



The following best practices have been developed for linking “Proofs of Compliance” against CALEA Standards to document continued compliance. These are guidelines to be used by agencies participating in the CALEA Accreditation Processes.

Historically a designated “period of time” was considered an “accreditation cycle” or “award cycle”. This time period was set to make file volumes manageable for agencies and CALEA Assessors. Continued Compliance approaches web-based and site-based assessments as a “point in time” rather than a deadline.

### **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

**Proofs required for documentation:** Agencies are to **document each applicable standard annually** and are to refer to Appendix G to review how many proofs are required for documentation.

- Agencies in their initial accreditation are responsible for providing proofs of compliance from the date of enrollment or date of implementation of the written directive.
- Agencies in their reaccreditation process will provide four consecutive years of compliance documentation as required by Appendix G and as indicated by the standard.

*(Contact your Regional Program Manager with questions)*

### **Naming Convention:**

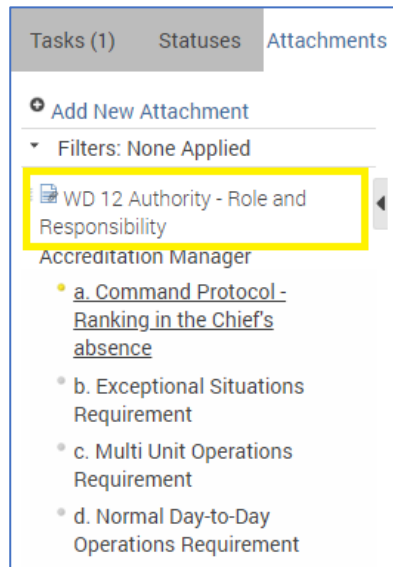
The following guidelines should be used when naming attachments in PowerDMS. Please be as specific as possible when naming attachments and highlights – clarify what needs to be conveyed. The most important thing is consistency in labeling items. Consistency will assist agency personnel, Compliance Services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



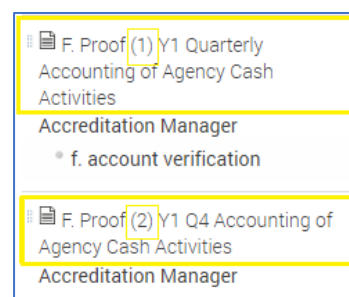
## 2. Proof = Proof of Compliance

- a. Definition – Any document used to demonstrate that tasks or activities described in a written directive are actually completed and the methods used are effective for the agency. Proof documentation may include completed forms, completed reports, completed checklists, analysis, audits, evaluations, inventories, photos, videos, audio files, screen shots, or other applicable items.
- b. A Proof would be labeled: **Bullet, (if applicable), Proof, Year, Description**
  - **Calendar year is recommended**, but agencies may determine how they identify the Year (2020 or Year 1 or Y1)
- c. If more than one Proof is required annually as per Appendix G, label: **Bullet (if applicable), Proof (1), Year, Description**

### Example: Proof YEAR (Recommended)



### Example: Proof Y1

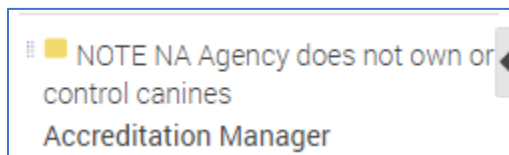


3. Note = any other entry

- a. N/A = 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: Include specifics on what should be observed during the Site-based assessment. Consider the use of photographs, videos, screen shots, or video files for Observation standards.

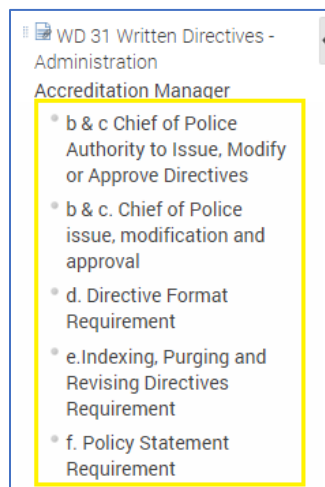
*(Observations and Interviews should be used sparingly. Document standards so that compliance can be verified remotely during the Web-based Assessment when possible)*

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

The screenshot displays a software interface with a main content area on the left and a right-hand sidebar. The main content area shows a standard titled "11.1.1 (LE1)" with a "Print" button. Below the title is the text: "(M M M M) (LE1) Description of Organization". The description states: "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." It includes a "Commentary" section: "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." and a note: "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)". To the right of the text is a table with columns "Atch" and "Hlt". The table contains three rows of data: the first row has dashes in both columns; the second row has "6" in the "Atch" column and "4" in the "Hlt" column; the third and fourth rows have dashes in both columns. The right-hand sidebar has tabs for "Tasks (0)", "Statuses", and "Attachments". Under "Attachments", there is a list of items: "Add New Attachment", "Filters: None Applied", "WD Description of Organization Accreditation Manager" (with a sub-item "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" (with a sub-item "Reviewed"), "Proof 2019 Org Chart reviewed and updated Accreditation Manager" (with a sub-item "Reviewed and updated"), "Proof 2020 Org Chart reviewed Accreditation Manager", and "Proof 2021 Org Chart reviewed and updated Accreditation Manager" (with a sub-item "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 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.

The screenshot shows a software interface for document review. The main content area displays a document titled "3.4.7 (M M M) Personnel Early Intervention System Established". The document text includes a written directive and a list of items (a-h) with "Atch" and "Hit" counts. The right sidebar shows a list of tasks and attachments, including "WD PER 42-664 Early Intervention Accreditation Manager", "WD H. HR 25 Employee Assistance Program", "A. B. C. Proof 2017 Early Intervention Review", and "D. E. Proof 2018 2017 Annual Evaluation". The interface includes tabs for "Summary", "Assignment", and "History".

Item	Atch	Hit
3.4.7	-	-
(M M M) 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:	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)	-	-

**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 remove the proof for 2018, **always keeping four years** of documentation for continued compliance with the standard.

**File with 2018 – 2021 / Year’s 1 -4 Proofs:**

**Naming Convention Calendar Year (Recommended):**

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

Alternate Naming Convention:

WD Description of Organization

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

Proof Y1 Org Chart reviewed

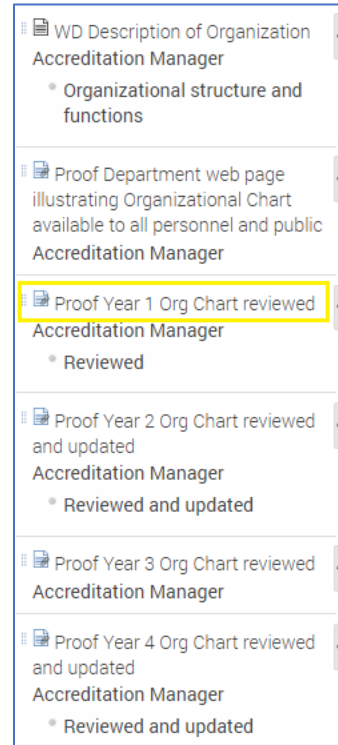
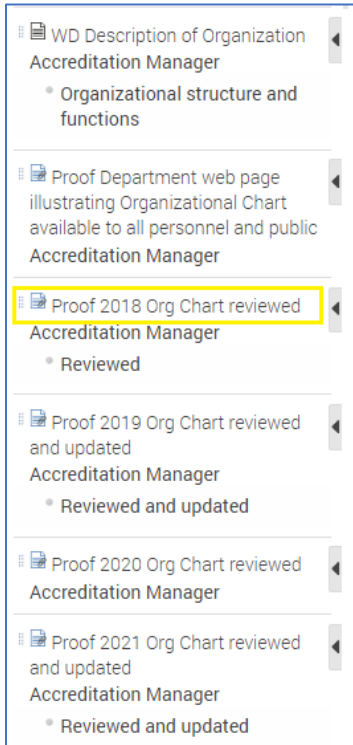
Proof Y2 Org Chart reviewed and updated

Proof Y3 Org Chart reviewed

Proof Y4 Org Chart reviewed and updated

**Naming convention of calendar year  
(Recommended)**

Naming convention of Year 1 (Y1)



**File with next consecutive year 2022 / Year 5 Proof Added:**

**Naming Convention Calendar Year (Recommended):**

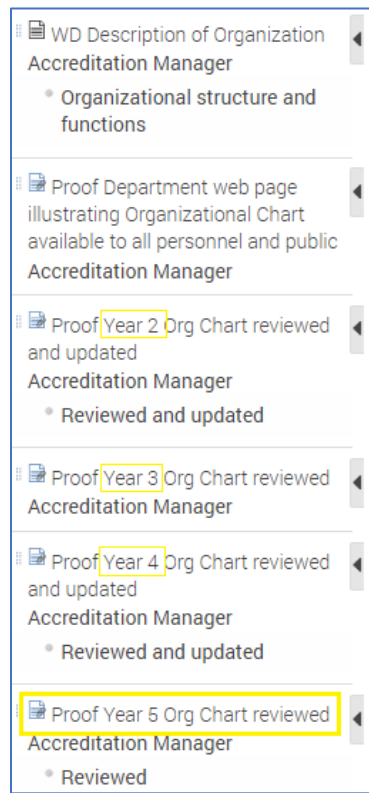
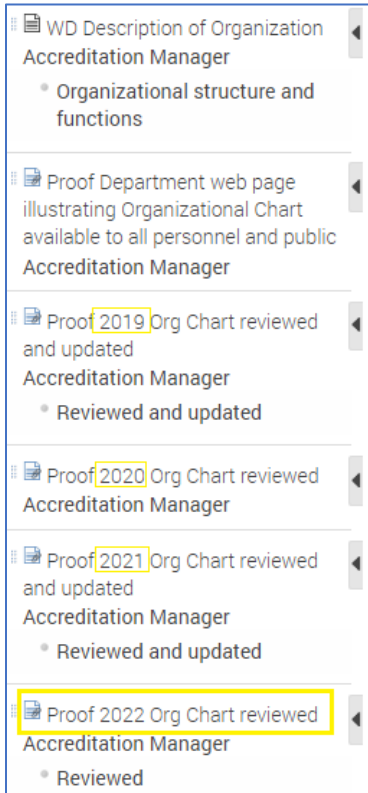
WD Description of Organization  
 Proof Department webpage illustrating Org. Chart available to all personnel and public  
 Proof 2019 Org. Chart reviewed and updated  
 Proof 2020 Org. Chart reviewed  
 Proof 2021 Org. Chart reviewed and updated  
 Proof 2022 Org. Chart reviewed

Alternate Naming Convention:

WD Description of Organization  
 Proof Department webpage illustrating Org. Chart available to all personnel and public  
 Proof Y2 Org Chart reviewed and updated  
 Proof Y3 Org Chart reviewed  
 Proof Y4 Org Chart reviewed and updated  
 Proof Y5 Org Chart reviewed

**Naming convention of calendar year  
 (Recommended)**

Naming convention of Year 1 (Y1)



**Site-based Assessment -**

1. Agencies conducting reaccreditation processes should have 4 years of documentation completed for all applicable standards for Site-based Team Members to review.
2. **After the final report is approved in CIMRS and delivered to the CEO, [archive](#) the assessment in PowerDMS**
3. [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.** *(for first reaccreditation, obtain 4 years of documentation prior to removing the oldest year)*

**Redaction:** It is recommended that any confidential information be redacted prior to uploading a document into PowerDMS.

**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.

**Setting Statures:** Review each standard annually to determine applicability. Upon completing and attaching required documentation of compliance annually to the assessment, set the status as appropriate in at least one Role: (In Compliance, Not Applicable, Elected 20%). [Calculate statuses](#)



or tally annually and/or as requested by CSM's and Site-based Assessment Team.

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

**Compliance Services Member (CSM)/Site-Based Team Assignment:** Assign CSM's and Site-Based Team Members to ALL standards each year per the [instructions](#).

**Continued Compliance is the intent of this process, with no beginning/end. Periods of time or "cycles" are defined only for managing web-based and site-based points in time. Be consistent with naming conventions and maintenance of accreditation files.**

**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.