



## CALEA BEST PRACTICES IN POWERDMS FOR CONTINUED COMPLIANCE (updated 2/2026)

The following best practices have been developed for documenting the agency’s continued compliance with CALEA Standards. These guidelines should be used by agencies participating in the CALEA Accreditation Processes.

In addition to this Best Practices Guide, there are multiple resources available to assist agencies in managing the accreditation process. Accreditation Managers are encouraged to become familiar with the resources below and to contact their assigned Regional Program Manager for additional guidance:

- CALEA website (dropdown menu upper right corner)
  - Education
    - Webinars
    - Tools and Tutorials
  - Resources
    - Client Resources
- PowerDMS Application (under Help menu)
  - Success Community
  - PowerDMS University

**Continued Compliance** approaches web-based and site-based assessments as a “point in time” rather than a deadline. This is best accomplished through regular and consistent accreditation maintenance, tracking agency performance, and identifying changes to agency procedures.

### **Naming of Assessments:**

Use a standard naming convention:

(Name of Process: Start Month/Year of Time Period – End Month/Year of Time Period)

Examples:

1. CALEA Law Enforcement Adv. Accreditation: Month/Year – Month/Year
2. CALEA Law Enforcement Accreditation: Month/Year – Month/Year
3. CALEA Training Academy Accreditation: Month/Year – Month/Year
4. CALEA Communication Accreditation: Month/Year – Month/Year
5. CALEA Campus Security Adv. Accreditation: Month/Year – Month/Year
6. CALEA Campus Security Accreditation: Month/Year – Month/Year

### **Attachments:**

Agencies are to attach compliance **documentation for each applicable CALEA standard and related bullets annually**. Refer to Appendix G for guidance regarding the number of proofs of compliance required for each year.

- Agencies in the initial accreditation phase are responsible for providing proofs of compliance for all applicable standards, beginning either the date of enrollment or the date the agency’s written directive or practice achieved compliance with the CALEA standard, whichever is later. A minimum of one year’s worth of proofs of compliance should be provided to avoid a “standards issue” finding.

- Agencies in the Reaccreditation phase are responsible for maintaining four consecutive years of compliance documentation in the assessment file at all times (current year plus three previous years).

*(Contact your Regional Program Manager with questions)*

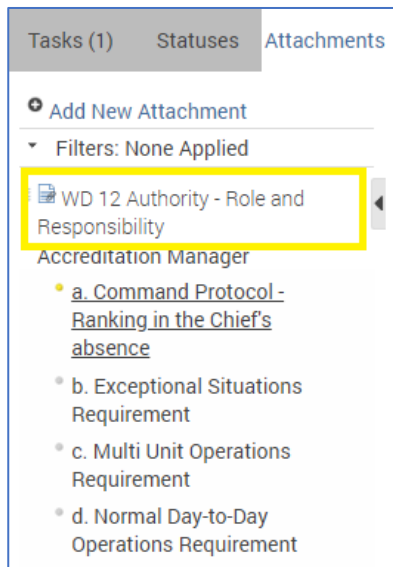
### **Naming Convention:**

The following guidelines should be used when naming attachments in PowerDMS. Please be as specific as possible when naming attachments and highlights – clarify what needs to be conveyed. The most important thing is consistency in labeling items. Consistency will assist agency personnel, Compliance Services Members (CSM), Mock Assessors, and Site-based Assessors in reviewing files.

### **Legend**

1. WD = Written Directive
  - a. Definition- Any written document used to guide or affect the performance or conduct of agency employees. The term includes policies, procedures, rules and regulations, general orders, special orders, memorandums, and instructional material.
  - b. A Written Directive would be labeled: WD, Description
  - c. If more than one WD is required, label: WD.1, WD.2, etc.

Written Directive (WD) attachment example

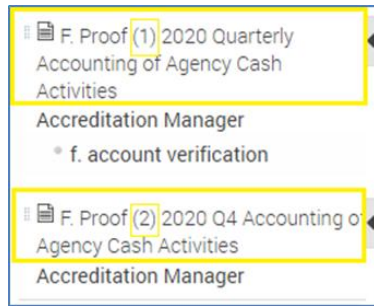


### **2. Proof = Proof of Compliance**

- a. Definition – Any document used to demonstrate that tasks or activities described in a written directive were completed and the methods used are effective for the agency. Proof documentation may include completed forms, completed reports, completed checklists, analyses, audits, evaluations, inventories, photos, videos, audio files, screenshots, or other applicable items. Blank forms should be avoided.

- b. A Proof attachment should be labeled: Bullet (*if applicable*), Proof, Year, Description
  - A calendar year is recommended.
- c. If more than one Proof is required annually as per Appendix G, label: Bullet (*if applicable*), Proof (1), Year, Description

**Example:**

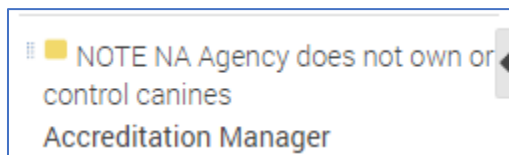


3. Simple Note = any other entry

- a. NA = Not Applicable Size/Function: Attach a Simple Note titled NA and the specific reason why the standard is not applicable to the agency based on size or function. Guiding Principles for Functions Delegated should be reviewed to determine applicability (Appendix B)
- b. No Occur = Did not Occur. Include year of non-occurrence
- c. INT = Interview: Include position of who should be interviewed
- d. OBSV = Observation: Consider the use of photographs, videos, screenshots, or video files for Observation standards. Include specifics on what should be observed during the Site-based assessment.

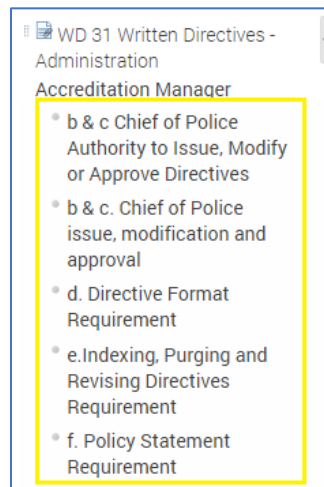
*Document standards so that compliance can be verified remotely during the Web-based Assessment*

Simple Note attachment example



- 4. Highlights are labeled with any applicable bullet(s) and description **AND** are to be linked to the applicable bullet(s) within the standard.

## Proof with bulleted highlights example



**Order of Attachments:** By default, attachments are added to the bottom of the list in the PowerDMS Assessment Tool. For consistency and to prevent having to re-order each time an attachment/proof is added, it is recommended the order of years be displayed with the oldest proof on top and newest proof at the bottom.

## Examples

### Standard without bullets

#### **CALEA Standard:**

**Description of Organization** - A written directive describes the agency's organizational structure and functions, is depicted graphically on an organizational chart that is reviewed and updated as needed, and is available to all personnel and the public.

WD Description of Organization

Proof Department webpage illustrating Organizational Chart available to all personnel and public

Proof 2018 Org Chart reviewed

Proof 2019 Org Chart reviewed and updated

Proof 2020 Org Chart reviewed

Proof 2021 Org Chart reviewed and updated

Summary Assignment History

<> ... / 11 Organization a... / 11.1 Organization... / 11.1.1 (LE1)

	Atch	Hlt
<b>11.1.1 (LE1)</b> <span style="float: right;">Print</span>	-	-
(M M M M) (LE1) Description of Organization	6	4
<b>Commentary</b>	-	-
The agency may determine its own organizational structure. In organizing/reorganizing, the agency should consider applicable standards within the various chapters of the standards manual. The intent of this standard is to provide a written description of the agency's organization. The agency's organizational chart should coincide with this description.	-	-
Functional responsibility may be assigned to an individual position or a component specifically created and staffed. Functional responsibility for several activities could also be assigned to a single position or component, as needed. (M M M M) (LE1)	-	-

Tasks (0) Statuses Attachments

➕ Add New Attachment

▼ Filters: None Applied

- WD Description of Organization Accreditation Manager
  - Organizational structure and functions
- Proof Department web page illustrating Organizational Chart available to all personnel and public Accreditation Manager
- Proof 2018 Org Chart reviewed Accreditation Manager
  - Reviewed
- Proof 2019 Org Chart reviewed and updated Accreditation Manager
  - Reviewed and updated
- Proof 2020 Org Chart reviewed Accreditation Manager
- Proof 2021 Org Chart reviewed and updated Accreditation Manager
  - Reviewed and updated

**Standard with multiple bullets and attachments**

**CALEA Standard:**

**Personnel Early Intervention System Established**

A written directive establishes a Personnel Early Intervention System to identify agency employees who may require agency intervention efforts. The directive shall include:

- a. definitions of employee behaviors or actions to be included for review;
- b. threshold or trigger levels to initiate a review of employee actions or behavior;
- c. a review of identified employees, based on current patterns of collected material, that is approved by the agency CEO or designee;
- d. agency reporting requirements of conduct and behavior;
- e. documented annual evaluation of the system;
- f. the responsibility of supervisors;
- g. remedial action; and
- h. some type of employee assistance such as a formal employee assistance Program, peer counseling, etc.

WD.1 PER 42-664 Early Intervention

WD.2 H. HR 25 Employee Assistance Program

A. B. C. Proof 2017 Early Intervention Review

D. E. Proof 2018 2017 Annual Evaluation

F. Proof 2017 Report of supervisor's doc pattern of tardiness

G. Note No Occur 2017

H. Proof 2017 Employee assistance avail to all personnel

A. B. C. Proof 2018 Early Intervention Review

D. E. Proof 2019 2018 Annual Evaluation

F. Proof 2018 Report of supervisor's doc pattern unsatisfactory work perf

- G. Proof 2018 Letter of Remedial Training
- H. Proof 2018 Employee assistance available to all personnel
- A. B. C. Proof 2019 Early Intervention Review
- D. E. Proof 2020 2019 Annual Evaluation
- F. Proof 2019 Report of supervisors documenting a pattern of tardiness
- G. Note No Occur 2019
- H. Proof 2019 Employee assistance available to all personnel
- A. B. C. Proof 2020 Early Intervention Review
- D. E. Proof 2021 2020 Annual Evaluation
- F. Proof 2020 Report of supervisors documenting pattern call-in
- G. Proof 2020 Letter of Remedial Training
- H. Proof 2020 Employee assistance available to all personnel

**Attaching one document to multiple bullets** – When a single document demonstrates compliance with multiple components or bullets of a standard, that single document does not need to be loaded multiple times for each bullet but may be loaded a single time and highlighted to associate or link with the applicable bullets.

It is recommended to “anchor” attachments to the standard statement. Highlights should be associated or anchored **only** to the bullets or sections of the standard it is intended to demonstrate compliance for.

The screenshot shows a software interface for managing standards and attachments. The main content area displays standard 3.4.7, "Personnel Early Intervention System Established". To the right of the text is a table with columns "Atch" and "Hit".

	Atch	Hit
4	-	-
a. definitions of employee behaviors or actions to be included for review;	2	2
b. threshold or trigger levels to initiate a review of employee actions or behavior;	2	2
c. a review of identified employees, based on current patterns of collected material, that is approved by the agency CEO or designee;	2	2
d. agency reporting requirements of conduct and behavior;	2	2
e. documented annual evaluation of the system;	2	2
f. the responsibility of supervisors;	2	2
g. remedial action; and	2	1
h. some type of employee assistance such as a formal employee assistance Program, peer counseling, etc.	2	1
Commentary	-	-
A comprehensive Personnel Early Warning System is an essential component of good discipline in a well-managed public safety communications agency. The early identification of potential problem employees and a menu of remedial actions can increase agency accountability and offer employees a better opportunity to meet the agency's values and mission statement.	-	-
The agency's Personnel Early Warning System should be initiated when certain types of incidents occur and there should be an evaluation of documented material. Such material may include, but not necessarily be limited to, agency performance evaluations, citizen complaints, disciplinary actions, internal investigations, and supervisory and employee reports such as workers' compensation claims or attendance records.	-	-
The agency should not be faced with investigating an employee for a serious case of misconduct or poor performance only to find there was an escalating pattern of less serious misconduct or poor performance, which could have been abated through intervention. The failure of the agency to develop a comprehensive Personnel Early Warning System can lead to the erosion of public confidence in the agency's ability to investigate itself, while putting the public and agency employees in greater risk of danger.	-	-
Supervision is a crucial element to a successful Personnel Early Warning System and should be emphasized in the agency's procedures. (M M M)	-	-

On the right side, there is a list of attachments under the heading "Attachments". The list includes:

- WD PER 42-664 Early Intervention Accreditation Manager
  - a. Employee actions to be included for review
  - b. Trigger levels to initial review
  - c. Review based on patterns
  - d. Reporting requirements
  - e. Documented annual evaluation
  - f. Responsibility of supervisors
  - f. Responsibility of supervisors
  - g. Remedial action
- WD H. HR 25 Employee Assistance Program Accreditation Manager
  - h. County Employee Assistance Program
- A. B. C. Proof 2017 Early Intervention Review Accreditation Manager
  - a. Behaviors Reviewed
  - b. Review Triggered
  - c. Director Approval
- D. E. Proof 2018 2017 Annual Evaluation Accreditation Manager
  - d. Reporting requirements of conduct and behavior
  - e. 2017 Annual Eval

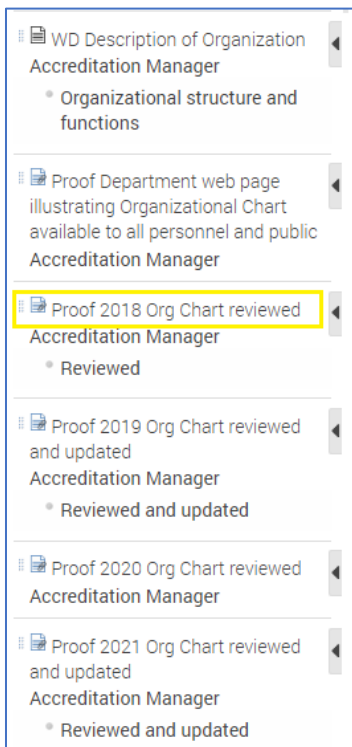
**Attaching an additional year of documentation** – After four years of compliance have been documented and the agency is ready to attach the next consecutive year, the oldest year of proof(s) of compliance may be removed from the assessment (deleted) when the newest year is added, thus always maintaining four consecutive years of continued compliance.

**EXAMPLE:**

When adding a proof for year 2022 to the following standard, the accreditation manager would delete the proof for 2018, **always keeping four years** of documentation for continued compliance with the standard.

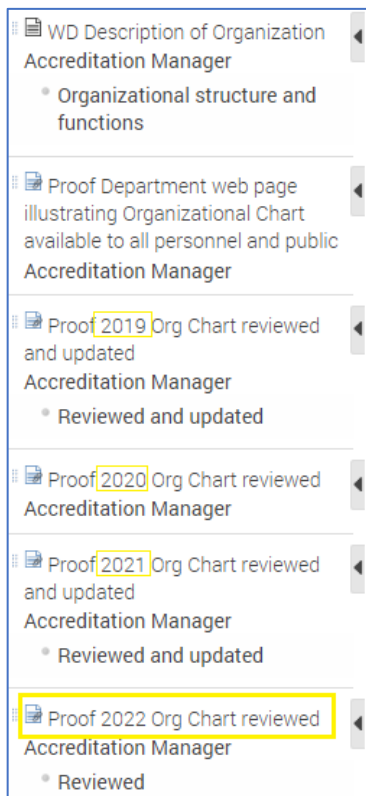
**File with 2018 – 2021 Proofs:**

WD Description of Organization  
Proof Department webpage illustrating Organizational Chart available to all personnel and public  
Proof 2018 Org Chart reviewed  
Proof 2019 Org Chart reviewed and updated  
Proof 2020 Org Chart reviewed  
Proof 2021 Org Chart reviewed and updated



**File with next consecutive year Proof Added:**

WD Description of Organization  
Proof Department webpage illustrating Org. Chart available to all personnel and public  
Proof 2019 Org. Chart reviewed and updated  
Proof 2020 Org. Chart reviewed  
Proof 2021 Org. Chart reviewed and updated  
Proof 2022 Org. Chart reviewed



### Site-based Assessment -

1. Agencies conducting reaccreditation processes should have 4 years' worth of documentation attached for all applicable standards.
2. Some clients find conducting an **Export** of attachments is a helpful tool. While not required, it can serve as a back-up for documentation during an upgrade and creating a new assessment process.
3. After the final report is approved and the CEO is notified the report is available for review, **archive** the assessment in PowerDMS (*Tip: Bookmark your assessment prior to archiving it*)
4. **Create** a new assessment.
  - a. Define the next period in the naming of the assessment.  
EXAMPLE: CALEA Training Academy 7/2024 – 7/2028
4. **Copy all** attachments to the new assessment
5. Begin adding a new proof(s) of compliance and removing the oldest year per this best practice guideline, **always maintaining four years of documentation** with no beginning/end. (*for first reaccreditation, obtain 4 years of documentation prior to removing the oldest year*)

**NOTE:** After you have 4 years history of documentation, each subsequent year you will add compliance documentation/Proof and delete the OLDEST year's Proofs from the standard.

**Redaction:** It is recommended that any confidential information be redacted.

**Highlighting Dates:** It is recommended all documents used to demonstrate compliance (proofs) are dated and the dates are highlighted to make it clear time sensitive requirements are met.

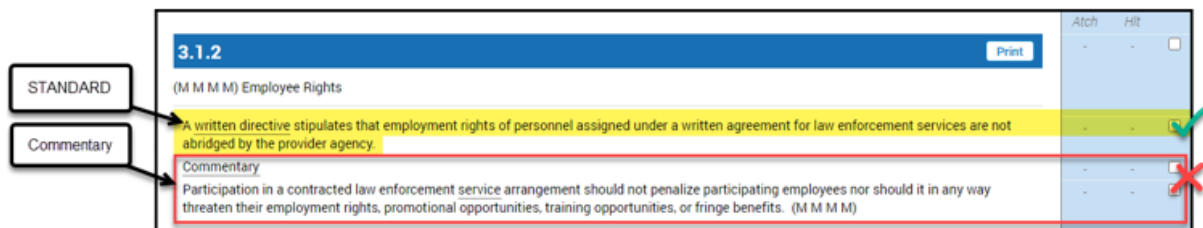
**Physical Signatures:** There is no requirement to have a physical signature on documents to demonstrate compliance. This prevents printing, signing, and scanning specific reports. Agencies may use electronic signatures or denote the author of the document where appropriate.

**Documentation:** Provide documentation for each applicable standard and each bullet each year per Appendix G and in compliance with all time-sensitive standards.

**Written Directive Updates:** When an organization updates its written directive for any standard during a reaccreditation assessment cycle, the agency should:

- Non-substantive Changes** –Replace the previous written directive within the PowerDMS Assessment Tool and only have the most current version for review to verify compliance.
- Substantive changes** – Attach a copy of the new written directive, clearly denoting the effective date in the document title, for review to verify compliance. The old directive should remain to verify compliance prior to the effective date of the new directive. *(Contact your Regional Program Manager with questions)*

**Commentary:** It is recommended to anchor documents and highlights to the standard statement and appropriate bullet(s) and to NOT anchor or attach/link to any portion of the Commentary.



**Setting Statuses:** It is recommended each standard is reviewed annually to determine applicability. Upon completing and attaching required documentation of compliance annually to the assessment, set the status as appropriate in the Role you are working in (In Compliance, Not Applicable, Elected 20%) to track your progress. Ensure statuses for standards that are Not Applicable and Elected 20% are current and up to date. This will be important when you are asked to send the results from the CALEA Status Calculator located in PowerDMS Reports/Analytics to the CSM's during web-based assessments.

**Compliance Services Member (CSM)/Site-Based Assessor:** Assign CSM's and Site-Based Assessor to ALL standards each year.

**The intent of the Continued Compliance model is for agencies to maintain compliance documentation on a consistent and regular basis. Proof periods, or cycles, are defined only for the purpose of managing web-based and site-based assessments. Be consistent with naming conventions and maintenance of accreditation files.**

### **Upgrading an assessment to a newer version**

When CALEA publishes a newer version of a standards manual, reference the CALEA Guide to Successful Accreditation Management to determine requirements for demonstrating compliance with the updates.

- When new Editions are published, please refer to Transition Policies in Appendix D and transition guidance and resources. (an example would be transitioning Training Academy 2<sup>nd</sup> Edition to the 3<sup>rd</sup> Edition)
- Generally, it is **NOT** recommended to archive and create a new assessment when upgrading to a newer version within the same edition of a manual (e.g. upgrading from 6.23 to 6.24 Law Enforcement). Exceptions would be when transitioning to a new edition (e.g. upgrading from 2.25 to 3.1 Training Academy).
- Some clients find conducting an **EXPORT prior to upgrading** a good way to back up documentation, especially when standards drastically change or move positions within the manual.

### **Auto-Generated Tasks for the locked CSM Role**

Attachments that are updated in an assessment AFTER a status has been set by the CSM (or any locked role) will generate a task for the locked role that states: “PLEASE REVIEW: An attachment to this standard has been modified.” This task is viewable by the person(s) assigned to the locked role, the Master Administrator, or any user with Audit or Edit rights to the assessment. During subsequent annual reviews, CSMs may review any attachment that is modified after a standard has been found in compliance from the previous review. The auto-generated task for the locked role is a reminder to the CSM to review the attachment to determine continued compliance. A separate guide has been created to instruct CSMs in clearing these auto-generated tasks, but CALEA does not require the tasks to be removed.

**Questions:** Contact your Regional Program Manager with process questions and PowerDMS Support ([support@powerdms.com](mailto:support@powerdms.com) or 888-959-5158) for assistance with the electronic Assessment Tool.