.2 Continuous, Two-Way Capability

**Chapter 81: Communications (continued)**

- 81.2.8 Recording and Playback
- 81.3.2 Alternate Power Source - Generator

**Chapter 82: Central Records**

- 82.1.1 Privacy and Security
- 82.1.2 Juvenile Records
- 82.1.7 Computerized Security Protocol

**Chapter 83: Collection and Preservation of Evidence**

- 83.2.1 Guidelines and Procedures

**Chapter 84: Property and Evidence Control**

- 84.1.1 Evidence / Property Control System
- 84.1.2 Storage and Security
- 84.1.3 Temporary Security
- 84.1.4 Controlled Substances, Weapons  
Explosives for Training/Investigative Purposes
- 84.1.5 Records, Status of Property
- 84.1.6 Inspections and Reports
- 84.1.9 Prescription Drug Disposal Program

**Before July 1, 2024 - Accelerated Accreditation Program (AAP)**

The Commission previously offered an Accelerated Accreditation Program (AAP) that has been removed from MPAC effective July 1, 2024. Because agencies are no longer mandated to complete an initial certification assessment before moving to Tier 2 Accreditation, the Accelerated Accreditation Program (AAP) is no longer necessary to assist those agencies seeking accreditation upon leaving self-assessment.

**Assessment Checklists for Accelerated Accreditation (6th Edition, Version 1.2))****In Assessment Checklists**

To access all of the Assessment Checklists in the 6th Edition Accelerated Accreditation Program, please click [here](#).

**NOTE: THIS PROGRAM WAS DEVELOPED FOR TRANSITIONING FROM 6TH EDITION CERTIFICATION TO 6TH EDITION ACCREDITATION. This program cannot be used to transition from 5th Edition Certification to 6th Edition Accreditation. If you require assistance transitioning from editions, please contact Jamie Iskra.**

To access the standards in the 6th Edition Accelerated Accreditation Program by Chapter, please click on the chapter(s) below.

**Chapter 1 - Use of Force (Accelerated Accreditation)**

**Chapter 2 - Agency Jurisdiction and Mutual Aid (Accelerated Accreditation)**

**Chapter 11 - Organization and Administration (Accelerated Accreditation)**

**Chapter 12 - Direction (Accelerated Accreditation)**

**Chapter 15 - Planning and Research, Goals and Objectives, and Crime Analysis (Accelerated Accreditation)**

## **Standards for Accreditation (Tier 2)**

The Commission offers two tiers in our professional credentialing program: **Certification and Accreditation**.

The **Accreditation Tier** of our program currently consists of 216 standards, 96 of which are mandatory, and 120 are optional. The accreditation standards expand and build on the 178 certification standards. As is the case with the Certification Tier of our program, any standard that is not a function or responsibility of the agency will be deemed *not applicable* and waived through a formal waiver process.

**NOTE** - The 178 standards required for certification, listed separately, are all part of the 274 mandatory standards for accreditation.

Below are the standards in the Accreditation Tier of our program. Mandatory standards are identified in the list below in **black** colored font, and the optional standards are in **blue** colored font.

### **Chapter 2: Agency Jurisdiction & Mutual Aid**

- 2.1.1 Geographical Boundaries
- 2.1.2 Concurrent Jurisdiction
- 2.1.3 Mutual Aid
- 2.1.4 Requesting National Assistance

### **Chapter 11: Organization and Administration**

- 11.1.0 Agency's Values & Mission Statement
- 11.1.1 Description of Organization
- 11.2.1 Direct Command Component
- 11.3.1 Responsibility/Authority
- 11.3.2 Supervisory Accountability
- 11.4.1 Administrative Reporting Program
- 11.4.2 Agency Forms
- 11.4.4 Notifying the CEO of Incidents: Liability and/or Heightened Community Interest
- 11.5.1 Software Policy

### **Chapter 12: Direction**

- 12.1.1 CEO Authority and Responsibility
- 12.1.2 Command Protocol

### **Chapter 15: Planning, Goals and Crime Analysis**

- 15.1.1 Multi-Year Plan
- 15.2.1 Annual Updating/Goals and Objectives
- 15.2.2 System For Evaluation/Goals and Objectives
- 15.3.1 Crime Analysis: Procedures

### **Chapter 16: Agency Personnel**

- 16.1.1 Position Management System
- 16.2.1 Annual Review Specialized Assignments
- 16.2.2 Announce Openings of Specialized Assignments
- 16.2.3 Temporary or Rotating Assignments

### **Chapter 17: Fiscal Management and Agency Equipment**

- 17.1.1 CEO Authority and Responsibility
- 17.2.1 Budget Process and Responsibility Described
- 17.3.1 Annual Budget Recommendations
- 17.4.1 Accounting System
- 17.4.3 Independent Audit
- 17.5.1 Inventory and Control
- 17.5.2 Operational Readiness

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