



REACCREDITATION ASSESSMENT AGREEMENT

On behalf of the _____ (name of agency), I hereby request an on-site assessment pursuant to the reaccreditation requirements set forth by the Virginia Law Enforcement Professional Standards Commission. In making this request, I formally certify that:

- (1) The policies and procedures needed to meet all program standards have been fully implemented and in effect for the past four (4) years, or since the standard was implemented.
- (2) Assessors will have access to any documentation directly related to the accreditation process. This will include the opportunity to interview personnel employed by this agency and we will cooperate in making arrangements for interviews of people working for other employers (human resources, commonwealth's attorneys, etc.)
- (3) There is a separate folder or electronic file available for review for each of the program standards. Each folder contains at a minimum:
 - A new Standard Compliance Form that identifies the specific ways (documentation, interviews, etc.) in which the agency can demonstrate ongoing compliance with the standard in question; (Standard Compliance Forms not applicable to PowerDMS agencies)
 - A copy of any additional policies, procedures, forms, etc. that were used during the period of accreditation and which significantly changed the way in which the agency complied with the standard.
 - A copy of the appropriate policy, procedure, form, etc. that is being used at the time of reassessment to show compliance with the standard in question;
 - Support documentation (sample forms, job announcements, lesson plans, etc.) collected on an annual/term basis during the period of reaccreditation. Appropriate documentation is for those standards that identify specific activities that must be performed periodically. Assessors may request documentation in addition to that, which is included in the file folder where necessary to establish a clear pattern of on-going compliance.
 - Information pertaining to any compliance problems that were reported in the agency's Annual Verification of Compliance reports. The information should be sufficient for assessors to verify that the corrective action plans described in the reports were successfully implemented.
- (4.) The Agency shall pay all costs associated with lodging and meals for the assessment team members.
- (5.) The Program Manager will send out an evaluation form to the Agency after their on-site verification has been completed. Agencies will be asked to provide an evaluation of the on-site assessors and provide the evaluation form to the Program Manager or their designee. The evaluation form will be kept at the Accreditation Center and will be available to the Accreditation Center and Commission to increase the communication and integrity of the program. The agency completing the evaluation on the assessors will not keep any copies of the completed evaluation form.

Furthermore, I agree to be available to assess potential problems throughout the entire period of the on-site reassessment. Key personnel are identified by name below and will also be accessible during the entire period of the reassessment to answer any questions that the assessors may have.

Accreditation Manager: _____

Training Officer: _____

Records Clerk: _____

Property Officer: _____

Evidence Technician _____

Personnel Officer: _____

Fiscal Officer: _____

(Assessors may want to interview other department personnel as well, but those listed above ***must*** be accessible).

Additionally, I have made the necessary arrangements to ensure the assessment team will have adequate workspace and access to an Internet accessible computer and a telephone.

Signature of Chief Executive Officer and Date

IMPORTANT- PLEASE READ BELOW

A CHECK MADE PAYABLE TO THE VLEPSC FOR THE APPLICATION ANNUAL FEE OF \$100.00 MUST ACCOMPANY THIS FORM. PLEASE MAIL THIS FORM AND CHECK TO THE VLEPSC TREASURER:

VLEPSC TREASURER, SHERIFF JAMES R, CLARKE, JR.
17110 MONUMENT CIRCLE
WINDSOR, VA 23487

VLEPSC FEDERAL TAX ID: 54-1774199

PLEASE EMAIL A COPY OF THIS COMPLETED FORM TO THE ACCREDITATION CENTER:

ACCREDITATION CENTER CONTACTS:

TODD CLINGENPEEL, PROGRAM MANAGER, todd.clingenpeel@dcjs.virginia.gov

TINA SUMPTER, ACCREDITATION COORDINATOR, tina.sumpter@dcjs.virginia.gov

TAYLOR FISCHER, ACCREDITATION COORDINATOR, taylor.fischer@dcjs.virginia.gov



AGENCY PROFILE

Agency: _____

Address: _____

Agency CEO: _____

Phone: _____

E-mail: _____

Accreditation Manager: _____

Phone: _____

E-mail: _____

ACCREDITED STATUS

Has the agency been previously accredited by the VLEPSC? ☐ Yes

☐ No Year _____

Has the agency previously been accredited by the CALEA? ☐ Yes

☐ No Year _____

AGENCY SIZE

Authorized Sworn _____
(Indicate full and part time)

Actual Sworn _____

Authorized Civilian _____
(Incl. Dispatch, crossing guards, etc.)

Actual Civilian _____

If the agency utilizes auxiliary officers, or volunteers, indicate the number and briefly describe their duties.

LEGAL RESPONSIBILITIES: Indicate the agency's legally mandated responsibilities. The mandate may originate in the state constitution, statute, ordinance or common law.

General Law Enforcement	_____	Traffic Law Enforcement	_____
Criminal Investigations	_____	Court Security	_____
Criminal Process Service	_____	Federal Law Enforcement	_____
Civil Process Service	_____	Other	_____

GEOGRAPHIC AREA OF RESPONSIBILITY: Indicate political subdivisions or municipalities where your agency provides law enforcement services. Countywide agencies should indicate all incorporated towns within the confines of the county that rely on the agency for law enforcement services.

Square mileage of service area: _____ Population: _____

Indicate property located within the confines of another political subdivision for which your agency has law enforcement responsibility (airports, storage facilities, garages, etc.)

If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the jurisdiction involved and the services provided.

PERSONNEL FUNCTIONS

Which department or office handles the agency personnel function?

Department/office	_____
Address	_____
Contact Person	_____
Phone	_____

WORK FORCE: Indicate the number of sworn employees for each category.

	Admin	Patrol	Inv	Jail	CivProc	Crts
Ranks above captain	_____	_____	_____	_____	_____	_____
Captain	_____	_____	_____	_____	_____	_____
Lieutenant	_____	_____	_____	_____	_____	_____
Sergeant	_____	_____	_____	_____	_____	_____
Other supervisory rank	_____	_____	_____	_____	_____	_____
Officer/deputy	_____	_____	_____	_____	_____	_____
Correctional officer	_____	_____	_____	_____	_____	_____
Other sworn	_____	_____	_____	_____	_____	_____
Crossing guard	_____	_____	_____	_____	_____	_____
Cadet	_____	_____	_____	_____	_____	_____
Civilian	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____

PATROL ALLOCATION: Indicate the shift hours and number assigned.

	Patrol	Fixed Invest.	Criminal Security	Court Process	Civil Duties	Jail Post
Shift _____	_____	_____	_____	_____	_____	_____
Shift _____	_____	_____	_____	_____	_____	_____
Shift _____	_____	_____	_____	_____	_____	_____

Briefly describe any overlap or "power" shift.

INVESTIGATIONS:

Does the agency routinely use uniformed patrol officers/deputies to conduct follow-up investigations of criminal cases? If so, describe when (most felonies, most misdemeanors, non-criminal incidents, etc.)

List current narcotics or vice task force participation (include agencies involved.)

JAIL FACILITIES

If the agency operates a detention facility, does the American Corrections Association accredit it?

☐ N/A ☐ Yes ☐ No

COMMUNICATIONS

Does the agency operate its own communications center? ☐ Yes ☐ No

If YES above, where is the center located? _____

If NO above, who manages and operates the communications center, and where is it located?

SUBSTATIONS OR OTHER FACILITIES

List the address and type of any facilities used by your agency other than those already provided (substations, training facilities, task force offices, etc.)

TRAINING

Does the agency operate its own training academy? ☐ Yes ☐ No

Location: _____

If "no" to above, which academy provides basic training for recruits?

Academy name: _____