



Accreditation Process Manual

2026

Setting the Standard for Public Safety in California.

ACCREDITATION PROCESS MANUAL

Introduction and Acknowledgement

Accreditation is a time-tested, constructive approach to help public safety agencies improve their performance. The CAPS program is rooted in the adoption of standards that reflect public safety objectives and ensure transparency and accountability within California communities.

While accreditation does not eliminate litigation risk or prevent crime, it establishes a framework of professional practices. The Chief Executive Officer (CEO) (Chiefs of Police, Sheriffs, Director of Public Safety, etc.) remains responsible for policy development and determining how best to meet the CAPS standards. All standards are approved and maintained by the California Accreditation Commission for Public Safety (CAPS Commission).

History of Accreditation

Law enforcement accreditation began as part of efforts to professionalize policing and improve accountability. Before the 1970s, there were no national standards, leading to inconsistent practices and public distrust. In 1979, in response to the demands from the community to professionalize law enforcement, strengthen accountability, and improve public trust, four major law enforcement organizations created the Commission on Accreditation for Law Enforcement Agencies (CALEA) to establish national standards and a formal accreditation process.

The first agencies were accredited in 1984. Over time, accreditation expanded across the U.S. and internationally, with some states developing their own programs. In recent years, accreditation has gained renewed importance due to public calls for transparency, accountability, and modern policing practices.

California Accreditation for Public Safety (CAPS)

For more information about California Accreditation for Public Safety (CAPS), please visit our website or connect with CAPS staff.

<https://www.californiapolicechiefs.org/accreditation>

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Chapter 1: Getting Started

Section 1.1 - Initial Steps

Step 1. Prepare for Accreditation

Accreditation requires commitment and coordinated effort. Agencies should ensure they are ready to begin the process before moving forward.

Research Accreditation and CAPS

CEOs should review the accreditation process to determine if the agency has the capacity and resources to participate. They should also confirm that CAPS is the right accreditation program for their needs.

Create a Financial Plan

Accreditation includes upfront and ongoing costs. CEOs should evaluate the full financial impact and confirm the agency can budget for enrollment and annual fees as well as any other associated expenses.

Designate an Accreditation Manager (AM)

The CEO should appoint an Accreditation Manager with strong organizational, analytical, and interpersonal skills. It is recommended that the position be assigned full-time, particularly in the early stages of implementing the accreditation program. This role oversees the agency's accreditation program, ensures compliance with standards, tracks progress, documents findings, and highlights exemplary practices. The manager must be proactive, work independently, and address areas of opportunity. The CEO supports the manager and reinforces the importance of accreditation across the agency.

Step 2. Complete the Formal Application

The Formal Application marks the official registration of a law enforcement agency into the CAPS Accreditation Program. CAPS Staff will review all applications and when accepted, the agency will be enrolled in the next enrollment cycle. At the start of the enrollment cycle, the agency formally enters the two-year initial self-assessment phase, a critical period of internal review and documentation.

Agencies can access the formal application here: [CAPS Agency Application](#)

Step 3. Pay the Accreditation Fees

Accreditation through the CAPS Program requires payment of specific non-refundable fees that support the program's administration and sustainability.

Once an agency's application is accepted, an electronic invoice for enrollment fees will be sent to the agency. This enrollment fee must be paid in full before the start of the agency's enrollment cycle.

This fee is:

- Non-refundable regardless of whether the agency completes the accreditation process.
- Based on the number of authorized full-time personnel (sworn and professional staff).

The fee covers:

- Access to CAPS resources and staff.
- Assignment of a program liaison or accreditation specialist.
- Technical assistance and consultation during the self-assessment phase.
- Coordination of the formal assessment and final review.
- Processing and issuance of accreditation status upon successful completion.

The fee does not cover:

- Access to accreditation software, PowerDMS.
- Costs associated with mock and formal assessments.

Step 4. Notify Agency Staff and Assign Support Roles

Once an agency enters the CAPS accreditation process, it is important to inform staff and assign support roles early. Accreditation requires coordinated effort across leadership, supervisors, line personnel, and administrative staff. Early communication builds buy-in, clarifies responsibilities, and reinforces shared commitment.

The CEO should announce the agency's participation through roll calls, memos, or staff meetings, explaining the process, timeline, and operational benefits. The CEO should also establish a support team to assist the Accreditation Manager during self-assessment. This may be a dedicated project team or departmental liaisons representing key functions.

At minimum, the team should include personnel from administration, sworn operations (patrol and investigations), communications/dispatch, training, and professional development. This cross-functional structure ensures agency-wide alignment with CAPS standards and strong support throughout the accreditation process.

Section 1.2 – PowerDMS Access

Agencies are required to utilize the designated CAPS electronic system PowerDMS, to:

- Track compliance with accreditation standards.
- Assign responsibilities for managing compliance.
- Upload and store written directives and documentation that serve as proofs of compliance (e.g., reports, training records, logs, etc.).

- Monitor the progress of each standard in real-time.

Using a centralized electronic system enhances transparency, reduces redundancy, and provides assessors with efficient access to necessary materials.

Once enrolled with CAPS, agencies will work with PowerDMS to set up their account and begin the onboarding process. PowerDMS charges an annual fee for software access.

Chapter 2: Preparing for Accreditation

Effective organization and communication are foundational to a successful accreditation process. Clear systems and consistent practices ensure accountability and streamline external assessments.

Section 2.1 - File Organization

A uniform file structure must be implemented across all standards and supporting documentation.

This includes:

- Consistent naming conventions for files and folders.
- Logical organization that mirrors the structure of accreditation standards.
- Clear labeling of documents as written directives, primary proofs, supplemental materials, or cross-referenced evidence.

This consistency is critical for both internal team efficiency and external assessor navigation during audits or pre-assessments. Regular audits of file organization are encouraged to ensure ongoing compliance and readiness.

File naming and organization expectations can be found in the PowerDMS/CAPS User Resource Guide.

Section 2.2 – Communication and Staff Briefings

Regularly scheduled staff briefings play a vital role in maintaining momentum and clarity throughout the accreditation process. These briefings should:

- Inform staff of current progress and upcoming deadlines.
- Clarify individual roles and responsibilities.
- Highlight areas needing attention or improvement.
- Encourage a culture of ownership and continuous improvement.

In addition to scheduled briefings, ongoing communication (via email, intranet updates, or team meetings) ensures that all stakeholders remain aligned and engaged.

Chapter 3: Understanding and Applying the Standards

This section is intended to guide the reader in understanding the structure, purpose, and interpretation of each standard contained within the standards manual. It is essential that users of the manual understand how to interpret the standards effectively, how compliance is assessed, and how to utilize the supporting materials.

Section 3.1 - General Topics

The standards are organized into 14 main chapters, each covering General Topics that define the fundamental expectations for how agencies structure their operations, manage documentation, and maintain accountability. Each chapter is further divided into sections, which are then broken down into subsections for detailed guidance.

The Chapters are:

1. Governance and Organizational Structure
2. Authority, Command and Accountability
3. Legal Authority and Public Contact
4. Strategic Planning and Operations
5. Administrative Management and Information Systems
6. Personnel and Organizational Development
7. Lawful Conduct and Community-Focused Policing
8. Vehicles
9. De-escalation, Use of Force, and Firearms
10. Patrol and Traffic
11. Emergency and Tactical Response
12. Property and Evidence Management
13. Communications Center and Interagency Communications
14. Records Management

Understanding these general topics is essential for both the initial accreditation process and ongoing compliance.

Section 3.2 - Standard Identifiers, Titles and Types

All accreditation standards are clearly designated using a consistent and recognizable format. This designation should be included in all related documentation, file names, and system entries to ensure easy identification, referencing, and audit readiness. The use of standardized designations improves organizational clarity and supports seamless navigation during internal and external reviews.

The numbering format used represents a hierarchical structure used to organize standards, policies, or guidelines into progressively detailed levels:

Figure 1

1.2.3 Agency Jurisdiction (M)

In **Figure 1**, **1.2.3** is the numbering code that represents the position of the standard within the overall framework.

The first number, 1, represents the **chapter**. The chapter covers a broad area or general topic within the overall framework.

Chapter 1: Governance & Organizational Structure

The second number, 2 in this example, represents the **section of the chapter** that the standard resides in. Sections break down the chapter's main topic into specific focus areas or subtopics.



Section 1.2: Authority & Ethical Foundations

The third number, 3 in this example, identifies the **placement of the standard** in the section. The Agency Jurisdiction standard is the third standard in Chapter 1, Section 2.



Standard 1.2.3: Agency Jurisdiction (M)

The standard title provides a brief description into the standard's topic. The (M) at the end of the title indicates the **type of standard**. 1.2.3 is a Mandatory standard.



Agency Jurisdiction (M)

Section 3.3 - Composition of a Standard

Each standard is composed of the following elements:

Standard Statement

This is the binding requirement. It defines **what** the agency must do to be in compliance. Adherence to the standard statement is mandatory and non-negotiable. The agency will determine how they meet the standard.

Clarification Statement

This section provides additional context and guidance regarding the intent and scope of the standard. It is designed to help the agency better understand what is required and how it might be implemented. While not binding, it serves as an interpretive aid to ensure proper alignment with the intent of the standard.

Suggested Proofs of Compliance

This is a non-exhaustive list of examples that may assist the Accreditation Manager (AM) and the agency in identifying evidence that demonstrates compliance. **These suggestions are intended as guidance only;** agencies may present other forms of evidence that demonstrate compliance effectively.

Figure 2 – Example of standard elements

2.1.2 Chain of Command

Standard Statement

The agency shall maintain a written directive establishing a chain of command and authority succession in the absence of the CEO.

Clarification Statement

Clear designation of command ensures continuity of leadership and operational integrity.

Suggested Proofs of Compliance

- Organizational chart
- Memos, e-mails, or any other written record of the CEO assigning an acting

Section 3.4 - Types of Standards

In the accreditation framework, understanding the various types of standards is crucial for ensuring proper implementation and compliance. Standards are categorized based on their nature, applicability, and the level of obligation they impose on the agency.

Written Directive Standards

Most of the standards call for a documented written directive. These standards require agencies to develop and maintain formal, written policies, procedures, or directives that clearly articulate organizational rules, responsibilities, and processes.

Written directives provide consistent guidance to staff, serve as an official record for accountability, and demonstrate to assessors that the agency's practices are deliberate and standardized. Without documented written directives, even effective informal practices cannot be verified or reliably maintained, which can undermine compliance credibility. For more information on written directives, refer to [Section 4.1](#).

Figure 3 – Example of written directive standard

1.1.1 Organizational Structure

Standard Statement

The agency shall maintain a **written directive** that describes the organizational structure, including a current organizational chart and/or functional description, which is accessible to all personnel.

Mandatory Standards (M)

Mandatory Standards are designated by an '**M**' next to the standard number code or identifier. Mandatory standards represent non-negotiable requirements that agencies must fully satisfy to achieve or maintain accreditation status. These standards address critical aspects of operations, including legal obligations, safety protocols, and core functional responsibilities essential to agency integrity and public trust. Failure to comply with mandatory standards typically results in a formal finding of non-compliance, which can delay accreditation or lead to its revocation.

Other Than Mandatory Standards (O)

Other than Mandatory Standards are identified with an '**O**' next to the standard identifier. These standards highlight best practices that improve service delivery by following widely accepted methods. They encourage agencies to pursue ongoing improvement and provide opportunities to distinguish themselves through exceptional work. Although not required, agencies are strongly encouraged to meet these standards to support consistent, high-quality performance.

Conditional Standards

Conditional standards apply only when specific circumstances or conditions exist within the agency's operations, structure, or jurisdiction. Compliance is assessed only if the condition applies. If the condition does not exist, the standard is considered Not Applicable or NA for the agency at the specific time of assessment. Applicability of the standard is evaluated at each assessment period. A conditional standard can often be identified by starting with words such as: "if". For more information on Not Applicable standards, [see Section 3.5](#).

Figure 4 – Example of conditional standard

5.1.2 Electronic Data Storage (M)

Standard Statement

If the agency uses a third-party service provider for electronic data storage, a written agreement shall address the following:

Section 3.5 - Determining Applicability of a Standard

Applicability refers to the conditions or circumstances under which a particular standard is relevant and must be implemented by an agency. Understanding the applicability of each standard is essential to ensure that agencies focus their resources and efforts on meeting requirements that are meaningful and appropriate to their operations.

Understanding Applicability

Applicability can vary based on several factors:

- First, the scope of the agency’s operations plays a central role. Standards may be relevant only to certain types of agencies. For instance, those related to detention or correctional facilities apply solely to agencies that operate such facilities. Agencies must examine their specific services and functions to determine which standards are relevant and exclude those that are not.
- Organizational roles and responsibilities also influence applicability. Some standards are designed for specific units or roles, such as investigative teams. If an agency lacks these units, the related standards may not apply.
- Additionally, jurisdictional and legal requirements can shape applicability. State or federal laws, as well as jurisdictional strategies (e.g., community policing), may determine whether a standard is relevant to a given agency. Agencies should be aware of any legal or regional mandates that could impact their obligations.
- Another important category is conditional standards, which include qualifying language such as “if the agency operates a K-9 unit...” These standards are only applicable when certain conditions are met, requiring a thorough understanding of the agency’s characteristics.

Why Applicability Matters

Determining applicability helps agencies use their resources more efficiently, directing attention to the standards that genuinely impact their operations. It also ensures fair and accurate compliance evaluations, aligning expectations with the agency’s actual responsibilities.

Steps to Determine Applicability

It is not uncommon for an agency to assume a standard is not applicable simply because they do not currently engage in the activity described. However, suppose an agency does not perform the

function outlined in a standard. In that case, it must provide a clear justification and consult with CAPS staff for the standard to be designated as Not Applicable (N/A).

To determine whether a standard applies, agencies should:

1. Review the language of the standard carefully, noting any scope or conditional statements.
2. Assess their own profile—this includes size, services, structure, and jurisdictional authority.
3. Consult legal or policy guidance to identify any jurisdiction-specific requirements or exemptions.
4. Document decisions regarding applicability, explaining clearly why each standard is either applicable or not.

Example:

- **A standard addressing Agency Jurisdiction** applies universally, as every agency operates within a defined jurisdiction.
- **A standard addressing Inmate Supervision Procedures** applies only to agencies that manage detention facilities. Agencies without such facilities are exempt from this standard.

If an agency believes a standard does not apply to its operations, it must provide a clear, documented justification in the accreditation file. Agencies are strongly encouraged to consult with CAPS staff early in the process when questions arise about applicability or potential waiver requests.

CAPS staff can provide guidance on how to document applicability determinations and navigate the waiver process.

Assessors are responsible for verifying the applicability of each standard during the assessment process. Agencies should be prepared to explain and support why certain standards are considered not applicable based on their scope, structure, or services.

Section 3.6 – Requesting to Waive a Standard

There may be instances where an agency is unable to meet a standard due to specific, substantiated limitations, such as legal restrictions, operational constraints, or resource shortages. In such cases, the agency may submit a formal request for a waiver.

Submitting a Waiver Request

Requests for a standard waiver must be submitted via the [Waiver Request Form](#).

A waiver request must:

- Clearly explain why the agency cannot comply with the standard.
- Include supporting documentation to substantiate the claim.
- Be signed by the agency's Chief Executive Officer (CEO).

All waiver requests should be reviewed with CAPS staff prior to submission. CAPS staff can provide guidance on how to prepare a request that meets procedural requirements.

Review and Approval Process

Only the CAPS Commission has the authority to approve waivers. Each request is evaluated on a case-by-case basis, considering the agency's justification, supporting evidence, and efforts made toward compliance.

Section 3.7 - Training and Communication

Effective implementation of standards relies not only on written directives but also on ensuring that all personnel are properly trained, and that communication is clear and consistent across the agency.

Training on New or Revised Directives

Whenever a directive is introduced or updated, all affected staff must receive training. This training should:

- Explain the purpose and scope of the directive
- Clarify employee roles and responsibilities
- Provide guidance on how to apply the directive in daily operations
- Be documented as part of the agency's compliance evidence

Training ensures that personnel are equipped to meet expectations and helps embed the directive into organizational culture and practice.

Clear and Timely Communication

In addition to formal training, changes to directives must be communicated clearly and without delay. This includes:

- Issuing internal announcements or memos
- Updating manuals or digital systems where directives are stored
- Holding briefings or meetings to address questions and ensure understanding

Chapter 4: Demonstrating Compliance

To meet accreditation standards, agencies must clearly demonstrate compliance. This can be accomplished through a variety of ways. Assessors will evaluate whether the agency's practices align with the requirements based on the following:

1. Written Directives

Formal policies, procedures, or guidelines that address the specific requirements of the standard.

2. **Proofs of Compliance/Supporting Documentation**

Records, reports, forms, logs, or other materials that show the directive is being implemented in practice.

3. **Interviews**

Conversations with staff and persons outside the agency at various levels to confirm understanding and application of the directive.

4. **Observation**

Direct examination of operations, practices, or environments to verify that procedures are in place and functioning as intended.

Section 4.1 – Written Directives

A written directive is any formal document that directs, guides, or regulates employee behavior or agency operations. Written directives can originate from multiple authoritative sources, depending on the structure and oversight of the agency. While many directives are internally developed, others are issued by external bodies to ensure legal compliance and standardized practices.

Types of Written Directives May Include:

- Agency policies and procedures
- Standard Operating Procedures (SOPs)
- General and special orders
- Rules and regulations
- Operational manuals
- Federal or State Laws or ordinances
- Training bulletins or memos
- Instruction manuals (e.g., radar/LIDAR calibration, body cams)
- Technical specifications (e.g., breathalyzer calibration)
- Post orders (e.g., for custody or security assignments)
- Lesson plans used for training officers

Sources of Written Directives:

The Law Enforcement Agency

Most written directives originate within the agency and are issued by the CEO and command staff. These documents reflect the agency's unique policies and operational structure and ensure personnel are trained and acting in accordance with local and legal expectations.

Examples:

- Use of force policy
- Pursuit driving SOP

- Arrest procedures
- Report writing guidelines

These documents can be developed by command staff or supervisors; however, they require approval by the CEO or an authorized designee to be recognized as official directives.

California State Authorities

Agencies must also implement written directives that reflect state laws and mandates.

These often originate from:

- California Penal Code (e.g., PC §835a on use of force)
- POST (Commission on Peace Officer Standards and Training) – mandates lesson plans, training content, and learning domains
- California Department of Justice (CA DOJ) – issues model policies (e.g., on biased policing, use of force reporting)
- State legislation – (e.g., SB 2 - police decertification, SB 1421 - public records)

These laws require agencies to implement or update policies, procedures, and training materials.

Federal Authorities

Federal laws, case law, and agency directives also shape local written directives.

These include:

- U.S. Department of Justice (DOJ) consent decrees or guidelines
- Federal Constitutional standards (e.g., 4th and 14th Amendments)
- Federal funding conditions (e.g., Title VI of the Civil Rights Act)
- Court decisions (e.g., Terry v. Ohio, Graham v. Connor) that affect use of force, stops, and searches

Other Authoritative Sources

Other sources that can generate or influence written directives include:

- Judicial rulings – may mandate procedural changes (e.g., recording custodial interrogations)
- Professional associations – such as IACP or PERF, which offer model policies
- Labor agreements (MOUs) – may contain operational provisions that must be reflected in agency procedures

- Civilian oversight boards or commissions – especially in large California cities (e.g., LAPD, SFPD, Oakland PD)

Instruction and Technical Manuals as Written Directives

Agencies routinely reference manufacturer-issued or agency-developed manuals for operating specialized equipment. These documents often qualify as written directives for both operations and accreditation purposes.

Examples:

- Radar/LIDAR calibration procedures
- Speed measurement equipment manuals
- Body-worn camera operating guides
- Breathalyzer usage/calibration documentation
- ALPR system use guidelines

These documents help agencies meet standards related to equipment reliability, evidence integrity, and officer training.

Lesson Plans as Written Directives

Lesson plans used for officer training are also considered valid written directives, especially when:

- Developed or approved by POST-certified instructors
- Required under POST mandates or learning domains
- Used in the Field Training Program (FTP) or Continuing Professional Training (CPT)
- Designed to teach compliance with policies (e.g., use of force, procedural justice, racial profiling)

Examples:

- Use of Force: 835a update (lesson plan + scenario)
- Bias-Based Policing: AB 953 / RIPA training
- Constitutional Policing: 1st & 4th Amendment scenarios
- Crisis Intervention / De-escalation
- Ethics and Professional Conduct

Section 4.2 - Proofs of Compliance

Proofs of compliance are evidence used to demonstrate that the agency is not only in possession of the required written directives (policies, procedures, manuals, etc.) but is also actively implementing and adhering to those directives in practice. This concept is a core element of the accreditation process and is critical for validating an agency's accountability, transparency, and professionalism.

Proofs of compliance serve multiple functions:

- Verify that written directives are being applied consistently.
- Demonstrate the agency's commitment to best practices, legal compliance, and community trust.
- Meet the requirements of the accreditation standards.
- Document agency performance in anticipation of audits, inspections, litigation, or public records requests.

File Sensitivity

The accreditation files are the property of the agency, which retains full control over access to these materials. Access should be limited strictly to the purposes of assessment and verification of compliance.

Documents containing sensitive information may be redacted to protect personally identifiable or otherwise confidential data. Any redacted document must still contain sufficient information for the assessor to verify compliance with departmental policies, operational practices, and accreditation standards.

In some cases, highly sensitive files may not be removed from their secure location. These documents may be reviewed on-site at the office where they are maintained. Examples include personnel investigations, internal affairs records, disciplinary files, and personnel files.

Types of Proofs of Compliance

Acceptable documentation may include, but is not limited to:

Written Documentation

These are the most common and direct forms of compliance proof.

Examples include:

- Reports (e.g., use of force reports, incident reports)
- Logs (e.g., vehicle inspection logs, booking logs, property/evidence chain-of-custody logs)
- Rosters (e.g., training rosters, roll call attendance)
- Meeting minutes (e.g., command staff meetings, community outreach sessions)

- Audit results or inspection checklists
- Memos and correspondence showing action taken in compliance with policy

Photographic Evidence

Photographs can be used to verify that equipment, signage, or procedures are in place and being followed.

Examples:

- Photos of posted evacuation plans or policy bulletins
- Images of vehicle equipment (e.g., first aid kits, fire extinguishers, body-worn cameras in use)
- Visual confirmation of facility inspections or safety features

Photographs should rarely be used as the sole form of proof. They should not be relied upon as the default evidence, especially when more substantive documentation (e.g. reports, logs, or training records) is available. Instead, photographs are most effective when used as supporting evidence to reinforce or complement written documentation or direct observation visually.

Example (appropriate use):

- A photo of a fire extinguisher in a patrol unit, in addition to the monthly vehicle inspection log that confirms it was checked.

Number and Frequency of Proofs

Multiple Proofs May Be Required - Some standards, especially those rated as "Time-Sensitive" or "High Liability", may require multiple forms of proof — for example, a policy, a training roster, and documentation of actual application (e.g., a report or log entry).

Example:

For a Use of Force standard, the agency might provide:

- The written directive
- Training lesson plans and rosters
- A use-of-force report
- Supervisor review documentation
- Body-worn camera footage (if requested)

Each proof of compliance must be clearly dated following the proper naming convention. Proofs must fall within the respective accreditation period to be considered valid. The initial accreditation review covers the 12 months before the assessment, and agencies must submit proofs of compliance dated within that 12-month window.

The accreditation cycle spans three years. Each accreditation year begins immediately after the official assessment concludes and is defined as the 12-month period following that assessment. An accreditation year does not need to align with the calendar year.

For example, if an agency's official assessment is completed on **March 15, 2025**, the accreditation cycle and annual periods would be as follows:

- **Year 1:** March 16, 2025 – March 15, 2026
- **Year 2:** March 16, 2026 – March 15, 2027
- **Year 3:** March 16, 2027 – March 15, 2028

All proofs of compliance must be dated within the corresponding accreditation year to demonstrate ongoing adherence to applicable standards. During the reaccreditation cycle, agencies are required to provide the necessary proofs for each standard annually, covering activities and evidence within each respective 12-month period.

Ongoing Compliance and Updates

Proofs of compliance should be continuously collected, updated, and reviewed as part of the agency's quality assurance process. This ensures:

- Readiness for scheduled or unscheduled audits
- Proper documentation of personnel actions
- Legal defensibility in the event of litigation or public scrutiny

Section 4.3 - Interviews with Personnel

During accreditation assessments or internal audits, assessors or command staff may conduct interviews with officers, supervisors, or professional staff to confirm that they understand and follow agency directives.

Interviews are useful for:

- Verifying knowledge of policies
- Demonstrating procedural compliance
- Confirming that training has been retained and applied

Example: Interviewing officers about the training they receive annually.

Section 4.4 - Direct Observation

Assessors may observe operations or procedures in real time to confirm compliance with policy. This is particularly relevant for standards related to:

- Field operations

- Arrest and booking procedures
- Emergency response drills
- Use of safety equipment
- Training or roll call sessions

Example: Observing a property technician following proper chain-of-custody procedures during evidence intake.

Chapter 5: Mock Assessment

Whether pursuing initial accreditation or reaccreditation, it is strongly recommended that agencies conduct a comprehensive mock assessment using trained assessors or accreditation professionals. This process typically includes an in-depth file review and a site visit that closely mirrors the official assessment including facility tour, interviews and observations, providing a clear and realistic evaluation of the agency's current alignment with accreditation standards and overall readiness for review.

For initial accreditation, a full review of all files is advised to ensure thorough preparation. In the case of reaccreditation, the mock assessment may focus on high-risk areas, previously identified non-compliance issues, and opportunities for improvement noted in the last assessment report. Agencies that conduct mock assessments with trained assessors and follow their recommendations consistently experience higher success rates during the official accreditation assessment.

The mock assessment report should highlight specific gaps, such as missing or incomplete documentation, inconsistencies in policy implementation, or areas of noncompliance. Once identified, these deficiencies should be addressed promptly. This may include revising policies and procedures, updating documentation, improving operational practices, or ensuring alignment between written protocols and actual implementation. Taking timely corrective action at this stage lays a strong foundation for a successful formal accreditation review.

The Accreditation Manager is responsible for overseeing and coordinating the mock assessment process to ensure the agency is fully prepared for formal review.

Key responsibilities include:

- Scheduling the mock assessment in a timely and organized manner.
- Securing qualified assessors or experienced accreditation professionals to conduct the review
- Organizing and preparing all necessary documentation and compliance evidence
- Facilitating communication and collaboration across relevant departments
- Ensuring all required standards and elements are thoroughly reviewed prior to the official assessment

The Accreditation Manager's leadership is essential to the success of the mock assessment and the overall accreditation process.

Benefits of a Mock Assessment

- Enhances agency preparedness and confidence
- Reduces the risk of delays or findings during the formal assessment
- Demonstrates commitment to continuous improvement and accountability

Scheduling and Timeline of a Mock Assessment:

It is recommended for agencies to conduct the mock assessment six months prior to the formal review to allow sufficient time for any necessary revisions or corrective actions.

The mock assessment process includes:

- a file review phase, which may take up to one week to complete,
- followed by an on-site visit that mirrors the structure of the formal assessment.

The on-site portion typically spans one to two days and involves a series of structured activities designed to provide a comprehensive understanding of the agency's operations and verify compliance with accreditation standards.

Maintaining Readiness Before the Formal Assessment:

While waiting for the formal assessment, agencies should continue working to ensure full readiness. Use this time to finish addressing any issues found during the mock assessment, such as updating policies, fixing documentation, or improving procedures.

Conduct internal reviews to double-check that everything meets accreditation standards. This helps catch any last-minute issues before the official visit.

Keep staff informed and prepared by providing ongoing training and using briefings or roll calls to review key information. Everyone should understand their role and be ready to speak with assessors if needed.

Lastly, make sure all required documents and files are organized and easy to access.

Chapter 6: The Formal Assessment

The formal assessment process is a critical component of ensuring agency compliance with established standards and best practices. It is designed to be both thorough and collaborative, offering agencies the opportunity to demonstrate their effectiveness while receiving constructive feedback for continued improvement.

Once the mock assessment has been completed, the agency may proceed with requesting the formal accreditation assessment. The request should be submitted to CAPS staff six months prior to the proposed assessment dates.

Upon receiving the request, CAPS staff will coordinate the scheduling process and assign a team of two assessors, one of whom will serve as the lead. Every effort is made to match the assessors' expertise to the specific services and focus areas of the agency being assessed.

After receiving information about the assigned assessment team, the Accreditation Manager (AM) should promptly contact the team leader and CAPS staff to review and finalize the schedule of activities for the site visit. This communication ensures that all parties are aligned on expectations, timelines, and logistical details, facilitating a smooth and efficient assessment process. As part of this coordination, the AM should confirm key activities such as interviews, facility tours, ride-alongs, and briefings.

The assessment consists of two main components: a remote file review and an on-site visit, each with distinct timelines, responsibilities, and procedures.

Section 6.1 - Remote File Review

The remote file review takes place between 30 and 45 days prior to the scheduled on-site visit. This portion of the assessment is conducted through the PowerDMS platform. The Accreditation Manager must provide assessors with appropriate access to the platform and all required documentation. During this phase, assessors conduct a detailed review of the submitted files to evaluate the agency's compliance with CAPS standards. Ensuring that all required documentation is accurate, complete, and submitted on time will allow assessors to review materials thoroughly in advance and focus the site visit on verifying practices and clarifying any outstanding questions.

Section 6.2 - On-site Visit

The on-site visit typically spans two days. It follows a series of structured activities designed to provide a comprehensive assessment of the agency's operations and verify compliance with the accreditation standards. These activities include an entrance meeting, a facility tour, direct observations, staff and stakeholder interviews, and follow-up on any outstanding issues identified during the remote file review. In addition, the visit includes opportunities for community input through a public hearing and a public telephone line session.

Entrance Meeting

A meeting is scheduled at the start of the on-site visit with the assessors and agency leadership to introduce the assessment process, review the agenda, and clarify expectations. In addition to the CEO, executive staff, and the accreditation team, the agency may choose to invite other key personnel to this meeting.

Facility Tour

Usually conducted on the first day, a walkthrough of the agency's physical environment is carried out to assess conditions and ensure compliance. Areas typically reviewed include offices, client service areas, property and evidence, security equipment storage, the armory, telecommunications, records, and other key operational spaces. During this tour, assessors may also conduct interviews with staff to gain additional insight into daily operations and practices.

While not required, the agency may choose to arrange a static display of its fleet, such as patrol and specialty vehicles, and special teams, such as Canine and SWAT, to highlight its operational capabilities.

Observations

Assessors will conduct direct observations of daily operations, staff-client interactions, and program implementation to evaluate the agency's practices. Although the facility tour is a structured part of the assessment, observations begin the moment the assessors arrive on site.

Ride-Alongs, Interviews, and Shift Briefings

Scheduled interviews will be conducted with agency staff and leadership. These interviews help assessors understand how policies are applied in practice and how effectively the agency operates in alignment with accreditation standards.

In addition to scheduled interviews, assessors may also conduct informal interviews during facility tours, ride-alongs, and shift briefings (such as roll call). Ride-alongs provide assessors with direct observation of field operations and officer conduct. At the same time, shift briefings offer insight into how information is communicated to staff and how daily operations are coordinated. These real-time observations and interactions allow assessors to evaluate the consistency between documented policies and actual practices, contributing to a comprehensive and accurate assessment of agency performance.

Follow-Up on File Review Findings

Assessors will revisit any outstanding questions or items identified during the remote file review. This follow-up serves to clarify documentation, verify compliance, and ensure all required evidence is accounted for.

Public Notification of Assessment

Once the agency receives official confirmation and scheduled dates for its formal CAPS assessment,

it must notify the community it serves that the evaluation will be taking place. This public notification can be shared through a variety of means, such as the agency's website, social media platforms, press releases, or community newsletters. The purpose of this communication is to promote transparency, invite community awareness, and encourage public participation in the accreditation process.

Written Comment Submission

The agency must provide a written forum for members of the public or community stakeholders to submit comments or feedback regarding the agency's services. This requirement ensures broader access and participation in the accreditation process by offering a convenient and accessible method for community members to share their input in writing. CAPS will provide a method for the collection of public commentary electronically or by mail, along with optional messaging language that agencies may use when notifying the public about the opportunity to submit feedback.

Exit Meeting

A closing meeting is held with agency leadership, including the CEO, executive staff, and key department heads, to present preliminary findings, highlight strengths, identify areas for improvement, and discuss next steps in the assessment process. This collaborative session provides an opportunity for open dialogue, clarification, and planning to support continuous organizational development.

Section 6.3 - Final Assessment Report

Following the completion of both the remote file review and the on-site visit, the assessment team prepares a final report. The report provides a comprehensive review of how the agency meets the accreditation standards requirements. It includes an overview of the agency, the scope of the assessment, and detailed findings on compliance with each standard. The report outlines the assessment team's findings and observations and may include areas of opportunity, any issues of non-compliance, corrective actions done on site, and highlights of exemplary programs or practices. Serving as the commission's on-site representatives, the assessor does not recommend accreditation; rather, the report offers an objective, fact-based account of the agency's performance for the commission to make the final accreditation decision. This report is submitted to the CAPS Commission and serves as the official record of the assessment.

The agency will receive a copy of the assessment report from CAPS staff. The CEO and Accreditation Manager are responsible for reviewing the report in detail. Any discrepancies or concerns should be communicated to CAPS staff in a timely manner. The agency should address identified areas of non-compliance and complete any required corrective actions before the Commission hearing and be prepared to discuss those actions during the hearing. Final accreditation decisions are made solely by the Commission, as assessors do not have the authority to grant accredited status.

Chapter 7: CAPS Commission Review Hearing

After the formal assessment, the agency enters the review hearing preparation phase. During this period, the agency receives the assessment report that identifies areas of compliance and areas requiring improvement. If needed, the agency may be required to submit corrective action plans, which are documented plans to address deficiencies, non-compliance issues, or other concerns raised during the assessment. This phase allows the agency time to prepare for meaningful engagement with the Commission.

The Commission Review Hearing is a formal meeting, held either virtually or in person, where the agency presents its information and responds to questions from the Commission. Hearings are held quarterly and represent a key step in the accreditation decision making process, allowing the Commission to evaluate the agency's compliance with required standards.

Following the hearing, the Commission deliberates and issues a final decision regarding the agency's accreditation status. The Commission's decision may take several forms, each with different implications for the agency.

The possible outcomes include:

- **Full Accreditation:** The agency is granted accredited status for a period of three years.
- **Accreditation with Conditions:** The agency is granted accredited status, subject to specific conditions established by the Commission. The agency must satisfy these conditions within the designated timeframe; failure to do so may result in revocation of accreditation.
- **Deferral of Commission Decisions and Agency Presentations:** The Commission has chosen to defer its determination to a subsequent meeting, pending additional evaluation or the implementation of required corrective measures. An agency may also request to defer its presentation at a Commission hearing to a later meeting, if necessary, due to scheduling conflicts, budgetary considerations, the need for key stakeholder participation, or other relevant reasons. Deferral does not change the original Accreditation Anniversary date.
- **Denial of Accreditation:** The agency has been denied accredited status. The agency retains the right to appeal this decision in accordance with established procedures or to submit a subsequent application after an appropriate interval.
- **Suspension of Accreditation:** The Commission may temporarily suspend an agency's accredited status due to noncompliance with standards or conditions of accreditation. Accreditation may be reinstated once the agency addresses the issues identified.
- **Revocation of Accreditation:** The Commission may revoke an agency's accreditation if the agency fails to correct identified deficiencies or no longer meets core requirements, resulting in the complete withdrawal of accredited status. The agency may reapply for accreditation in accordance with the established process after addressing the deficiencies and meeting all required standards.

These decisions reflect the Commission's judgment on whether the agency meets the necessary standards and its commitment to maintaining quality and accountability.

Chapter 8: Accreditation Timelines

The accreditation process follows a structured timeline designed to guide agencies from enrollment through accreditation in an organized and transparent manner.

CAPS operates on a quarterly enrollment cycle, with new agencies joining the program at the start of each quarter—January, April, July, and October. This schedule ensures predictable timelines for application review, acceptance, and program entry.

Section 8.1 - Enrollment, Assessments, and Commission Meeting Cycles

Enrollment Cycles:

Agencies seeking accreditation may apply for enrollment at any time. Upon acceptance, the agency will be enrolled in the accreditation process at the start of the next enrollment cycle. The enrollment date establishes the starting point for all subsequent accreditation cycles, including assessments and reporting requirements. Refer to [Appendix B](#) for the current enrollment cycle schedule.

Assessment Cycles:

All assessments are conducted on a quarterly basis, aligned with the Commission's scheduled meetings, ensuring a consistent and predictable timeline for review and decision-making.

Commission Review and Accreditation Award:

After the on-site assessment, the team submits a comprehensive report to the Commission documenting all observations, findings, and evaluations. Agencies are then considered for accreditation at the next quarterly meeting, where they participate in a formal hearing to discuss the results. The Commission deliberates and votes on accreditation, which, when granted, is valid for a full three-year cycle until the next scheduled reaccreditation review. Commission hearing schedules will be published on the CAPS website annually.

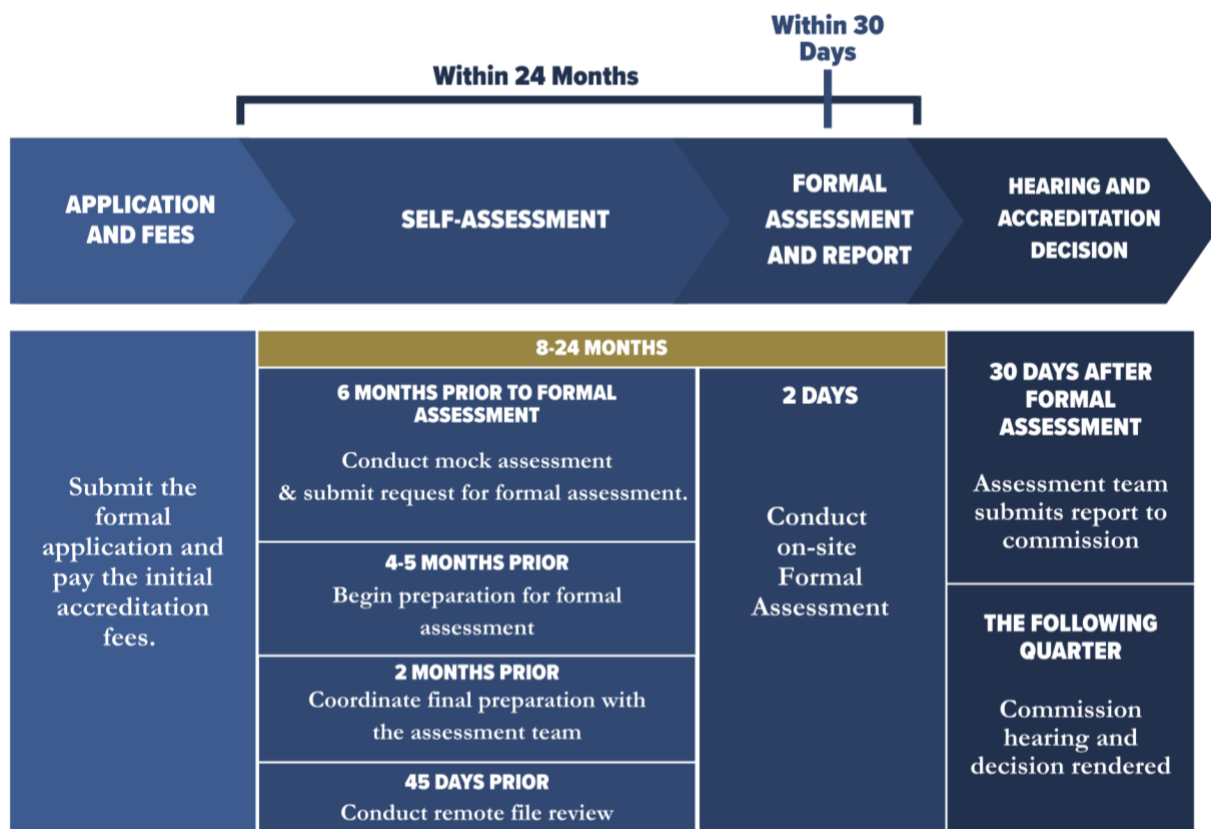
Section 8.2 - Extension of Initial Self-Assessment Period

In certain situations, an agency may need additional time to complete the initial self-assessment. Extensions may be requested, but approval depends on payment of applicable continuation and extension fees, along with a clear demonstration of continued progress toward accreditation.

Agencies requesting an extension should submit their request using the [Extension Request Form](#) and include a status update on accreditation activities.

Section 8.3 - Accreditation Timeline

The timelines below provide a structured overview of the essential steps agencies must follow to achieve accreditation. Proper planning within this timeframe supports a smooth and successful accreditation process.



Within 24 Months of enrollment:

Review CAPS standards

- Develop or update policies and procedures.
- Implement new policies; provide training and orientation to staff on new or revised policies
- Begin collecting proofs and upload to PowerDMS

Self-Assessment

- 6 months prior to formal assessment, agencies will conduct a mock assessment and submit the Request for Formal Assessment form
- 4-5 months prior to formal assessment, agencies will begin preparation for formal assessment
- 2 months prior to the formal assessment, agencies will coordinate final preparations with the assessment team

- 45 days prior to the formal assessment, agencies will conduct the remote file review

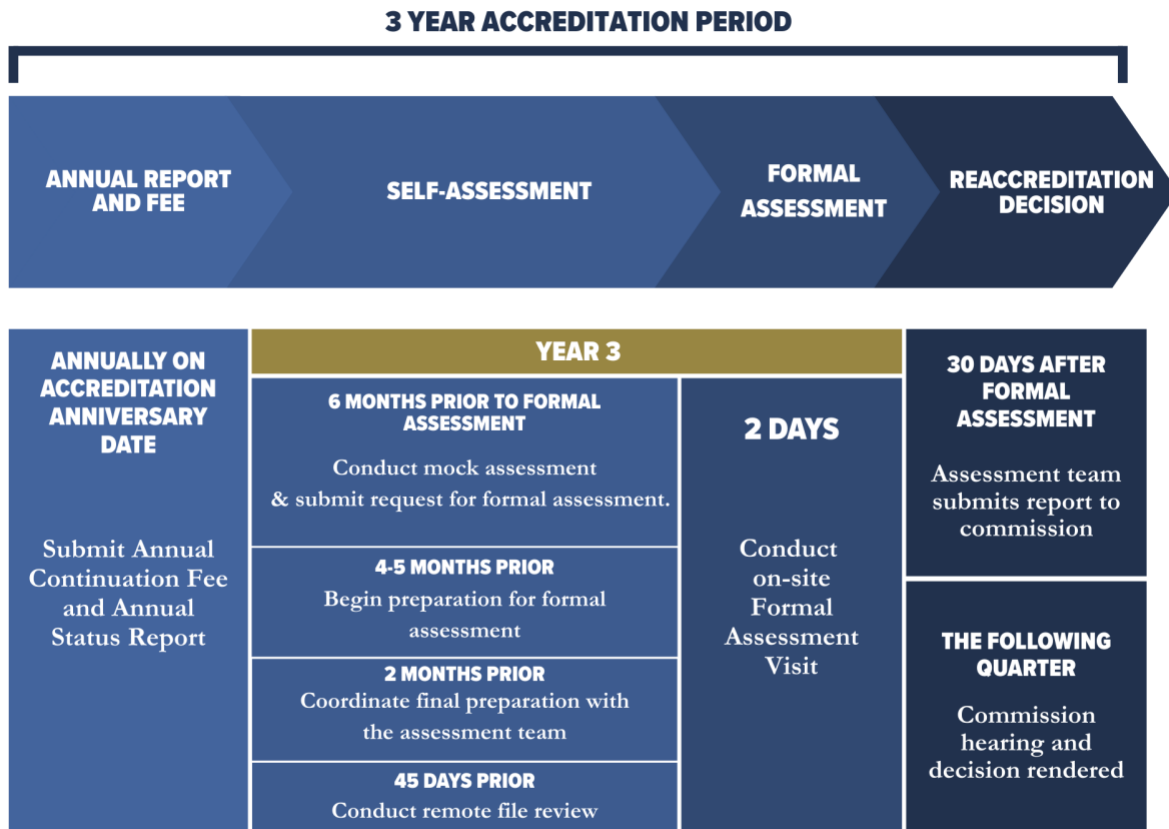
Formal Assessment and Report (within the last 30 days of the 24-month cycle)

After the Formal Assessment

- 30 days after the formal assessment, the assessment team will submit the report to the Commission
- During the next quarter after receiving the report, the Commission hearing will take place and accreditation decision will be rendered

Departments will have up to two years to complete their self-assessment and achieve initial accreditation. The date an agency is granted accreditation becomes its Accreditation Anniversary Date. Accreditation is valid for three years, beginning on the Accreditation Anniversary Date.

Section 8.4 - Re-Accreditation Timeline



3 Year Accreditation Period

Annually (Year 1-3) on the Accreditation Anniversary Date

- Submit Annual Continuation Fee and Annual Status Report

Year 3

- **Self-Assessment**
 - 6 months prior to formal assessment, agencies will conduct a pre-assessment and submit the Request for Formal Assessment form
 - 4-5 months prior to formal assessment, agencies will begin preparation for formal assessment
 - 2 months prior to the formal assessment, agencies will coordinate final preparations with the assessment team
 - 45 days prior to the formal assessment, agencies will conduct the remote file review
- **Formal Assessment and Report**

After the Formal Assessment

- 30 days after the formal assessment, the assessment team will submit the report to the Commission
- During the next quarter after receiving the report, the Commission hearing will take place and accreditation decision will be rendered

Chapter 9: Maintaining Accreditation

Accreditation is valid for 3 years. Once accredited, the agency must begin planning for ongoing compliance maintenance and prepare for future reaccreditation cycles to ensure continuous adherence to quality requirements.

Section 9.1 - Annual Status Reports and Continuation Fees

Agencies must submit status reports and pay annual fees.

Annual Status Reports

The agency will submit a status report to CAPS staff 30 days prior to its accreditation anniversary date via the [Annual Status Report form](#). This report serves as a formal update on the agency's compliance status with all applicable accreditation standards.

The report must include:

- A statement of current compliance with each applicable standard.
- Identification of any areas of concern, non-compliance, or risks that could affect continued adherence to standards.
- Disclosure of any critical incidents, major events, or organizational changes that may impact compliance.
- Highlights of positive developments, new programs, or successful initiatives that demonstrate the agency's commitment to excellence and ongoing improvement.

Agencies are encouraged to use this report as an opportunity to showcase good practices, innovative programs, staff achievements, community partnerships, or quality improvement initiatives that support and strengthen compliance with accreditation standards.

Annual Continuation Fees

Once accredited, agencies are responsible for paying an **annual continuation (maintenance) fee**, which:

- Is also based on the number of authorized full-time personnel (sworn and professional staff).
- Is due each year on the anniversary date of the agency's enrollment.
- Helps maintain accredited status and supports CAPS program administration and periodic review processes.

Purpose of the Continuation Fee

- Ensures continued access to CAPS systems, updates, and support.

- Supports the review of annual compliance reports.

Non-Payment Consequences

Failure to pay accreditation or continuation fees by the due date may result in:

- Temporary suspension of accreditation status.
- Loss of access to CAPS support and resources.
- Revocation of accreditation if unresolved.

Fee Schedule Transparency

- CAPS provides a detailed fee schedule upon request or during the orientation process.
- Agencies are encouraged to budget for both initial and ongoing fees as part of their operational planning.
- Some agencies may be eligible for grants or reimbursement programs to offset accreditation costs—check with local/state funding sources.

Best Practices

- Assign responsibility for fee tracking to a finance officer or Accreditation Manager.
- Set calendar reminders for annual payments.
- Confirm receipt of payment with CAPS and retain documentation for agency records.

Section 9.2 - Reaccreditation

The reaccreditation process begins after the formal assessment is completed. To maintain accreditation, a formal assessment must be completed before the 3-year anniversary.

In certain situations, an agency may need additional time to complete the reaccreditation process. Extensions may be requested, but approval depends on payment of applicable continuation and extension fees, along with a clear demonstration of continued progress toward reaccreditation.

Agencies requesting an extension should submit their request using the [Extension Request Form](#) and include a status update on accreditation activities.

Chapter 10: General Information

Section 10.1 - Use of CAPS Logo

Once an agency achieves accredited status, it may use the CAPS logo for official purposes. Logo usage and branding guidelines should be reviewed before the logo is utilized in anyway. For support or questions with CAPS logo usage please reach out to CAPS Staff.

Section 10.2 - Program Evolution

Participating agencies and members of the public are encouraged to submit suggestions for standard modifications or future standards. Suggestions may be submitted through the Program Evolution form.

For more information, please contact CAPS Staff.

Appendix A: Accreditation Cost

Agencies are encouraged to budget for both initial and ongoing fees as part of their operational planning. Some agencies may be eligible for grants or reimbursement programs to offset accreditation costs—check with local/state funding sources.

Fee Schedule

Tier	Authorized Full Time Personnel	Enrollment Fee (Year 1)	Annual Continuation Fees
1	1-15	\$5,500	\$5,000
2	16-40	\$7,500	\$7,000
3	41-100	\$9,500	\$9,000
4	101-250	\$11,500	\$11,000
5	251-750	\$13,500	\$13,000
6	751+	\$15,500	\$15,000

Enrollment Fee

The initial enrollment fee must be paid in full before the start of the agency's enrollment cycle.

This fee is non-refundable regardless of whether the agency completes the accreditation process.

The initial fee covers:

- Access to CAPS standards, resources, and staff.
- Assignment of a program liaison or accreditation specialist.
- Technical assistance and consultation during the mock/self-assessment phase.
- Coordination of the formal assessment and final review.
- Processing and issuance of accreditation status upon successful completion.

The initial fee does not cover:

- Access to accreditation software.
- Costs associated with mock and formal assessments.

Continuation Fee

Once accredited, agencies are responsible for paying an annual continuation (maintenance) fee, which:

- It is also based on the number of authorized full-time personnel.
- It is due each year on the agency's enrollment anniversary.
- Helps maintain accredited status and supports CAPS program administration and periodic review processes.

Additional Costs

Agencies will be required to purchase a PowerDMS license to access the PowerStandards system for \$600 per year. Agencies are also responsible for any assessor-related expenses associated with both mock and formal on-site assessments.

Appendix B: Enrollment Cycles

Agencies seeking accreditation may apply for enrollment at any time. CAPS Staff will review all applications and when accepted, the agency will be enrolled in the next enrollment cycle. At the start of the enrollment cycle, the agency formally enters the two-year initial self-assessment phase.

2026 Enrollment Cycles

Cycle	Application Date	Enrollment Cycle Start Date
1	Program Launch – March 25 th , 2026	April 1, 2026
2	April 1-June 20, 2026	July 1, 2026
3	June 21-September 20, 2026	October 1, 2026
4	September 21-December 20, 2026	January 1, 2027

Enrollment Fee

Once an agency's application is accepted, an electronic invoice for enrollment fees will be sent to the agency. This enrollment fee must be paid in full before the start of the agency's enrollment cycle.

Enrollment Example

An agency that submits their application on June 1, 2026, is accepted. The agency is enrolled in cycle 2 and their accreditation process will begin on July 1, 2026. The agency's enrollment fee must be paid by July 1, 2026.