
GETTING STARTED



Massachusetts Police Accreditation Program

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Start-up Tasks

Listed below are some of the more common start-up tasks performed by the agency's Accreditation Manager.

- **Setting up** membership accounts
- **Obtaining** the Standards
- **Notifying** agency personnel of the agency's application for certification and soliciting agency-wide support, participation and input
- **Providing** familiarization training to agency personnel about certification
- **Identifying** the standards that are not applicable and submitting Waivers
- **Preparing** an internal status report on agency compliance and noncompliance
- **Setting up** the Accreditation Filing System
- **Deciding** which standards to start with
- **Evaluating** your written directive system
- **Delegating** responsibility and institutionalizing standards compliance

Notifying Personnel of the Agency's MPAC Membership Application

Agency personnel should be provided with initial notification as well as follow-up information on the agency's efforts to achieve state certification.

Initial notification should be made to:

- All agency personnel
- Any bargaining unit(s) representing agency employees

Initial department-wide notification from the CEO should:

- Define certification and describe the process with an emphasis on the self-assessment and on-site assessment phases (refer to the Commission's materials for help).
- Identify some of the benefits of the program.
- Establish "certification" as a top priority for the agency as a whole.
- Announce the appointment of the Accreditation Manager/Team.
- Solicit agency-wide input in the process, both in policy development and in operational changes.
- Define the duties of the Accreditation Manager and clarify what role other agency members will have in the process.
- Clarify the authority of the Accreditation Manager when dealing with accreditation issues and timelines involving higher-ranking officers.
- Indicate that familiarization training on certification will be forthcoming.
- Identify where agency personnel can view the Standards for Certification.

Follow-up information such as status reports updating agency personnel on the progress being made towards certification should be provided. Positive changes benefiting agency personnel should also be highlighted (officer-safety issues, facility improvements, equipment upgrades, etc.). News on MPACnetwork as well as updated lists of program participants may also be of interest to some.

Postings on bulletin boards and roll call notices are effective ways to accomplish this objective. Agency-wide memorandums, staff meetings and reading material in roll call/break rooms are another option. In sum, regular briefings by the Accreditation Manager should be given to make sure staff is aware of various certification activities (problem areas, outstanding issues, policy revisions, etc.).

Obtaining the Standards

Since the Commission's **Standards and Assessment Checklists** are the means by which standards for state certification and accreditation are established and published, Accreditation Managers must download them from the Commission's online forum, **MPACnetwork**.

The Assessment Checklists are the Accreditation Manager's **Road Map** to Certification & Accreditation!

How to Download the Standards and the Assessment Checklists:

Standards for:	Located at:
Certification	https://public.powerdms.com/MPAC1/documents/2834755
Accreditation	https://public.powerdms.com/MPAC1/documents/2834753

Reading the Standards

It is important that the Accreditation Manager be familiar with the Standards and the Assessment Checklists, and their contents. Therefore, a cursory review is recommended.

Review Procedures:

Step	Action	Reason
1.	Read the Program Overview Manual	To understand their purpose and role in the process.
2.	Browse through the Assessment Checklists and read those for Certification (vs. Accreditation)	<p>Reading through the assessment checklists for certification will provide a quick overview of the standards to determine the topical areas that are addressed through certification.</p> <p>For example, the Accreditation Manager will find that the standards in Chapter 33 (Training) address lesson plans, attendance records, recruit training, and in-service training.</p> <p>He/she will also find that the standards for certification do NOT address performance evaluations, crime analysis or crime prevention activities.</p>

Identifying Mandatory Standards that are Not Applicable and Submitting Waivers

Mandatory standards in the Massachusetts Police Accreditation Program apply to all agencies unless they address an area in which the agency has no functional responsibility through a waiver. Agencies may request a waiver of individual mandatory standards. They will be considered and granted by the Commission on a case-by-case basis.

Please note:

- Template waiver forms are available on MPACnetwork. If a template waiver form has been created for a particular standard, this is the only waiver form which will be accepted.
- If the agency determines that they may be eligible to waive a standard and a template waiver is not available, please submit a request to the Director of Field Operations to review for applicability.
- Waivers may only be submitted once the agency has identified all standards that are not applicable.
- Please submit all waivers electronically to waivers@masspoliceaccred.net. Your waivers must be accompanied by the MPAC template roster to confirm accuracy.
- Please keep in mind that it is the agency's responsibility to update the Commission on waiver status. For example, the Commission conditionally approved a waiver on a body-worn camera system because the agency did not possess one in 2022. In 2023, the agency implements a body-worn camera system, the agency is responsible for coming into compliance with that standard.

Identifying Standards that are "not applicable" is one of the first start-up tasks because once conditionally approved by the Commission, the Accreditation Manager can comfortably put those standards aside (as long as the standard remains not applicable to the agency).

Dissecting the Standards

In standard **52.2.5**, the **Standard** begins with “The agency has a written directive...” and ends with “....relative to the investigation.”

Standard Statements represent specific elements or requirements of the standard that must be met.

That said, in order to meet the full spirit of a standard, Accreditation Managers and assessors must read each Standard statement carefully and dissect it to cull out all of its pertinent parts and requirements.

Standard statements are generally brief in length but by design, contain very *carefully chosen* words.

The carefully chosen words in standard 52.2.5 are:

- **employees** (clarifying that the standard applies to all employees - sworn and civilian, full-time and part-time, etc.)
- **in writing** (clarifying that the “information” provided to the employee must be in writing), and
- the **pieces of information** (three in total) that must be addressed in writing: the allegations, the employee’s rights and the employee’s responsibilities.

52.2.5

1. The agency has a written directive that requires agency employees be notified that they are the subject of an Internal Affairs Investigation.
2. The written directive requires that notification be made in writing.
3. The written directive requires the notification to contain the following information:
 - A. The allegation(s) against them.
 - B. The employee’s rights relative to the investigation (Miranda Warning, Garrity Rights, Carney Rights, Rights to Appeal, etc.).
 - C. The employee’s responsibilities relative to the investigation (providing reports, statements, etc.).

The primary purpose of this section is to review some of the frequently used terms in program Standards.

Administrative Review

A documented review of an incident or occurrence prepared by or for the CEO or his/her designee. The review should indicate whether policy, training, equipment or disciplinary issues should be addressed.

Example:

- The agency has written procedures for an **administrative review** of each use of force report (1.1.7).
- Requires an **administrative review** of each pursuit (41.2.2).
- An annual **administrative review** of agency practices (41.4.0).

Note: This review should be addressed and given to the agency CEO not the agency standard folder.

Analysis

Analyses begin with a review of data (e.g. use of force incidents, selective traffic enforcement activities, etc.) and end with a conclusion.

For purposes of accreditation, they are generally intended to reveal patterns or trends, to determine:

1.	Training Needs	Should additional training be provided or should current training be changed?
2.	Equipment needs/upgrades	Should new equipment be purchased?
3.	Need for Policy Revisions	Should the written directive be clarified?
4.	Program Effectiveness	Should the program be continued, suspended or modified?

Use of Force Reports: Some factors to consider in the analysis (1.1.14)

- Total number of use of force incidents for the year as well as previous year(s) comparisons (noting percentage increases and decreases)
- Breakdown of type of force used or type of weapons used in each incident
- Nature of the situation that required the use of force
- Suspect information
- Day of week, time of day, squad, shift schedule
- Information on the Officer(s)/employee(s) involved (number of years on the job, etc.)
- Whether the officer/employee was in uniform or plainclothes
- Whether or not there were any injuries to the subject or officer/employee
- Summary breakdown of the dispositions of the administrative reviews (justified/not justified, compliance/non-compliance with agency policy, etc.)

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Analysis (con't)	<p><u>Vehicular</u> Pursuits: Some factors to consider in the analysis (41.2.2)</p> <ul style="list-style-type: none">• Increases or decreases in the number of pursuits;• day of the week;• time of day/shift;• original offense;• reason for terminating the pursuit;• whether forcible stopping was used;• whether injuries or property damage;• whether emergency lights and siren were used;• whether a supervisor took control of the pursuit;• years on the job (supervisor and primary officer);• average length and distance of the pursuit;• whether the pursuit left the agency's jurisdiction or involved other agencies;• and information on the subject, etc.
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Employee(s) and/or Personnel	Unless otherwise specified, the standard applies to <u>all</u> agency personnel (all positions affiliated with the agency): sworn, non-sworn, full-time, part-time, paid and unpaid.
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Example:

- The agency has a written directive requiring the removal from operational assignments, pending an administrative review, any **employee** whose use of force results in a death or serious physical injury (1.1.8).
- The agency has a written directive stating that supervisors are accountable for the activities of **employees** under their immediate control (11.3.2).
- The agency has a written directive requiring **employees** to obey any lawful order of a superior (12.1.3).
- The agency has a written directive stating that only **personnel** demonstrating proficiency in the use of agency authorized weapons shall be approved to carry those weapons (1.3.10).

Governs	The standard generally allows for agency <i>discretion</i> .
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Example:

- The agency has a written directive that **governs** the use of agency-owned or controlled animals (41.1.4).
 - The agency has a written directive **governing** the use of protective vests (41.3.5).
 - A written agreement or other authorizing document that **governs** the authority and responsibility of both the police agency and the communications entity (81.1.1).
-

Plans

Plans are generally comprehensive documents that outline an agency's response to a specific event or incident. They typically include a course of action with considerations and contingencies.

Because of their complexities, they are generally NOT incorporated into the agency's policy manual, but the outline of the plan's requirements might be (i.e. the agency's written directive may be used to identify some of the required elements of a plan to be developed.

Example:

- The agency has a written directive addressing its response **plan** to active threat (or shooter)/hostile events (46.1.10).
- The agency has a written **plan** addressing the following areas for temporary detention rooms/areas (71.4.2).

Procedures

A written directive that is a guideline for carrying out agency activities. A procedure may be made mandatory in tone through the use of "shall" rather than "should", or "must" rather than "may"...

Note:

Procedure vs. Process

Procedures often detail the actions of a single person;

Processes generally involve more than one entity.

In documenting agency procedures, consider:		
1.	HOW TO....perform or carry out the task or activity	<ul style="list-style-type: none"> • Who, what, when, where and how • More often than not, single purpose statements can explain the "why".
2.	The sequence or the order of the activity or task, if important	Step-by-step instructions
3.	The audience; the readers	New hires/new recruits, lateral transfers and veteran personnel having to perform a task not performed very frequently. Not all tasks are habit forming; written directives may be needed to refresh memory.
4.	The purpose of the written procedure	Why is it important to document agency procedures in writing? What is the agency's intent?
5.	The importance of being detailed	If someone refers to the procedure as written and follows the instructions that are provided, is there sufficient detail for the reader to correctly and successfully accomplish the task or activity <i>as intended by the agency</i> ?

Procedures, cont.	<p>Example:</p> <ul style="list-style-type: none"> • The agency has a written procedures requiring compliance with all POST Commission Law Enforcement Certification Standards for the certification of newly appointed sworn personnel (32.2.5). • The agency has a written directive establishing procedures for documenting (reporting) ADULT missing persons (41.2.5). • ...procedures for reviewing recorded [radio and telephone] conversations (81.2.8)
Process	<p>Standards that require processes to be documented generally are asking the agency to describe HOW something is done when <u>more than one</u> entity is involved in the outcome (what is to be done, by whom, in what order, etc.).</p> <p>Example:</p> <ul style="list-style-type: none"> • The directive requires the review process to be documented (21.1.1). • There is a written process for maintaining security of the agency's central records computer systems (82.1.6).
Requires	<p>These standards have a <i>mandatory</i> requirement but generally allow for some discretion in how the requirement is met.</p> <p>Example:</p> <ul style="list-style-type: none"> • The written directive requires all newly sworn officers complete at least 160 hours (four weeks) of training in the field outside of any required classroom instruction (33.4.3) • The agency has a written directive requiring all sworn personnel (including part-time and full-time officers) to attend and successfully complete an in-service training program (33.5.1). • The agency has a written directive requiring wearing protective vests in pre-planned, high-risk situations (41.3.6).
Review	<p>To examine or study; less formal than an analysis.</p> <p>Example:</p> <ul style="list-style-type: none"> • The agency has documentation to show that there had been a review of the candidate's criminal history or record(s) (32.2.1). • The agency has demonstrated that they have completed their annual review of their CEMP during the past twelve months (46.1.1). • A documented annual policy review and after-action report(s) to identify training needs (46.1.10).

**Written
Directive**

The majority of standards require a “written directive” as proof of compliance to affirm the agency’s commitment to the standard.

Generally, any document that provides direction or information and is binding on agency personnel may be used to meet the *written directive* requirement.

Qualifying documents include, but are not limited to:

- Policies and Procedures
- Rules and Regulations
- General Orders
- Special Orders
- Memoranda
- Instructional Material (Training Bulletins)
- Collective Bargaining Agreements
- Ordinances and By-laws
- Job Descriptions
- External documents establishing policies and procedures for agency personnel (such as a Town/City Employee handbook)

Commission's Six (6) Job Categories:

- Police Officer: Full-time
- Police Officer: Part-time
- Civilian: Armed
- Civilian: Unarmed **and** Uniformed in the Field
- Civilian: Unarmed **and** Administrative/Other
- Civilian: Volunteer

Police Officer: Full-time

A person who is granted those general peace officer powers prescribed by the constitution, statute, or ordinance in the jurisdiction, including the authority to make an arrest within the same jurisdiction, AND the person's hiring status is full-time.

Police Officer: Part-time (16.3 Reserves)

A person who is granted those general peace officer powers prescribed by the constitution, statute, or ordinance in the jurisdiction, including the authority to make an arrest for violations of law within the same jurisdiction, AND the person's hiring status is part-time.

Job titles/positions typically fitting this category of personnel include:

- Reserve Officers and Permanent Intermittents
- Special Police Officers
- Retired Police Officers performing Paid Details if they can make a full-custody arrest.

Civilian: Armed (16.3 Reserves)

A civilian (non-sworn) employed by or affiliated with the agency (with or without compensation) that is authorized to carry a lethal weapon in the performance of his/her duties.

Civilians may be employed or affiliated with a law enforcement agency in a variety of support roles and may be uniformed, but lack the authority to make a full-custody arrest. (CALEA's definition of *Civilian*)

This category would therefore include Auxiliaries organized under the Massachusetts Civil Defense Act, if they are authorized to carry a firearm in the performance of their duties.

Exception: Civilian Animal Control Officers who are armed for the sole purpose of euthanizing an animal are not included in this category; however, they must meet all applicable standards in Chapter 1 relative to weapons and proficiency testing.

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Civilian: Unarmed, Uniformed and performs his/her duties in the Field (16.4 Auxiliary)

A civilian (non-sworn) who performs their duties outside the confines of the agency's headquarters facility in a uniform but is unarmed (i.e., not carrying a lethal weapon such as a firearm) is included in this category.

Job titles/positions typically fitting this category of personnel include, but are not limited to, parking control personnel and some auxiliaries (those not carrying a firearm).

16.4.1 Requires Written Directives addressing each of the agency's job titles in this category. The directive(s) must:

- clarify that the position is a non-sworn or civilian position,
- describe the position's role,
- describe the position's duties, and
- describe the position's scope of authority.

Uniforms or Attire: MPAC requires that personnel have a specific uniform, attire, or ID visible on their outer garment that readily identifies them as an agency employee when they are on-duty. Uniforms or attire must clearly distinguish these individuals from full and part-time police officers.

Weapons: If ANY less lethal weapons are authorized to be carried, such as chemical/OC spray or a baton, a written directive identifying the position's legal authority to carry and use the weapon(s) in the performance of their duty is required (1.3.0).

Civilian: Unarmed and Administrative/Other

Civilians may be employed or affiliated with a law enforcement agency in various support roles and may be uniformed but lack the authority to make a full-custody arrest.

Individuals in this job category typically serve the agency in an administrative capacity inside the agency's facility.

Positions in this category may or may not be uniformed and generally include administrative

Civilian: Volunteer

Volunteers are unpaid and not considered employees. They include student interns, volunteers in police service (VIPs), police explorers/cadets, etc.

Presenting Compliance Documentation

In order to achieve certification or accreditation status from the Commission, agencies must be able to "demonstrate" that they are complying with program standards.

For certification, that means demonstrating compliance with 178 standards and for accreditation, over 343 standards depending on the size of the agency. "Verifying" standards compliance by a Commission-appointed Assessment Team can generally be accomplished in two days for certification and in three days for accreditation.

Agencies are required to prepare and present their compliance documentation in a particular, uniform way for the Assessors.

Method(s) for Presenting Compliance Documentation

Accreditation Managers are required to prepare a file folder for *each* standard to house and centralize some of the agency's compliance documentation. There are currently two approved methods of file construction. The first is the traditional method: a hard-copy filing system. The second method is the emerging electronic filing system.

Letter-size File Folders	Electronic Folders
Placing hard copies of compliance documentation in letter-size file folders.	Placing compliance documentation in electronic folders or policy management software.

Labels for hard-copy File Folders

The templates for printing file folder labels for both Certification and Accreditation are on the MPACnetwork.

Certification file folder labels can be accessed on the Certification page.

Accreditation file folder labels can be accessed on the Accreditation page.

Why Accreditation Managers should set up their accreditation filing system early in the process...

Accreditation managers handle a lot of paperwork in the process. Some of it will be collected from within the agency as part of an agency-wide search for existing proofs of compliance, while other material will be received through Accreditation Manager networking opportunities (i.e. getting policies from other agencies, etc.).

Setting up the accreditation filing system early in the process (i.e. creating a File Folder for each standard and a File Folder for each chapter) will help Accreditation Managers to stay organized. It gives the Accreditation Manager a place to file all of this material by subject matter for easy retrieval later on when he/she is ready to use it.

Why it is recommended that Accreditation Managers should not put all of its *written directive compliance documentation* in their accreditation filing system too early in the process...

Assessors verify agency compliance with standards by reviewing what is in effect at the time of the assessment, therefore they must be provided *current* copies of the agency's policies and procedures to assess.

During the *self-assessment phase*, it is not uncommon for the agency's policies and procedures to go through several reviews and re-writes. Unless the Accreditation Manager plans to go through each file folder prior to the *mock* assessment to ensure that each directive is the *most current one*, putting policies and procedures in file folders too early in the process is not recommended.

To avoid this time-consuming task, Accreditation Managers should instead record their written directive compliance documentation on the *File Status log* (in the space provided) citing *index* and *relevant page number(s)* and then when they are needed for the assessment, these directives can be easily retrieved, copied, highlighted and placed in their respective File Folders.

Reminder: File Folders must be updated after the mock assessment to reflect policy re-writes.

Compliance Documentation that is Confidential or Sensitive

Agencies **should not** put confidential or sensitive information in standard file folders. The reports should be redacted to protect the confidentiality of those involved.

Examples of these documents include:

- internal affairs files
 - intelligence information, and
 - records on informants.
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Resource Table and/or Computer:

A Resource Table and/or Computer set up in the Assessor's work area provides easy access to compliance documentation that is too bulky to put in a standard file folder and/or is going to be used as compliance documentation for more than one standard.

Some suggested documents for the Resource Table include:

- The Agency's Policy & Procedures Manual
- Rules & Regulations Manual (if a separate document)
- Specialized Manuals, if any (Communications Manual, Manual for K-9 Unit, etc.)
- Job Description Manual
- Book of Forms
- All-Hazard Plan, Community Emergency Management Plan (CEMP's)
- Employment Packets for New Hires
- Collective Bargaining Agreements



Setting up the Accreditation Filing System

In order to facilitate (and expedite) the on-site assessment process, agencies are required to *centralize* some of their compliance documentation in Accreditation Files.

Establishing Accreditation Files involves creating a file folder for each standard with the tab indicating the standard number. During the self-assessment in preparation for the on-site assessment, agencies must provide documentation or information in each folder demonstrating to the assessors that they are in compliance with the particular standard.

Creating a Standard File Folder for *each* standard and a file folder for each chapter at the start of the self-assessment phase is recommended to help Accreditation Managers to stay organized -- because during self-assessment, Accreditation Managers will be handling a lot of paperwork and a variety of documents. Some will be collected from within the agency as part of an agency-wide search for existing proofs of compliance while others (sample policies and forms) will be received through Commission - sponsored training programs and MPACnetwork file sharing.

Procedures for setting up the traditional, hard-copy accreditation filing system:

Step	Action
1.	Decide where and how to store the Accreditation Files. There are no storage requirements for Accreditation Files. They may be kept in a file cabinet or in portable storage boxes. Generally, they are maintained in the Accreditation Manager's work area.
2.	Print the labels for the standard file folders
3.	Obtain letter-size file folders for the standards and affix the labels. Letter-size file folders are recommended for easy handling (rather than legal-size). Most agencies use the manila color. <u>Color-coding</u> accreditation files is an agency decision – <u>not</u> a requirement of the Commission. Some agencies color-code their file folders to distinguish between certification and accreditation standards, mandatory and optional standards, etc. Placing file folders in <u>hanging folders</u> is also an agency decision and <u>not</u> a requirement of the Commission.
4.	Complete and submit Waivers to MPAC When they are provisionally (conditionally) approved by MPAC Staff, they will be returned to your agency via email. Print and place all conditionally approved waivers in the corresponding standard file.

Procedures for setting up the traditional, hard-copy accreditation filing system: (Con't)

5.	<p>Make a topical file folder for each chapter.</p> <p>For Example: Chapter 1, Chapter 11, Chapter 12, Chapter 16, etc..</p> <p>This is <u>not</u> a requirement, but a recommendation to help Accreditation Managers stay organized.</p> <p><u>Additional Uses:</u></p> <p>Large documents to be used for demonstrating compliance with more than one standard could be kept in this file so that multiple copies do not need to be made and placed in each folder (only a reference to where the document is located needs to be made).</p> <p>Chapter folders should be placed in front of the individual Standard File Folders to which they correspond.</p>
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Highlighting

Verifying compliance with standards during an on-site assessment can generally be accomplished in two days for certification and in three days for accreditation. How is it possible to assess so many standards in such a short period of time? **HIGHLIGHTING!**

Highlighting by Accreditation Managers calls attention to specific sentences or paragraphs on a page. It helps the assessors to find compliance documentation more quickly and eliminates the need to read an entire page or policy of *irrelevant* text when, oftentimes, the compliance documentation is only a statement or two (such as an agency's policy on warning shots).

Therefore, **highlighting compliance documentation is required** and the method must be consistent.

Approved Methods

1.	Using a color highlighter over the text.	<p>Rule 6: Police Officers shall not shoot from a moving vehicle.</p> <p>Rule 7: Police Officers shall not fire warning shots or shoot to signal for help.</p> <p>Rule 8: Police Officers shall not draw or display their firearms unless there is a threat or probable cause to believe there is a threat to life.</p>	
2.	Handwriting the standard number in the right or left margin of the document parallel to the relevant text	<p>Rule 6: Police Officers shall not shoot from a moving vehicle.</p> <p>Rule 7: Police Officers shall not fire warning shots or shoot to signal for help.</p> <p>Rule 8: Police Officers shall not draw or display their firearms unless there is a threat or probable cause to believe there is a threat to life.</p>	1.1.3
3.	Placing the standard number at the end of the relevant statement or paragraph.	<p>Rule 6: Police Officers shall not shoot from a moving vehicle.</p> <p>Rule 7: Police Officers shall not fire warning shots or shoot to signal for help. {1.1.3}</p> <p>Rule 8: Police Officers shall not draw or display their firearms unless there is a threat or probable cause to believe there is a threat to life.</p>	
4.	Hand drawing arrows with standard number	<p>Rule 6: Police Officers shall not shoot from a moving vehicle.</p> <p>Rule 7: Police Officers shall not fire warning shots or shoot to signal for help.</p> <p>Rule 8: Police Officers shall not draw or display their firearms unless there is a threat or probable cause to believe there is a threat to life.</p>	1.1.3
5.	Hand drawing brackets with standard number. (Better suited for large areas of text.)	<p>Rule 6: Police Officers shall not shoot from a moving vehicle.</p> <p>Rule 7: Police Officers shall not fire warning shots or shoot to signal for help.</p> <p>Rule 8: Police Officers shall not draw or display their firearms unless there is a threat or probable cause to believe there is a threat to life.</p>	1.1.3

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How to handle Standards with Multiple Requirements

To ensure that each requirement of a multi-faceted standard is addressed, each requirement of the standard must be highlighted by cross-referencing each lettered or numbered item of the standard to the written directive.

THE STANDARD 42.2.13

(Facial Recognition)

- C. The agency shall document each facial recognition search performed and shall provide such documentation quarterly to EOPSS. Such documentation shall include:
- I. A copy of any written request made for a facial recognition search; **Y N**
 - II. The date and time of the request; **Y N**
 - III. The number of matches returned, if any;
 - IV. The database searched; **Y N**
 - V. The name and position of the requesting individual and employing law enforcement agency; **Y N**
 - VI. The reason for the request, including, but is not limited to, any underlying suspected crime; **Y N**
 - VII. The entity to which the request was submitted; **Y N**
 - VIII. Data detailing the individual characteristics included in the facial recognition request. **Y N**

Facial Recognition

D. Mandatory Reporting

1. The Department shall document each facial recognition search performed and shall ensure that such documentation is submitted quarterly to the Executive Office of Public Safety & Security (EOPSS). Such documentation shall include:
 - a. a copy of any written request made for a facial recognition search; 42.2.13, CI
 - b. the date and time of the request; 42.2.13, CII
 - c. the number of leads generated, if any; 42.2.13, CIII
 - d. the database searched; 42.2.13, CIV
 - e. the name and position of the requesting officer; 42.2.13, CV
 - f. the reason for the request, including, but not limited to, any underlying suspected crime; 42.2.13, CVI
 - g. the entity to which the request was submitted; and 42.2.13, CVIII

Avoid over highlighting!

Highlight **key words**, **key phrases**, and **key sentences only**.

Preparing a Status Report on Agency Compliance

Self-assessment requires the agency's Accreditation Manager and any staff assisting the Accreditation Manager to evaluate current practices in the agency against the requirements of individual accreditation standards. To simplify this task given the volume of standards, it is recommended that Accreditation Managers consider each standard as an "item" on a checklist.

To assist Accreditation Managers in conducting an **initial status/needs-assessment report**, the Commission has developed a set of checklists, one for each standard. The checklists highlight the specific requirements of each standard and specify *what* documentation or information is needed in each Standard File Folder in order to demonstrate agency compliance.

Purpose of the Initial Status Report:

- Provides a **baseline for monitoring agency progress** towards certification.

At a minimum, the report should identify (1) which standards the agency is already in compliance with; (2) which standards are partly being met (e.g., the agency is in compliance *in practice*, but the practice is not supported by a *written* directive required by the standard); and (3) which standards would be *new* for the agency to meet. Finding out which standards the agency is *already* in compliance with may surprise some Accreditation Managers and help to see some measure of light at the end of the tunnel.

- Provides a **baseline for quantifying agency changes**. One of the most frequently asked questions is: what are the benefits of certification? The information captured in the initial status report will help agencies determine its benefits when asked to identify them.
- Identifies standards with **budget implications**, actual or potential. Some standards may involve a new or added cost to the agency. Identifying these standards early in the process allows the agency to do some fiscal planning ensuring that compliance can be achieved by the agency's on-site assessment.
- Identifies potential **matters for collective bargaining**.
- Identifies **projects with long-lead times** (in comparison to other standards, achieving compliance will require more time).
- Identifies standards that might be **facility issues**.

Several standards concern the agency's facility (physical plant). Generally, these standards can be found in Chapter 72 Holding Facility, Chapter 81 Communications, Chapter 82 Central Records and Chapter 84 Property and Evidence Control.

Procedures for Preparing the Initial Status Report

Step	Action						
1.	Print or download the Assessment Checklists for Certification from the MPACnetwork:						
2.	Print or download the File Status Log and Compliance Log from the MPACnetwork: The Log includes a tool for Accreditation Managers to document agency compliance.						
3.	Search and Collate Written Directives: Get a copy of your agency’s Policy Manual and collect copies of other written directives in effect in the agency. Separate the various directives (the ones that are not in the Policy Manual) by subject matter and put them in piles according to the chapter titles or standard titles that they pertain to.						
4.	Identify Standards Requiring Special Attention/Handling: To identify standards that may require special attention or handling, create a list with some or all of these suggested headings: <u>Budget Impact?</u> <u>Facility Issue?</u> <u>Union Impact</u> (matter for collective bargaining?) <u>Long-lead Item?</u>						
5.	<u>Start Using the Assessment Checklists</u> Start with the first standard. We will use standard 26.0.1, Oath of Office, as an example: <ul style="list-style-type: none">• Read the Note box (Note to Accreditation Managers and Assessors).• Read the evaluation criteria on the Assessment Checklist.• Evaluate and determine agency compliance: review written directive(s), documentation and operational practices; interview agency personnel, if necessary.• Answer all the statements on the Assessment Checklist.• On the File Status log, place the number “1” under the appropriate column heading for compliance status. Example: <table><tr><td><u>Complete</u></td><td><u>In Progress</u></td><td><u>Waiver</u></td></tr><tr><td>1</td><td></td><td></td></tr></table> <p>This would indicate that the agency has a written directive requiring the oath to be taken; it is a <i>regular</i> practice of the agency; and documentation exists to demonstrate compliance during the on-site assessment. Later, the agency may want to ask itself, “do we like our policy and the way we are doing it or do we want to change it?”</p> <p>Changes may entail “cleaning-up” policy wording and/or changing the procedure entirely. Such as documenting the oath on a new agency form in addition to signing the Town Clerk’s register; and amending a written directive to require the signed oath to be placed in the employee’s personnel file.</p>	<u>Complete</u>	<u>In Progress</u>	<u>Waiver</u>	1		
<u>Complete</u>	<u>In Progress</u>	<u>Waiver</u>					
1							

List continues on next page...

Preparing the Initial Status Report on Agency Compliance (*Continued*)

Step	Action
6.	<p><u>Continue Filling in the File Status Log</u></p> <p>If you were able to locate a written directive for standard 1.1.0 (whether or not it met the standard completely), note the directive's index number <u>and</u> page number(s) on the File Status Log in the space provided. Do <u>not</u> put the <i>title</i> of a directive in the written directive column; the column is for index numbers only so that they can easily be retrieved later. Continue doing this for all standards that require a written directive.</p> <p>Example: The Log might read: <u>P&P 4.15</u> (in the Written Directive column) and <u>2&3</u> (in the Page column).</p>
7.	<p><u>Make a Copy of your Policy Manual, a Working Copy to Mark-up</u></p> <p><u>If your written directive already incorporates the corresponding standard number</u> at the end of a paragraph (as the MPI Manual does) you will use a highlighter to identify those sections of the policy.</p> <p><u>If the written directive does <u>not</u> reference corresponding standard numbers</u>, handprint the standard number in the margin <i>in close proximity to the compliance documentation</i>. If working with documents that you don't want to mark up at this point, use post-it notes for your mark-ups/notes.</p> <p><u>If the standard is partially addressed</u>, mark the standard number on the directive preferably near where the standard is partially addressed. Then, generally note what needs to be added in order to achieve full compliance. Again, use post-it notes if needed.</p> <p>For example: Standard 72.4.7 requires written directives governing <i>tools</i> as well as <i>culinary equipment</i> in holding facilities. If <i>culinary equipment</i> is addressed but not <i>tools</i> (tools for maintenance and construction purposes), the Accreditation Manager should: (1) mark/highlight on the directive <i>where</i> culinary equipment is addressed and (2) mark/indicate <i>where</i> in the directive you think <i>tools</i> should be addressed (i.e., in same or different section?).</p> <p><u>If the standard is <u>not</u> addressed at all</u>, find where it would be best addressed. For some standards, achieving compliance might only involve a minor change to an existing directive. For others, a new/separate directive might be recommended/needed.</p>

List continues on next page...

Preparing the Initial Status Report on Agency Compliance (Continued)

Step	Action
8.	<p><u>Deal with Written Directives that are NOT part of the Policy Manual but should be, and incorporate them:</u></p> <p>It is not uncommon for agency personnel to issue a written directive (via a memo, or e-mail, for example) amending or elaborating on a subject matter that is already addressed in the agency's Manual, <i>rather than</i> amend the written directive in the Manual. When this is done repeatedly to the same directive or to multiple directives, the Manual and the directives within it can quickly become outdated and more importantly, <i>unreliable</i> because multiple sources need to be researched in order to piece the policy together.</p> <p>Therefore, a very important undertaking for the Accreditation Manager during the self-assessment phase of the process is to gather up all of the written directives that were issued outside the Manual and determine whether or not they should be incorporated into the Manual.</p> <p>The directives should be noted on the Assessment Checklist or on the File Status Log for later consideration and consolidation. Copies of the directives should also be put in corresponding Standard File Folders to assist in policy revisions later.</p>
9.	<p><u>Check the Results</u></p> <p>If the Accreditation Manager is using the Log to document and summarize his/her findings during this <i>initial assessment</i> of the agency [compliance and non-compliance], the Log will tally totals.</p> <p>In part, the Log will <i>quantify</i> for the Accreditation Manager <i>what's</i> done and what needs to be done in order to achieve certification.</p>

Systems to Monitor Progress towards Certification

Accreditation managers should have a system to manage the accreditation process and monitor progress throughout self-assessment. Options may include but are not limited to:

- Wall-mounted marker boards
- Status boards that are visible to agency personnel
- Excel Spreadsheets
- The Commission's File Status Log

File Status Log

This log is where the agency documents how it is in compliance with each standard.

This section should also be used to document why standards compliance could not be fully demonstrated (such as “wet ink” areas). It may also be used to convey information unique to the agency. If a standard is not applicable and the agency is requesting a waiver, that fact should also be noted (e.g. Waiver).

Written Directives

Because the vast majority of standards require a written directive as proof of compliance, there is a **separate column** on the Log for this type of documentation to be noted in.

When a standard requires a written directive:

Identify the directive on the Log by placing the directive’s INDEX NUMBER and the PAGE NUMBER(S) in the spaces provided. In other words, in which written directive and on which page of the written directive is the standard met or addressed?

Do not put the TITLE of the written directive in this column. The index number is requested so that the directive can be easily located in the Manual. References to paragraphs, sections or effective dates are NOT required to be noted.

Sample Cites	Abbreviated
Training Bulletin 98-50	TB 98-50
General Order 104	GO-104
Policy and Procedure 1.04	P&P 1.04

List PAGE NUMBERS as follows:

Page(s)
4
5 - 7
6 & 7
3, 4, 10

Status

Place a “1” in the column that best describes the agency status with the corresponding standard.

Standard Number	Standards Title	Complete	In Progress	Waiver
1.1.0	Legal Authority to Carry Use Weapons	1		
1.1.1	Use of Physical Force		1	
1.1.2	Use of Deadly Force	1		
1.1.3	Warning Shots	1		

At the bottom of the page, there is an embedded formula to track your file completion status.

Totals:		3		0
Percentage:		1%		

Compliance Log

While the written *directive* usually commits the agency to doing something, the written *documentation* is usually the *proof* that the agency is actually doing it.

When specific documents are placed in the Standard File Folder, they should be checked off on the compliance log. When the written documentation is not in the file folder (because it is large in volume), the location of the documentation should be listed on the Log.

Written documentation encompasses:

- Reports
- Forms
- Logs
- Records
- Analyses
- computer printouts
- newspaper clippings
- correspondence
- memorandum
- meeting minutes
- budget documents
- organizational charts
- crime analysis reports
- training records, etc.

For optional standard 42.2.3 which states, “The agency provides checklists to aid in criminal investigations,” the documentation or proof would be a copy of the checklist.

Compliance Log Notation

This section generally deals with standards pertaining to the agency’s facility and equipment, or when compliance could be more effectively verified by looking outside the Standard File Folder.

For standard 1.1.9 which requires inspection and approval records of all weapons, agencies would identify the specific *location* of these records in the facility for Assessors to view (such as “Administrative Captain’s office”).

Other examples:

- The agency indicated on the Compliance Log where Use of Force reports are filed in the agency (1.1.6).
- Notation on the On-site Assessment Compliance Log indicating *where* these inspection reports are filed in the agency (46.1.8).
- The agency indicated on the Compliance Log WHERE these reports are filed in the agency (84.1.6).

Interview with

Identify individuals in or outside the agency (by name, title or position) who will be able to answer an Assessor’s questions about the particular standard. The individuals listed are typically responsible for handling that functional area or are affected by the standard. They are the subject-matter experts. In some cases, it may be necessary to verify standards compliance in conversation with that individual. In other words, confirmed in conversation with....

<p>Deciding Which Standards to Begin With</p>	<p><u>Strategic Planning</u></p> <p><i>Where to start</i> is an agency decision. The Accreditation Manager should develop a basic strategic plan for accomplishing what needs to be done during the self-assessment phase. The plan should be in writing and at a minimum, should establish a short-term Things-to-do List, in manageable steps and stages. Incorporating the Commission’s Checklist for Getting Started would be a good beginning.</p> <p>Although starting with the standards in Chapter 1 of the Standards Manual was recommended for conducting a cursory review of the standards, it is <i>not</i> necessarily recommended as the place to start <i>addressing</i> the standards. Instead, the following areas should be the basis for establishing initial priorities and a plan of action.</p> <p><u>Priority Areas:</u></p> <ul style="list-style-type: none"> • Police Reform: Mandated by law as of <i>July 1, 2021</i>, all departments (regardless of Certification/Accreditation status must be in compliance with Police reform). • Standards 12.2.1 and 12.2.2: Your agency’s <i>Written Directive System</i> • High Liability Standards: Agencies may want to prioritize their work on certain standards that are <i>high liability</i> in nature and are considerations for risk management such as Use of Force (Chapter 1), Vehicular Pursuits (Chapter 41), Holding Facility (Chapter 72) and Property and Evidence Control (Chapter 84).
<p>Using Job Descriptions as Written Directives</p>	<p>Job descriptions can be an effective means to affix functional responsibility and accountability for standards compliance. They may be included in the agency’s policy Manual; they may be housed in a separate binder entitled Job Descriptions; or they may be on a shared network accessible to all personnel.</p>
<p>Using Forms and Checklists to Document Compliance</p>	<p>Incorporating the requirements of a standard into a <i>form</i> or <i>checklist</i> is an effective way to <i>institutionalize</i> standards compliance within the agency.</p> <p>Forms and checklists not only <u>standardize, prompt and guide agency performance</u> in carrying out required tasks but are also effective methods to document agency compliance with standards. For example, when an employee is required to sign a form acknowledging that he/she has received written material, information conveyed by a supervisor, equipment, or training, etc.</p> <p>New Employee Checklists are particularly helpful in processing new hires.</p>

Providing Familiarization Training to Agency Personnel

Accreditation Standard 33.5.3 states...

6A. The new employee(s) received information on the accreditation process introductory / familiarization-type information) within 30 days after hiring.

6B. Specify how the agency documented the delivery or receipt of information to the employee(s).

7. Before the agency's on-site assessment, the agency provided information to all its employees on the upcoming assessment.

Per standard 33.5.3 above, **all agency employees** must receive initial familiarization or orientation training on the certification process.

The nature and level of the training provided should be commensurate with the employee's involvement in the certification/accreditation process.

For example, employees who will be assisting the Accreditation Manager in drafting directives and preparing accreditation files, etc. should receive training in those areas. The training may be provided by the Accreditation Manager and/or by the Commission via its workshops, meetings, and conferences.

Listed below are some of the areas that should be covered in the training:

Training Topic	Discussion Points
The employee's role and the accreditation-related assignment	What do you want the employee to do? Write policies? Comment on drafts?
How do you want the employee to accomplish the assignment?	Is there a preferred method or format? Explain the use of new forms such as the one used for circulating draft policies and documenting staff reviews/revisions. Does the accreditation manager want changes on revised policies in red ink so that they will stand out?
Progress Issues	Timelines, due dates, tracking systems
How to read the standards	The "evaluation measures" and the key words and phrases highlighted in them.
Format and writing style of the agency's written directive system	Self-assessment involves a re-evaluation of the written directive system. For consistency purposes, format and writing style should be affirmed with policy writers especially if either is to be changed.
Preparing Compliance Documentation	File folder method, highlighting preferences, etc.
Creative thinking and the importance of developing agency-specific directives and operational systems	Standards tell agencies "what" must be done, leaving "how" to do it up to the agency. Creativity helps agencies overcome obstacles. Avoid copying directives of other agencies when you know the policy or system will not work in practice in your agency.

Evaluating Your Written Directive System

Since the majority of the certification standards are written directive in nature, *before* revising existing directives or creating new ones to meet standards, it is highly recommended that agencies evaluate the effectiveness of their written directive system *first* and decide whether or not it is effective, user-friendly or in need of any change(s).

The primary focus of the evaluation should be on format and the methods being used to disseminate and store the directives.

If the agency's written directive system is already in writing, the directive should be reviewed for accuracy. For example, does it accurately reflect agency practice? If not and the agency wants to keep its system, the directive needs to be changed.

For starters, agencies should evaluate:

- the titles of their written directives
- electronic vs. manual systems for disseminating and storing directives
- overall format: for example, single v. multiple (specialized) manuals
- page set-up and writing style
- indexing systems and tables of contents

If...	Then...
Agencies are satisfied with their written directive system, and the system meets accreditation standards (special attention to Written Directive Standards 12.2.1 & 12.2.2)...	there is <u>no</u> need to change it <i>for certification or accreditation</i> . Agency personnel may begin writing [and revising] agency directives using the existing format.
Agencies are not satisfied with their written directive system or the system does not meet accreditation standards...	they should review and evaluate <i>other</i> written directive systems and decide which system to use.

Delegating Assignments and Soliciting Agency-wide Input

Accreditation should be an agency-wide effort. Delegating and decentralizing self-assessment tasks *institutionalizes* accreditation within the agency and allows personnel to feel a part of the process, not a victim of it.

Agencies should utilize the expertise of their personnel in policy development and/or in reviewing proposed drafts, particularly those that will affect them. Since the standards generally indicate “what” to do but leave “how” to do it up to the agency, the decision on *which* directives should be circulated for review and *how* input should be solicited is left up to each agency.

Consider the following excerpts from IACP’s Model Policy: Written Directive System presenting two (2) approaches on policy ownership/responsibility.

Policy Ownership / Responsibility	
Maintenance is assigned to:	
An organizational unit or Accreditation Manager	<p>Maintenance of the written directive system is assigned to the department's planning and research office or an officer designated by the agency CEO.</p> <p>In coordination with affected divisions and units, this office or officer shall be responsible for organization, review, revision, update, and purging of the agency policy manual on a continuous basis.</p>
Division Commanders And their Designees	<p><i>It is the concurrent responsibility of all division commanders</i> to ensure that policies, procedures, and other directives affecting their area(s) of responsibility reflect the best practices for accomplishment of organizational and division activities, duties, and responsibilities.</p> <p>To this end, division commanders and their designees are responsible for ensuring that required development, updates, and refinements of all agency policies and procedures affecting their area(s) of responsibility are identified and that these requirements are forwarded in a timely manner to the policy planning office or officer...</p>

Paying Attention to Details Will Result in a Better Product

Agencies are expected to meet both the letter and spirit of standards. *Letter and spirit* mean *functional compliance* or *compliance in practice*; both of which mean that agencies are actually doing what they say they do. Regarding written directives, functional compliance means that the agency's directives are *agency-specific and accurately reflect agency practice*. To that end, **agency personnel should be looking at their directives with a critical eye when asked to review them.**

Cover Sheets:

Many agencies have had success using cover sheets or forms attached to draft directives to solicit and document agency input.

Agency personnel who are going to be asked to review and comment on draft directives should be given some direction on what is expected of them (including deadlines for submitting feedback).

Some questions to ask the Reviewer to ensure a quality review:

The Policy Review Sheet might ask the Reviewer:

- Does the new/revised policy conflict with an existing policy or law? (12.2.1)
- Should any "should" be changed to "shall" or any "shall" be changed to "should"?
- Does the policy accurately reflect what we do in practice? Is it agency-specific?
- Are there any typos or incomplete sentences?
- Is terminology correct? For example, if a form is cited in the directive, does it exist? Is it in use? Is the title on the form consistent with the title in the written directive? How about job titles?
- Does the written directive apply to those targeted (identified) in the standard? For example, if the "standard" applies to "all employees" does the "written directive" apply to "all employees" or is it limited to "all officers" only? Check terminology: all employees, all members of the department, all agency personnel, all officers, etc.)
- If the standard calls for a procedure, is there sufficient detail in the written directive for the task to be accomplished successfully?
- Is the directive clear to the reader?

Sample Checklist for Reviewing Directives

This checklist is to be used when reviewing written directives and providing feedback on them. Please read the policy carefully and answer all questions.

When finished, forward your responses to _____
no later than _____.

Proposed changes may be done on the directive itself or on separate paper attached to this document.

Directive: _____ <div style="display: flex; justify-content: space-around;"> ___ New Directive ___ Revised Directive ___ Routine Review of Directive </div>

Questions	Reviewer's Responses
1. Does the directive conflict with an existing directive or law? If yes, identify.	
2. Check the title of the directive. Is it appropriate for the subject matter or should it be changed? (e.g., accident report vs. crash report, high speed pursuit vs. vehicular pursuit)	
3. Should a "should" be changed to "shall" or any "shall" be changed to "should"?	
4. Does the directive reflect what we do in practice? Is it agency-specific? If not, indicate which needs to be changed - the directive or the practice?	
5. Is the directive clear to the reader? If not, what suggestions can you offer to make it clear (change in wording)?	
6. Did you find any typos or incomplete sentences, etc.?	
7. Is terminology correct and consistent? (i.e., employee vs. officer vs. member, etc.)	
8. Are references to forms, job titles, and laws, etc., accurate?	
9. If any phone numbers or addresses are noted in the directive, are they still correct?	
10. If reviewing a procedure, is sufficient detail provided in the directive for the task to be accomplished successfully?	
Other comments:	

Reviewer's Signature: _____

Date: _____

Training Agency Personnel on Policy and Operational Changes

For purposes of providing training on new and revised directives, timely dissemination of them is essential.

Waiting to issue new directives (particularly entire manuals) just prior to an on-site assessment for initial certification or accreditation is likely to be problematical for the agency during the assessment.

As stated earlier, with few exceptions, written directives and operational practices should be institutionalized within the agency prior to the on-site assessment.

When they are, agency personnel will generally be more comfortable in their interactions with the assessors because they have had an opportunity to digest the new or revised policies and comply with. Similarly, the assessors will be more comfortable “signing-off” on standards indicating that the agency is complying with them.

Training on new and revised policies or practices can be accomplished in a variety of ways:

- In Field Training Programs
- During Roll call Training
- During In-service Training
- Using On-line Training; and
- In conjunction with Staff Meetings, etc.

Lastly and very important... Don’t forget to document the training!