**2024 ANNUAL REPORT**

**Pretrial and Probation**

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.

Please send your completed report electronically to FLAccreditation@fdle.state.fl.us.

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

 [ ]  Pretrial [ ]  Probation [ ]  Pretrial and Probation

**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.

**Service Population** Click here to enter text.

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

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

**A. Upon reaccreditation, pretrial/probation agencies and institutions 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.

 [ ]  Functions or responsibilities

[ ]  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**