

**ARKANSAS ASSOCIATION OF CHIEFS OF POLICE**  
**ARKANSAS LAW ENFORCEMENT ACCREDITATION PROGRAM**  
**ANNUAL REPORT**

Due March 1st of each year after Accredited status.

**Agency:**

**Report Year:**

**Current C.E.O:**

**Contact Number:**

**Current Program Manager:**

**Contact Number:**

**Current Sworn Strength Authorized:**

**Current Sworn Actual:**

**Current Non-Sworn Authorized:**

**Non-Sworn Actual:**

Please answer the following questions regarding your department operations since your Accreditation Award Date or your last Annual Report. Updated Proofs of Compliance for all Standards must be prepared during the fourth year (prior to the expiration of your current Accreditation Award) and an On-Site Review completed for renewal of Accredited status.

**I. Policy or Organizational Changes**

**During the past year:**

1. Did you make any changes in your Deadly Force policy? Yes No
2. Did you make any changes in your Vehicle Pursuit policy? Yes No
3. Did you make any changes in any other departmental written directive used as a Proof of compliance with Biased Based Policing? Yes No
4. Have you made any changes to your organizational structure(1.01)? Yes No

**If so, please explain and attach a copy of the policy revisions.** Changes in organizational structure to improve efficiency. Current organizational chart effective 01 January 2018. See attached.

**II. Administration**

**During the past year:**

1. If you promoted any new Supervisors, was Supervisor Training conducted (3.08)? Yes No NA
2. Has every member of the Department received an annual Performance Evaluation (4.08)? Yes No

3. Was there a Review conducted of the agency's Emergency Operations Plan (8.07)? (Required every two years.)  Yes  No

If you answered No to any of the above, please explain:

### **III. Performance Activities**

During the past year:

1. Have all sworn members of your department qualified at least twice with all firearms they are authorized to carry (3.01)?  Yes  No
2. Have all of the sworn officers in the department received annual training on the use of deadly force and the use of the firearms they are authorized to carry (3.02)?  Yes  No
3. Have all sworn officers firearms been inspected (3.03)?  Yes  No
4. Have all employees and volunteers received the required training necessary for CLEST requirements (306/3.07)?  Yes  No
5. If you have an Emergency Response Team, was training conducted according to the schedule indicated in your Written Directives (3.09)?  Yes  No  NA
6. If your agency uses a Confidential or Narcotics Buy Fund, was it audited to ensure proper operation at least every quarter (7.14)?  Yes  No  NA
7. Was agency Special Use equipment inspected biannually (7.27)?  Yes  No  NA
8. If you have an Emergency Response Team, was their equipment inspected at least quarterly (8.04)?  Yes  No  NA
9. If you are responsible for Courtroom Security, was the Fire Evacuation Plan discussed with Court employees (11.03)?  Yes  No  NA
10. Did the department conduct an inventory of the Property Room (12.08)?  Yes  No
11. Did you conduct training and have all officers qualify with less than lethal weapons that they are authorized to carry this year (3.04)? (Required every two years)  Yes  No
12. Has your agency completed its required Racial Profiling Report and submitted it to your governing body (13.16)?  Yes  No

If you answered No to any of the above questions, please explain:

#### **IV. Facility Modifications**

During the past year:

1. Have you changed facilities? Yes No

2. Have you made any physical changes to your:

Property Room? Yes No NA

Communications Center? Yes No NA

Holding Facility? Yes No NA

If you answered Yes to any of the above questions, please explain and describe the actions taken to maintain compliance with Best Practices in those areas.

#### **V. Required Reports**

In addition to the above status report, Accredited Agencies are required to submit a report to the CEO of the Agency. Copies of the below required reports are to be submitted with this ALEAP Annual Report.

Annual Analysis of Bias Based Policing (2.01) Yes No

Annual Analysis of Response to Resistance(Use of Force)(6.10) Yes No

Annual Analysis of Pursuits (7.16) Yes No

Annual Analysis of Accidents and Injuries (4.10) Yes No

Annual Report of Property Room Inspection (12.07) Yes No

Annual Report of Property Room Inventory (12.08) Yes No

If you answered No to any of the above questions, please explain:

#### **VI. Other Issues**

1. Is your agency currently in compliance with all applicable Standards? Yes No

If No, please explain:

2. During the past year, have there been any instance where you feel your agency was not in compliance with applicable standards? Yes No

If Yes, please explain:

#### **VII. Certification**

**I hereby certify that this agency can demonstrate ongoing compliance with all applicable Recognition Program Standards except as indicated above.**

**Chief Executive Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Prepared By:**

\_\_\_\_\_

**ALEAP Use Only:**

**Received Date:** \_\_\_\_\_

**Approved Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

**Email this report back to the Agency Program Manager after the final approval for the agencies records.**

\_\_\_\_\_