

## Assessor Guidelines

Accreditation is the ongoing process whereby agencies evaluate their policy and procedure against established standards and demonstrate compliance with those standards verified by an independent and authoritative body.

The standards provide policy development guidelines that represent a level of professional quality service delivery. The true indicator of compliance, however, lies within an evaluation by trained, independent professional peers. The establishment of meaningful and professional standards and an evaluation for compliance to those standards are the two main fundamentals of an accreditation program. The goal of the Assessment Team is to render an opinion as to whether the applicant agency is in compliance with these standards as set forth by the North Carolina Law Enforcement Accreditation (NCLEA) program.

NCLEA standards are guidelines for *what* an agency should do, and do not tell the agency *how* it should be done. It is not the role of the Assessment Team or NCLEA to dictate an agency's policy. This remains the sole responsibility of the agency's Chief Executive Officer under local or state governmental authority.

### **Confidentiality and Disclosure**

Assessors will be provided with a great deal of information from the Candidate Agency. All information reviewed during an Assessment Assignment with NCLEA is to remain confidential. This is important to remember for the integrity of the program. If you have had a professional or fiduciary relationship with the Candidate Agency, you should recuse yourself from the Assessment and immediately notify the NCLEA Program Manager that there is a conflict of interest with the Candidate Agency, so another assessor can be assigned to the assessment. All assigned Assessors will complete a Confidentiality and Disclosure form.

### **Pre-Assessment**

After an Assessment Team has been assigned to an agency, contact should be made with the agency Accreditation Manager to set up a Teams Meeting with the agency CEO and the Accreditation Manager. This meeting should occur approximately 45 days prior to the actual On-Site visit by the Assessment Team. The Assessment Team should review the Public Notice to be posted by the Candidate Agency on their website and social media. The actual date of the access of the electronic files will be agreed upon, however, it should be approximately 30 days prior to the On-Site date.

### **Required Agency Information**

The assigned Team Leader will request specific information from the Candidate Agency. It is recommended that this request be done in the form of an email to document the request. This information will be included in the final report and should be received approximately 30 days prior to the On-Site visit. Requested information should include the following:

## Assessor Guidelines

- Community and agency history
- CEO profile
- Population and demographics
- Type of government (including names of local elected and appointed executive and legislative officials)
- Agency's Organizational Chart
- Number of all agency staff (including full-time and part-time sworn and civilian)
- Agency Mission or Values Statement
- Significant cases, events, and programs
- Recent agency successes and future issues or any challenges the agency is facing
- Copies of Annual Reports during the most recent accreditation cycle\*\*

\*\*Note - Not required on initial On-Site.

The assigned Team Leader will share this information with the Assessment Team.

### **Electronic File Review**

The assessment process begins with an off-site review of the agency's electronic files. The Candidate Agency should provide electronic file access to the Assessment Team at least 30 days prior to the On-Site date. The Assessment Team Leader will assign files to Team Members for review, ensuring all standards are assigned. File reviews should be completed no later than 21 days prior to the On-Site date. During the review process, assessors are encouraged to communicate with each other and with the Accreditation Manager if clarification is needed on any file. Each Assessor should indicate if the assigned standard complies or add notes if the file needs additional information.

Assessors may make suggestions for additional "proofs" of compliance where necessary to facilitate a smooth assessment. The file review process for all standards requiring written documentation is to be completed prior to the On-Site date unless arrangements are made in advance with the Assessment Team to view the actual proof while at the agency. The other exceptions would be if proof of compliance would come from an interview on-site or an observation on-site.

## Assessor Guidelines

If during the file review the Assessment Team determines that the amount of work needed to correct the files is too much for the agency to complete prior to the On-Site visit, the Team Leader will immediately contact the NCLEA Program Manager. The NCLEA Program Manager, after consultation with the Team Leader, will determine if the On-Site visit should be postponed. The NCLEA Program Manager will meet with the Candidate Agency CEO and AM should this occur.

### Compliance/Non-Compliance Terms

For each standard the assessment team will mark the status of the files as follows based on their findings:

**In Compliance**-Adequate documentation has established proof that the standard has been met.

**Not In-Compliance**-Inadequate documentation exists to demonstrate compliance with the standard. All files not in compliance should be reviewed by all members of the assigned Assessment Team.

**N/A**-standards or bullet points that do not apply to the agency. The reasons for the standard being marked N/A should be documented.

**Wet Ink Directives**-The directive addressing the standard is so new that there is no proof available. If there have been no occurrences, then the Accreditation Manager should document the file with a Simple Note or Memo stating no occurrence.

**Applied Discretion**-Assessors should use their judgment and personal knowledge based on their contact during the actual visit at the agency to judge that the agency has revised policy or procedures to bring the agency in compliance with a particular standard.

**File Repairs**-CEOs and AMs may supplement the files with additional documentation during the electronic file review and prior to the On-Site visit to prove compliance. Examples may include additional or revised directives, executive memos, etc. AM's should correct all files at least one week prior to the On-Site.

### CALEA or IACLEA Accredited Agency

If the Candidate Agency is currently CALEA or IACLEA accredited, the Accreditation Manager will forward the most recent CALEA or IACLEA On-Site Report to the Assessment Team. Any annual reports completed during the agency's current accreditation cycle should also be sent to the Assessment Team. The Candidate Agency should provide the reports to the Assessment Team at least thirty (30) days prior to the On-Site date.

## Assessor Guidelines

The Assessment Team will review the reports to verify that the agency complies with all applicable standards. If there were future issues noted in the reports, the assessors will review this information with the agency to ensure that corrections have been implemented and that the agency is currently compliant with the standard(s) noted.

### **On-Site Agency Visit**

#### **Department Tour**

The CEO, Accreditation Manager, or other staff members will escort the Assessment Team on a tour of the facility. The Assessment Team will use the tour to confirm observable standards and meet agency members. It is not necessary for the agency to prepare a static display however, that decision is up to the agency's CEO.

#### **Staff Interviews/Ride a-longs**

The Assessment Team should attempt to interview or ride along with as many agency members or officials necessary to confirm compliance with procedures, without burdening the agency's operation.

#### **Public Information and Feedback**

The agency needs to provide adequate opportunity for interested parties to comment on its operations. This is accomplished by publishing the Public Notice welcoming input from the public and local media concerning the agency's operations regarding the standards. This will be completed by offering the public the opportunity to send written comments via email or a letter in the mail. NCLEA staff will forward all emails and scanned letters to the Team Leader.

#### **Exit Interview**

The Assessment Team will conduct an exit interview with the CEO, Accreditation Manager, and any staff members that the CEO would like to include. The Assessment Team will share findings with the CEO during the exit interview. The Assessment Team Leader will make it clear the final decision to award accreditation will be made by the appropriate Commission.

#### **NCLEA Agency Final Report**

The Assessment Team Leader will prepare a comprehensive report containing the required information in the format provided by the NCLEA Program Manager. Each assigned assessor is responsible for writing Chapter Summaries (2-3 paragraphs) using information from the chapters they were assigned to review, and information received during the on-site. These summaries shall be forwarded to the Team Leader within 5 days of the on-site. The Team Leader is responsible for the final report, which includes the Chapter Summaries from assigned Assessors.



## **Assessor Guidelines**

The Team Leader will forward a draft of the final report to the NCLEA Program Manager within 10 days after the agency On-Site visit. The NCLEA Program Manager will review and edit the report as needed, coordinating with the Team Leader and the Candidate Agency to ensure accuracy. Once the NCLEA Program Manager approves the final report, it will be submitted to the agency CEO and the Chair of the NCLEA Accreditation Committee. This will normally occur within 30 days after the agency On-Site visit.