

# **PLEAC Accreditation Key Points for 2026**

## **Administrative Manual**

### **1. CALEA Crosswalk Option**

- Agencies using the PLEAC–CALEA crosswalk option must complete a PLEAC assessment within 90 days unless the agency holds PLEAC Premier Status.
- For standards that are not CALEA-equivalent, the agency must provide two proofs of compliance for each standard.
- The four-year accreditation cycle cannot be extended beyond the 90-day window for the PLEAC assessment.

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## 2. Mock Assessments

- Do not schedule mock assessments too far in advance, especially for an initial accreditation assessment.
- Proofs of compliance must generally be:
  - Within 12 months of the PLEAC assessment
  - Maximum 18 months old

### Important Consideration:

- If a mock assessment occurs 3 months or more prior, the Mock Team may not accept Non-Occurrence MTFs (Memoranda of Proof for events that did not occur).
- The acceptance of Non-Occurrence MTFs is at the discretion of the PLEAC Assessment Team. The team may require the agency to re-evaluate whether a particular type of occurrence took place, even if it occurred as recently as the day before the onsite.

### Best Practice:

- Schedule the mock close enough to the official assessment to keep proofs current, but leave sufficient time after the mock to correct deficiencies found during the review.

### Reporting:

- Mock assessment reports and assessor notes must be submitted to PCPA staff by the agency, the Mock Assessment Team Leader, or both.

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## 3. Accreditation Manager (AM) Requirements

### Initial Assessment:

- The agency must have a PLEAC-trained Accreditation Manager (AM) in place before the initial PLEAC assessment.

### Re-Assessments:

- If an AM unexpectedly leaves, the agency may have a gap of up to 12 months before replacing the position.

### Recommendation:

- Agencies should maintain an AM succession plan to avoid disruptions in the accreditation process.

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## Assessor Manual

### 1. Applied Discretion

Applied Discretion may be considered when an agency has not fully complied with a standard during the accreditation period, but can provide:

- Adequate documentation explaining why compliance was not maintained.
- An explanation of corrective steps the agency has taken or plans to take.

#### Process:

- The Team Leader must evaluate whether a particular standard may be designated as Applied Discretion.
- After consulting with the assessor proposing the Applied Discretion designation and the Accreditation Manager, the Team Leader is responsible for making the final determination.
- When necessary, the Team Leader may consult with the PLEAC Program Coordinator to confirm the appropriateness of applying discretion.
- The rationale for the decision must be thoroughly documented in the Assessment Report.

#### Best Practice:

- Applied discretion shall be exercised cautiously and only when justified; it must not be applied indiscriminately.

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## 2. File Maintenance (FM) – Policy & Proofs

### Policy-related File Maintenance:

- Missing or incorrect policy content in the file is an FM.
- Adding the correct policy section or “piece” to the file resolves the FM.
- Minor highlights or references:
  - Extending a highlight is not an FM if the section exists.
  - If the highlight is missing or the assessor must search for the correct policy, it is an FM.

### Proof-related File Maintenance:

- FMs occur if:
  - Proofs of compliance are outside the date range, missing from the file, or do not demonstrate compliance
- Incorrect labeling or misassigned proofs are not FMs.
- Highlighting issues is not FMs unless they are grievous.
- Assessment Team suggestions that are not required for compliance should not be labeled as FMs.

### File Maintenance (FM) and Proof Requirements:

When a standard contains multiple bullet points, each bullet is considered a separate compliance requirement.

Example Scenario:

- An Accreditation Manager (AM) attached incorrect proof for three bullet points within one standard.
- The PLEAC assessment report reflected three File Maintenance (FM) issues.
- The AM believed it should be one FM, since it was within a single standard.

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## **3. Agency Point of Contact**

### **Accreditation Manager (AM) or Chief Executive Officer (CEO):**

- The official point of contact during the PLEAC assessment is either:
  - AM
  - CEO
- Assessment-related questions are directed to the AM, who will either:
  - Provide answers directly, or
  - Assign another agency staff member to clarify or resolve the issue.

### **Consultants:**

- Agencies may use a consultant for guidance, but cannot delegate any official responsibility during the assessment.
- Consultants may attend as silent observers, but their presence is not required.

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## Miscellaneous

### 1. Bridging Document (New Chief)

When a new Chief of Police is appointed, the use of a bridging document is optional, but it may be helpful during the transition period until all policies are reviewed and re-signed by the new Chief.

#### Recommended Approach:

- As each policy is reviewed, the new Chief's "signature" should be added to the policy document.
- This gradual review process allows policies to transition to the new administration without requiring immediate full re-approval.

#### Best Practice:

- Over time, within the next full 3-year assessment cycle, the new Chief should have reviewed all existing agency policies and acknowledged the document during the review process (reference Standard 1.4.3d).

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## **2. Access to PLEAC PowerDMS**

Agencies requiring access to the PLEAC PowerDMS site must obtain a Content Hub invitation.

- The Content Hub invite is sent by Sara.
- Once the invitation is received, the user can access the PLEAC PowerDMS resources and materials through the platform.