

KENTUCKY ASSOCIATION OF CHIEFS OF POLICE ACCREDITATION APPLICATION

AGENCY NAME		ORI
STREET ADDRESS		MAILING ADDRESS
CITY	COUNTY	ZIP CODE
E-MAIL		ADMINISTRATIVE TELEPHONE
CHIEF EXECUTIVE OFFICER		TITLE
PROGRAM MANAGER		TITLE

ELIGIBILITY

All law enforcement agencies having a primary responsibility for the enforcement of Kentucky Revised Statutes and or County or City ordinances are eligible for accreditation. Questions of eligibility will be resolved by the KACP Executive Committee.

AGENCY PROFILE QUESTIONNAIRE

The agency Profile Questionnaire is designed to provide information about your agency. The information will be utilized by the KACP and your accreditation assessment team to better understand your agency needs. It may also be used to provide a general profile of agencies attempting to upgrade standards of law enforcement across Kentucky.

AGREEMENT

With this application we agree to adopt and utilize policies in compliance with the Professional Standards adopted by the KACP. We further agree that we will assist the assessors assigned to make the assessment of compliance of our agency. Professional law enforcement personnel will conduct the inspection and we agree to allow them access to our department records and personnel for purposes of assessment.

We understand the commitment our agency will be making in order to work with the KACP and accept all of the above.

This report is subject to the provisions of the Freedom of Information Act and may be subject to review by third parties.

_____ BY: _____
DATE AUTHORIZED SIGNATURE TITLE

PRINTED NAME

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Departmental accreditation committee contacts

NAME	TITLE

1. COMMUNITY DATA

WHAT TYPE COMMUNITY DOES YOUR AGENCY PRIMARILY SERVE?

CITY COUNTY STATE OTHER _____

URBAN RURAL SUBURBAN OTHER _____

WHAT IS THE POPULATION OF YOUR JURISDICTION? _____

II. AGENCY DATA

LIST CURRENT BUDGET TOTAL AND BUDGET FOR LAST 3 YEARS:

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

LIST THE HOURS OF OPERATION OF YOUR AGENCY: 24 HOURS 7 DAYS

OTHER _____

LIST ANY SATELLITE STATIONS, SUB-STATIONS, OR OUTSIDE FACILITIES (STORAGE, FIRING RANGE, TRAINING FACILITIES, ETC.):

LIST OUTSIDE AGENCIES WHICH PROVIDE SERVICES TO YOUR JURISDICTION:

NAME OF AGENCY'S LIABILITY INSURANCE CARRIER: _____

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2. PERSONNEL

LIST ALL PERSONNEL EMPLOYED BY YOUR AGENCY:

	20____	20____	20____
FULL TIME SWORN PERSONNEL			
PART TIME SWORN PERSONNEL			
RESERVE/AUXILIARY			
SEASONAL SWORN			
CIVILIAN			
OTHER			

3. TRAINING

DOES YOUR AGENCY HAVE A FIELD TRAINING PROGRAM?

NO YES IF YES, LENGTH OF TRAINING: _____

HOW OFTEN DO OFFICERS RECEIVE IN-SERVICE FIREARMS TRAINING?

HOW OFTEN DO OFFICERS RECEIVE IN-SERVICE TRAINING?

4. OPERATIONS

DATE OF LAST MAJOR REVISION/UPDATE OF POLICIES AND PROCEDURES _____

DOES YOUR DEPARTMENT HAVE THE FOLLOWING WRITTEN POLICIES?

POLICY	YES	NO
FISCAL MANAGEMENT		
INVENTORY AND ACCOUNTABILITY OF EVIDENCE AND PROPERTY		
PERSONNEL RECRUITMENT AND SELECTION		
PSYCHOLOGICAL SCREENING OF APPLICANTS		
PERFORMANCE EVALUATIONS		
DISCIPLINE		
PROMOTION		
GRIEVANCES		
DEADLY FORCE		
NON DEADLY FORCE		
INTERNAL AFFAIRS		
PUBLIC INFORMATION/MEDIA RELATIONS		
BASIC TRAINING		
IN SERVICE TRAINING FOR SUPERVISORS/LINE OFFICERS		
PURSUIT		
ROADBLOCKS		

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POLICY	YES	NO
TRAFFIC ACTIVITY(ENFORCEMENT, TOWING, VEHICLE IMPOUNDMENT		
CRIMINAL INVESTIGATION CASE MANAGEMENT		
USE OF INFORMANTS		
CRIME SCENE OPERATIONS/MANAGEMENT		
DISASTERS AND UNUSUAL OCCURRENCES		
MUTUAL AID		
PRISONER TRANSPORT AND CUSTODY		
BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS		
JUVENILE OPERATIONS		
DOMESTIC VIOLENCE		
HANDLING MENTAL PATIENTS		

LIST THE MOST SERIOUS PROBLEMS NOW FACING YOUR ORGANIZATION:

LIST THE ASPECTS OF YOUR AGENCY'S ADMINISTRATION, TRAINING, AND OPERATIONS MOST IN NEED OF IMPROVEMENT:

5. OVERVIEW

LIST SPECIFIC BENEFITS YOU MOST HOPE TO GAIN BY MEETING THE REQUIREMENTS FOR KACP ACCREDITATION:
