**2024 ANNUAL REPORT**

**Law Enforcement - Core Program**

An annual report shall be submitted to the Commission by January 31 each year. The annual report shall cover the preceding calendar year. The agency is responsible for notifying Commission staff of any major incident, event, or circumstance which may affect its standards compliance. The Core program is **only** available to agencies participating in Advanced Law Enforcement Accreditation with CALEA.

Please send your completed report electronically with any supporting documents to FLAccreditation@fdle.state.fl.us.

**Agency Name** Click here to enter text.

**Agency Address** Click here to enter text.

**Phone Number** Click here to enter text.

**Chief Executive Officer** Click here to enter text. **Email** Click here to enter text.

**Accreditation Manager** Click here to enter text. **Email** Click here to enter text.

**Has there been a change in the AM since the last annual report?** Choose an item.

**Number of Authorized Full-time Sworn Positions** Click here to enter text.

**Date of most recent reaccreditation** Click here to enter a date.

**Which version of the CFA manual are you using?** Click here to enter text.

**Which edition of the CALEA manual are you using?** Choose an item.

**What is your CALEA accreditation cycle?**  [ ]  3 Year [ ]  4 Year

**When was your most recent CALEA assessment**? Click here to enter a date.

(Attach a copy of the most recent assessment report if it occurred since the last annual report)

Did you receive conditions? Choose an item.

**If so, please provide details.**

Click here to enter text.

**A. Upon reaccreditation, law enforcement agencies are expected to remain in compliance with all applicable standards.** Please supply the following information:

1. If the agency is not in compliance with all applicable standards, please list the standard(s) and reason for noncompliance.

Click here to enter text.

**B.** **Agency Status Changes:** Has the agency experienced any of the following status changes since the last accreditation or annual report? Please explain if the changes impacted standard compliance. Click here to enter text.

[ ]  **Jurisdiction** (For example, your agency has or is in the process of contracting with a local municipality to provide services or your agency may be involved in a major reorganization or annexation project which may alter your service area)

[ ]  **Functions or responsibilities** (For example, your agency is merging with another agency, or your agency is absorbing non law-enforcement duties)

[ ]  **Local ordinances have been enacted that conflict with applicable standards or impact the agency**

 [ ]  **New labor contract or collective bargaining agreement**

**C. Significant Events:**

1. Have there been any negative media reports that a reasonable person could perceive as affecting the agency’s compliance with mandatory accreditation standards? Choose an item.

 **If yes, please explain.**

 Click here to enter text.

1. Have any events occurred that a reasonable person could perceive as negatively affecting the agency’s compliance with mandatory accreditation standards? Choose an item.

 **If yes, please explain.**

 Click here to enter text.

1. Is your agency under a consent decree, or under investigation by the Department of Justice or the Department of Labor? Choose an item.

 **If yes, please explain.**

 Click here to enter text.

1. Did your agency need to use a waiver for 2024? Choose an item.

**If yes, please explain.**

Click or tap here to enter text.

1. Has your agency had any significant personnel changes or personnel matters which could impact your agency’s ability to maintain accreditation? Choose an item.

 **If yes, please explain.**

 Click here to enter text.

**D. Chief Executive Officer’s Certification:**

 I hereby certify that I have reviewed all information contained within this report and to my knowledge all applicable accreditation standards are currently being complied with and practiced by the members of this agency, unless indicated above.

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 **Chief Executive Officer (Signature)** **Date**

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 **Chief Executive Officer (Print Name)**

**PREPARED BY:**

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 **Signature**  **Date**

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 **Print Name Telephone Number**