



# 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**