

North Miami Beach Police

2025 Excelsior
Reaccreditation Assessment
Status Review and Analysis



MAY 25, 2024

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EXECUTIVE SUMMARY

The North Miami Beach Police Department, which has been accredited since 1997 and holds the prestigious Excelsior Agency designation, is preparing for its upcoming reaccreditation assessment by the Commission for Florida Law Enforcement Accreditation (CFA). Despite its longstanding history of accreditation, the department currently lacks a dedicated and experienced accreditation manager to oversee this critical process.

To address this gap, on May 20th, 2024, the City of North Miami Beach entered into an agreement with the consultant. This consultant has been tasked with assessing the department's readiness for the 2025 reaccreditation assessment. Additionally, the consultant will provide guidance and technical assistance to correct any deficiencies identified during this evaluation.

The consultant's role includes:

1. **Assessment of Current Status:** Evaluating the department's current compliance with CFA standards.
2. **Identification of Deficiencies:** Highlighting any areas where the department falls short of the required standards.
3. **Guidance and Technical Assistance:** Offering expert advice and support to address and rectify any identified deficiencies to ensure successful reaccreditation.

This strategic move aims to uphold the department's commitment to excellence and ensure continued compliance with the high standards set by the CFA.

Initially, it was determined that the North Miami Beach Police Department had not updated to the most recent version of the CFA Standards Manual, which was adopted in January 2024. After updating to this new version, the consultant reviewed a total of 235 standards, which are divided into three categories: Mandatory, Non-Mandatory, and Not Applicable by Function, as outlined in the current CFA Standards Manual 5.21.

The consultant's review included:

1. **Manual Update:** Ensuring the department's policies and procedures were updated to align with the latest CFA Standards Manual 5.21.
2. **Standards Review:** Examining all 235 standards, categorized into three types:
 - **Mandatory Standards:** These address life, health, and safety issues, legal matters, or essential law enforcement requirements. They are marked with an "M" following the standard number. The agency must comply with all mandatory standards unless a standard does not apply to the agency's function.
 - **Non-Mandatory Standards:** These standards are important but not critical to life, health, safety, or essential legal requirements.
 - **Not Applicable by Function:** Standards that do not apply to the agency's specific functions and operations.

The consultant's review process involved:

1. CFA Manual Update: Ensuring that the department's policies and procedures were aligned with the latest CFA Standards Manual 5.22.
2. Comprehensive Review: Evaluating all 235 standards to identify compliance levels and pinpoint areas needing improvement.
3. Chapter Analysis: Breaking down the review across the 32 chapters to ensure a thorough examination of each standard and its implementation within the department.

This meticulous review process is crucial for identifying any gaps and ensuring the department meets all the requirements for reaccreditation. The consultant's efforts are aimed at helping the department maintain its high standards and achieve successful reaccreditation in 2025.

The consultant's review revealed several critical findings regarding the North Miami Beach Police Department's compliance with the updated CFA Standards Manual 5.21:

1. Overall Compliance:
 - Only 16% of the assessment has been completed sufficiently to be considered in compliance with the standards.
2. Written Directives:
 - 137 standards, or 58% of the standards that require a written directive, had none available for review. This indicates a significant gap in documented policies and procedures necessary for compliance.
3. Multi-Year Proofs of Compliance:
 - Of the 89 standards (43%) that require multi-year proofs of compliance, only 35 had adequate proofs to demonstrate compliance in year 2 of the cycle. This shortfall highlights issues in maintaining consistent records over multiple years.
4. File Construction

While there is no single correct way to construct a standard file, the general rule is to make it as easy and concise as possible. This approach aids the assessor in navigating the files efficiently, ensuring they can quickly find the necessary information without having to read through lengthy paragraphs. Here are some best practices for organizing standard files to facilitate the assessment process:

- Clear Organization: Structure each file logically, grouping documents and evidence according to the specific standard they support.

- Concise Documentation: Highlight key passages in documents that directly demonstrate compliance with the standard. Avoid including entire paragraphs when a single sentence or section is sufficient.
- Clearly label all documents and proofs to match the bullet descriptions. Link the proof directly to the corresponding bullet point in the standard. This approach ensures assessors can quickly locate the necessary information without confusion. See Figure 1
- Include multi-year proofs of compliance for standards that require ongoing evidence. Clearly indicate which documents correspond to each year of the compliance cycle. Merge all applicable multi-year proofs into a single PDF document. This ensures all evidence is consolidated and easily accessible, facilitating a thorough review by assessors.

By following these practices, the department can create well-organized, easy-to-navigate standard files that facilitate a smoother, more efficient assessment process. This approach not only benefits the assessors but also helps the department maintain clear and accessible records of its compliance efforts.

The findings contained herein underscore the need for immediate corrective actions, including the documentation of necessary written directives and the establishment of reliable systems for tracking and demonstrating multi-year compliance.

It became evident early in the review process that little, if any, maintenance had been conducted on the assessment files since early 2023. At this stage in the accreditation cycle, an agency's assessment should reflect at least an 88% compliance rate. However, the findings indicated significant gaps in compliance and documentation.

In addition to the identified deficiencies in compliance and documentation, it was evident that the previous incumbent lacked the expertise and experience necessary to effectively manage the accreditation process. This observation underscores the importance of having qualified personnel in key roles within the department, especially those responsible for overseeing accreditation processes.

Moving forward, it will be essential to address this gap by ensuring that the department has a dedicated and experienced accreditation manager who possesses the knowledge, skills, and experience needed to navigate the complexities of the accreditation process effectively. This individual should have a thorough understanding of accreditation standards, processes, and requirements, as well as the ability to coordinate efforts across various departments and divisions within the agency.

By appointing a qualified accreditation manager, the department can enhance its ability to maintain compliance with accreditation standards, streamline the accreditation process, and ultimately, ensure the highest level of service delivery to the community. Additionally, providing ongoing training and professional development opportunities for staff involved in accreditation activities can further strengthen the department's accreditation capabilities and promote a culture of continuous improvement.

Recommendations

- Specific Suggestions Based on Findings

Upon receipt of this report highlighting the critical deficiencies in the department's compliance with CFA standards, it is imperative to convene a Command staff meeting promptly to develop a comprehensive roadmap for corrective action. The meeting should include key stakeholders who can contribute to the formulation, ensure the necessary documentation I provided in a timely manner and implementation of an effective plan. Attendees should include:

1. Acting Chief of Police: As the head of the department, the Acting Chief of Police will provide leadership and guidance in addressing the identified deficiencies.
2. Division Commanders (All Four): Division Commanders play a crucial role in implementing policies and procedures within their respective divisions. Their input and involvement are essential for understanding division-specific needs and ensuring compliance.
3. Training Unit Supervisor: The Training Unit Supervisor is responsible for overseeing training programs within the department. Their expertise in training and education will be valuable in developing training initiatives to address compliance gaps.
4. Finance Director or Designee: The Finance Director or their designee should be present to provide insight into budgetary considerations related to corrective actions and fiscal controls. Understanding financial implications is crucial for effective planning and resource allocation.
5. Human Resources Director or Designee: The Human Resources Director or their designee will offer expertise in personnel matters, ensuring that corrective actions align with HR policies and procedures.

By convening this meeting with key stakeholders, the department can collaboratively develop a roadmap to address deficiencies systematically. The goal is to create actionable steps for improving compliance with CFA standards, establishing accountability measures, allocating necessary resources, and setting realistic timelines for implementation. The consultant's expertise and guidance will be instrumental in guiding this process towards successful reaccreditation in 2025.

- **Action Plan and Priorities**

To address the accreditation deficiencies effectively, the first priority should be to upload all the required written directives to the appropriate standards. This will allow the consultant to review each policy to ensure that each directive is up to date and properly addresses the elements of the applicable standard. Here's a detailed plan to achieve this:

1. Compile Written Directives:
 - Gather all existing written directives, policies, and procedures relevant to the CFA Standards Manual 5.21.
2. Organize by Standard:
 - Sort and label each directive according to the specific standard it supports. Ensure each document is clearly marked with the corresponding standard number.
3. Upload Directives:
 - Upload all written directives to the appropriate standard in the accreditation management system. Ensure each standard has the correct directive attached to it.
4. Review and Update:
 - Schedule a session with the consultant to review each uploaded directive. The consultant will:
 - Verify that each directive is current and aligns with the latest CFA standards.
 - Ensure that the directive properly addresses all elements of the applicable standard.
 - Identify any gaps or areas needing revision.
5. Revise and Finalize:
 - Based on the consultant's feedback, revise any directives that do not fully comply with the standards.
 - Ensure all revisions are completed promptly and uploaded to replace the outdated versions.
6. Documentation and Proofs:
 - Continue gathering and merging multi-year proofs of compliance as a single PDF for each standard that requires ongoing evidence. Clearly label and index these documents.

By prioritizing the upload and review of written directives, the department ensures that foundational policies are in place and meet the necessary standards. This critical step will facilitate a smoother overall compliance process and enable more focused efforts on other accreditation requirements.

Action Plan Summary:

1. Compile Written Directives
2. Organize by Standard
3. Upload Directives
4. Review and Update with Command
5. Revise and Finalize Directives
6. Gather and Merge Multi-Year Proofs

By following this action plan, the North Miami Beach Police Department can systematically address the most urgent compliance needs and set a solid foundation for achieving reaccreditation.

Figure 1

Proof not labeled to match the bullet. Not linked to the standard

04/2025 Reaccreditation

In this standard, Bullet I requires Annual refresher training. While this bullet clearly shows proof of training there is no correlation to standard

H. Point of contact for questions; and
 I. Annual refresher training.

II. Proofs of Compliance

- Lesson plan (Qty Initial: 1) (Qty Reaccred: 1)
- Proof of training at time of initial

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City of North Miami Beach, Florida
 Police Department

Date: March 21, 2025
 To: Robert C. Swain, II, Training Coordinator
 From: Amanda Casella, Administrator, Sergeant
 Subject: CFPDPA & AIMS 2025 Police Training Plan, Police Month

On Friday, March 21, 2025, the office presented a CFPDPA & AIMS 2025 Police Training Plan to the Police Month Committee. The Police Month Committee reviewed the training plan and approved it. The Police Month Committee is responsible for ensuring that all police officers receive the required training. The Police Month Committee will ensure that all police officers receive the required training. The Police Month Committee will ensure that all police officers receive the required training.

Participating Officers:
 Officer Robinson, James
 CPO DePinto, John
 CPO Howell, Paul
 CPO Joseph, Michael
 Officer Johnson, Christopher
 Officer Johnson, Douglas

Attachments:
 YR1-Proof of training at time of initial assignment
 Accreditation Manager

Highlights (4)
 Proof
 Proof
 Proof
 Proof

YR1-Documentation of annual refresher training
 Accreditation Manager

Highlights (1)

Proof improperly fabled

Bullet linked to bullet and proof

CFA 2025 Excelsior
 CFA Standards Manual Version 5.0 - 5.22

waste;
 G. The agency's biohazardous waste disposal procedures;
 H. Point of contact for questions; and
 I. Annual refresher training.

II. Proofs of Compliance

- Lesson plan (Qty Initial: 1) (Qty Reaccred: 1)
- Proof of training at time of initial assignment. (Qty Initial: 1) (Qty Reaccred: 1 each year)
- Documentation of annual refresher training (Qty Initial: 1)

Page 1 of 1

| | | | | | | |
|----------|----------|--|-----------------|-----------------|------|-------------------------|
| Blago | Baldwin | Annual Infectious Disease Refresher Training | 7/3/2022 10:08 | 7/3/2022 10:31 | Pass | Sergeant |
| Bernie | Daams | Annual Infectious Disease Refresher Training | 5/18/2022 7:55 | 5/18/2022 8:11 | Pass | Detective |
| Charles | Burton | Annual Infectious Disease Refresher Training | 5/24/2022 8:58 | 5/24/2022 10:01 | Pass | Officer |
| Denise | Cadee | Annual Infectious Disease Refresher Training | 5/19/2022 16:36 | 4/8/2022 15:45 | Pass | Desk Officer |
| Daniel | Leone | Annual Infectious Disease Refresher Training | 5/30/2022 22:10 | 5/30/2022 22:25 | Pass | Officer |
| Daniel | Plunise | Annual Infectious Disease Refresher Training | 5/17/2022 16:59 | 5/17/2022 17:12 | Pass | Officer |
| David | Turner | Annual Infectious Disease Refresher Training | 5/18/2022 9:18 | 5/18/2022 9:21 | Pass | Sergeant |
| Frank | Petkopal | Annual Infectious Disease Refresher Training | 5/18/2022 9:03 | 5/18/2022 9:23 | Pass | Detective |
| Frank | Plewski | Annual Infectious Disease Refresher Training | 5/27/2022 6:47 | 5/27/2022 6:53 | Pass | Sergeant |
| Gary | Blocher | Annual Infectious Disease Refresher Training | 7/12/2022 9:14 | 7/13/2022 9:50 | Pass | Officer |
| Gary | Grands | Annual Infectious Disease Refresher Training | 5/18/2022 22:18 | 5/18/2022 22:31 | Pass | Officer |
| Marnie | Gil | Annual Infectious Disease Refresher Training | 5/19/2022 2:10 | 5/19/2022 2:48 | Pass | Officer |
| Malay | Hukerian | Annual Infectious Disease Refresher Training | 6/28/2022 7:58 | 6/28/2022 8:31 | Pass | Officer |
| Ngai H | Ajudaite | Annual Infectious Disease Refresher Training | 5/21/2022 8:37 | 5/21/2022 9:03 | Pass | Police Service Aide |
| Jennifer | Beckwith | Annual Infectious Disease Refresher Training | 5/18/2022 9:44 | 5/18/2022 12:25 | Pass | Officer |
| Joseph | Pewatt | Annual Infectious Disease Refresher Training | 5/25/2022 22:26 | 5/25/2022 22:38 | Pass | Officer |
| Kimberly | Indenko | Annual Infectious Disease Refresher Training | 5/26/2022 9:22 | 5/26/2022 9:33 | Pass | Code Compliance Officer |
| Kevin | Langshaw | Annual Infectious Disease Refresher Training | 5/19/2022 2:44 | 5/19/2022 2:51 | Pass | Officer |
| Kerlyne | Pierre | Annual Infectious Disease Refresher Training | 5/24/2022 9:16 | 5/24/2022 9:38 | Pass | Records Manager |
| Louise | Sanchez | Annual Infectious Disease Refresher Training | 5/19/2022 2:16 | 5/19/2022 2:58 | Pass | Officer |
| Michael | Littion | Annual Infectious Disease Refresher Training | 7/30/2022 12:05 | 7/30/2022 12:39 | Pass | Officer |
| Nikhil | Cox | Annual Infectious Disease Refresher Training | 5/28/2022 8:42 | 5/28/2022 9:58 | Pass | Officer |
| Robert | Cohen | Annual Infectious Disease Refresher Training | 5/17/2022 11:31 | 5/17/2022 11:48 | Pass | Officer |
| Robert | Pogusor | Annual Infectious Disease Refresher Training | 5/18/2022 14:44 | 5/18/2022 14:57 | Pass | Officer |
| Sylvia | File | Annual Infectious Disease Refresher Training | 5/21/2022 1:01 | 5/21/2022 1:44 | Pass | Officer |
| Tasha | Tedman | Annual Infectious Disease Refresher Training | 7/14/2022 14:27 | 7/14/2022 15:48 | Pass | Police Service Aide |
| William | Friedan | Annual Infectious Disease Refresher Training | 6/11/2022 8:31 | 7/27/2022 14:37 | Pass | Sergeant |

Attachments:
 Bullet B Basic Description, Symptoms etc.
 Bullet C Use and Limitations of Methods
 Bullet D Universal Precautions Philosophy
 Bullet E Exposure Procedures
 Bullet E Exposure Procedures
 Bullet F Tags, Labels & Bags
 Bullet G Disposal Procedures
 Bullet H POC

Bullet I Y1 Annual refresher training.
 Accreditation Manager

Highlights (4)
 Member
 Course Title
 Date Completed
 Grade

Bullet I Y-2 Annual Refresher

Proof properly labeled

2025 Reaccreditation Assessment Review **Notes**

**North Miami Beach Police
2025 Reaccreditation Assement Review Notes**

| <u>Standard</u> | <u>Topic</u> | <u>Current Status</u> |
|---|--|---|
| Chapter 1 Organization | | |
| 1.01M | Organizational Chart | Missing Y-3 Proof |
| 1.02M | Member to Supervisor Accountability | In Compliance |
| 1.04 | Strategic Plan | Not applicable |
| 1.06 | Public information Function | Need social media directive |
| 1.07M | Release of Information | Need social media directive |
| Chapter 2 Authority | | |
| 2.01M | Strip & Body Cavity Searches | Need Y2 and Y3 Strip & Body Search memo |
| 2.02 | Alternatives to arrest | Improper highlights, Need additional proofs |
| 2.03M | Obedience to orders` | Improper/Excessive documentation, No highlights |
| 2.04M | Conflicting Orders | Improper/Excessive documentation, No highlights |
| 2.05M | Access to laws and regulations | Missing Proofs |
| 2.06M | Bias Policing | Missing Y2 & Y3 annual review and analysis. Need additional new hire initial training rerecords |
| 2.07M | Relief from Duty | In Compliance |
| 2.08M | Part Time & Auxiliary Officers | In compliance |
| 2.09M | Volunteers | Language on authorization is vague |
| 2.10M | Off duty employment | Highlighting off |
| 2.11M | Extra Duty Employment | Excessive/Not Applicable directives included. Proofs lack the necessary elements of the standard |
| Chapter 3 Written Directive System | | |
| 3.01M | Written directive system | Need additional documentation. Highlighting off |
| 3.02M | Annual report to CFA | Missing y2 Annual report |
| Chapter 4 Use of Force | | |
| 4.01M | Use of Force | Highlights need to be revised due to assessment update |
| 4.02M | Use of Force policy training | Improper proofs, Highlights need to be revised due to assessment update |
| 4.03M | Basic Recruit Training | Excessive, improper proofs. Need Y2 &y3 proofs |
| 4.04M | Warning shots | No proofs or directive |
| 4.05M | Firearms Proficiency | No off duty qualifications for Y1,2 or 3. No on duty qualifications for Y2 or 3. No request to carry submissions |
| 4.06M | Less Lethal Weapons | Missing Y2 & 3 Taser Training. No baton training proofs |
| 4.07M | Use of Force Review | Highlights need to be revised due to assessment update. No SAER or baton use review |
| 4.08M | Medical Aid rendered | Over highlighted. No proofs for Y2 or 3 |
| 4.09M | Use of Force annual review and analysis | No documented review for y2 |
| 4.10M | Choke Holds | In compliance |
| 4.11M | Use of Force reporting to FDLE | No proofs for Y2 |
| Chapter 5 Fiscal Controls | | |
| 5.01M | Budget accounting system | No proof for Y2 or 3 |
| 5.02zM | Cash Funds | No proof for Y2 or 3 |
| 5.04M | Inventory Control | Improper proof provided. Need complete inventories of radios, vehicles, computers, weapons etc. |
| 5.05M | Confidential Funds accounting system | not in compliance |
| 5.06M | Civil Process Funds | Not applicable |
| Chapter 6 Grievance Procedures | | |
| 6.01M | Grievance Procedure | No written directive. No proof |
| 6.02M | Position responsible for administration & coordination | Missing Y2 & 3 proofs |
| 6.03 | Grievance Appeals | Missing Y2 & 3 proofs |
| Chapter 7 Conduct & Discipline | | |
| 7.01M | Code of Conduct/Ethics | Proof mislabeled Written directive appears to be outdated. Refers to PISTOL which is a records management system . Proofs provided don't appear to be consistent with agency policy. |
| 7.02M | Counseling & Discipline System | |
| 7.03 | Supervisory authority over discipline | |
| 7.04 | Information to members upon termination for misconduct | No written directive as required |
| 7.05 | Maintenance & Storage | No written directive as required |
| 7.06 | Discipline grievance procedures | No written directive as required |
| 7.07M | Harassment in the workplace | No written directive as required |
| 7.08M | Lobbying and political practices | No written directive as required |

Chapter 8 Recruitment

| | | |
|-------|------------------|--|
| 8.01M | EEO Training | Need lesson plan for training provided July 2022 |
| 8.02 | Recruitment Plan | No annual review for Y2 or 3 |
| 8.03 | EEO Statement | Inadequate proofs |

Chapter 9 Selection

| | | |
|-------|---|--|
| 9.01 | Selection Process | No written directive as required Inadequate proof |
| 9.02M | Psychological Exam | Expired provider license. Needs a written directive |
| 9.03 | Probationary period of at least 12 months | In Compliance |
| 9.04 | Physical abilities testing | Missing required proofs |
| 9.05M | Civilian background Investigations | The proof provided is so heavily redacted it does not show compliance. |
| 9.06M | Selection process for reserve personnel | No written directive as required |
| 9.07 | Auxiliary personnel | N/A |

Chapter 10 Training

| | | |
|--------|--|--|
| 10.01 | Attendance at training | No written directive as required. Inadequate proofs for Y1. Missing Y2 proofs |
| 10.02M | Agency training courses | No written directive as required. Missing proofs for Y2&3 |
| 10.03M | Accreditation overview for new hires | Y1 proof not highlighted correctly. Missing proofs for Y2&3 |
| 10.04M | Remedial Training | No written directive as required Proof provided for Y1 is an FTO training. This standard applies to all employees and the intent tot address sub-standard performance in the field. No proofs provided for Y2or3 |
| 10.05M | Maintenance of training records | In Compliance |
| 10.06M | Agency sponsored training records | Missing proofs for Y2&3 Written directive not highlighted and linked to bullets. Missing proof for Y2&3. |
| 10.07M | Field Training Program | Lacking additional proofs |
| 10.08 | Knowledge, skills and ability of agency instructors | No written directive as required |
| 10.09 | CJSTC High Liability Instructors Certification from FDLE | Missing proofs No certificates or ATMS records |
| 10.10M | Lethal & less lethal weapons qualifications | PD 29-89 needs revision due to assessment update. Missing proofs for Y2&3. This is an annual requirement and Y1 was conducted in January 23. Y2 MUST have been conducted in January 24 or earlier to be compliant. Proof provided for less-lethal is incorrect. lesson plan states Use of Force Psychology response. |
| 10.11M | Specialized training required | No written directive as required Proof provided does not prove compliance. No date when member was promoted to Sergeant provided. |
| 10.12M | Supervisor training requirement | No written directive as required Proof provided appears sufficient |
| 10.13M | First Aid Training | No written directive as required Missing proofs for Y2&3 |
| 10.14M | Reserve and auxiliary member restrictions | No written directive as required. Additional proofs required |
| 10.15 | Background Investigator training | Proof required is inadequate. Standard requires proof of ALL members |
| 10.16M | Mental Health Training | Not applicable |
| 10.17M | guardian program | Proof provided no longer is applicable |
| 10.18 | Accreditation Manager Training | No written directive as required. Standard requires annual refresher training. Initial training help in October of 2022. The roster only shows new hires. Standard requires ALL sworn personnel receive training. Standard became effective July of 2023. No proof fro Y2 or 3 |
| 10.19M | Active Assailant Procedures | No written directive as required Missing proofs for Y2&3 |
| 10.20M | Taser Qualifications | No written directive as required Missing proofs for Y2&3 |

Chapter 11 Promotions

| | | |
|-------|--|--|
| 11.01 | Procedures used for promotions | No written directive as required. In adequate proof provided |
| 11.02 | Procedures used for promotions | No written directive as required |
| 11.03 | Eligibility Lists for promotion | No written directive as required |
| 11.04 | Review and appeal of promotional process | No written directive as required. Proofs provided are questionable |

Chapter 12 Performance Evaluations

| | | |
|--------|--|---|
| 12.01 | Performance Evaluation System | No written directive as required. Incomplete proof for Y2 No Y3 proofs |
| 12.02 | Review Procedures | No written directive as required |
| 12.03 | Use of performance evaluations | No written directive as required |
| 12.04 | Employee review prior to evaluation | No written directive as required |
| 12.05 | Written notice of substandard performance | No proofs provided |
| 12.06 | Probationary member evaluation | No Y-2 proof. Proof provided for Y1 is inadequate If NMBPD conducts exit interviews when employees leave a written directive will be required. Of not then the standard is not applicable. |
| 12.07 | Exit Interviews | No written directive as required |
| 13.01M | Chapter 13 Postilion Classifications Volunteers | No written directive as required |
| 13.02 | Job Task Analysis | If the City utilizes a JTA a written directive is required. If not the standard is not applicable |
| 13.03M | Job Descriptions | In Compliance |

Chapter 14 Field Personnel

| | | |
|--------|--|--|
| 14.01M | Continuous response to emergencies | No written directive as required |
| 14.02 | Operation of special purpose vehicles | No written directive as required No proofs provided |
| 14.03 | Circumstance requiring a supervisor on scene | No written directive as required |
| 14.04M | Victim Witness right's procedures | No written directive as required No proof Y2 |
| 14.0M | Pursuit policy | No written directive as required No proof for Y2 |
| 14.06M | Response levels to calls for service | No written directive as required |
| 14.07M | Proper use of Emergency Equipment | No written directive as required |
| 14.08M | Marked vehicle equipment | No written directive as required |
| 14.10M | Body Armor | No written directive as required, Questionable proofs |
| 14.11M | K-9 Teams | No written directive as required No proof for Y2 |
| 14.12M | Narcotics K-9 | Written directive provided not highlighted. |
| 14.13M | Marine Units | If the agency has a marine unit then a written directive is required |
| 14.14M | Narcans | No written directive as required |
| 14.15M | Civilian Observers on patrol | No written directive as required No proof Y1 |

Chapter 15 Investigations

| | | |
|---------|---|---|
| 15.01M | CID Case file management | No written directive as required |
| 15.02M | Vice & Organized Crime Files | Simple note stating files are kept off site office |
| 15.03M | CI Files | No written directive as required |
| 15.05 | Polygraph & CVSA | No written directive as required No proofs |
| 15.065M | Constitutional rights protections (MIRANDA) | No written directive No supporting proofs |
| 15.07 | Field Interviews | No written directive No supporting proofs |
| 15.08M | Search Warrants | No written directive No supporting proofs |
| 15.09M | Domestic Violence reporting | No written directive as required. No Y2 proof |
| 15.10M | Sexual assault Investigations | No written directive No supporting proofs |
| 15.11M | Surveillance & Undercover operations | No written directive as required |
| 15.12M | Missing children Investigations | No written directive as required |
| 15.13M | Eye Witness ID procedures | No written directive No supporting proofs |
| 15.14M | Show-Up ID's | No written directive as required |
| 15.15M | Death or serious injury incident involving agency members | Written directive provided only address police shooting. This standard applies to all members even civilians. Additional proofs needed. Proof provided is sufficient for Y1 |
| 15.16M | Sexual Predators | Not applicable |
| 15.17M | Sex Offenders | No written directive No supporting proofs |
| 15.18M | Autistic Individuals | No written directive No supporting proofs |
| 15.19M | Seizures & Forfeiture's | No written directive as required Proof provided is sufficient |
| 15.20M | Blue Alerts | No written directive as required |
| 15.21M | Use of Force review by outside agency | No written directive as required |

Chapter 16 Juveniles

| | | |
|--------|---|---|
| 16.01M | Juvenile e Offender Procedures | No written directive as required. No year 2 proof |
| 16.02M | Juvenile Processing Procedures | No written directive as required |
| 16.03M | Juvenile in custody procedures | No written directive as required. No year 2 proof |
| 16.04M | Juvenile Custodial Interview Procedures | No written directive as required |

Chapter 17 Special Operations

| | | |
|--------|-------------------------|---|
| 17.01M | Incident Command System | Need Y3 proofs |
| 17.03M | Dignitary Protection | No written directive as required |
| 17.04M | Tactical Teams | Need Y3 proofs |
| 17.05M | Hostage Negotiators | No training conducted in Y1 Y2 is unknown |
| 17.06M | Barricaded Subject | No Y2 proof |
| 17.07M | Bomb Threats | No written directive as required |
| 17.08m | Bomb Squad | Not applicable |
| 17.09 | Special events | No written directive as required |

Chapter 18 Traffic Enforcement

| | | |
|--------|--|----------------------------------|
| 18.01 | Traffic Violations | No written directive as required |
| 18.02 | Traffic Enforcement Guidelines | No written directive as required |
| 18.03M | Traffic Control at accident scenes | No written directive as required |
| 18.04M | First arriving officer at crash scene responsibilities | No written directive as required |
| 18.05M | Protecting crash victims property | No written directive as required |
| 18.07 | Manual traffic control | No written directive as required |
| 18.08M | High visibility outwear | No written directive as required |
| 18.09 | Vehicle Escorts | No written directive as required |
| 18.10M | Use of roadblocks | No written directive as required |
| 18.11M | School crossing guards | Not applicable |
| 18.12 | Non-Sworn personnel directing traffic | No written directive as required |
| 18.13M | Vehicle towing | No written directive as required |

Chapter 19 Criminal Intelligence

| | | |
|--------|---|----------------------------------|
| 19.01M | Procedures for ensuring the integrity of intelligence | No written directive as required |
| 19.0M | Safeguarding criminal intelligence | No written directive as required |

Chapter 20 Misconduct Complaints

| | | |
|--------|---|---|
| 20.01M | Complaint processing procedures | No written directive as required Proofs provided for Y1 appear to be sufficient. No proof for Y2 No written directive as required. Y1 proof is problematic. The standard requires that members be provided written notice of the allegations AND the member's rights. Proof provided does not show written copy of LEO Bill of Rights |
| 20.02M | LEO Bill of Rights issued to member's under investigation | No written directive as required |
| 20.03 | Specifies what examinations may be used in an IA investigation | In compliance |
| 20.04M | Written notification of findings to involved member and complainant | |

Chapter 21 Prisoner/Detainee Transport

| | | |
|--------|--|----------------------------------|
| 21.01 | Prisoner Transportation procedures | No written directive as required |
| 21.02M | Detainees searched prior to transport | No written directive as required |
| 21.03M | Transport vehicles searched before and after transport | No written directive as required |
| 21.04M | Restraining devices | No written directive as required |
| 21.05 | LE action while transporting | No written directive as required |
| 21.06M | Escape from custody procedures | No written directive as required |
| 21.07M | Security procedures at medical facility | No written directive as required |
| 21.08M | Security procedures at jail | No written directive as required |

Chapter 22 Holding Facilities

| | | |
|--------|--|--|
| 22.01M | Holding facility conditions | No written directive as required |
| 22.03M | Holding facility operating procedures | No written directive as required |
| 22.04M | Processing procedures for detainees | No written directive as required |
| 22.05M | Continuous supervision | No written directive as required |
| 22.06M | CCTV in holding areas | No written directive as required |
| 22.07M | Separation of males, females and juveniles | No written directive as required |
| 22.08M | Medical assistance needed | No written directive as required |
| 22.09M | Posting of medical procedures | |
| 22.10m | Self-destructive, ill or injured prisoners | No written directive as required |
| 2.11M | Escape from facility | No written directive as required |
| 22.12M | Training required for booking area | No written directive as required No proof for Y2 |
| 22.13M | First Aid kit present and inspected monthly | No proof for Y2 |
| 22.14M | Group arrests | No written directive as required |
| 22.15M | Immovable object requirement | No written directive as required |
| 22.16M | Staff observation on a continual basis | No written directive as required |
| 2.17M | Opposite sex of detainees to supervising personnel | No written directive as required |

Chapter 23 Court Security

Not applicable

Chapter 24 Civil Process

| | | |
|--------|---|---|
| 24.01M | Service of DV injunctions | No written directive as required |
| 24.02M | Procedures for service of civil process | No written directive as required |
| 24.03M | RPO's | No written directive as required. Proofs provided appear to be sufficient |

Chapter 25 Communications

| | | |
|---------|---|---|
| 25.01M | Communications Center security | No written directive as required |
| 25.02 | TTY & TRS call procedures | No written directive as required |
| 25.03M | Continuous recording of phone and radio | No written directive as required |
| 25.04M | Audio playback of phone & radio transmissions | No written directive as required |
| 25.05M | Misdirected emergency and hang up calls | No written directive as required |
| 25.06M | Immediate staff contact information availability | No written directive as required |
| 25.07M | Procedures for contacting outside sources | No written directive as required |
| 25.09M | Procedures for radio transmission with field units | No written directive as required Proof provided is inadequate |
| 25.12M | Procedures for non-English speaking callers | No written directive as required |
| 25.15M | 911 Tele communicator Training course | No written directive as required - Proofs are questionable to demonstrate compliance with the standard. |
| 25.16 | Qualified interpreter for deaf and hearing impaired callers | No written directive as required |
| 26.01M | Central Records function procedures | No written directive as required |
| 26.02M | Procedures and authority for report distribution | No written directive as required |
| 26.03M | <measures to ensure the privacy and security of the central records are | No written directive as required |
| 26.04M | Procedures for computerized central records | No written directive as required |
| 26.008M | Confidentiality of juveniles records | No written directive as required |
| 26.08M | Collection, dissemination and retention of juveniles records | No written directive as required |
| 26.09M | Incident reporting procedures | No written directive as required No proof for YD |

Chapter 27 Property & Evidence

| | | |
|--------|--|---|
| 27.01M | Collecting and processing evidence procedures | No written directive as required |
| 27.02M | Chain of custody procedures | No written directive as required |
| 27.03M | Crime Scene Technician training | No written directive as required |
| 27.06M | Property & Evidence storage security and access | No written directive as required |
| 27.07M | Procedures for the acceptance and release of narcotics, | No written directive as required |
| 27.08M | Refrigerated storage for perishable items of evidence; | No written directive as required |
| 27.09M | Securing evidence after hours procedures | No written directive as required |
| 27.10M | Records system to record all items of property and evidence | No written directive as required |
| 27.13M | Evidence custodians accountability Procedures for property and evidence held by the agency to include: Logging into agency records within a specified timeframe;-- Placing under the property and evidence function before the officer's tour of duty ends;-- Exceptional circumstances that allow items to be secured and submitted after the officer's tour of duty, with documented supervisory approval;-- | No written directive as required. No Y2 annual examination. No Y1 or Y2 annual inventory report |
| 27.15m | A description of each item and the circumstances it came into the agency's possession;-- Guidelines for packaging and labeling prior to submission;-- Extra security measures for handling exceptional, valuable, or sensitive items; i.e. currency, precious metals, jewelry, weapons, and drugs;-- Efforts to identify and notify the owner or custodian; and-- Procedures for release of property and/or evidence.-- | No written directive as required |

Chapter 31 Interviews Rooms

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| 31.01m | Continuous supervision | CFA permits agencies that maintain continuous supervision of detainees in interview rooms to claim not applicable status to this standard. There is simple note stating that fact however since this is not memorialized in a written directive it is NOT agency policy. Needs a written directive establishing a policy of continuous supervision. |
|--------|------------------------|---|

Chapter 32 Technology

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| 32.01M | Procedures for agency computer hardware and software | No written directive as required |
| 32.02M | Mobile Recording devices. BWD & In-Car video systems | Directive only address BWC |
| 32.03 | Unmanned aerial vehicles, | Not applicable as the agency does not have any such devices |
| 32.04 | Automated License Plate Recognition Systems, | No written directive as required. Training proof is insufficient |
| 32.05 | Social Media | No written directive as required |