

**INSTRUCTIONS FOR COMPLETING
THE CALEA PUBLIC SAFETY COMMUNICATIONS ACCREDITATION PROGRAM
AGENCY PROFILE QUESTIONNAIRE (APQ)**

A. Introduction:

1. The Agency Profile Questionnaire (APQ) is a guide in determining which standards apply to the agency on the basis of the agency's size, function, and legal responsibilities. The questionnaire is also designed to elicit other relevant information about the agency. The information is used to familiarize the CALEA Staff and/or assessors about your agency.
2. The APQ is not intended to solicit precise data resulting from a major research product. Instead, you may answer the questions generally and informally; use your best estimate when precise information is not available.

B. General Guidelines:

1. Please use a typewriter or neat, handwritten comments in ink for short answers requested.
2. Where supplemental comments are to be added on a separate sheet, please indicate the question number and the date of preparation at the bottom of each supplementary sheet.

C. Timing for Completion of the APQ:

We request that the agency complete the questionnaire and return it with the Accreditation Agreement. If for any reason it is not possible to accomplish this, the agency is requested to call or send a very brief letter to CALEA, advising of this fact, and a date when it is anticipated that the questionnaire will be completed. Agencies preparing for an on-site assessment are often asked to complete another APQ to update their file. In this case, the agency should complete and return this form without delay.

D. When the APQ is Completed:

When all of the questions have been answered and the supplemental information has been assembled, the agency's Chief Executive Officer should sign the form on the front of the APQ. Since the Commission, through its staff, will wish to communicate with the agency following its review of the questionnaire and during the remaining steps in the accreditation process, one other person in addition to the agency's Chief Executive Officer should be identified for this purpose in the space provided.

E. If There Are Any Questions?:

If there are any problems or concerns about the questionnaire, please write, fax, or call CALEA at 10302 Eaton Place, Suite 100, Fairfax, VA 22030-2215; 1-800-368-3757; or fax: 703-591-2206.



FOR CALEA STAFF USE ONLY

Agency Number: _____

Date Received: _____

Assigned To: _____

NEW _____ UPDATE _____

COMMUNICATIONS ACCREDITATION
AGENCY PROFILE QUESTIONNAIRE

The Agency Profile Questionnaire (APQ) is a guide in determining which standards apply to the agency on the basis of the agency's size, function, and legal responsibilities. The questionnaire is also designed to elicit other relevant information about the agency. The information is used to familiarize the CALEA Staff about your agency. **The APQ is not intended to solicit precise data resulting from a major research product. Instead, you may answer the questions generally and informally; use your best estimate when precise information is not available.**

Agency Name _____

Agency Address _____

_____ Zip _____ Tel. No. (_____) _____

Website <http://> _____

Chief Executive Officer _____

Title _____ Tel. No. (_____) _____

E-mail _____

Accreditation Manager _____

Title _____ Tel. No. (_____) _____

E-mail _____ Fax. No. (_____) _____

This questionnaire was completed under my direction and is submitted as a part of the requirements of our candidacy for accreditation to the Commission on Accreditation for Law Enforcement Agencies, Inc.

Agency Chief Executive:

(Signature)

Date

Agency Name: _____

From the list below, rank from 1 to 5 the factors (displayed in **bold text**) that influenced your decision to seek CALEA Accreditation/Recognition, with 1 being the most useful and 5 the least. Check all item boxes that apply.

_____ **Availability of a cost-free Enrollment Package on-line.**

_____ **Information obtained by attending the following conferences:**

CALEA Conference
 Process and Programs Info Desk

IACP Conference
 CALEA Booth
 CALEA Panel

NSA Conference
 CALEA Booth
 CALEA Panel

NOBLE Conference

APCO Conference

Other Conferences (specify) _____

_____ **Information obtained from advertisements in:**

Police Chief Magazine (IACP)
 Sheriff Magazine (NSA)
 NOBLE News ONLINE
 CALEA Update Magazine
 Public Safety Communications Magazine (APCO)
 Other (specify) _____

_____ **Information obtained from:**

Other CALEA Accredited Agencies
 CALEA Informational DVDs
 CALEA's Web-site
 CALEA Staff
 Risk Management/Liability Groups

_____ **Support from:**

Local Political Establishment
 Other Chief Executive Officers
 Police Accreditation Coalition (PAC)
 Community Groups
 Rank and File

_____ **Other (specify)** _____

State your agency's mission and major responsibilities:

If your agency is part of or subordinate to another organization, describe the relationship. (For example, the communications agency may be a unit of county government that reports to the county executive.)

1.0 LEGAL RESPONSIBILITIES:

1.1 Please indicate, by checking the appropriate box, your agency's legally mandated communications responsibilities -- mandated by state constitution, statute, ordinance, common law, or contract.

| COMMUNICATIONS AREA RESPONSIBILITIES | RESPONSIBILITY LEVEL | | | |
|--------------------------------------|----------------------|---------|------------|------|
| | SOLE | OVERLAP | OCCASIONAL | NONE |
| EMS | | | | |
| FIRE | | | | |
| LAW ENFORCEMENT | | | | |
| OTHER PUBLIC | | | | |
| PRIVATE | | | | |
| OTHER - (STATE) | | | | |

1.2 List agencies that you provide primary Public Safety Communications Services to:

1.3 Please fill in the matrix below -- indicate the number of ACTUAL, full-time, positions by race and sex.

| | | | MALE | | | | FEMALE | | | |
|------------------|------------|--------|--------|------------------|--------|--------|--------|------------------|--------|--------|
| | Authorized | Actual | White | African American | Hisp. | Other | White | African American | Hisp. | Other |
| Clerical | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Custodial | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Executive | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Managerial | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Professional | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Telecommunicator | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Technician | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |
| Totals | # % | # % | # % | # % | # % | # % | # % | # % | # % | # % |

1.4 What is the population of your service area according to the latest U.S. Census? _____

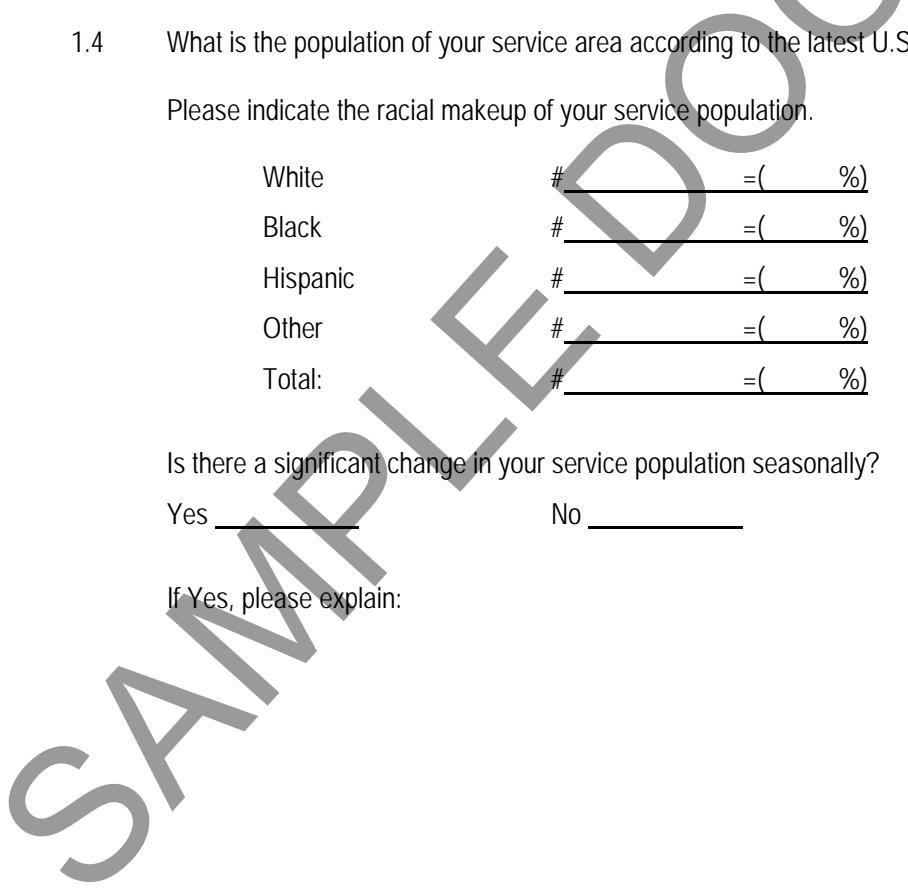
Please indicate the racial makeup of your service population.

White # _____ =(_____ %)
 Black # _____ =(_____ %)
 Hispanic # _____ =(_____ %)
 Other # _____ =(_____ %)
 Total: # _____ =(_____ %)

Is there a significant change in your service population seasonally?

Yes _____ No _____

If Yes, please explain:



2.0 ENVIRONMENTAL PROFILE:

2.1 What is the size of your service area in square miles? _____

Please approximate the land use distribution of your service area in terms of:

- Business/Commercial _____%
- Industrial - heavy and light _____%
- Residential _____%
- Agricultural/Undeveloped _____%
- Parks/Public Lands _____%
- All others _____%

TOTAL 100%

Are there environmental features or aspects of land use that present significant problems? Yes ___ No ___

If Yes, please explain:

Does the population of your service area change significantly from weekdays to week-ends and/or days to evenings? Yes ___ No ___

If Yes, please explain:

SAMPLE DOCUMENT

2.2 Characteristics: Choose the most appropriate response.

YES

NO

Has comprehensive written descriptions of the organization's structure and functions. (1.1)

Has annual goals and objectives, an administrative reporting program, and a risk management program. (1.2)

Assigns personnel according to workload assessments. (1.3)

Directly involves itself in handling organizational integrity issues (employee misconduct). (1.4)

Has a comprehensive written directive system. (2.1)

Has developed organizational values. (2.2)

Provides mutual aid. (2.3)

Manages its own budget. (2.4)

Formally evaluates agency performance. (2.5)

Involves itself with the community and public education. (2.6)

Has an employee classification plan. (3.1)

Provides comprehensive information on compensation, benefits and conditions of work to employees. (3.2)

Has a collective bargaining agreement. (3.3)

Has an employee performance evaluation system. (3.4)

Has a formal grievance system. (3.5)

Has a formal disciplinary system. (3.6)

Participates or administers the recruitment and selection system. (4.1, 4.2)

Has background checks done before applicants are hired. (4.3)

Administers training programs. (5.1, 5.3)

Has a training academy. (5.2)

Provides procedures and criteria for telecommunicators to follow in handling their responsibilities. (6.1, 6.2, 6.3)

Has security measures in place for the facilities and equipment. (6.4)

| | YES | NO |
|--|--------------------------|-------------------------------------|
| Has back-up electrical power source. (6.4) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the capability for immediate playback of recorded telephone and radio conversations. (6.5) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has responsibility for records concerning communications services provided. (6.7) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Has policies regarding control and use of computers. (6.8) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have plans for unusual occurrences and special operations. (6.9) | <input type="checkbox"/> | <input type="checkbox"/> |

FACILITIES: Choose the most appropriate response.

| | YES | NO |
|--|-------------------------------------|--------------------------|
| Administrative and operations are together in a separate facility. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Administrative and operations are together in a joint facility shared with another agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative and operations are in different facilities. | <input type="checkbox"/> | <input type="checkbox"/> |

Specify which buildings other than the administrative building, (including off-site towers, transmission facilities, or a relay station) are used by your agency.

If your agency uses special-purpose vehicles describe them here.

3.0 On a separate piece of paper, briefly discuss the major problems facing your agency.

- Budgetary or legislative concerns
- Evaluation of agency performance
- Facilities and equipment
- Man-made or natural disasters or incidents
- Management/personnel
- Providing adequate services
- Training
- Other

SAMPLE DOCUMENT