Kansas Law Enforcement Accreditation Program

Standards Manual

Edition 3

175 Standards

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Kansas Law Enforcement Training Center
11009 South Hornet Road
Hutchinson Kansas 67501
Email: kleap@kletc.org
Website: www.kletc.org

Disclaimer

This program includes voluntary standards for law enforcement agencies within the State of Kansas. The standards have been developed and approved by the Board Members appointed to the Kansas Accreditation Council (KAC). The standards are not meant as a substitute or replacement for any legal requirement that may apply to agencies involved in law enforcement services in the State of Kansas. The KAC recognizes that federal, state, and local law, collective bargaining agreements, administrative regulations, and local ordinances take precedence over these standards.

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ACKNOWLEDGMENTS

The Kansas Law Enforcement Training Center (KLETC) wishes to express appreciation to the Kansas Association of Police Chiefs (KACP) and the Kansas Sheriffs' Association (KSA). Their encouragement and cooperation were greatly appreciated in the development of the Kansas Law Enforcement Accreditation Program (KLEAP).

The Commission on Accreditation from Law Enforcement Agencies (CALEA), the Washington Association of Sheriffs & Police Chiefs, the Oklahoma Association of Chiefs of Police, and the Arizona Association of Chiefs of Police accreditation programs and standards, as well as programs and standards from several other states, served as models in the development of this project. However, the program reflects statutes and processes unique to Kansas and designed specifically for Kansas Law Enforcement Agencies. Many of the standards are consistent with or drawn from those developed by the above-mentioned organizations, which further validates the ongoing professionalization efforts of the law enforcement community.

The Kansas Law Enforcement Accreditation Program (KLEAP) was developed by and is directed by Kansas Law Enforcement Executives for Kansas Law Enforcement Agencies. The Kansas Law Enforcement Training Center (KLETC) serves as the facilitator of the KLEAP and appoints the Program Director to lead in the development and administrative management of the process. Bylaws were developed and approved to create the Kansas Accreditation Council (KAC). KLEAP is managed and directed by the KAC. The Program and Standards Manual represent the efforts and contributions of countless Council members' voluntary hours. The development and timely completion of this program would have not been possible without the combined hard work and unselfish dedication from Kansas Accreditation Council Members.

INTRODUCTION to Edition 3

INTRODUCTION TO EDITION 3

Accreditation is a continuous process through which law enforcement agencies evaluate their operations, policies, procedures, and practices against established professional standards and demonstrate compliance through independent assessment. Accreditation provides agencies with an objective framework for measuring performance, improving accountability, enhancing service delivery, strengthening risk-management practices, and promoting public confidence. While standards establish the expectations for professional practice, accreditation is ultimately achieved through demonstrated compliance and verified performance.

The Kansas Law Enforcement Agency Accreditation Program (KLEAP) was established to provide Kansas law enforcement agencies with a voluntary accreditation program that is affordable, attainable, and meaningful regardless of agency size, structure, or available resources. The Kansas Accreditation Council (KAC) is responsible for the development, maintenance, interpretation, and oversight of the accreditation process and the standards contained within this manual.

Edition 3 Overview

Edition 3 represents a comprehensive review and modernization of the KLEAP standards. Every standard and guidance section was evaluated to ensure the program remains relevant, measurable, assessable, and reflective of contemporary law enforcement practices.

The review focused on improving:

- Clarity;
- Consistency;
- Assessability;
- Usability;
- Agency flexibility;
- Documentation expectations; and
- Assessment consistency.

Edition 3 is primarily a modernization and clarification effort rather than a significant expansion of accreditation requirements. Most revisions reorganize, clarify, consolidate, or modernize existing requirements rather than create new accreditation obligations for participating agencies.

One of the most significant outcomes of the review was the transition from numerous checklist-style requirements to broader performance-based standards. As a result, Edition 3 reduces the number of assessable required elements by approximately 256, representing a reduction of nearly 30 percent. This change is intended to reduce the burden associated with proof collection while preserving accountability, risk-management principles, and professional expectations.

Key Improvements

Edition 3 introduces several enhancements designed to make accreditation more practical, understandable, and sustainable for Kansas law enforcement agencies.

These improvements include:

- Modernized language and terminology;
- Expanded guidance and implementation assistance;
- Increased reliance on performance-based standards;
- Reduced documentation burdens and proof requirements;
- Elimination of hidden compliance requirements;
- Improved assessment consistency;
- Addition of legal and regulatory reference sections, where appropriate;
- Improved organization and logical flow of standards; and
- Incorporation of emerging operational, legal, and technological issues when necessary.

The standards contained within this manual are intended to establish professional expectations while preserving the flexibility necessary for agencies to meet local needs. Kansas law enforcement agencies vary significantly in size, staffing, organizational structure, jurisdiction, and available resources. Accordingly, the standards establish what should be accomplished without unnecessarily prescribing how agencies must accomplish it. Chief Law Enforcement Executive Officers remain responsible for developing policies, procedures, and operational practices appropriate to their communities and organizational needs.

Edition 3 also includes the implementation of comprehensive model policies designed to support agencies in developing accreditation-compliant written directives. These model policies are intended to reduce policy-development burdens, improve understanding of accreditation requirements, and provide practical implementation guidance. This resource is expected to be particularly beneficial to agencies with limited administrative staff or agencies that do not have access to commercial policy-development systems. The model policies are provided as a resource on the KLEAP Website and may be adopted, modified, or supplemented as necessary to meet local operational, legal, and organizational needs.

Demonstrated Compliance

Edition 3 places increased emphasis on demonstrable compliance and documented performance. Written directives continue to serve as the foundation of accreditation; however, accreditation is intended to be more than policy development. Agencies are encouraged to view accreditation as a system of organizational accountability supported by documented actions, operational practices, training, inspections, evaluations, reviews, and other activities demonstrating implementation of agency directives.

The Kansas Accreditation Council recognizes that professional policing continues to evolve. New technologies, emerging community expectations, changing legal environments, and developing professional practices require

agencies to continuously evaluate and improve their operations. Edition 3 reflects the Council's commitment to maintaining an accreditation program that remains current, practical, and responsive to those changes while preserving the foundational principles of professionalism, accountability, effectiveness, and public service.

Accreditation does not guarantee the absence of errors, misconduct, litigation, or liability. Nor does it ensure crime-free communities. Accreditation does, however, provide agencies with a structured process for evaluating operations, identifying opportunities for improvement, implementing professional standards, and demonstrating a commitment to professional excellence. Agencies that achieve and maintain accredited status demonstrate a willingness to be measured against professional standards and to continually strive for improvement.

The ultimate goal of KLEAP remains unchanged: to strengthen Kansas law enforcement through a voluntary accreditation program that promotes professionalism, accountability, effectiveness, consistency, and public trust.

Edition 3 would not have been possible without the dedication of the Kansas Accreditation Council who contributed their time, experience, and expertise during the review process. Their commitment to advancing professional policing has ensured that KLEAP remains a practical, respected, and valuable accreditation program for Kansas law enforcement agencies.

To view a comprehensive breakdown of the changes from previous editions agencies shall refer to the **KLEAP Edition Change Crosswalk** on the KLEAP Website - Manuals, Forms, and Resources.

Chapter 1 - Agency Role and Authority

Section 1.1 - Agency Role

1.1.1 Oath of Office and Employment: [M]

A written directive requires at a minimum:

a. All personnel subscribe in writing to an oath of office or employment;
b. Execution of the oath prior to entering upon the duties of the office or employment;
c. The oath affirms support for the [(1)] Constitution of the United States and the [(2)] Constitution of the State of Kansas; and
d. Retention of the oath by the agency.

Guidance

This standard applies to all newly hired personnel, including sworn and non-sworn employees, hired after the agency's implementation of this requirement. Agencies are not expected to retroactively obtain oaths from personnel hired prior to the implementation of the requirement unless otherwise required by law or agency policy.

Agency procedures should identify:
- Personnel required to execute an oath of office or employment;
- When the oath must be executed;
- The content of the oath;
- The individual authorized to administer the oath, when applicable; and
- How the oath will be retained by the agency.

The oath should be executed before the employee begins performing official duties associated with the position.

The oath should affirm support for:
- The Constitution of the United States; and
- The Constitution of the State of Kansas.

Agencies may include additional language related to faithful performance of duties, compliance with applicable laws, ethical conduct, public service responsibilities, or other agency-specific requirements.

Agencies should maintain documentation demonstrating compliance with the oath requirement in the employee's personnel file or other designated records retention system.

Agencies may require personnel to execute a new oath upon promotion, appointment to a new office, reappointment, recommissioning, or other circumstances established by agency policy or law.

Documentation demonstrating compliance may include:
- Signed oath forms;
- Personnel files;
- Employment records;
- Appointment records;
- Commission records;
- Human resource records;
- New hire checklists;
- Personnel onboarding records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating newly hired personnel executed the required oath prior to assuming the duties of their office or employment and that the agency retained the oath. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 75-4308Oath Required For Public Officers And Employees
- K.S.A. 75-4309 Same; Falsifying Oaths Or Affirmations
- K.S.A. 75-4310 Oath Required For Public Officers And Employees; Administering; Filing
- K.S.A. 75-4312 Same; Persons Required To Take Oath; Time For Filing; Penalty
- K.S.A. 54-101 Officers Authorized To Administer Oaths
- K.S.A. 54-102 Procedures For Administration Of Oaths
- K.S.A. 54-103 Persons Having Conscientious Scruples May Affirm
- K.S.A. 54-104 Form Of Commencement And Conclusion Of Oaths
- K.S.A. 54-105 Falsifying Oaths Or Affirmations
- K.S.A. 54-106 Form Of Oath To Be Taken By Officer
- K.A.R. 106-3-6 Oath Required For Certification

1.1.2 Code of Ethics: [M]

A written directive requires at a minimum:

a. All agency personnel abide by a code or canon of ethics; and
b. That the code or canon of ethics is formally adopted by the agency.

Guidance

The purpose of this standard is to ensure all agency personnel understand and adhere to ethical principles that guide professional conduct, decision-making, and public service responsibilities.

A code or canon of ethics establishes expectations for integrity, honesty, accountability, impartiality, respect for constitutional rights, and the ethical exercise of authority. The agency should clearly communicate ethical expectations and provide personnel with guidance for recognizing and responding to ethical issues encountered in the performance of their duties.

Personnel should be informed of their responsibility to report misconduct, conflicts of interest, unlawful conduct, and violations of agency policy.

Agencies may adopt their own code or canon of ethics or formally adopt a recognized code of ethics established by a professional organization. Examples include:
- International Association of Chiefs of Police (IACP) Law Enforcement Code of Ethics;
- National Sheriffs' Association (NSA) Code of Ethics;
- Kansas Association of Chiefs of Police (KACP) Code of Ethics;
- Kansas Sheriffs' Association (KSA) Code of Ethics; or
- Other professionally recognized codes or canons of ethics.

Documentation demonstrating compliance may include:
- Agency-adopted codes or canons of ethics;
- Personnel acknowledgment forms;
- New hire orientation records; and
- Other records demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating the agency has adopted a code or canon of ethics and that personnel have acknowledged or otherwise been informed of the ethical standards applicable to their employment. The written directive itself does not constitute proof of compliance. If the agency elects to incorporate their Code or Canon of Ethics within their written directive, then the directive may be used as a proof.

Legal and Regulatory References
- K.S.A. 21-6002 Official Misconduct
- K.S.A. 46-237 Gifts To State Agencies, State Officers And Employees

1.1.3 Consular Notification and Access: [M]

A written directive establishes procedures to ensure compliance with consular notification and access obligations, in accordance with applicable international treaties, when a foreign national is arrested or detained. The directive includes, at a minimum:

a. Determination of consular notification eligibility *(e.g., citizenship status, arrest or detention status, mandatory notification countries, etc.);*
b. Consular notification requirements *(e.g., notification of rights, mandatory notifications, notification procedures, etc.);*
c. Consular access requirements *(e.g., communication, visitation, other consular access permitted by law, etc.);* and
d. Documentation requirements *(e.g., notifications, communications, visitation, access provided, date, time, method of notification, individual or consular office contacted, etc.).*

Guidance

This standard is intended to ensure compliance with Article 36 of the Vienna Convention on Consular Relations (VCCR), which provides foreign nationals the right to communicate with and have access to consular officials from their country of citizenship when arrested or detained.

Agency directives should establish procedures for determining whether consular notification obligations apply, providing required notifications, facilitating consular access when required, and documenting all notification and access efforts.

Determination of consular notification eligibility should include procedures for identifying a detainee's citizenship status and determining whether mandatory or optional consular notification requirements apply under applicable international treaties.

Consular notification requirements should address:
- Advising foreign nationals of their right to consular notification;
- Identifying countries requiring mandatory notification;
- Providing required notifications without unnecessary delay; and
- Compliance with applicable notification procedures.

Consular access requirements should address communication, visitation, and other consular access rights consistent with applicable law, security considerations, and operational requirements.

Agencies frequently address consular notification requirements but fail to provide guidance regarding consular communication, visitation, and access. Policies should address both obligations and provide personnel with clear procedures for facilitating consular access when required.

Agencies should ensure personnel have access to current consular notification resources, including:
- The U.S. Department of State Consular Notification and Access Manual;
- Lists of countries requiring mandatory notification;
- Current consular contact information; and
- Other resources necessary to facilitate compliance with applicable international treaty obligations.

Documentation requirements should establish procedures for documenting consular notifications, communications, visitation, and other access provided. Documentation should be sufficient to demonstrate compliance with applicable notification and access obligations.

Documentation demonstrating compliance may include:

- Arrest reports;
- Booking records;
- Detention records;
- Consular notification forms;
- Consular notification logs;
- Documentation of notification provided to the foreign national;
- Documentation of consular communication or visitation;
- Records identifying the consular office contacted;
- Correspondence with consular officials; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating personnel determined notification eligibility, provided required consular notifications, facilitated consular access when applicable, and documented those actions in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- Vienna Convention on Consular Relations, Article 36
- U.S. Constitution, Article VI, Clause 2 (Supremacy Clause)
- U.S. Department of State, Consular Notification and Access Manual
- U.S. Department of State, Consular Notification and Access Reference Card
- K.S.A. 22-2202 Definitions Applicable to Arrest and Criminal Proceedings
- K.S.A. 22-2401 Arrest by Law Enforcement Officer

Section 1.2 - Limits of Authority

1.2.1 Legal Authority Defined: [M]

A written directive addresses at a minimum:

a. The legal authority of sworn officers;
b. The jurisdictional boundaries within which sworn officers may exercise their authority; and
c. The responsibilities of sworn officers when exercising their authority.

Guidance

The purpose of this standard is to ensure agencies clearly define the legal authority, jurisdictional boundaries, and responsibilities of sworn officers. Clearly established authority helps ensure lawful, consistent, and effective enforcement actions while protecting the constitutional rights of the public.

The written directive should identify the legal basis granting authority to sworn officers and may include references to constitutional provisions, statutes, ordinances, administrative regulations, court decisions, or other applicable legal authorities.

Jurisdictional boundaries should clearly identify where sworn officers may exercise their authority and should address any concurrent, mutual aid, extraterritorial, extended, or otherwise authorized jurisdictional authority when applicable.

Officer responsibilities should address the lawful exercise of authority and emphasize compliance with constitutional standards, applicable laws, agency policy, and the protection of individual rights.

The authority granted to sworn officers carries a corresponding obligation to exercise that authority in a lawful, impartial, professional, and ethical manner consistent with agency policy and legal requirements.

Documentation demonstrating compliance may include:

- Arrest reports;
- Citation records;
- Notice to appear documentation;
- Custodial arrest documentation;
- Incident reports;
- Case reports;
- Miranda advisement documentation;
- Jurisdictional narratives contained within reports;
- Reports documenting extraterritorial, mutual aid, or concurrent jurisdiction activities;
- Officer field reports; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating sworn officers exercised their authority in a lawful manner, within applicable jurisdictional boundaries, and in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- U.S. Constitution, Fourth Amendment - Searches, Seizures, and Arrests
- Kansas Constitution Bill of Rights, Section 15 - Searches and Seizures
- K.S.A. 22-2202 Criminal Procedure Definitions
- K.S.A. 22-2401 Arrest by Law Enforcement Officer
- K.S.A. 22-2402 Temporary Detention, Questioning, and Protective Searches
- K.S.A. 12-4111 Municipal Court Jurisdiction *(Municipal Police Departments)*
- K.S.A. 12-4212 Enforcement of Municipal Ordinances *(Municipal Police Departments)*
- K.S.A. 19-813 Sheriff Duties and Responsibilities *(Sheriff's Offices)*
- K.S.A. 74-5622 Law Enforcement Authority and Jurisdiction
- K.S.A. 74-5605 Minimum Qualifications for Law Enforcement Officer Certification
- K.S.A. 74-5607a Provisional Law Enforcement Officer Certification
- K.S.A. 74-5611a Continuing Education and Annual Training Requirements
- K.S.A. 74-5616 Grounds for Certification Discipline, Suspension, or Revocation

1.2.2 Constitutional Compliance: [M] [KSA]

A written directive establishes procedures to ensure compliance with applicable constitutional requirements and, at a minimum, addresses:

a. Investigative contacts with individuals *(e.g., field interviews, interviews, interrogations, etc.)*;
b. Protection of constitutional rights during criminal investigations *(e.g., access to counsel, due process, self-incrimination protections, etc.);* and
c. Electronic recording of custodial interrogations conducted at a place of detention, when required by law.

Guidance:

The purpose of this standard is to ensure agencies establish procedures that comply with applicable constitutional, statutory, and legal requirements governing law enforcement contacts, interviews, interrogations, access to counsel, and the protection of individual rights.

Agency directives should clearly describe how constitutional protections are applied in practice and establish safeguards to ensure statements, admissions, confessions, and other information are obtained lawfully and voluntarily.

Written directives should address, as applicable:

- Advisement of constitutional rights;

- Voluntary, knowing, and intelligent waivers of rights;
- Access to legal counsel;
- Consensual encounters;
- Field interviews;
- Temporary detentions;
- Custodial interviews;
- Interrogations;
- Documentation of interviews and interrogations; and
- Electronic recording requirements.

For purposes of this standard, protection of constitutional rights during criminal investigations may include:

- Access to legal counsel;
- Due process protections;
- Protections against self-incrimination;
- Protection against unreasonable searches and seizures;
- Equal protection under the law;
- Voluntary statements and confessions; and
- Other constitutional rights applicable to criminal investigations.

For purposes of this standard:

- **Due process** generally refers to the requirement that individuals be treated fairly and in accordance with established legal procedures and constitutional safeguards.
- **Self-incrimination protections** generally refer to an individual's right not to be compelled to provide statements or evidence against themselves in violation of constitutional requirements.

Field interview procedures should provide guidance regarding when such encounters are appropriate, how they differ from custodial questioning, and how information obtained during the encounter is documented.

Bullet (c) reflects requirements established in K.S.A. 22-4620 regarding the electronic recording of custodial interrogations conducted at a place of detention. Agencies should ensure their written directives comply with applicable statutory requirements governing such recordings.

Nothing in this standard is intended to limit or diminish any constitutional, statutory, or procedural rights afforded to individuals under federal or Kansas law.

Documentation demonstrating compliance may include:

- Arrest reports;
- Incident reports;
- Investigation reports;
- Miranda advisement documentation;
- Waiver of rights forms;
- Interview documentation;
- Interrogation documentation;
- Audio recordings;
- Video recordings; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating interviews, interrogations, investigative contacts, advisements of rights, access to counsel, or electronic recording requirements were conducted in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Searches, Seizures, and Temporary Detentions
- U.S. Constitution, Fifth Amendment Self-Incrimination and Due Process Protections
- U.S. Constitution, Sixth Amendment Right to Counsel
- U.S. Constitution, Fourteenth Amendment Due Process and Equal Protection
- Kansas Constitution Bill of Rights, Section 10 Rights of the Accused and Right to Counsel
- Kansas Constitution Bill of Rights, Section 15 Protection Against Unreasonable Searches and Seizures
- Miranda v. Arizona, 384 U.S. 436 (1966) Custodial Interrogation and Advisement of Rights
- Terry v. Ohio, 392 U.S. 1 (1968) Temporary Detention and Protective Searches
- K.S.A. 22-2402 Temporary Detention, Questioning, and Protective Searches
- K.S.A. 22-4620 Electronic Recording Requirements for Custodial Interrogations Conducted at a Place of Detention
- K.S.A. 75-4351 Prohibition Against Racial or Other Biased-Based Policing
- KS-CPOST Policy 202 Electronic Recording of Interrogations

1.2.3 Search and Seizure: [M]

A written directive governs procedures for search and seizure, with and without a warrant, in accordance with applicable state and federal law and, at a minimum, addresses:

a. Warrantless searches *(e.g., consent searches, temporary detention and protective searches, motor vehicle searches, exigent circumstances searches, searches incident to lawful arrest, etc.);* and
b. Searches conducted pursuant to a search warrant *(e.g., residence searches, business searches, narcotics investigations, digital evidence searches, evidence recovery operations, search warrant service operations, etc.)*.

Guidance

The purpose of this standard is to ensure agencies establish procedures that comply with applicable constitutional, statutory, and legal requirements governing searches and seizures conducted with or without a warrant.

Agency directives should provide personnel with guidance regarding the lawful authority, scope, limitations, documentation, and execution requirements associated with searches involving persons, vehicles, residences, property, and other areas where individuals possess a reasonable expectation of privacy.

Written directives should address, as applicable:
- Consent searches;
- Temporary detentions and protective searches;
- Motor vehicle searches;
- Exigent circumstances;
- Search warrants;
- Searches incident to lawful arrest;
- Seizure of evidence, contraband, and property;
- Inventory requirements;
- Documentation requirements; and
- Return of property when appropriate.

Agencies should ensure personnel understand the legal standards governing searches conducted pursuant to consent, probable cause, search warrants, lawful arrest, exigent circumstances, and other recognized exceptions to the warrant requirement.

For purposes of this standard, common warrantless searches may include:
- **Consent Searches** – Searches conducted with the voluntary, knowing, and intelligent consent of a person having actual or apparent authority to grant consent.

- Temporary Detentions and Protective Searches (Stop-and-Frisk) – Limited searches conducted when an officer has reasonable suspicion that criminal activity is occurring and reasonable suspicion that the individual may be armed and presently dangerous. Such searches are generally limited to locating weapons or addressing officer safety concerns.
- **Motor Vehicle Searches** – Searches of vehicles conducted under circumstances authorized by law, including consent, probable cause, searches incident to lawful arrest, inventory procedures, or other recognized legal authority.
- **Exigent Circumstances Searches** – Searches conducted without a warrant when immediate action is reasonably necessary to prevent physical harm, protect life or property, prevent the destruction of evidence, pursue a fleeing suspect, or address another emergency situation recognized by law.
- **Searches Incident to Lawful Arrest** – Searches conducted following a lawful arrest and generally limited to the arrestee, the area within the arrestee's immediate control, or other areas authorized by law.

The examples provided in this standard are intended to identify commonly encountered search and seizure situations and are not intended to limit an agency's procedures regarding other lawful search authorities recognized by applicable state or federal law.

Policies governing the execution of search warrants should address compliance with warrant conditions, inventory procedures, warrant returns, and other applicable legal requirements.

Examples of incidents likely to generate documentation demonstrating compliance with search warrant procedures include narcotics investigations, property crime investigations, digital evidence searches, fugitive apprehension operations, residence searches, business searches, and other investigations involving the execution of a judicially authorized search warrant.

Personnel should understand that evidence obtained in violation of constitutional or statutory requirements may be subject to suppression and may adversely affect criminal prosecutions.

Documentation demonstrating compliance may include:
- Search warrants;
- Search warrant returns;
- Affidavits for search warrants;
- Consent-to-search forms;
- Incident reports;
- Arrest reports;
- Investigation reports;
- Property reports;
- Evidence reports;
- Inventory records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating searches and seizures were conducted in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Searches And Seizures
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 22-2402 Temporary Detention, Questioning, And Protective Searches
- K.S.A. 22-2501 Search Incident To Lawful Arrest
- K.S.A. 22-2502 Through 22-2506 Search Warrant Issuance, Execution, Inventory, and Return Procedures
- K.S.A. 22-2509 Execution And Scope Of Search Warrants
- K.S.A. 21-5709 Seizure And Forfeiture Of Property Related To Controlled Substances
- Terry V. Ohio, 392 U.S. 1 (1968) Temporary Detention and Protective Searches Based On Reasonable Suspicion

- Schneckloth V. Bustamonte, 412 U.S. 218 (1973) Consent Searches
- Illinois V. Gates, 462 U.S. 213 (1983) Probable Cause And Search Warrant Standards
- Arizona V. Gant, 556 U.S. 332 (2009) Motor Vehicle Searches Incident To Arrest
- Carroll V. United States, 267 U.S. 132 (1925) Automobile Exception
- United States V. Leon, 468 U.S. 897 (1984) Good-Faith Exception

1.2.4 Unannounced (No-Knock) Entries: [M]

A written directive establishes procedures governing unannounced (no-knock) entries and, at a minimum, addresses:

a. Authorization for the use of unannounced (no-knock) entries *(e.g., judicial authorization, exigent circumstances, legal requirements, supervisory approval, etc.);*
b. Execution of unannounced (no-knock) entries *(e.g., officer safety considerations, occupant safety considerations, constitutional requirements, operational planning, risk assessment, tactical coordination, etc.);* and
c. Documentation requirements.

Guidance

The purpose of this standard is to ensure agencies establish procedures governing the use of unannounced (no-knock) entries that are consistent with applicable constitutional, statutory, and judicial requirements. Because these entries present significant risks to officers, occupants, and the public, they should be used only when legally justified and operationally necessary.

Agency directives should clearly distinguish between judicially authorized unannounced entries and those conducted under exigent circumstances. Policies should establish procedures governing authorization, operational planning, documentation, supervisory oversight, and administrative review.

Authorization procedures may address:
- Judicial authorization;
- Exigent circumstances;
- Supervisory approval;
- Operational planning requirements;
- Risk assessment considerations; and
- Other legal or agency requirements governing the use of unannounced entries.

Agencies should ensure personnel understand that announced entry is the preferred method of executing a warrant and that unannounced entries should be limited to circumstances where legal authority exists and the facts support their use.

Execution procedures should address officer safety, occupant safety, tactical considerations, communication requirements, and compliance with applicable constitutional and legal standards.

Documentation procedures should ensure sufficient information is recorded to demonstrate the legal basis for the entry, the manner in which the entry was conducted, and the outcome of the operation.

Nothing in this standard authorizes an unannounced entry beyond that permitted by applicable federal or Kansas law.

Documentation demonstrating compliance may include:
- Search warrant applications;
- Search warrants authorizing unannounced entries, when applicable;
- Operational plans;
- Incident reports;
- Search warrant return documentation;
- Administrative review documentation;

- Records documenting unannounced entries; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating authorized unannounced entries were conducted and documented in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Searches And Seizures
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 22-2502 Search Warrant Issuance
- K.S.A. 22-2505 Execution Of Search Warrants
- K.S.A. 22-2506 Inventory And Return Requirements
- Wilson V. Arkansas, 514 U.S. 927 (1995) Knock-And-Announce Requirement
- Richards V. Wisconsin, 520 U.S. 385 (1997) Case-Specific Justification For No-Knock Entries
- United States V. Banks, 540 U.S. 31 (2003) Reasonable Execution Timing
- Hudson V. Michigan, 547 U.S. 586 (2006) Knock-And-Announce Violations
- K.S.A. 22-2508 Use Of Force In Execution Of Search Warrant
- Brigham City V. Stuart, 547 U.S. 398 (2006) Exigent Circumstances
- Kentucky V. King, 563 U.S. 452 (2011) Exigent Circumstances

1.2.5 Arrests: [M]

A written directive establishes procedures for arrests and, at a minimum, addresses:

a. Arrests made with a warrant *(e.g., warrant service, bench warrant arrests, felony warrant arrests, misdemeanor warrant arrests, probation violation warrants, parole violation warrants, failure to appear warrants, etc.)*;
b. Arrests made without a warrant *(e.g., DUI, domestic battery, aggravated battery, theft, narcotics violations, disorderly conduct, driving while suspended, juvenile offenses, crimes committed in the officer's presence, etc.);*
c. Arrest documentation requirements; and
d. Processing arrested persons.

Guidance

The purpose of this standard is to ensure agencies establish procedures that comply with applicable constitutional, statutory, and legal requirements governing arrests and the processing of arrested persons.

Agency directives should provide personnel with guidance regarding arrest authority, probable cause requirements, arrest procedures, documentation requirements, and the protection of individual rights.

Written directives should address, as applicable:
- Arrests with a warrant;
- Warrantless arrests authorized by law;
- Verification of warrants;
- Probable cause requirements;
- Citation and release authority;
- Searches incident to arrest;
- Custody and transportation of arrested persons;
- Processing of arrested persons;
- Access to legal counsel;
- Consular notification requirements;
- Diplomatic, consular, or other legal immunities; and

- Arrest and detention procedures involving juveniles.

Personnel should understand that arrests constitute a significant deprivation of liberty and must be supported by lawful authority, conducted in a reasonable manner, and properly documented.

Documentation demonstrating compliance may include:
- Arrest reports;
- Incident reports;
- Citation records;
- Booking records;
- Custody records;
- Warrant verification records;
- Arrest warrant documentation;
- Juvenile custody documentation;
- Transportation records;
- Miranda advisement documentation; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating arrests were conducted pursuant to lawful authority, appropriately documented, and that arrested persons were processed in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Searches And Seizures
- U.S. Constitution, Sixth Amendment Right To Counsel
- Kansas Constitution Bill Of Rights, Section 10 Rights Of The Accused
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 22-2202 Criminal Procedure Definitions
- K.S.A. 22-2401 Authority To Arrest With Or Without A Warrant
- K.S.A. 22-2403 Use Of Force In Making An Arrest
- K.S.A. 22-2407 Citation And Release Authority
- K.S.A. 22-2501 Search Incident To Lawful Arrest
- K.S.A. 22-2714 Uniform Criminal Extradition Act
- K.S.A. 12-4212 Municipal Court Procedures Related To Arrest And Citation
- K.S.A. 38-2332 Custody And Detention Of Juveniles
- Vienna Convention On Consular Relations, Article 36 Consular Notification And Access Requirements

1.2.6 Biased Policing: [M] [TS] [KSA] [DT] [TRG]

A written directive shall include, at a minimum include:

a. A clear definition of racial or other biased policing;
b. A prohibition against any biased policing;
c. Documented (1) **initial** and (2) **annual training for officers** regarding racial or other biased policing, including (3) recognizing and avoiding improper profiling based on actual or perceived race, ethnicity, national origin, limited English proficiency, religion, gender, gender identity, sexual orientation, or disability;
d. A requirement for a (1) **documented annual administrative review** including a review of (2)agency practices, (3) complaints, and (4) community concerns related to biased policing. The administrative review shall include any (5) recommendations or actions resulting from the review, such as updates or changes to policies, procedures, or training;
e. **Procedures** for corrective measures if an investigation reveals biased policing occurred; and
f. A requirement to submit an **annual report** to the Office of the Attorney General by July 31, even if no complaints were received.

Guidance

The purpose of this standard is to ensure agencies maintain fair, impartial, and constitutional policing practices by prohibiting racial or other biased policing and promoting accountability through policy, training, administrative review, corrective action, and reporting requirements.

Agency directives should clearly communicate that law enforcement actions must be based upon lawful authority, objective facts, reasonable suspicion, probable cause, or other legally recognized factors, and not upon an individual's actual or perceived race, ethnicity, national origin, limited English proficiency, religion, sex, gender identity, sexual orientation, disability, or other protected characteristic, except when such characteristics are part of a specific suspect description.

Policies should establish procedures for receiving, documenting, investigating, and responding to allegations of biased policing and should clearly identify corrective actions that may be taken when violations are substantiated.

Personnel should receive initial and annual training regarding racial and other biased policing, applicable legal requirements, professional responsibilities, and methods for recognizing and avoiding improper profiling.

The annual administrative review should evaluate agency practices, complaints, training efforts, policy effectiveness, and any trends or issues identified during the reporting period. The review should be used to identify opportunities for policy, training, procedural, operational, or other organizational improvements.

Special Note: The annual report submitted to the Kansas Office of the Attorney General, as required by K.S.A. 22-4610, does not, by itself, satisfy the requirement for the documented annual administrative review contained in this standard. The administrative review is a separate agency process intended to evaluate agency practices, complaints, community concerns, policy effectiveness, training needs, and any resulting recommendations or corrective actions. The information contained in the annual report may be incorporated into the administrative review but should not replace it.

This standard incorporates requirements established by K.S.A. 22-4610, including written policy requirements, annual training, complaint review procedures, administrative review, corrective measures, and annual reporting to the Kansas Attorney General.

Important: This standard summarizes requirements established by K.S.A. 22-4610. Agencies should refer directly to K.S.A. 22-4610 for a complete description of statutory policy, training, administrative review, complaint review, corrective action, and reporting requirements. Compliance with this standard does not relieve an agency of its responsibility to comply with all provisions of the statute.

Documentation demonstrating compliance may include:

- Agency annual administrative review;
- Citizen complaint records;

- Internal complaint records;
- Complaint investigation reports;
- Training records;
- Policy revision records;
- Corrective action documentation;
- Annual reports submitted to the Office of the Attorney General;
- Correspondence with the Office of the Attorney General; and
- Other records demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating the agency implemented procedures for the prevention, reporting, investigation, review, training, corrective action, or annual reporting of racial or other biased policing in accordance with agency procedures and applicable law. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourteenth Amendment Equal Protection Under the Law
- U.S. Constitution, Fourth Amendment Searches, Seizures, and Enforcement Actions
- Kansas Constitution Bill Of Rights, Sections 1 And 15 Equal Rights and Protection From Unreasonable Searches and Seizures
- K.S.A. 22-4606 Definitions Relating To Racial and Other Biased Policing
- K.S.A. 22-4610 Agency Policy, Training, Complaint Review, Administrative Review, Corrective Action, and Reporting Requirements
- K.S.A. 75-4351 Prohibition Against Racial or Other Biased-Based Policing
- KS-CPOST Policy 101 Racial and Other Biased Policing
- Kansas Attorney General Racial and Other Biased Policing Reporting Requirements and Guidance

1.2.7 Duty to Intervene and Report: [M]

A written directive establishes, at a minimum, an affirmative duty for employees to:

a. Intervene when they observe or become aware of conduct that reasonably appears to involve *(e.g., excessive force, criminal conduct, unconstitutional behavior, misconduct, inappropriate activities, etc.);* and
b. Promptly report such conduct to the appropriate supervisor.

Guidance

The purpose of this standard is to ensure agency personnel actively uphold constitutional policing principles, professional accountability, and public trust by requiring appropriate intervention and reporting when unlawful, unethical, or improper conduct is observed.

Agency directives should clearly communicate that intervention and reporting are professional responsibilities applicable to all personnel, regardless of rank, assignment, tenure, or employment status.

Personnel should understand that intervention may include preventing, stopping, interrupting, de-escalating, or otherwise attempting to prevent misconduct when it is safe and reasonable to do so. When immediate intervention is not possible or appropriate, personnel should promptly report the conduct through established supervisory channels.

For purposes of this standard, conduct requiring intervention and reporting may include:
- Excessive force or other force that violates the Constitution, applicable law, or agency policy;
- Criminal conduct;
- Conduct that violates constitutional rights;
- Misconduct;
- Inappropriate activities; or
- Other conduct that would discredit the agency or the law enforcement profession.

Policies should establish procedures for:
- Identifying circumstances requiring intervention or reporting;
- Documenting reported misconduct;
- Supervisory review;
- Investigating reported misconduct, when applicable; and
- Protecting employees from retaliation when they intervene or report misconduct in good faith.

Kansas does not currently have a standalone statute establishing a duty to intervene. However, the principles underlying this standard are supported by constitutional policing requirements, federal civil rights law, professional ethical standards, and Kansas law governing law enforcement officer certification and conduct.

Documentation demonstrating compliance may include:

- Incident reports;
- Use of force reports;
- Administrative investigation files;
- Internal complaint investigations;
- Training records;
- Supervisory review documentation;
- Corrective action documentation, when applicable; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating employees intervened, reported misconduct, or that the agency investigated or reviewed reported conduct in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Searches And Seizures
- U.S. Constitution, Fourteenth Amendment Due Process And Equal Protection
- 42 U.S.C. § 1983 Civil Liability For Violations Of Constitutional Rights, Including Failure To Intervene In Certain Circumstances
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard Governing Use Of Force
- Tennessee V. Garner, 471 U.S. 1 (1985) Constitutional Limitations On The Use Of Deadly Force
- Kansas Law Enforcement Training Act, K.S.A. 74-5601 Et Seq.
- K.S.A. 74-5605 Minimum Qualifications And Standards For Law Enforcement Officer Certification
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification

1.2.8 Strip Searches: [M]

A written directive establishes procedures governing strip searches and, at a minimum, addresses:

a. Authorization for conducting strip searches *(e.g., legal justification, supervisory approval, statutory requirements, etc.);*
b. Privacy requirements;
c. Searches involving juveniles, if applicable; and
d. Required documentation.

Guidance

The purpose of this standard is to ensure agencies establish procedures governing the authorization, conduct, and documentation of strip searches. Because strip searches are among the most intrusive law enforcement actions, agency directives should emphasize constitutional protections, individual privacy, and compliance with applicable statutory requirements.

Agency directives should clearly identify the legal authority and circumstances under which strip searches may be conducted, establish appropriate privacy safeguards, and ensure searches are performed in a manner that protects the dignity and rights of the individual while maintaining officer safety.

Personnel should understand the distinction between a pat-down (frisk), a strip search, and a body cavity search, including the differing legal thresholds and procedural requirements applicable to each.

Policies should address procedures for searches involving juveniles, when applicable, and establish documentation requirements sufficient to demonstrate the legal basis for the search, personnel involved, items recovered, and any supervisory approvals required by agency policy.

Nothing in this standard authorizes a strip search beyond that permitted by applicable federal or Kansas law. Agencies should ensure their written directives remain consistent with current statutory and constitutional requirements.

Documentation demonstrating compliance may include:
- Arrest reports;
- Incident reports;
- Search reports or supplemental reports;
- Supervisory approval documentation, when required by agency policy;
- Juvenile reports, when applicable; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating strip searches were authorized, conducted, and documented in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Searches And Seizures
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 22-2501 Searches Incident To Lawful Arrest
- K.S.A. 22-2520 Definitions Applicable To Strip And Body Cavity Searches
- K.S.A. 22-2521 Strip Search Authorization, Limitations, Privacy Protections, and Reporting Requirements
- K.S.A. 38-2333 Juvenile Custody And Detention Procedures), When Applicable
- Bell V. Wolfish, 441 U.S. 520 (1979) Constitutional Standards Governing Strip Searches

1.2.9 Body Cavity Searches: [M]

A written directive establishes procedures governing body cavity searches and, at a minimum, addresses:

a. Authorization for conducting body cavity searches *(e.g., legal justification, warrants, court orders, or other legal authorization required by law);*
b. Arranging for the search to be conducted by licensed medical personnel, as required by law; and
c. Required documentation.

Guidance

The purpose of this standard is to ensure agencies establish procedures governing the authorization and facilitation of body cavity searches. Because body cavity searches are among the most intrusive law enforcement actions, agency directives should emphasize constitutional protections, applicable statutory requirements, and the limited role of law enforcement personnel in the process.

Agency directives should clearly identify the legal authority required before requesting a body cavity search and establish procedures for obtaining any warrant or other legal authorization required by law. Policies should also address the agency's responsibility for arranging the search to be conducted by licensed medical personnel, as required by applicable law.

Personnel should understand the distinction between a pat-down (frisk), a strip search, and a body cavity search, including the differing legal thresholds and procedural requirements applicable to each.

Nothing in this standard authorizes agency personnel to conduct body cavity searches beyond that permitted by applicable federal or Kansas law. Agencies should ensure their written directives remain consistent with current statutory and constitutional requirements.

Documentation demonstrating compliance may include:
- Search warrant applications and warrants, when applicable;
- Arrest reports;
- Incident reports;
- Supplemental reports;

- Medical authorization or documentation, when applicable;
- Supervisory approval documentation, when required by agency policy; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating body cavity searches were authorized, arranged, conducted by appropriate medical personnel when required by law, and documented in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- Fourth Amendment, U.S. Constitution Protection Against Unreasonable Searches And Seizures
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 22-2520 Definitions Applicable To Strip And Body Cavity Searches
- K.S.A. 22-2522 Body Cavity Searches; Warrant; Limitations
- Schmerber V. California, 384 U.S. 757 (1966) Constitutional Standards Governing Intrusive Bodily Searches and Seizures
- Winston V. Lee, 470 U.S. 753 (1985) Limits On Compelled Surgical Or Highly Intrusive Bodily Searches Under The Fourth Amendment

Chapter 2 - Management

Section 2.1 – Organization and Administration

2.1.1 Organizational Structure: [O]

A written directive establishes and, at a minimum includes:

a. The agency's organizational components *(e.g., bureaus, divisions, sections, units);*
b. The functions of the agency's organizational components *(e.g., routine patrol, responding to calls for service, conducting investigations, processing arrests, maintaining records, data entry, evidence processing, training personnel, supervising operations, etc.);* and
c. A requirement to maintain an organizational chart depicting the agency's current organizational structure.

Guidance

The purpose of this standard is to ensure the agency clearly defines its organizational structure, functions, and lines of authority to promote accountability, operational efficiency, effective communication, and unity of command.

Agencies may establish an organizational structure appropriate to their size, mission, resources, and operational needs. The written description and organizational chart should accurately identify the agency's organizational components, their respective functions, reporting relationships, and the distribution of authority within the agency.

Organizational components may include bureaus, divisions, sections, units, teams, specialty assignments, task forces, or other organizational elements established by the agency.

Functions and responsibilities may include, but are not limited to:

- Routine patrol;
- Responding to calls for service;
- Conducting investigations;
- Traffic enforcement;
- Records management;
- Data entry and records processing;
- Evidence collection and processing;
- Property and evidence management;
- Prisoner transportation;
- Training personnel;
- Administrative support; and
- Other duties assigned by the agency.

The organizational chart is not required to identify individual employees and may instead reflect positions, ranks, assignments, or organizational components. Agencies should ensure the organizational chart accurately reflects the agency's current organizational structure.

Documentation demonstrating compliance may include:

- Organizational charts that show last revision date;

Proofs of compliance should consist of the organizational chart required by this standard. The written directive itself may serve as proof of compliance for bullets (a) and (b) and does not constitute proof of compliance for bullet (c).

Legal and Regulatory References

None identified

2.2.1 Accountability, Responsibility, and Authority: [M]

A written directive establishes, at a minimum:

a. Unity of command, requiring each employee to report to only one supervisor at any given time;
b. Employee accountability for the proper use of delegated authority;
c. Authority necessary to carry out assigned responsibilities *(e.g., supervising personnel, conducting investigations, administering agency programs, approving reports, managing operations, etc.);* and
d. Supervisory accountability for the performance and conduct of employees under their immediate supervision.

Guidance

The purpose of this standard is to ensure the agency establishes clear lines of authority, accountability, and supervision by promoting unity of command and aligning responsibility with delegated authority.

Agency directives should clearly define reporting relationships, so personnel understand their supervisory chain of command, assigned responsibilities, and the authority delegated to perform those responsibilities. Employees should be accountable for actions taken within the scope of their delegated authority, while supervisors remain accountable for the performance, conduct, guidance, and oversight of personnel under their immediate supervision.

For purposes of this standard:
Employee accountability for the proper use of delegated authority means employees are responsible for actions and decisions taken within the scope of authority assigned to them by the agency. Delegated authority may include operational, administrative, supervisory, financial, technical, or other authority assigned through position, rank, assignment, designation, or policy.

Authority necessary to carry out assigned responsibilities means employees should be provided sufficient authority to effectively perform assigned duties and responsibilities. Agencies should ensure responsibility and authority are reasonably aligned to promote accountability, efficiency, and effective operations.

Examples may include:
- A supervisor directing personnel activities or terminating a vehicle pursuit in accordance with agency policy;
- An investigator making case-related decisions within the scope of an assigned investigation;
- A training coordinator administering agency training programs;
- Information technology personnel issuing agency-wide cybersecurity or phishing notifications;
- Facilities or maintenance personnel communicating operational impacts affecting agency facilities;
- Command staff approving expenditures, operational plans, or special assignments;
- Personnel authorized to approve reports, manage evidence, maintain records, or perform other assigned duties consistent with their responsibilities; and
- Other responsibilities accompanied by authority necessary to carry out assigned duties.

Nothing in this standard is intended to prevent temporary assignments, incident command structures, task force participation, special operations, or other operational circumstances where personnel may receive operational direction from designated individuals while maintaining an established supervisory relationship.

Documentation demonstrating compliance may include:
- Organizational charts;
- Duty assignments or position descriptions;
- Incident command documentation;
- Special assignment orders;
- Supervisory review or evaluation documentation;
- Administrative investigation files, when applicable;

- Agency-wide communications;
- Administrative directives;
- Delegation of authority memoranda; and
- Other documentation demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating employees exercised authority consistent with their assigned responsibilities and that the agency delegated sufficient authority to carry out assigned duties. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

2.2.2 CLEO Authority and Responsibility: [M]

A written statement issued by the governing authority, law, ordinance, resolution, or combination thereof designates the Chief Law Enforcement Executive Officer (CLEO) and grants the CLEO full authority over the agency. The designation shall, at a minimum, establish responsibility for:

a. Overall agency operations *(e.g., directing law enforcement services, operational decision-making, deployment of personnel and resources, emergency response activities, public safety operations, etc.);*
b. Agency administration *(e.g., personnel management, policy development and implementation, organizational planning, support services, training, accreditation activities, etc.);* and
c. Fiscal management *(e.g., budget development, budget recommendations, expenditure oversight, resource allocation, fiscal planning, grant administration, etc.).*

Guidance
The purpose of this standard is to ensure the Chief Law Enforcement Executive Officer (CLEO) is formally designated by the governing authority and granted the authority necessary to direct the agency. The designation should clearly establish the CLEO's responsibility for the overall operation, administration, and fiscal management of the agency.

The CLEO is typically the Chief of Police, Sheriff, Director, Marshal, or other individual designated as the chief executive officer of the agency.

For purposes of this standard:
- **Operations** refers to directing, coordinating, and controlling the agency's law enforcement services and public safety activities.
- **Administration** refers to managing the agency's internal functions, including personnel, policies, planning, organizational management, and support services.
- **Fiscal Management** refers to responsibility for developing, administering, recommending, monitoring, or otherwise managing the agency's fiscal resources. Fiscal management does not require the CLEO to possess final budget approval authority.

Compliance with this standard may be established through one or more official documents issued by the governing authority. Internal agency-written directives, standing orders, or policy manuals, by themselves, do not satisfy this standard.

Documentation demonstrating compliance may include:
- Governing authority documents establishing the CLEO's authority and responsibilities (e.g., statute, ordinance, charter, appointment, employment agreement, contract, or position description);
- Approved budget requests, budget recommendations, or other documentation demonstrating the CLEO's participation in fiscal management;
- Personnel action documents approved or authorized by the CLEO (e.g., hiring, promotions, discipline, terminations, transfers, or other personnel actions);

- Agency directives, administrative orders, or operational decisions approved by the CLEO;
- Documentation demonstrating the CLEO's approval of expenditures, contracts, or other fiscal decisions, when authorized by the governing authority;
- Meeting minutes, reports, memoranda, or other documentation demonstrating the CLEO's involvement in the administration and operation of the agency; and
- Other documentation demonstrating the CLEO is exercising the authority and responsibilities established by the governing authority.

Proofs of compliance should consist of records demonstrating the governing authority has designated the Chief Law Enforcement Executive Officer (CLEO) and granted the authority necessary to direct the agency's operations, administration, and fiscal management.

Legal and Regulatory References

- K.S.A. 19-801a County Home Rule Authority
- K.S.A. 19-813 Powers, Duties, And Responsibilities Of Sheriffs
- K.S.A. 15-204, 14-103, and 13-519 Municipal Authority To Establish And Regulate Police Departments
- K.S.A. 22-2401a Statewide And Extra-Jurisdictional Authority Of Law Enforcement Officers
- Applicable City Or County Ordinances Establishing The Office, Authority, And Responsibilities Of The Chief Of Police, Sheriff, Marshal, Director, Or Other Chief Law Enforcement Executive Officer
- Employment Agreements, Appointment Resolutions, Charters, Or Governing Body Actions Establishing Executive Authority And Responsibility

Section 2.3 – General Management

2.3.1 CLEO Notification: [M]

A written directive addresses notification of the agency's Chief Law Enforcement Executive Officer (CLEO) and, at a minimum, includes:

a. Incidents requiring immediate notification, and;
b. Approved methods for notifying the CLEO.

Guidance

The purpose of this standard is to ensure the agency establishes clear expectations for notifying the Chief Law Enforcement Executive Officer (CLEO) of incidents that require immediate attention. Prompt notification supports effective leadership response, risk management, and organizational accountability.

Immediate notification may be necessary when an incident has the potential to create significant liability, public concern, operational impact, or risk to the agency. Agencies should clearly define which incidents require immediate notification to ensure consistent decision-making and timely communication.

The method of notification should reflect the urgency and nature of the incident. Agencies should ensure that approved notification methods are reliable, accessible, and appropriate for both routine operations and emergency situations. Clearly defined notification methods reduce delays and ensure the CLEO receives critical information in a timely manner.

Agencies may tailor notification expectations based on size, structure, and available resources. Smaller agencies may rely on direct communication methods, while larger agencies may utilize supervisory chains or communication systems to facilitate notification.

Examples of incidents that may require immediate notification may include:

- Officer-involved shootings;
- In-custody deaths or serious injuries;

- Major incidents involving significant public or media attention;
- Incidents involving potential civil liability;
- Allegations of serious misconduct; and
- Events that may affect agency operations or public safety.

Examples of notification methods may include:
- Telephone or direct contact;
- Radio communication;
- Electronic messaging systems;
- Email notification; and
- Other communication systems used by the agency.

Agencies should consider addressing factors such as reliability of communication methods, after-hours notification procedures, and alternate methods in the event primary systems are unavailable.

For purposes of this standard:
- **Immediate notification** refers to notification made as soon as practical based on the nature and urgency of the incident, consistent with agency policy.

Documentation demonstrating compliance may include:
- Incident reports indicating supervisory or command notification;
- Communication logs or call records;
- Dispatch or radio logs;
- Electronic messaging or email records; and
- After-action reports or documentation reflecting notification.

Documentation should demonstrate that incidents requiring immediate notification are communicated to the CLEO using approved methods in accordance with the written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 2.4 – Direction

2.4.1 Command Protocol: [M]

A written directive establishes the order of command, including:

a. Succession of command in the absence of the CLEO;
b. Command and authority during exceptional situations *(e.g., incidents involving multiple functions, units, agencies, or jurisdictions);* and
c. Command structure for routine day-to-day operations.

Guidance
The purpose of this standard is to ensure continuity of command, operational effectiveness, and a clear understanding of authority during routine operations, the absence of the Chief Law Enforcement Executive Officer (CLEO), and exceptional operational situations.

Agency directives should establish how command authority is assigned, exercised, and transferred under normal operating conditions and when personnel from multiple functions, units, agencies, or jurisdictions are involved in an incident or operation.

For purposes of this standard:
- **Succession of command** refers to the predetermined order in which authority and responsibility are transferred during the absence or unavailability of the CLEO.
- **Exceptional situations** refer to incidents, emergencies, planned events, special operations, task force activities, or other circumstances requiring coordination among personnel from different functions, units, agencies, or jurisdictions.

When applicable, agencies may utilize the Incident Command System (ICS), Unified Command, or other recognized command structures to manage exceptional situations. Agency directives should clearly identify how command authority is established, transferred, and communicated under these circumstances.

Documentation demonstrating compliance may include:
- Organizational charts;
- Duty assignment rosters;
- Shift assignment documentation;
- Incident Action Plans (IAPs);
- Incident command organization charts;
- After-action reports;
- Incident reports documenting command assignments; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating command authority, succession of command, or command assignments were established, exercised, or transferred in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

2.4.2 Lawful Orders and Command Directives: [M]

A written directive establishes, at a minimum:

a. The requirement for agency personnel to obey any lawful order from a superior; and
b. **Procedures** to be followed when an employee receives (1) conflicting and (2) unlawful/improper orders.

Guidance
The purpose of this standard is to ensure agency personnel understand their obligation to comply with lawful orders while establishing procedures for resolving conflicting or unlawful/improper orders in a manner that promotes accountability, ethical decision-making, and effective command.

Agency directives should establish procedures for resolving situations in which personnel receive conflicting orders or believe an order is unlawful or improper. Personnel should understand their responsibility to seek clarification through the chain of command whenever practical and to promptly report orders believed to violate applicable law, constitutional requirements, agency policy, or recognized professional standards.

For purposes of this standard:
- **Lawful order** refers to an order issued by an individual with proper authority that is consistent with applicable law, court orders, and agency policy.
- **Conflicting order** refers to an order that is inconsistent with a previously issued order or creates uncertainty regarding compliance.
- **Unlawful/Improper** order refers to an order that violates applicable law, constitutional requirements, agency policy, or recognized professional and ethical standards.

Nothing in this standard shall be interpreted as requiring compliance with an unlawful order or relieving personnel of their responsibility to intervene, report misconduct, or otherwise act in accordance with applicable law, constitutional requirements, and agency policy.

Documentation demonstrating compliance may include:
- Incident reports;
- Administrative investigation files;
- Internal complaint investigations;
- Supervisory review documentation;
- Corrective action documentation, when applicable;
- Memoranda documenting resolution of conflicting orders;
- Documentation of reported unlawful or improper orders; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating personnel complied with lawful orders, sought clarification of conflicting orders, reported unlawful or improper orders, or that the agency reviewed and resolved such matters in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution - Constitutional Limitations On Government Authority And Official Actions
- Kansas Constitution Bill Of Rights - Constitutional Rights And Limitations Applicable To Government Actions
- K.S.A. 74-5605 Minimum Qualifications And Standards For Law Enforcement Officer Certification
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification
- Agency Policy 1.1.2 Code of Ethics
- Agency Policy 1.2.7 Duty To Intervene and Report

Section 2.5 – Written Directives

2.5.1 Written Directive System: [M]

A written directive establishes the agency's written directive system and, at a minimum, includes:

a. (1)Agency values and (2) a mission statement;
b. Requirements for CLEO approval of written directives;
c. Identification, by position, of other individuals authorized to issue written directives *(e.g., standard operating procedures, unit directives, special orders, memoranda, training bulletins, lesson plans, or other written or electronic communications);* and
d. **Procedures** for the management of written directives *(e.g., indexing, revising, purging, etc.).*

Guidance

The purpose of this standard is to ensure the agency maintains a structured and controlled written directive system that establishes organizational expectations, communicates agency values and mission, promotes consistency in agency operations, and provides personnel with access to current agency directives.

Agency directives should establish how written directives are developed, approved, issued, distributed, maintained, revised, and removed from service. The written directive system should promote consistency, accountability, accessibility, and effective communication throughout the agency.

For purposes of this standard:
- **Written directive system** refers to the formal process used to develop, approve, issue, distribute, maintain, revise, archive, or otherwise manage agency directives.

- **Written directives** may include policies, procedures, rules, regulations, special orders, general orders, standard operating procedures, administrative directives, training bulletins, lesson plans, memoranda, or other written or electronic communications authorized by the agency.

The Chief Law Enforcement Executive Officer (CLEO) should retain final approval authority for agency written directives. Agencies may authorize other positions to issue written directives consistent with agency policy and within the scope of authority delegated by the CLEO.

Management of written directives may include:
- Indexing;
- Revising;
- Archiving;
- Purging;
- Disseminating;
- Version control;
- Electronic document management; and
- Other processes established by the agency.

Agencies should establish procedures that allow personnel to readily identify current directives and distinguish them from superseded, obsolete, or rescinded directives.

Documentation demonstrating compliance may include:
- Written directive revision logs;
- Written directive approval records;
- Written directive dissemination records or acknowledgements;
- Document control records;
- Archived or rescinded written directive files;
- Version control records;
- Records demonstrating periodic review or updates of written directives;
- Electronic document management system records demonstrating directive management; and
- Other documentation demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating written directives were approved, issued, revised, disseminated, archived, purged, or otherwise managed in accordance with agency procedures. The written directive itself serves as proof of compliance for bullets (a) and (b). The agency's formal written directive system provides employees with a clear expectation relating to overall employee behavior. The system should provide a distinction between the different types of written directives.

Legal and Regulatory References

No specific Kansas statute was identified that generally requires law enforcement agencies to maintain a comprehensive written directive system. However, written directives constitute agency records and may be subject to public record, records retention, and records disposition requirements. Agencies should consider the following authorities when developing, maintaining, revising, archiving, and purging written directives.

- K.S.A. 45-216 et seq. Kansas Open Records Act
- K.S.A. 45-401 et seq. Preservation and Disposition of Public Records
- Kansas State Records Board Records Retention and Disposition Schedules, as applicable
- KLEAP Standard 2.5.1 Written Directive System

2.5.2 Written Directive Dissemination and Storage: [M]

A written directive governs procedures for the dissemination and storage of agency written directives and includes at a minimum:

a. Dissemination of written directives to affected personnel *(e.g., new or revised policies, procedures, standard operating procedures, unit directives, training bulletins, lesson plans, etc.);*
b. A process that confirms receipt of directives *(e.g., written acknowledgment or other method that provides equivalent verification);* and
c. Storage of written directives that provides affected personnel access to directives relevant to their assigned duties. *(e.g., policies, procedures, standard operating procedures, unit directives, training bulletins, lesson plans, etc.).*

Guidance

The purpose of this standard is to ensure agency written directives are consistently disseminated, receipt is verified, and directives are readily accessible to affected personnel performing their assigned duties.

Agency directives should establish procedures for distributing written directives, verifying receipt, and maintaining written directives in a manner that provides affected personnel timely access to current directives applicable to their assignments.

For purposes of this standard:

- **Receipt confirmation** refers to a documented method verifying affected personnel have received or acknowledged a written directive (e.g., written acknowledgment, electronic acknowledgment, or automated system tracking).
- **Affected personnel** refers to employees whose assigned duties require knowledge of or compliance with a specific written directive. Not all written directives are required to be disseminated to all personnel.

Agencies may disseminate and store written directives in paper or electronic form, provided the method ensures accountability, document control, and appropriate access for affected personnel.

Agencies should establish procedures for removing, archiving, or otherwise controlling obsolete, superseded, or rescinded written directives to prevent personnel from relying on outdated information.

Documentation demonstrating compliance may include:

- Directive dissemination records;
- Written or electronic acknowledgment records;
- Automated policy management system tracking records;
- User access records demonstrating availability of directives to affected personnel;
- Screenshots or demonstrations of the agency's document management or policy management system;
- Revision and archive control records;
- Document control logs; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating written directives were disseminated to affected personnel, receipt or acknowledgment was documented in accordance with agency procedures, and current directives were accessible to personnel responsible for complying with them. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

2.6.1 Agency Goals and Objectives: [M] [TS]

A written directive requires agency goals and objectives and, at minimum, includes:

a. Agency [1] goals and [2] objectives are established **annually**;
b. Agency goals are forward-looking outcomes that are measurable and do not consist of routine or ongoing operational activities; and
c. Goals and objectives are made available to agency personnel.

Guidance

The purpose of this standard is to ensure the agency establishes annual goals and objectives that provide organizational direction, support planning efforts, encourage continuous improvement, and provide measurable outcomes for evaluating agency performance.

Agency directives should establish a process for developing, communicating, and maintaining annual goals and objectives that reflect the agency's mission, values, identified needs, strategic priorities, and desired outcomes.

For purposes of this standard:

- **Goal** refers to a desired future outcome, accomplishment, or organizational improvement that requires deliberate effort to achieve.
- **Objective** refers to a specific, measurable action, milestone, or performance target established to achieve a corresponding goal. Each goal should be supported by one or more objectives.

Goals and objectives should emphasize improvement, innovation, problem-solving, or advancement in agency services, programs, operations, or organizational effectiveness. Agencies should avoid establishing goals that merely describe routine or ongoing activities without identifying a measurable improvement or desired outcome.

Goals and objectives may address any area of agency operations, including:

- Crime reduction;
- Traffic safety;
- Community engagement;
- Employee wellness;
- Recruitment and retention;
- Training;
- Technology;
- Organizational effectiveness;
- Accreditation;
- Facilities and equipment; or
- Other agency priorities.

Annual goals and objectives should be communicated to agency personnel to promote organizational awareness, accountability, and alignment with agency priorities.

Documentation demonstrating compliance may include:

- Current annual agency goals and objectives;
- Strategic planning documents;
- Annual business or operational plans;
- Command staff planning meeting minutes;
- Planning committee records;
- Agency reports documenting annual goals and objectives;
- Records demonstrating distribution or availability to agency personnel; and

- Other documentation demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating written directives were disseminated to affected personnel, receipt or acknowledgment was documented, and current directives were accessible to personnel responsible for complying with them. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 2.7 – Accounting

2.7.1 Cash Account Maintenance: [M] [TS]

A written directive establishes procedures for (1) safeguarding cash maintained by the agency and, at a minimum, includes:

a. Agency (1) cash fund accounts are identified, including the position(s) authorized to (2) accept and (3) dispense funds;
b. A requirement that receipts or other documentation be maintained for disbursements;
c. A balance sheet, ledger, or other equivalent accountability system documents the (1) initial balance, (2) cash received (credits), (3) cash disbursed (debits), and (4) current balance; and
d. A **documented quarterly financial statement is prepared for each cash account** and includes (1) the beginning balance, (2) funds received, (3) expenditures, and (4) ending balance for the quarterly period.

Guidance
The purpose of this standard is to ensure agency cash is properly controlled, safeguarded, documented, and accounted for through sound financial management practices and appropriate internal controls.

Agencies should ensure the directive clearly addresses:
- Identification of all agency cash accounts and the positions authorized to receive, maintain, disburse, or otherwise manage funds;
- Documentation requirements for all receipts, deposits, transfers, reimbursements, and disbursements;
- Methods used to track account activity, balances, and financial transactions;
- Safeguarding of cash, including storage, security, and access controls; and
- Processes for preparing, reviewing, and maintaining required financial statements.

For purposes of this standard:
- **Cash** includes, but is not limited to, bonds, fines, fees collected for services, petty cash funds, confidential funds (e.g., informant payments or drug buy funds), restitution payments, deposits, and other monies maintained or controlled by the agency.
- **Cash account** refers to any fund, account, or system used to receive, maintain, safeguard, or disburse agency-controlled monies.

Agencies are encouraged to establish internal controls that reduce the risk of loss, misuse, fraud, or accounting errors. Internal controls may include separation of duties, supervisory review, periodic reconciliations, restricted access to funds, and routine financial oversight, when operationally feasible.

Cash management systems may vary depending upon the size, organizational structure, and operational needs of the agency; however, all systems should provide clear accountability for funds received, maintained, and disbursed.

Documentation demonstrating compliance may include:
- Cash account ledgers;
- Balance sheets;
- Quarterly financial statements;

- Receipts and disbursement records;
- Deposit records;
- Cash reconciliation records;
- Audit reports;
- Internal financial review records;
- Documentation identifying authorized personnel responsible for agency cash accounts; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating agency cash was received, maintained, safeguarded, disbursed, accounted for, and documented in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 10-801 et seq. Deposit And Investment Of Public Funds
- K.S.A. 75-3036 et seq. Fiscal Controls And Accountability For Public Funds, as applicable
- Kansas State Records Board Records Retention and Disposition Schedules, as applicable
- Applicable City, County, Or Governing Authority Financial Management Policies And Auditing Requirements

Section 2.8 – Authority

2.8.1 Mutual Aid During Declared Emergencies: [M]

A written directive identifies positions authorized, during declared emergencies, to:

a. Request mutual aid;
b. Approve requests for assistance received from other agencies; and
c. Deploy agency resources in response to mutual aid requests *(e.g., personnel, equipment, etc.)*.

Guidance

The purpose of this standard is to ensure the agency establishes clear authority for requesting, approving, and deploying mutual aid resources during declared local, state, or federally declared emergencies.

This standard is intended to address mutual aid associated with emergency management and disaster response activities. It is not intended to govern routine operational assistance between agencies, such as requests for K-9 units, investigators, crash reconstruction personnel, specialized equipment, or other day-to-day law enforcement resources unless those requests occur as part of a declared emergency.

Agencies should ensure the directive clearly addresses:
- Authority to request mutual aid from other agencies or jurisdictions;
- Authority to approve incoming requests for assistance;
- Authority to deploy personnel, equipment, or other agency resources;
- Any limitations, conditions, or approval requirements governing the commitment of agency resources; and
- Continuity of authority through succession of command when designated decision-makers are unavailable.

When assigning authority, agencies should consider operational needs, resource availability, officer safety, and the agency's continuing responsibility to provide services within its own jurisdiction.

For purposes of this standard:
- **Mutual aid** refers to the provision or receipt of personnel, equipment, services, or other resources between agencies to support emergency response operations when available resources are insufficient to meet operational demands.

Mutual aid operations should be conducted in accordance with applicable mutual aid agreements, the Incident Command System (ICS), the National Incident Management System (NIMS), and applicable state law.

Documentation demonstrating compliance may include:
- Mutual aid requests submitted in accordance with agency policy;
- Mutual aid requests received and approved in accordance with agency policy;
- Documentation authorizing the deployment of agency personnel, equipment, or other resources;
- Incident documentation demonstrating compliance with agency mutual aid procedures;
- After-action reports; and
- Other documentation demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating the authority to request, approve, or deploy mutual aid resources was exercised in accordance with agency requirements during an emergency or disaster response. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 48-904 Et Seq. Kansas Emergency Management Act
- K.S.A. 48-915 Mutual Aid And Emergency Assistance
- K.S.A. 48-928 Interjurisdictional Disaster Agency Agreements And Cooperative Emergency Management Activities
- K.S.A. 12-2901 Et Seq. Interlocal Cooperation Act
- K.S.A. 75-6101 Et Seq. Kansas Tort Claims Act; Liability Considerations During Mutual Aid Operations
- National Incident Management System (NIMS)
- Incident Command System (ICS)

Section 2.9 – Community Involvement

2.9.1 Community Partnership Activities: [O]

A written directive addresses the agency's approach to community involvement and, at a minimum, includes:

a. Encouragement and support of partnerships and collaborative efforts between agency personnel and community stakeholders *(e.g., neighborhood groups, schools, businesses, government agencies, faith-based organizations, service organizations, advocacy groups, community coalitions, etc.);*
b. Communication with the community *(e.g., agency activities, issues, services, programs, initiatives, public safety information, crime prevention information, community events, etc.);* and
c. Consideration of community input in evaluating agency practices related to police-community interaction *(e.g., surveys, public meetings, community advisory groups, feedback forms, listening sessions, citizen complaints, commendations, stakeholder meetings, social media feedback, etc.).*

Guidance

The purpose of this standard is to encourage agencies to engage with the community through partnerships, communication, and responsiveness to community input. Effective community engagement supports public trust, cooperation, and shared responsibility for public safety.

Community involvement should reflect the agency's mission, available resources, and the needs of the community it serves. Agencies are encouraged to establish an approach that promotes positive interaction, collaboration, and open communication between personnel and community stakeholders.

Partnerships and collaborative efforts may vary depending on agency size and community characteristics. These efforts should be aimed at building trust, addressing community concerns, and supporting cooperative problem-solving.

Examples of **community stakeholders** may include:
- Community organizations;
- Local businesses;
- Neighborhood groups;
- Schools and educational institutions;
- Faith-based organizations; and
- Residents and community leaders.

Communication with the community should focus on providing information about agency activities, issues affecting the community, and services available to the public. The intent is not to require formal strategic messaging, but to ensure agencies share information that helps the public understand agency operations and fosters transparency.

Examples of **communication** may include:
- Social media posts;
- Press releases;
- Community meetings or forums;
- Public safety announcements;
- Informational campaigns; and
- Direct responses to community questions or concerns.

Considering community input in evaluating agency practices encourages agencies to remain aware of community concerns and perceptions. This does not require formal evaluation systems, but rather that agencies remain responsive to feedback received through normal operations.

Examples of **community input** may include:
- Comments received during community meetings;
- Feedback received through social media or direct contact;
- Citizen complaints or compliments;
- Informal conversations with community members; and
- Input from community partners or organizations.

Agencies may use both formal and informal methods to engage with the community and consider feedback. The level of structure should be appropriate to the size and complexity of the agency.

Documentation demonstrating compliance may include:
- Records of community outreach or engagement activities;
- Community meeting agendas, notes, or attendance records;
- Social media posts or other public communications;
- Press releases or informational materials;
- Records of community feedback, complaints, or compliments; and
- Documentation of partnerships or collaborative initiatives.

Documentation should demonstrate that the agency engages in community partnership activities and considers community input as part of its approach to community involvement. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

2.10.1 Line Inspections: [O] [TS]

A written directive establishes procedures for conducting Line Inspections and, at a minimum, includes:

a. The **frequency of Line Inspections**;
b. The (1) position(s) responsible for conducting (2) documented Line Inspections *(e.g., use of agency inspection forms, inspection reports, checklists, electronic inspection records, RMS entries, supervisory inspection logs, or other agency-approved documentation methods);* and
c. Documented follow-up to address deficiencies identified during Line Inspections.

Guidance

The purpose of this standard is to ensure the agency conducts documented Line Inspections to maintain operational readiness, promote accountability, and identify deficiencies requiring corrective measures.

Line Inspections are intended to evaluate the condition, appearance, readiness, and compliance of personnel, equipment, vehicles, facilities, uniforms, and other operational resources assigned to the agency.

Agencies should ensure their inspection procedures address:
- The scope of Line Inspections;
- Inspection frequency;
- Responsibility for conducting inspections;
- Documentation of inspection results;
- Follow-up of identified deficiencies; and
- Documentation of corrective measures taken.

The frequency and scope of Line Inspections should be appropriate for the agency's size, organizational structure, operational needs, and the type of resources being inspected.

Line Inspections may include, but are not limited to:
- Personnel appearance and uniform compliance;
- Assigned equipment and weapons;
- Agency vehicles;
- Communications equipment;
- Facilities;
- Safety equipment;
- Required forms and supplies; and
- Other operational resources.

Documentation demonstrating compliance may include:
- Completed Line Inspection reports or checklists;
- Inspection logs;
- Documentation of identified deficiencies;
- Documentation of corrective measures taken; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating Line Inspections were conducted, documented, and reviewed in accordance with agency requirements, and that identified deficiencies were addressed through corrective measures when appropriate. The written directive itself does not constitute proof of compliance.

The agency’s inspection process is an essential tool for evaluating the agency’s operations, ensuring goals are being pursued, and identifying the need for additional resources. An accreditation on-site assessment can serve as a staff inspection.

Legal and Regulatory Reference
None identified

2.10.2 Staff Inspections: [O] [TS]

A written directive establishes procedures for conducting Staff Inspections and, at a minimum, includes:

a. The **frequency of Staff Inspections**;
b. The (1) position(s) responsible for conducting (2) documented Staff Inspections *(e.g., use of agency inspection forms, inspection reports, checklists, electronic inspection records, RMS entries, supervisory inspection logs, or other agency-approved documentation methods);* and
c. Documented follow-up to address deficiencies identified during Staff Inspections.

Guidance
The purpose of this standard is to ensure the agency conducts documented Staff Inspections to evaluate organizational effectiveness, administrative compliance, and adherence to agency policies, procedures, and organizational objectives.

Staff Inspections are intended to provide management with a systematic evaluation of administrative, operational, and organizational functions to identify deficiencies, promote accountability, and improve agency performance.

Agencies should ensure their inspection procedures address:
- The scope of Staff Inspections;
- Inspection frequency;
- Responsibility for conducting inspections;
- Documentation of inspection results;
- Follow-up of identified deficiencies; and
- Documentation of corrective measures taken.

The frequency and scope of Staff Inspections should be appropriate for the agency's size, organizational structure, operational needs, and administrative responsibilities. A KLEAP accreditation assessment may be used to satisfy all or part of a staff inspection when the agency reviews the assessment findings, documents any deficiencies identified, and tracks corrective actions as appropriate.

Staff Inspections may include, but are not limited to:
- Compliance with agency policies and procedures;
- Administrative records and documentation;
- Evidence and property management;
- Fiscal accountability;
- Training records;
- Accreditation compliance;
- Personnel files;
- Organizational processes; and
- Other administrative or management functions.

Documentation demonstrating compliance may include:
- Completed Staff Inspection reports or checklists;
- Inspection summaries;
- Documentation of identified deficiencies;
- Documentation of corrective measures taken;
- Inspection review records;
- After-action reports, when applicable; and

- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating the activity, process, inspection, review, program, or requirement addressed by this standard was implemented and documented in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory Reference
None identified

Chapter 3 - Conditions and Benefits

Section 3.1 - Classification

3.1.1 Job Descriptions - Maintenance and Availability: [M] [TS]

A written directive requires:

a. Written job descriptions are maintained for each position or assignment within the agency;
b. Job descriptions are made available to all personnel; and
c. A **documented review of job descriptions** for all agency positions or assignments **every four years**, ensuring job descriptions are current.

Guidance

The purpose of this standard is to ensure the agency maintains current, accurate, and accessible job descriptions that clearly define the duties, responsibilities, qualifications, and expectations associated with each position and assignment.

Job descriptions serve as the foundation for many personnel functions, including recruitment, selection, training, supervision, performance evaluation, career development, and succession planning. Maintaining accurate job descriptions helps ensure personnel understand the requirements and expectations associated with their position or assignment while promoting consistency in personnel management.

Job descriptions should identify the minimum qualifications and level of proficiency necessary to successfully perform the duties of the position or assignment.

Job descriptions may include:
- Position title and classification;
- Essential duties and responsibilities;
- Reporting relationships and supervisory responsibilities, when applicable;
- Required knowledge, skills, and abilities;
- Minimum education, training, certification, licensing, or experience requirements; and
- Physical, cognitive, or other job-related requirements, when applicable.

The required four-year review is intended to ensure job descriptions remain current and accurately reflect the duties and responsibilities of each position or assignment. Agencies are encouraged to review and update job descriptions whenever significant organizational, operational, legal, or technological changes occur rather than waiting for the required review cycle.

For purposes of this standard:
- Position refers to a permanent employment classification or rank within the agency.
- Assignment refers to a specialized duty or function performed in addition to, or as part of, a position's primary responsibilities.

Documentation demonstrating compliance may include:
- Current job descriptions;
- Position descriptions;
- Assignment descriptions;
- Job description review records;
- Revision histories;
- Personnel acknowledgments confirming availability or access to job descriptions;
- Electronic document management records demonstrating availability to personnel; and
- Other documentation demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating current job descriptions are maintained for agency positions and assignments and that the required review was completed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 3.2 - Benefits

3.2.1 Agency Issued Clothing: [M]

A written directive establishes agency issued clothing for employees and, at a minimum, includes:

a. Agency issued clothing by position, assignment, or function; and
b. **Procedures** for accountability of agency-owned clothing *(e.g., issuing, replacing, returning, etc.)*.

Guidance

The purpose of this standard is to ensure the agency clearly identifies agency issued clothing and establishes accountability for agency-owned clothing used in the performance of official duties.

Requirements should identify clothing issued for various positions, assignments, or functions within the agency. Clearly defined clothing expectations promote professionalism, consistency, proper identification, officer safety, and public confidence.

Issued clothing may include:
- Duty uniforms;
- Specialized assignment clothing;
- Outerwear and seasonal clothing;
- Safety apparel;
- Protective clothing; and
- Other clothing authorized by the agency.

The agency should establish accountability measures for agency-owned clothing to ensure clothing is properly issued, maintained, replaced, recovered, and otherwise controlled throughout its lifecycle.

Accountability measures may include:
- Issuing agency-owned clothing;
- Replacing damaged or worn clothing;
- Returning clothing upon reassignment, separation, or retirement;
- Maintaining clothing inventories;
- Supervisory accountability reviews;
- Documentation of lost or damaged clothing; and
- Other accountability measures established by the agency.

Clothing accountability systems may vary based on agency size, organizational structure, operational needs, and available resources. Agencies may use inventory systems, property records, issue logs, electronic tracking systems, or other methods to maintain accountability for agency-owned clothing.

For purposes of this standard:
- **Agency-owned clothing** refers to clothing purchased, issued, or otherwise provided by the agency for use in official duties.

Documentation demonstrating compliance may include:
- Photo of employee wearing authorized clothing;
- Clothing issue records;
- Clothing return records;
- Inventory records;
- Property accountability records;
- Replacement or requisition records;
- Documentation of lost or damaged clothing;
- Audit records; and
- Other records demonstrating accountability for agency-owned clothing.

Proofs of compliance should consist of records demonstrating employees wore authorized clothing and that agency-owned clothing was issued, replaced, returned, inventoried, or otherwise accounted for in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

3.2.2 Authorized Equipment: [M]

A written directive establishes equipment authorized for employees in the performance of assigned duties and, at a minimum, includes: A written directive establishes provisions for clothing and equipment authorized for use by employees in the performance of their assigned duties.

a. Authorized equipment by position, assignment, or function; and
b. **Procedures** for accountability of agency-owned equipment *(e.g., issuing, replacing, returning, inventorying, reporting lost or damaged equipment, etc.).*
c. **Procedures** for authorizing the use of personally-owned equipment, if allowed.

Guidance
The purpose of this standard is to ensure the agency clearly identifies authorized equipment, establishes accountability for agency-owned equipment, and maintains control over personally-owned equipment authorized for use in the performance of official duties. Proper equipment management promotes officer safety, operational effectiveness, equipment readiness, and accountability.

Authorized equipment should be clearly identified so employees understand what equipment is authorized based on their position, assignment, or function. Establishing clear expectations promotes consistency and helps ensure personnel are equipped to safely and effectively perform assigned duties.

Authorized equipment may include, but is not limited to:
- Duty weapons;
- Less-lethal weapons;
- Body armor;
- Communication devices;
- Electronic control devices;
- Mobile data terminals;
- Specialized assignment equipment;
- Protective gear;
- Safety equipment; and
- Other equipment authorized by the agency.

The agency should establish accountability measures for agency-owned equipment to ensure equipment is properly issued, maintained, replaced, recovered, inventoried, and otherwise controlled throughout its lifecycle.

Accountability measures may include:
- Issuing agency-owned equipment;
- Replacing damaged, worn, or obsolete equipment;
- Returning equipment upon reassignment, separation, or retirement;
- Maintaining equipment inventories;
- Routine inspections or inventory verification;
- Reporting lost, damaged, or malfunctioning equipment;
- Maintenance and repair tracking; and
- Other accountability measures established by the agency.

If personally-owned equipment is authorized for use in the performance of official duties, the agency should establish requirements governing its approval, authorized use, and continued suitability for agency operations.

Personally-owned equipment authorization may include:
- Review and approval by a supervisor or designee;
- Evaluation for safety, compatibility, and operational suitability;
- Documentation of approval;
- Identification of authorized use limitations;
- Inspection requirements; and
- Periodic review or reauthorization.

Agencies may use a variety of methods to manage equipment, ranging from simple logs maintained by smaller agencies to more comprehensive inventory management systems utilized by larger organizations.

For purposes of this standard:
- Agency-owned equipment refers to equipment purchased, issued, or otherwise provided by the agency for use in official duties.
- Personally-owned equipment refers to equipment owned by an employee but authorized by the agency for use in the performance of official duties.

Documentation demonstrating compliance may include:
- Photos of employees wearing authorized equipment;
- Equipment inventory records;
- Equipment issue and return records;
- Property assignment records;
- Inspection or audit records;
- Maintenance or repair records;
- Documentation authorizing personally-owned equipment;
- Training records related to equipment use;
- Photographs depicting authorized equipment; and
- Electronic system reports demonstrating equipment accountability.

Proofs of compliance should consist of records demonstrating authorized equipment was used in the performance of assigned duties, agency-owned equipment was issued, inventoried, maintained, returned, or otherwise accounted for, and personally-owned equipment was authorized in accordance with agency requirements, when applicable. The written directive itself does not constitute proof of compliance.

Designated employees may be required to wear an agency-authorized uniform while others are allowed to wear civilian clothing. Equipment is also needed by various employees in the performance of their assigned duties. The written directive

should stipulate those eligible for clothing and equipment issue or allowances, detail the amount to be provided, and indicate the period for which it will be provided.

Legal and Regulatory References
None identified

3.2.3 Employee Issued Identification: [M]

A written directive establishes requirements for official agency personnel identification and, at a minimum, includes:

a. Agency-issued identification containing the employee's photograph; and
b. Employee responsibilities when responding to requests to view official identification.

Guidance
The purpose of this standard is to ensure the agency provides official identification to employees and establishes clear expectations for its use. Proper identification supports officer safety, public trust, and accountability by allowing individuals to verify the authority and identity of agency personnel.

Agency-issued identification should be clearly recognizable and provide sufficient information to identify the employee as an authorized representative of the agency. A photograph helps ensure positive identification and reduces the potential for impersonation or misuse.

Employee responsibilities regarding official identification should promote professionalism, accountability, and consistency when interacting with the public, other officials, or other agencies.

Examples may include:
- Displaying identification when appropriate;
- Presenting identification upon request when authorized or required;
- Carrying identification while performing official duties;
- Safeguarding identification against loss, theft, or unauthorized use; and
- Reporting lost, stolen, damaged, or compromised identification.

Identification requirements should balance accessibility with safety and security considerations. Agencies should ensure employees understand when identification should be displayed, presented, carried, or secured.

Agencies may establish exceptions or alternative identification procedures for personnel assigned to undercover, covert, intelligence, or other assignments where display of agency-issued identification could compromise officer safety, investigative objectives, or operational effectiveness.

Agencies should consider addressing:
- Replacement procedures for lost, stolen, or damaged identification;
- Recovery of identification upon separation from employment;
- Accountability measures for issued identification; and
- Supervisory oversight or inspection processes.

For purposes of this standard:
- **Agency-issued Identification** refers to credentials, badges, cards, or other official documents issued by the agency that verify the identity and authority of an employee.

Documentation demonstrating compliance may include:
- Photographs or examples of issued identification;
- Property or equipment assignment records;
- Identification issuance records;

- Employee acknowledgment records;
- Documentation related to lost, stolen, damaged, or replaced identification;
- Documentation of identification-related violations, when applicable; and
- Records demonstrating accountability for agency-issued identification.

Proofs of compliance should consist of records demonstrating agency-issued identification containing employee photographs was issued and managed in accordance with agency requirements and that employees complied with responsibilities related to official identification. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

3.2.4 Personnel Support Services Program: [M]

A written directive establishes and, at a minimum, addresses:

a. Personnel support services available to employees *(e.g., substance use disorders, mental health issues, trauma resulting from duty-related events, suicide prevention, peer support, employee assistance programs, chaplain services, wellness programs, etc.);* and
b. Information provided to employees regarding available personnel support services *(e.g., Employee Assistance Program (EAP) brochures, wellness emails, new employee orientation materials, wellness resource cards, intranet wellness resources, peer support contact information, training materials, etc.).*

Guidance
The purpose of this standard is to ensure the agency identifies personnel support services available to employees and provides information regarding those services to promote employee wellness and resiliency.

Personnel support services may be provided directly by the agency or through external providers. The intent of this standard is not to require agencies to establish specific programs, but rather to ensure employees are aware of available resources that may assist them in addressing personal, emotional, psychological, or professional challenges.

Personnel support services should reflect the needs of the agency and may vary based on agency size, staffing levels, available resources, and access to community-based services. Smaller agencies may rely upon regional, county, state, or private resources, while larger agencies may maintain internal support programs or specialized services.

Examples of personnel support services may include:
- Employee Assistance Programs (EAP);
- Peer support programs;
- Chaplain programs;
- Mental health professionals or counseling services;
- Critical incident stress management resources;
- Substance use disorder treatment or referral resources;
- Suicide prevention resources;
- Wellness programs; and
- Other community, governmental, or professional support services available to employees and their families.

Agencies should establish methods for informing employees of available personnel support services and may utilize a variety of communication methods.

Examples may include:
- Employee Assistance Program (EAP) brochures;
- Wellness emails;

- New employee orientation materials;
- Wellness resource cards;
- Intranet wellness resources;
- Peer support contact information;
- Training materials; and
- Other informational materials made available to employees.

For purposes of this standard:

- **Personnel support services** refers to programs, resources, or referral services intended to assist employees in addressing mental health concerns, substance use disorders, stress, trauma, emotional wellness, and other personal or professional challenges.
- **Trauma resulting from duty-related events** includes exposure to critical incidents, serious injuries, fatalities, violent events, or other traumatic experiences encountered in the performance of official duties.

Documentation demonstrating compliance may include:

- Employee wellness resource guides or informational materials;
- Employee Assistance Program documentation or contact information;
- Agency communications identifying available support services;
- Peer support, chaplain, or wellness program documentation demonstrating availability;
- Training or briefing records related to support services;
- New employee orientation materials;
- Wellness resource cards;
- Intranet wellness resources; and
- Other documentation demonstrating personnel were informed of available support services.

Proofs of compliance should consist of records demonstrating personnel support services were identified by the agency and information regarding available services was provided to employees. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 3.3 - Conditions of Work

3.3.1 Off-Duty Employment: [M]

If employees are permitted to engage in any off-duty employment, **a written directive addresses** at a minimum:

a. Approval requirements prior to engaging in off-duty employment;
b. Types of off-duty employment that are prohibited or restricted;
c. Work-hour limitation, if applicable; and
d. Restrictions on off-duty employment while employees are in a leave, injury, restricted-duty, or other employment status *(e.g., sick leave, injury leave, administrative leave, leave without pay, limited-duty status, etc.)*.

Guidance
The purpose of this standard is to ensure agencies establish clear expectations and controls regarding employee participation in off-duty employment while protecting agency interests, maintaining public confidence, avoiding conflicts of interest, and ensuring employees remain fit for duty.

Off-duty employment may create actual, potential, or perceived conflicts of interest, affect employee readiness for duty, or adversely impact the reputation of the employee, agency, or law enforcement profession. Written directives should clearly address approval processes, restrictions, and conditions governing outside employment.

Agencies should consider addressing:
- Approval and renewal procedures for off-duty employment;
- Employment activities that may create actual or perceived conflicts of interest;
- Employment that could adversely affect public confidence in the employee, agency, or law enforcement profession;
- Employment that may interfere with an employee's availability, readiness, or ability to perform assigned duties;
- Work-hour limitations intended to reduce fatigue and maintain employee fitness for duty; and
- Restrictions applicable to employees in a leave, injury, restricted-duty, or other employment status that may affect their ability to perform agency duties.

Examples of prohibited or restricted employment may include employment that:
- Creates a conflict with the employee's official duties or responsibilities;
- Requires the use of confidential information obtained through employment with the agency;
- Would reasonably be expected to impair the employee's judgment, impartiality, or effectiveness;
- Creates a conflict of interest; or
- Reflects adversely upon the agency or the law enforcement profession.

Employment involving the actual or potential use of law enforcement powers is addressed under Standard 3.3.2, Extra-Duty Employment.

For purposes of this standard:
- **Off-duty employment** means any employment that does not require the use or potential use of law enforcement powers by the employee.

Documentation demonstrating compliance may include:
- Off-duty employment requests;
- Approval, denial, renewal, suspension, or revocation records;
- Records related to work-hour monitoring, when applicable; and
- Documentation addressing violations of agency off-duty employment requirements.

Proofs of compliance should consist of records demonstrating off-duty employment requests were reviewed, approved, denied, renewed, restricted, suspended, or otherwise managed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

3.3.2 Extra-Duty Employment: [M]

If officers are permitted to engage in extra-duty employment, **a written directive addresses** at a minimum:

a. Approval requirements prior to engaging in extra-duty employment;
b. Officer's role while engaged in extra-duty employment *(e.g., authority, responsibilities, conduct, reporting requirements, enforcement actions, jurisdiction, supervision, etc.):*
c. Use of agency resources during extra-duty employment *(e.g., uniforms, equipment, vehicles, identification, etc.);*
d. Work-hour limitations, when applicable; and
e. Restrictions on extra-duty employment while employees are in a leave, injury, restricted-duty, or other employment status *(e.g., sick leave, injury leave, administrative leave, leave without pay, limited-duty status, etc.).*

Guidance

The purpose of this standard is to ensure the agency establishes clear expectations and controls for officers engaged in extra-duty employment. Extra-duty employment presents increased liability exposure due to the potential use of law enforcement authority, agency equipment, and public identification of officers acting in an official or quasi-official capacity.

Extra-duty employment presents elevated liability exposure to both the agency and the officer. When officers are authorized to perform extra-duty work, they may be perceived as acting in an official capacity, which can extend agency responsibility for their actions.

Additional considerations may include:

- Workers' compensation coverage and liability for injuries sustained during extra-duty employment;
- Responsibility for use-of-force incidents or enforcement actions taken while working extra-duty assignments;
- Insurance coverage and indemnification issues; and
- Coordination with external organizations requesting law enforcement services.

These considerations highlight the importance of clearly defined policies governing approval, conduct, supervision, and reporting associated with extra-duty employment.

Approval requirements help ensure that extra-duty employment is consistent with agency policies, does not create conflicts of interest, and does not interfere with an officer's primary responsibilities. Agencies should ensure extra-duty employment is reviewed prior to approval and that conditions of approval are clearly defined.

Officer authority, responsibilities, and conduct should be clearly defined to ensure officers understand their role while engaged in extra-duty employment. This includes expectations related to the use of law enforcement authority, adherence to agency policy, and maintaining professional conduct consistent with on-duty standards.

The use of agency uniforms, equipment, vehicles, identification, or other resources should be clearly controlled. Agencies should define when and how these resources may be used, as well as any limitations or restrictions. This helps prevent misuse, ensures accountability, and reduces liability exposure.

Work-hour limitations, when established, are intended to reduce fatigue and ensure officers remain fit for duty. Agencies should consider how total hours worked, including both regular duty and extra-duty employment, may impact performance, decision-making, and safety.

Restrictions on extra-duty employment during certain employment statuses are intended to ensure officers are not engaging in activities inconsistent with medical, administrative, disciplinary, or other employment-related conditions. These restrictions protect both the officer and the agency from potential liability and help ensure officers remain fit for duty.

An officer's role during extra-duty employment includes compliance with agency requirements regarding authority, responsibilities, conduct, supervision, and reporting of incidents occurring during extra-duty employment.

For purposes of this standard:

- **Extra-duty employment** refers to employment in which an officer may exercise law enforcement authority or is authorized to use agency-issued uniforms, equipment, identification, or other resources while performing services outside normal duty assignments.

Documentation demonstrating compliance may include:

- Extra-duty employment approval requests and authorization records;
- Records of approved or denied extra-duty employment;
- Agreements or contracts for extra-duty services, if applicable;
- Work-hour tracking records, when maintained;
- Supervisory oversight or assignment records;
- Incident reports documenting activities occurring during extra-duty employment;

- Documentation related to violations of extra-duty employment requirements; and
- Audit or review records related to extra-duty employment activities.

Proofs of compliance should consist of records demonstrating extra-duty employment was reviewed, approved, restricted, supervised, reported, or otherwise managed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

3.3.3 Contracted Law Enforcement Services: [M]

A written directive requires (1) written agreements for planned non-emergency law enforcement services provided by the agency.

a. Operational requirements for contracted law enforcement services *(e.g., scope of services, agency authority and control over assigned personnel, supervision, chain of command, jurisdictional limitations, compliance with agency policies and procedures, etc.);* and
b. Agreement requirements *(e.g., use of agency uniforms, equipment, vehicles, and identification, compensation or reimbursement, liability considerations, insurance requirements, etc.).*

Guidance
The purpose of this standard is to ensure the agency establishes clear procedures governing agreements for planned non-emergency law enforcement services provided to external entities. These services involve the use of agency personnel under formal agreements and may present operational, legal, and financial considerations.

For purposes of this standard:
- **Contracted Law Enforcement Services** refers to planned non-emergency services provided by the agency to an external entity under a formal agreement. Personnel assigned to contracted services remain under the authority, direction, and control of the agency and are subject to agency policies and procedures while performing these services.

Operational requirements for contracted law enforcement services should ensure personnel assigned to contracted services remain under the authority, direction, and control of the agency. Agencies should establish procedures that clearly define expectations for service delivery and employee conduct while assigned to contracted service activities.

Examples may include:
- Scope of services to be provided;
- Agency authority and control over assigned personnel;
- Supervision and chain of command;
- Authority and jurisdictional limitations;
- Compliance with agency policies and procedures; and
- Reporting or documentation responsibilities.

Agreement requirements should clearly identify the responsibilities of the agency and the contracting entity. Formal agreements should establish the terms under which services are provided and help prevent misunderstandings regarding operational, legal, and financial obligations.

Examples may include:
- Use of agency uniforms;
- Use of agency equipment;
- Use of agency vehicles;
- Use of agency identification;

- Compensation, reimbursement, or cost recovery;
- Liability considerations;
- Indemnification provisions; and
- Insurance requirements.

Documentation demonstrating compliance may include:
- Contracted service agreements;
- Service contracts;
- Memoranda of Understanding (MOUs);
- Interlocal agreements;
- Assignment or scheduling records for personnel providing contracted services;
- Communication records between the agency and the contracting entity regarding service delivery;
- Financial or reimbursement records, when applicable; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating contracted law enforcement services are governed by formal agreements and conducted in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 12-2901 et seq. Interlocal Cooperation Act
- K.S.A. 75-6101 et seq. Kansas Tort Claims Act
- K.S.A. 74-5622 Law Enforcement Authority And Jurisdiction
- Applicable City, County, Or Governing Body Ordinances, Resolutions, Contracts, Purchasing Requirements, And Service Agreements

Section 3.4 – Grievance Procedures

3.4.1 Employee Grievance Process: [M] [DT]

A written directive establishes the agency's employee grievance process and, at a minimum, includes:

a. Matters eligible for grievance *(e.g., working conditions, disciplinary actions, policy interpretation, application of agency rules, employment-related disputes, etc.);*
b. Requirements for initiating a grievance *(e.g., filing deadlines, required information, submission procedures, forms, chain of command requirements, etc.);*
c. Employee representation rights *(e.g., legal counsel, bargaining unit representation, association representation, employee-selected representation, etc.);* and
d. **Procedures** for grievance resolution *(e.g., assignment of responsibility, reviews, response timelines, appeals, final disposition, records retention, etc.).*

Guidance

The purpose of this standard is to ensure the agency establishes a fair, consistent, and clearly defined process for resolving employee grievances. A well-defined grievance process promotes transparency, accountability, and employee confidence by providing an orderly method for addressing work-related concerns and disputes.

An employee grievance process should clearly identify matters eligible for grievance, establish requirements for initiating a grievance, define employee representation rights, and provide a structured process for grievance resolution. Clearly defined requirements help ensure grievances are managed consistently and in a timely manner.

Matters eligible for grievance may include:

- Working conditions;
- Disciplinary actions;
- Policy interpretation;
- Application of agency rules;
- Employment-related disputes; and
- Other matters identified by the agency.

Requirements for initiating a grievance should clearly identify the information necessary for the agency to understand, evaluate, and respond to the matter being presented. The level of detail required should be reasonable and appropriate to the nature of the grievance.

Examples may include:
- Filing deadlines;
- Required information;
- Submission procedures;
- Required forms;
- Chain of command requirements; and
- Other agency-established filing requirements.

Examples of information that may be required when initiating a grievance include:
- Date of the incident or occurrence;
- Location of the incident or occurrence, when applicable;
- Names of individuals involved;
- Names of witnesses, when known;
- Description of the incident or circumstances giving rise to the grievance;
- Supporting documentation or evidence, when applicable;
- Actions previously taken to resolve the matter, if any; and
- The outcome or resolution requested by the employee.

Representation rights should be clearly defined so employees understand whether representation is permitted and, if so, any limitations that may apply.

Examples may include:
- Legal counsel;
- Bargaining unit representation;
- Association representation;
- Employee-selected representation; and
- Other representation authorized by the agency.

Procedures for grievance resolution should identify how grievances are received, assigned, reviewed, considered, and resolved. Agencies should establish a process that promotes accountability, consistency, and timely resolution.

Examples may include:
- Assignment of responsibility;
- Administrative reviews;
- Response timelines;
- Final disposition;
- Notification of grievance decisions; and
- Records retention.

Agencies should consider addressing:
- Methods for submitting grievances;

- Documentation requirements;
- Confidentiality considerations;
- Informal resolution opportunities, when appropriate; and
- Record retention requirements.

Documentation demonstrating compliance may include:
- Completed employee grievance forms;
- Records documenting grievance receipt and processing;
- Correspondence related to grievances;
- Documentation of representation requests or approvals, when applicable;
- Grievance review or disposition records;
- Documentation demonstrating responses were provided within established timeframes; and
- Records reflecting administration and tracking of grievance matters.

Proofs of compliance should consist of records demonstrating employee grievances were received, reviewed, processed, and resolved in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

3.4.2 Employee Grievance Appeal Process: [O]

If the agency permits appeals of grievance decisions, **a written directive establishes** the agency's employee grievance appeal process and, at a minimum, includes:

a. Eligibility criteria for appealing a grievance decision *(e.g., appealable decisions, standing to appeal, grounds for appeal, etc.);*
b. Requirements for initiating an appeal *(e.g., filing deadlines, required information, submission procedures, forms, chain of command requirements, etc.);*
c. Responsibility for administration of the grievance appeal process; and
d. **Procedures** for grievance appeal resolution *(e.g., assignment of responsibility, reviews, response timelines, appeals hearings, final disposition, records retention, etc.).*

Guidance
The purpose of this standard is to ensure agencies that permit appeals of grievance decisions establish a fair, consistent, and clearly defined appeal process. An appeal process provides employees with an opportunity to request further review of a grievance decision and promotes confidence in the integrity and fairness of the agency's grievance system.

The intent of this standard is not to require agencies to establish a grievance appeal process, but rather to ensure that agencies choosing to provide an appeal process establish clear requirements governing its administration.

A grievance appeal process should clearly identify who may appeal, establish requirements for initiating an appeal, identify responsibility for administration of the process, and provide a structured process for appeal review and resolution.

Eligibility criteria should clearly identify which grievance decisions may be appealed and any limitations or conditions applicable to the appeal process.

Examples may include:
- Appealable grievance decisions;
- Standing to appeal;
- Grounds for appeal;
- Limitations on appeal rights;

- Final and non-appealable decisions; and
- Other agency-established eligibility requirements.

Requirements for initiating an appeal should identify the information necessary to evaluate the appeal and ensure appeals are submitted within established timelines.

Examples may include:
- Filing deadlines;
- Required information;
- Submission procedures;
- Required forms;
- Chain of command requirements; and
- Other agency-established filing requirements.

Examples of information that may be required when initiating an appeal include:
- Identification of the grievance being appealed;
- Date of the original grievance decision;
- Basis for the appeal;
- Supporting documentation or evidence, when applicable;
- Information regarding alleged procedural errors, when applicable; and
- The outcome or remedy requested by the employee.

Responsibility for administration of the appeal process should be clearly identified to ensure accountability and proper oversight. Depending on the size and structure of the agency, responsibility may be assigned to a supervisor, command staff member, human resources representative, governing authority, hearing officer, review board, or other designated individual.

Procedures for grievance appeal resolution should identify how appeals are received, reviewed, considered, and resolved.

Examples may include:
- Assignment of responsibility;
- Administrative reviews;
- Appeal hearings;
- Response timelines;
- Final disposition;
- Notification of appeal decisions; and
- Records retention.

Agencies may determine that the grievance decision rendered by the Chief Law Enforcement Executive Officer, Sheriff, governing authority, or other designated official constitutes the final level of review. In such cases, a separate grievance appeal process may not exist.

Agencies should consider addressing:
- Methods for submitting appeals;
- Documentation requirements;
- Confidentiality considerations;
- Levels of review;
- Whether appeal reviews are conducted by personnel not involved in the original grievance decision;
- Informal resolution opportunities, when appropriate; and
- Whether the appeal decision constitutes the final level of review.

Documentation demonstrating compliance may include:
- Employee appeal forms or submissions;

- Records documenting receipt and processing of appeals;
- Correspondence related to appeals;
- Appeal review records;
- Appeal hearing documentation, when applicable;
- Appeal disposition records;
- Documentation supporting appeal decisions;
- Documentation demonstrating responses were provided within established timeframes; and
- Records reflecting administration and tracking of appeal matters.

Proofs of compliance should consist of records demonstrating grievance appeals were received, reviewed, processed, and resolved in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 3.5 - Performance Evaluations

3.5.1 Employee Performance Evaluation System: [M] [TS]

A written directive establishes the agency's performance evaluation system and, at a minimum, includes:

a. Performance rating (1) categories and their (2) definitions;
b. A **documented annual performance evaluation** of each full-time employee, excluding the CLEO;
c. Evaluation criteria specific to the employee's job functions during the rating period;
d. Review of performance evaluations by a supervisor higher than the rater;
e. Employee acknowledgment of the performance evaluation (*e.g., employee signature, comments, rebuttal, etc.);* and
f. Retention requirements for performance evaluations.

Guidance
This standard is intended to ensure employee performance is evaluated consistently, fairly, and in a manner that supports professional development, accountability, and organizational effectiveness.

A performance evaluation system provides a structured method for assessing employee performance, identifying strengths and areas for improvement, documenting accomplishments, and establishing performance expectations.

Performance rating categories and their definitions should be clearly established so employees and supervisors understand how performance is measured and evaluated. Rating categories may include numerical scales, descriptive ratings, or other methods established by the agency.

Evaluation criteria should be related to the employee's assigned duties and responsibilities during the rating period. Agencies should ensure employees are evaluated using criteria that are relevant to their position, assignment, and level of responsibility.

Examples of evaluation criteria may include:
- Job knowledge;
- Quality of work;
- Productivity;
- Initiative;
- Decision-making;
- Communication skills;
- Leadership ability;

- Supervisory effectiveness;
- Report writing;
- Investigative performance;
- Community engagement; and
- Other job-related performance factors.

For purposes of this standard:

- **Performance rating categories** refer to the rating scales, performance levels, scoring systems, or other methods used to evaluate employee performance.
- **Rating period** refers to the period of time covered by the evaluation.

Employees should be provided an opportunity to review and acknowledge their evaluation. Employee acknowledgment may include a signature, written comments, rebuttal, electronic acknowledgment, or other method established by the agency. An employee's acknowledgment generally confirms receipt and review of the evaluation and does not necessarily indicate agreement with its contents.

The review requirement refers to a level of supervision above the individual completing the evaluation (the rater), which may include the rater's supervisor, command staff, human resources personnel, or the Chief Law Enforcement Executive Officer (CLEO), depending on the agency's organizational structure.

Documentation demonstrating compliance may include:

- Completed performance evaluations;
- Employee acknowledgment signatures;
- Employee comments or rebuttals;
- Reviewer signatures or review documentation;
- Evaluation schedules or tracking records; and
- Other records demonstrating evaluations were completed within established timeframes.

Proofs of compliance should consist of records demonstrating employee performance evaluations were completed, reviewed, acknowledged, and retained in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

Chapter 4 - Recruitment and Selection

Section 4.1 - Recruitment

4.1.1 Pre-Employment Background Investigations: [M] [TS]

A written directive establishes procedures for pre-employment background investigations and, at a minimum, includes:

a. **A documented pre-employment background investigation prior to appointment**;
b. Criminal history eligibility review *(e.g., fingerprint-based criminal history record checks, local, state, and national criminal history information, driving history and operator status, when applicable, etc.);*
c. Verification of applicant qualifications *(e.g., application materials, education, employment history, references, licensing, certification, or other qualifications applicable to the position sought);*
d. For sworn candidates, a review of applicable decertification records *(e.g., state decertification records, the National Decertification Index (NDI), or other decertification resources available to the agency);*
e. In accordance with applicable law and consistent with the First Amendment, a review of publicly available online information to identify activity that promotes or supports unlawful violence or unlawful bias; and
f. Retention requirements for background investigation records.

Guidance

The purpose of this standard is to ensure the agency conducts and documents pre-employment background investigations to verify the qualifications, suitability, integrity, and fitness of candidates prior to employment. Thorough background investigations help agencies make informed hiring decisions, reduce organizational risk, and promote public confidence in the professionalism of agency personnel.

Pre-employment background investigations should be conducted before a candidate is appointed or employed. The scope and depth of the investigation may vary based on the position being filled; however, the investigation should be sufficient to verify information provided by the candidate and identify concerns that may affect the individual's suitability for employment.

The requirement for a documented pre-employment background investigation is intended to ensure the agency maintains evidence of the investigative activities performed, and information reviewed during the hiring process. Documentation should be sufficient to demonstrate the background investigation was completed and considered before an employment decision was made.

Criminal history eligibility reviews help determine whether a candidate meets legal, regulatory, or agency requirements for employment and may identify conduct affecting the individual's ability to perform assigned duties.

Criminal history eligibility reviews may include:

- Fingerprint-based criminal history record checks;
- Local criminal history information;
- State criminal history information;
- National criminal history information;
- Driving history records;
- Verification of driving privileges or operator status, when applicable; and
- Other eligibility reviews required by the agency.

Verification of applicant qualifications helps confirm that candidates possess the qualifications required for the position sought and may identify discrepancies, omissions, or areas requiring additional inquiry.

Qualification verification may include:

- Review of application materials;
- Verification of education;
- Verification of employment history;
- Verification of references;
- Verification of licenses or certifications, when applicable; and

- Other qualifications relevant to the position sought.

For sworn candidates, agencies should review applicable decertification records to determine whether the candidate has been subject to certification revocation, suspension, surrender, resignation in lieu of discipline, or other actions affecting the individual's authority or suitability to serve as a law enforcement officer.

Reviews of publicly available online information should be conducted in accordance with applicable law and consistent with constitutional protections. Agencies should ensure such reviews are limited to lawfully available information and are used only for legitimate employment-related purposes.

Examples of documentation reviewed during a background investigation may include:

- Employment applications;
- Résumés or supplemental application materials;
- Educational transcripts, diplomas, or certifications;
- Employment records or verification responses;
- Reference questionnaires or interviews;
- Driving history records;
- Criminal history information;
- Decertification records;
- Military service records, when applicable; and
- Publicly available online information relevant to employment suitability.

Retention requirements should establish how background investigation records are maintained, protected, retained, and disposed of in accordance with applicable law, records retention schedules, and agency procedures.

Documentation demonstrating compliance may include:

- Completed background investigation reports;

Proofs of compliance should consist of records demonstrating the agency completed and documented pre-employment background investigations prior to appointment, conducted criminal history eligibility reviews, verified applicant qualifications, reviewed applicable decertification records for sworn candidates, reviewed publicly available online information in accordance with applicable law, and maintained background investigation records in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 74-5601 et seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications For Certification and Appointment of Law Enforcement Officers
- Criminal Justice Information Services (CJIS) Security Policy, as Applicable
- National Decertification Index (NDI), as Available
- Applicable City, County, University, Civil Service, Personnel, or Employment Policies Governing Applicant Screening and Hiring

4.1.2 Pre-Employment Medical Exam and Drug Screening: [M] [TS]

The agency requires all sworn candidates to:

a. **Receive a conditional offer of employment prior to a (1) medical examination and (1) drug screening**;
b. Successfully complete a medical examination conducted by a licensed healthcare provider *(e.g., physician (MD or DO), chiropractor (DC), physician assistant (PA-C), or advanced practice registered nurse (APRN);* and
c. Successfully **complete the (1) medical examination and (2) drug screening prior to appointment**.

Guidance

This standard is intended to ensure sworn candidates are medically capable of performing the essential functions of the position and are screened for the presence of prohibited drugs prior to appointment.

The Kansas Law Enforcement Training Act requires sworn candidates to undergo a medical examination as a condition of certification and appointment. Agencies should ensure the medical examination and drug screening are completed following a conditional offer of employment and prior to appointment.

Medical examinations are intended to assess whether a candidate is medically capable of performing the essential functions of the position. Drug screenings provide an additional safeguard by helping identify the presence of prohibited substances that may affect a candidate's fitness for employment.

Agencies should ensure medical examinations and drug screenings are conducted in a manner consistent with applicable laws, regulations, and employment practices. The agency's role is generally limited to determining whether a candidate has successfully satisfied employment requirements rather than obtaining or maintaining detailed medical information beyond that necessary to support employment decisions.

For purposes of this standard:

- Medical Examination refers to an evaluation of an individual's physical health conducted for the purpose of determining medical fitness, capability, or suitability for employment or appointment.
- Licensed Healthcare Provider refers to a physician (MD or DO), chiropractor (DC), physician assistant (PA-C), or advanced practice registered nurse (APRN) licensed and authorized under Kansas law to conduct medical examinations within the scope of their professional license.

Agencies may utilize other qualified healthcare professionals to conduct portions of the evaluation process; however, the medical examination required by this standard shall be completed by a licensed healthcare provider as defined above.

A physical therapist does not satisfy the requirements of this standard because the scope of practice established by Kansas law does not authorize a physical therapist to independently conduct and certify a medical examination for employment purposes.

Documentation demonstrating compliance may include:

- Medical examination certifications, clearances, or fitness-for-duty determinations;
- Documentation verifying successful completion of a medical examination;
- Drug screening results or verification of successful completion of a drug screening;
- Employment processing records documenting completion of pre-employment medical and drug screening requirements; and
- Other records generated through implementation of the agency's hiring procedures.

Proofs of compliance should consist of records demonstrating a conditional offer of employment was made prior to the medical examination and drug screening and that both requirements were successfully completed prior to appointment.

Legal and Regulatory References

- K.S.A. 74-5601 et seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications for Certification and Appointment of Law Enforcement Officers
- Kansas Commission On Peace Officers' Standards And Training (KS-CPOST) Certification Requirements
- Americans With Disabilities Act (Ada), 42 U.S.C. § 12112(D) Medical Examinations and Inquiries of Applicants and Employees
- Applicable Federal And State Laws Governing Medical Examinations, Employment Practices, And Drug Testing
- Applicable City, County, University, Civil Service, Personnel, Or Employment Policies Governing Applicant Medical Examinations And Drug Screening
- Kansas Human Rights Commission (KHRC) Regarding Post-Offer Drug Testing Practices

4.1.3 Pre-Employment Psychological Examinations: [M] [TS]

The agency requires all sworn candidates to:

a. **Receive a conditional offer of employment prior to a psychological examination**;
b. Successfully complete a psychological examination conducted by a licensed professional; and
c. **Complete the psychological examination prior to appointment**.

Guidance

The purpose of this standard is to ensure sworn candidates possess the psychological and emotional fitness necessary to perform the duties and responsibilities of a law enforcement officer.

Law enforcement officers are entrusted with significant authority and responsibility, including the authority to detain, arrest, use force, and make critical decisions under stressful and often rapidly evolving circumstances. Psychological examinations assist agencies in evaluating a candidate's suitability for these responsibilities and identifying factors that may affect job performance, decision-making, judgment, or fitness for duty.

Psychological examinations should be conducted following a conditional offer of employment and prior to appointment. Conducting the examination at this stage of the hiring process helps ensure compliance with applicable employment laws while providing the agency with information necessary to make informed hiring decisions.

The professional conducting the examination should be qualified by education, training, and experience to evaluate the psychological suitability of candidates for law enforcement employment. Agencies should ensure the individual conducting the examination is familiar with the duties, responsibilities, and unique demands associated with law enforcement service.

Psychological examinations may include:
- Clinical interviews;
- Standardized psychological testing instruments;
- Personality assessments;
- Behavioral assessments;
- Review of relevant background information; and
- Other professionally accepted evaluation methods.

Agencies may utilize in-person, remote, or electronically administered psychological testing services, provided the examination is conducted, reviewed, and interpreted by a licensed professional authorized to perform such evaluations.

The intent of this standard is not to require agencies to obtain or maintain detailed clinical records. Agencies should maintain only the documentation necessary to demonstrate compliance with employment requirements and support hiring decisions, consistent with applicable laws and confidentiality requirements.

Agencies should consider addressing:
- Qualification requirements for professionals conducting examinations;
- Procedures for scheduling and completing examinations;
- Confidentiality and security of psychological evaluation records;
- Procedures for addressing inconclusive results or recommendations for additional evaluation; and
- Documentation and record retention requirements.

For purposes of this standard:
- **Psychological Examination** refers to an assessment of a candidate's emotional, behavioral, cognitive, and psychological suitability for appointment as a law enforcement officer.
- **Licensed Professional** refers to an individual licensed and authorized under applicable law to conduct psychological evaluations and provide professional opinions regarding psychological fitness.

Documentation demonstrating compliance may include:

- Psychological examination completion records;
- Psychological suitability or fitness-for-duty determinations;
- Documentation verifying successful completion of a psychological examination;
- Employment processing records documenting completion of the psychological examination requirement; and
- Other records generated through implementation of the agency's hiring process.

Proofs of compliance should consist of records demonstrating a conditional offer of employment was made prior to the psychological examination and that the examination was successfully completed prior to appointment.

Legal and Regulatory References
- K.S.A. 74-5605 Minimum Qualifications for Certification and Appointment of Law Enforcement Officers
- K.A.R. 106-3-3 Psychological Testing Requirements For Law Enforcement Officer Certification
- Americans With Disabilities Act (Ada), 42 U.S.C. § 12112(D) Post-Offer Medical And Psychological Examinations

4.1.4 Recruitment, Retention, and Promotion Plan: [O] [TS] [DT]

The agency maintains **a written recruitment, retention, and promotion plan** for full-time sworn personnel and, at a minimum, addresses:

a. Recruitment strategies *(e.g., recruiting events, career fairs, agency websites, social media outreach, educational partnerships, military recruitment initiatives, community engagement efforts, etc.);*
b. Career advancement strategies *(e.g., supervisory training, leadership development programs, mentoring programs, specialty assignments, acting supervisor opportunities, succession planning, career advancement pathways, etc.);*
c. Retention strategies *(e.g., employee wellness initiatives, recognition programs, mentoring programs, career development opportunities, employee engagement efforts, leadership development training, succession planning efforts, etc.);* and
d. A **documented review** of the plan at least **every four years**.

Guidance

The purpose of this standard is to encourage agencies to proactively plan for the recruitment, retention, promotion, and professional development of sworn personnel.

Workforce planning assists agencies in identifying staffing needs, addressing recruitment challenges, improving employee retention, and preparing personnel for future leadership opportunities.

This standard requires a written plan rather than a written directive because recruitment, retention, and promotion strategies often involve workforce planning information that agencies may prefer to maintain outside of their written directive system. Agencies may maintain the plan as a separate planning document. However, agencies that choose to incorporate recruitment, retention, and promotion strategies within their written directive system may use those documents to demonstrate compliance with this standard.

The agency's plan should be appropriate for its size, resources, staffing needs, organizational structure, and the community it serves. The plan may address current staffing challenges, anticipated workforce needs, succession planning, employee development opportunities, and other factors affecting the agency's ability to recruit, retain, and promote qualified personnel.

For purposes of this standard:
- **Recruitment strategies** refer to planned efforts designed to attract qualified applicants for sworn positions.
- **Retention strategies** refer to efforts intended to improve employee satisfaction, engagement, wellness, career development, and long-term employment.
- **Career advancement strategies** refer to efforts designed to prepare employees for advancement, leadership opportunities, specialized assignments, or increased responsibilities.

Examples of recruitment strategies may include:
- Participation in career fairs, recruiting events, or community outreach activities;
- Partnerships with educational institutions, military organizations, or community groups;
- Recruitment efforts targeting qualified candidates from diverse backgrounds and experiences;
- Use of agency websites, social media platforms, and other communication methods to advertise employment opportunities; and
- Regional or statewide recruitment efforts when local applicant pools are limited.

Examples of retention strategies may include:
- Employee wellness initiatives;
- Mentoring programs;
- Recognition programs;
- Career development opportunities;
- Leadership development training; and
- Succession planning efforts.

Examples of promotion and career development strategies may include:
- Supervisory training;
- Leadership development programs;
- Specialty assignments;
- Acting supervisor opportunities;
- Formal mentoring programs; and
- Career advancement pathways.

The required review is intended to ensure the plan remains relevant to the agency's current workforce needs and organizational priorities. Agencies may revise the plan following the review when appropriate; however, the standard only requires documentation demonstrating the review was conducted.

Documentation demonstrating compliance may include:
- A recruitment, retention, and promotion plan;
- Strategic workforce planning documents;
- Personnel development plans;
- Review memoranda, meeting minutes, or other records documenting completion of the required review; and
- Revised plans reflecting updates made following a review.

Proofs of compliance should consist of records demonstrating the agency follows their recruitment, retention, and promotion plan and completed the required review in accordance with agency requirements. The plan itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Chapter 5 – Professional Standards

Section 5.1 - Disciplinary Procedures

5.1.1 Personnel Conduct and Appearance: [M]

A written directive establishes personnel standards and, at a minimum, includes:

a. Conduct *(e.g., professionalism, integrity, use of agency resources, compliance with agency policies and lawful orders, acceptance of gifts or gratuities, substance use restrictions, etc.);* and
b. Appearance *(e.g., uniforms, grooming standards, identification requirements, professional attire, appearance expectations while on duty or representing the agency, etc.).*

Guidance

The purpose of this standard is to establish expectations regarding personnel conduct and appearance. **Unlike a code of ethics, which establishes broad ethical principles and values, conduct and appearance standards establish specific expectations regarding behavior, professionalism, grooming, uniforms, identification, use of agency resources, and other employment-related requirements**.

Personnel conduct and appearance standards promote professionalism, accountability, consistency, and public confidence in the agency. Clearly defined standards help employees understand expectations and provide supervisors with a framework for maintaining organizational professionalism.

Agencies should ensure personnel standards clearly communicate expected conduct and appearance requirements and identify prohibited or restricted behaviors when applicable.

Examples of personnel conduct topics may include:
- Use of alcohol, drugs, or controlled substances;
- Acceptance of gifts, gratuities, favors, or other improper benefits;
- Abuse or misuse of authority;
- Truthfulness and integrity in the performance of duties;
- Compliance with agency policies and lawful orders; and
- Conduct that may adversely affect agency operations, public confidence, or workplace professionalism.

Examples of appearance topics may include:
- Uniform requirements;
- Grooming standards;
- Identification requirements;
- Professional attire; and
- Appearance expectations while on duty or representing the agency.

Agencies should ensure conduct and appearance standards are applied consistently and are appropriate to the agency's mission, operational needs, and professional expectations.

For purposes of this standard:
- **Conduct** refers to expected standards of employee behavior, professionalism, and compliance with agency requirements while on or off duty, when applicable.
- **Appearance** refers to standards governing uniforms, grooming, attire, identification, and other factors affecting the professional presentation of agency personnel.

Documentation demonstrating compliance may include:
- Inspection reports;
- Supervisory reviews;

- Counseling memoranda;
- Corrective action documentation;
- Disciplinary records, when appropriate; and
- Other records demonstrating implementation of established conduct and appearance standards.

Proofs of compliance should consist of records demonstrating personnel conduct and appearance standards were communicated, enforced, and applied in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

5.1.2 Unlawful Harassment and Retaliation: [M]

A written directive addresses unlawful harassment and retaliation and, at a minimum, includes:

a. Prohibition of unlawful harassment in the workplace;
b. **Procedures** for reporting allegations of unlawful harassment that provide employees with a means of reporting when the alleged offender is within the complainant's chain of command; and
c. Protection against retaliation for reporting unlawful harassment or other workplace misconduct in good faith.

Guidance
The purpose of this standard is to promote a workplace free from unlawful harassment and retaliation and to ensure personnel have a safe and effective means of reporting concerns.

Unlawful harassment may include conduct based on protected characteristics recognized under applicable federal, state, or local law. Such conduct can interfere with an individual's work performance, create an intimidating, hostile, or offensive work environment, or adversely affect employment opportunities.

Agencies should ensure personnel are informed of reporting procedures and understand that allegations of unlawful harassment will be addressed promptly, objectively, and appropriately.

The directive should provide reporting options that allow personnel to report concerns without being required to report through an individual who may be involved in the alleged misconduct or who is within the personnel member's chain of command.

The directive should also prohibit retaliation against any individual who, in good faith:
- Reports unlawful harassment;
- Participates in an investigation;
- Provides information regarding a complaint; or
- Reports other workplace misconduct through authorized channels.

For purposes of this standard:
- **Unlawful Harassment** refers to conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- **Retaliation** refers to an adverse employment action or other prohibited conduct taken against an individual because they reported unlawful harassment, participated in an investigation, provided information related to a complaint, or reported workplace misconduct in good faith.

Documentation demonstrating compliance may include:
- Complaint forms or reporting records, when appropriate;
- Investigation documentation, when appropriate;
- Corrective action records;

- Disciplinary records, when appropriate; and
- Other records demonstrating implementation of the agency's unlawful harassment and retaliation procedures.

Proofs of compliance should consist of records demonstrating personnel were informed of unlawful harassment and retaliation reporting procedures, provided reporting options, and protected from retaliation in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Act Against Discrimination (KAAD), K.S.A. 44-1001 et seq.
- Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e et seq.
- Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq.
- Equal Employment Opportunity Commission (EEOC) Guidance Regarding Workplace Harassment And Retaliation
- Applicable City, County, University, Civil Service, Personnel, Or Employment Policies Governing Workplace Conduct, Harassment, Discrimination, And Retaliation

5.1.3 Disciplinary System: [M] [DT]

A written directive establishes procedures governing the agency's disciplinary system and, at a minimum, addresses:

a. Training as a corrective action;
b. Counseling as a corrective action;
c. Progressive disciplinary actions, when appropriate; and
d. The process for appealing disciplinary actions, if permitted.

Guidance

The purpose of this standard is to ensure agencies maintain a fair, consistent, and timely process for addressing policy violations, performance deficiencies, and misconduct.

Agencies may utilize corrective actions, disciplinary actions, or a combination of both to address employee conduct and performance concerns. The disciplinary system should promote accountability while providing flexibility to address issues at the level most appropriate to the circumstances.

For purposes of this standard:
- **Training** may be used as a corrective action to address performance deficiencies, improve job knowledge, or prevent future violations.
- **Counseling** may be used as a corrective action to address conduct or performance concerns before formal disciplinary action becomes necessary.
- **Progressive discipline** generally involves increasing levels of corrective or disciplinary action when misconduct or performance deficiencies continue or become more serious.

Examples of progressive disciplinary actions may include:
- Written reprimands;
- Suspension;
- Demotion;
- Reduction or forfeiture of leave, when authorized;
- Transfer; and
- Termination.

The disciplinary system should clearly identify authority, responsibilities, documentation requirements, and disciplinary procedures. Agencies should ensure supervisors understand their role in the administration of corrective and disciplinary actions.

Progressive discipline is not intended to prevent agencies from imposing more serious disciplinary action when warranted by the nature or severity of the misconduct. Agencies should retain the flexibility to address serious violations appropriately.

If the agency permits appeals of disciplinary actions, the disciplinary system should clearly identify employee appeal rights, appeal procedures, and applicable timelines.

Agencies should ensure disciplinary actions are administered in accordance with applicable employment rights, collective bargaining agreements, civil service rules, personnel regulations, and constitutional due process requirements.

When applicable, agencies should address employee rights associated with administrative investigations, including Garrity protections and other procedural safeguards recognized by law.

Documentation demonstrating compliance may include:
- Counseling records;
- Training documentation;
- Written reprimands;
- Notices of disciplinary action;
- Appeal records, when applicable;
- Administrative investigation records, when appropriate; and
- Other documentation generated through administration of the disciplinary system.

Proofs of compliance should consist of records demonstrating implementation of the agency's disciplinary system, including the use of corrective actions, disciplinary actions, and appeal procedures, when applicable. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 75-4326 Public Employer And Employee Relations
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification
- Garrity v. New Jersey, 385 U.S. 493 (1967) Protections Relating To Compelled Statements During Administrative Investigations
- Cleveland Board of Education v. Loudermill, 470 U.S. 532 (1985) Minimum Due Process Requirements Before Deprivation Of A Public Employee's Property Interest In Employment
- Kansas State Records Board Records Retention and Disposition Schedules, As Applicable
- Applicable Collective Bargaining Agreements

5.1.4 Supervisory Roles in the Disciplinary Process: [M]

A written directive establishes the role of supervisory personnel within the disciplinary process, and, at a minimum, includes:

a. Responsibilities *(e.g., identifying performance or conduct concerns, documenting misconduct, reporting suspected misconduct, monitoring corrective actions, recommending disciplinary action, etc.);* and
b. Authority *(e.g., counseling employees, directing remedial training, issuing corrective actions, recommending disciplinary action, referring matters for investigation, etc.).*

Guidance

The purpose of this standard is to ensure supervisory personnel understand and carry out their assigned role within the agency's disciplinary process. Clearly defined supervisory responsibilities and authority promote consistency, accountability, fairness, and appropriate oversight when addressing policy violations, performance deficiencies, and misconduct.

The written directive should identify the responsibilities of supervisory personnel within the disciplinary process.

Examples of **supervisory responsibilities** may include:
- Identifying performance or conduct concerns;
- Addressing minor violations through counseling, training, or other corrective action;
- Documenting performance deficiencies or misconduct;
- Reporting suspected misconduct to the appropriate authority;
- Conducting preliminary inquiries, when authorized;
- Monitoring employee compliance with corrective action plans;
- Recommending disciplinary action, when appropriate;
- Forwarding complaints, investigations, or disciplinary matters for further review; and
- Participating in administrative investigations or disciplinary reviews, when assigned.

The written directive should also identify the authority granted to supervisory personnel within the disciplinary process. Authority may vary based on rank, assignment, organizational structure, collective bargaining agreements, civil service requirements, or local personnel policies.

Examples of **supervisory authority** may include:
- Providing verbal counseling;
- Issuing written counseling or corrective action memoranda;
- Directing remedial training;
- Issuing written reprimands;
- Initiating or recommending disciplinary action;
- Relieving an employee from duty, when authorized;
- Referring matters for formal investigation;
- Approving, modifying, or recommending disciplinary actions within delegated authority; and
- Reviewing or approving disciplinary decisions made by subordinate supervisors.

Agencies should clearly define the level of disciplinary action each supervisory level is authorized to administer, recommend, approve, or review.

Clearly defined supervisory responsibilities and authority help ensure disciplinary matters are handled consistently throughout the agency and in accordance with established policies and procedures.

Documentation demonstrating compliance may include:
- Counseling records;
- Corrective action documentation;
- Disciplinary recommendations;
- Written reprimands;
- Supervisory review or approval documentation;
- Administrative investigation assignments; and
- Other records generated through administration of the agency's disciplinary process.

Proofs of compliance should consist of records demonstrating supervisory personnel performed assigned disciplinary responsibilities and exercised disciplinary authority in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

5.1.5 Early Intervention System: [O]

A written directive establishes procedures for the use of an early intervention system, or other similar risk management tool, and, at a minimum, includes:

a. Actions or behaviors subject to review;
b. Supervisory responsibilities;
c. Intervention options; and
d. Documentation requirements.

Guidance

The purpose of this standard is to promote the early identification and resolution of employee performance, conduct, or wellness concerns before they result in avoidable adverse outcomes, disciplinary action, or increased organizational risk.

An early intervention system, or other similar risk management tool, should provide a structured process for identifying employees who may benefit from supervisory review, corrective action, training, counseling, wellness resources, or other supportive interventions.

The intent of an early intervention system is not disciplinary in nature, but rather to identify potential performance, wellness, training, or behavioral concerns and provide appropriate intervention before more significant problems occur. Agencies should establish clearly defined criteria for initiating a review and ensure consistent application throughout the organization. Criteria may include individual incidents, patterns of behavior, performance indicators, or other factors identified by the agency.

Examples of actions or behaviors subject to review may include:
- Absenteeism or excessive tardiness;
- Use-of-force incidents;
- Citizen complaints;
- Vehicle collisions;
- On-duty injuries;
- Policy violations;
- Performance deficiencies; and
- Other indicators identified by the agency.

The written directive should identify supervisory responsibilities for monitoring, reviewing, documenting, and addressing identified concerns.

Examples of supervisory responsibilities may include:
- Monitoring established performance indicators;
- Reviewing identified actions or behaviors;
- Conducting follow-up inquiries;
- Meeting with employees to discuss concerns;
- Recommending intervention strategies;
- Documenting review and intervention efforts; and
- Monitoring employee progress following an intervention.

Intervention strategies should emphasize prevention, support, accountability, and employee wellness.

Examples of intervention options may include:
- Counseling;
- Additional training;
- Mentoring;
- Peer support;

- Employee assistance programs (EAP);
- Supervisory monitoring; and
- Fitness-for-duty evaluations, when appropriate.

For purposes of this standard:
- **Early Intervention System (EIS)** refers to a structured process used to identify, review, and address employee performance, conduct, training, or wellness concerns through appropriate supervisory intervention.
- **Intervention** refers to an action taken to address identified concerns and support employee performance, accountability, wellness, or professional development.

Documentation demonstrating compliance may include:
- Review records;
- Supervisory assessments;
- Intervention plans;
- Counseling documentation;
- Training records;
- Referral documentation; and
- Other records generated through administration of the agency's early intervention system or risk management program.

Proofs of compliance should consist of records demonstrating implementation of the agency's early intervention system or risk management tool, including identification of concerns, supervisory review, interventions provided, and follow-up actions, when applicable. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 5.2 - Organizational Integrity

5.2.1 Complaint Investigations: [M] [DT]

A written directive establishes procedures for complaints alleging misconduct by agency personnel, including anonymous complaints, and at a minimum, addresses:

a. Complaint documentation *(e.g., complaint intake, recording allegations, anonymous complaints, supporting documentation, etc.);*
b. Complaint investigation *(e.g., assignment, investigative authority, investigative responsibilities, investigative methods, etc.);* and
c. Complaint disposition *(e.g., findings, case closure, notification, corrective actions, discipline referral, etc.).*

Guidance
The purpose of this standard is to ensure allegations of misconduct by agency personnel are consistently documented, investigated, and resolved in a fair, objective, and timely manner.

All complaints, regardless of the source, including anonymous complaints, should be documented and investigated to the extent possible based on the information available. Agencies should establish procedures for receiving, documenting, reviewing, investigating, and assigning dispositions to complaints.

The agency should ensure investigative findings and final dispositions are documented and that appropriate corrective, administrative, or disciplinary action is taken when warranted.

Anonymous complaints should not be disregarded solely because the complainant's identity is unknown. The amount of investigative effort may vary depending on the nature of the allegation and the information available.

Examples of complaint dispositions may include:
- Sustained;
- Not Sustained;
- Exonerated;
- Unfounded; or
- Other dispositions established by the agency.

For purposes of this standard:
- **Complaint** refers to an allegation of misconduct, policy violation, or improper conduct involving agency personnel.
- **Disposition** refers to the final finding or determination resulting from a complaint investigation.

Documentation demonstrating compliance may include:
- Complaint forms;
- Complaint logs;
- Investigative reports;
- Disposition records;
- Correspondence related to the complaint;
- Supervisory review documentation; and
- Other records generated through implementation of the agency's complaint investigation procedures.

Proofs of compliance should consist of records demonstrating complaints were received, documented, investigated, and assigned a disposition in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification
- Kansas Open Records Act (K.S.A. 45-215 Et Seq.)
- K.S.A. 45-221 Records Exempt From Disclosure
- Garrity V. New Jersey, 385 U.S. 493 (1967) Protections Relating To Compelled Statements During Administrative Investigations
- Applicable Collective Bargaining Agreements, Civil Service Rules, And Personnel Regulations, Where Applicable

5.2.2 Complaint Records: [M]

A written directive requires, at a minimum, that complaint records be:

a. Securely stored;
b. Accessible only to authorized personnel; and
c. Retained in accordance with Kansas State Records Board retention schedules.

Guidance

The purpose of this standard is to ensure complaint records are securely maintained, protected from unauthorized access, and retained in accordance with applicable records retention requirements.

Complaint records should be stored in a manner that protects the integrity of the records and safeguards sensitive, confidential, investigative, and personnel-related information. Agencies should establish controls to prevent unauthorized access, disclosure, alteration, loss, or destruction of complaint records.

Access to complaint records should be limited to personnel whose official duties require such access. Agencies may use physical security measures, electronic permissions, role-based access controls, or other methods appropriate to the agency's recordkeeping system.

Retention and disposition of complaint records should be consistent with Kansas State Records Board-approved retention schedules. Agencies should ensure complaint records are retained for the required period and disposed of in accordance with applicable records management requirements.

For purposes of this standard:
• **Complaint records** refer to documents, files, recordings, electronic records, correspondence, reports, and other information created, received, or maintained as part of the complaint process.

Documentation demonstrating compliance may include:
- Complaint files;
- Complaint logs or tracking systems;
- Records access or permission documentation;
- Records disposition documentation;
- Records retention schedules or retention tracking records; and
- Other records generated through administration of the agency's complaint record management procedures.

Proofs of compliance should consist of records demonstrating complaint records are securely maintained, access is restricted to authorized personnel, and records are retained and disposed of in accordance with applicable records retention requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Open Records Act (K.S.A. 45-215 et seq.)
- K.S.A. 45-221 Records Exempt From Disclosure
- K.S.A. 45-401 Et Seq. Kansas Records Management Act
- Kansas State Records Board Retention And Disposition Schedules

Section 5.3 - Complaint Procedures

5.3.1 Complainant Notification: [M]

A written directive establishes procedures for complainant notification and, at a minimum, includes:

a. Notification of complaint dispositions; and
b. Documentation of notification.

Guidance

The purpose of this standard is to ensure complainants are informed of the outcome of their complaint through a consistent and documented process.

Complainant notification promotes transparency, accountability, and public confidence in the agency's complaint investigation process. Agencies should establish procedures identifying how complainants will be notified of complaint dispositions and how those notifications will be documented.

The degree of detail provided to a complainant is at the discretion of the agency. At a minimum, complainants should be advised of the general disposition of their complaint while protecting the confidentiality of personnel records, protected information, and sensitive investigative information. Agencies may utilize the complaint dispositions established pursuant to Standard 5.2.1.

The written directive should identify acceptable methods of notification. Examples may include:

- Written correspondence;
- Electronic communication;
- Telephone notification; or
- In-person notification.

This standard does not require notification when the identity of the complainant is unknown or when no contact information is available. Agencies should document reasonable efforts to provide notification when contact information is available.

Documentation of notification helps demonstrate compliance with agency procedures and provides a record that complainants were informed of the outcome of their complaint.

Documentation demonstrating compliance may include:
- Copies of disposition letters;
- Email notifications;
- Complaint tracking records;
- Documentation of telephone or in-person notifications;
- Complaint files containing notification documentation; and
- Other records generated through implementation of the agency's complainant notification procedures.

Proofs of compliance should consist of records demonstrating complainants were notified of complaint dispositions in accordance with agency requirements and that notification efforts were documented. The written directive itself does not constitute proof of compliance.

The intent of this standard is to establish a process for notifying the complainant of the status of their complaint, although the degree of specificity of the notice is left to the discretion of the agency. This standard does not apply to anonymous complaints.

Legal and Regulatory References
- Kansas Open Records Act (K.S.A. 45-215 et seq.)
- K.S.A. 45-221 Records Exempt From Disclosure
- Kansas State Records Board Retention And Disposition Schedules

5.3.2 Notification of Alleged Misconduct: [M]

A written directive requires that personnel who are the subject of an investigation receive written notification that includes:

a. The allegations under investigation;
b. Their rights related to the investigation *(e.g., representation rights, legal counsel, Garrity-related protections, rights established by collective bargaining agreements, employment agreements, civil service rules, personnel regulations, appeal rights, grievance rights, etc.);* and
c. Their responsibilities related to the investigation *(e.g., cooperation with the investigation, providing truthful statements when required, maintaining confidentiality when required, complying with lawful orders related to the investigation, etc.).*

Guidance

The purpose of this standard is to ensure personnel who are the subject of an administrative investigation are informed of the nature of the allegations and understand their rights and responsibilities throughout the investigative process.

Notification should be provided as soon as practical after the initiation of the investigation, unless doing so would compromise the integrity of the investigation, jeopardize the safety of any person, or create a risk to agency operations.

The written notification should clearly identify the alleged misconduct, policy violation, or conduct under review. Agencies are not required to disclose all investigative details at the time of notification but should provide sufficient information for the individual to understand the nature of the allegation.

The written notification should also advise personnel of applicable rights and responsibilities established by agency policy, collective bargaining agreements, employment agreements, civil service rules, personnel regulations, or applicable law.

Examples of **rights** that may be addressed include:
- Representation rights, when applicable;
- The right to legal counsel, when applicable;
- The right to record meetings or interviews, when authorized by agency policy or applicable law;
- Garrity-related protections, when applicable;
- Rights established by collective bargaining agreements, employment agreements, civil service rules, personnel regulations, or agency policy; and
- Access to applicable appeal, grievance, or review procedures.

Examples of **responsibilities** that may be addressed include:
- Cooperating with administrative investigations;
- Providing truthful statements when required;
- Maintaining confidentiality when required; and
- Complying with lawful orders related to the investigation.

For purposes of this standard:
- **Administrative investigation** refers to an inquiry conducted by or on behalf of the agency to determine whether personnel violated agency policy, rules, procedures, or other employment-related requirements.
- **Subject of an investigation** refers to the employee whose conduct is being reviewed or investigated.

Documentation demonstrating compliance may include:
- Written notices of investigation;
- Employee or personnel acknowledgment forms;
- Administrative investigation files;
- Correspondence related to investigative notifications; and
- Other records documenting notification of allegations, rights, and responsibilities.

Proofs of compliance should consist of records demonstrating personnel who were the subject of an administrative investigation received written notification of the allegations under investigation and were informed of their applicable rights and responsibilities. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 75-4326 Public Employer And Employee Relations
- Garrity V. New Jersey, 385 U.S. 493 (1967) Protections Relating To Compelled Statements During Administrative Investigations
- Cleveland Board Of Education V. Loudermill, 470 U.S. 532 (1985) Due Process Requirements For Public Employees Facing Disciplinary Action
- Applicable Collective Bargaining Agreements, Employment Agreements, And Civil Service Rules, Where Applicable

Chapter 6 – Use of Force

Section 6.1 - Use of Force

6.1.1 Use of Force: [M]

A written directive establishes use of force standards and, at a minimum, includes:

a. Personnel use only the amount of force that is objectively reasonable and necessary to accomplish lawful objectives; and
b. Personnel employ de-escalation techniques when practical.

Guidance

The purpose of this standard is to ensure personnel use force only when necessary and only to the extent that it is objectively reasonable and necessary under the totality of the circumstances. Agency use-of-force policies should emphasize the protection of human life, the sanctity of life, and the importance of sound decision-making during law enforcement encounters.

Personnel should be trained to evaluate each situation based on the facts and circumstances known to them at the time and to continually assess whether the level of force being used remains objectively reasonable and necessary to accomplish a lawful objective.

The concept of objective reasonableness requires force decisions to be evaluated from the perspective of a reasonable officer facing the same circumstances, rather than through hindsight. The appropriateness of force depends upon the totality of the circumstances confronting the officer at the time force is applied.

De-escalation should be considered a critical component of use-of-force decision-making. When practical and consistent with officer safety, public safety, and the circumstances confronting the officer, personnel should employ techniques designed to stabilize situations, reduce tension, improve communication, and decrease the likelihood that force will be necessary.

Examples of de-escalation techniques may include:
- Verbal persuasion;
- Crisis intervention techniques;
- Tactical repositioning;
- Creating time and distance;
- Summoning specialized resources; and
- Other techniques designed to safely reduce the intensity of an encounter.

Agencies should recognize that de-escalation may not be practical in every situation. The feasibility of de-escalation depends on factors such as the immediacy of the threat, the actions of the subject, environmental conditions, available resources, and the need to protect the public or agency personnel.

For purposes of this standard:
- **Objective Reasonableness** refers to a standard by which an officer's use of force is evaluated based on the facts and circumstances known to the officer at the time force was used.
- **De-escalation** refers to actions or techniques intended to stabilize a situation, reduce the likelihood of force, and increase the opportunity for voluntary compliance.

Documentation demonstrating compliance may Include:
- Use-of-force reports;
- Supervisory reviews of use-of-force incidents;
- Internal reviews or investigations involving use-of-force incidents;

- Corrective action documentation;
- Disciplinary documentation;
- Other records demonstrating implementation of the agency's use-of-force requirements.

Proofs of compliance should consist of records demonstrating personnel used force in accordance with agency requirements, and that use-of-force incidents were reviewed and addressed when necessary. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Protection Against Unreasonable Seizures And Use Of Force
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard
- Tennessee V. Garner, 471 U.S. 1 (1985) Constitutional Limitations On Deadly Force
- K.S.A. 74-5601 Et Seq. Kansas Law Enforcement Training Act

6.1.2 Use of Deadly Force: [M]

A written directive governs the use of deadly force and, at a minimum:

a. Establishes the circumstances under which deadly force may be authorized *(e.g., objectively reasonable belief that a subject poses an imminent danger of death or serious physical injury to the officer or another person, restrictions on the use of deadly force against fleeing suspects, prohibitions against the use of deadly force when the threat is solely to self or property, etc.);*
b. Restricts or prohibits specified force techniques *(e.g., chokeholds, carotid (vascular neck) restraints, etc.);*
c. Restricts the discharge of firearms *(e.g., from moving vehicles, at moving vehicles, authorized exceptions, etc.);* and
d. Establishes warning requirements *(e.g., verbal warnings prior to the use of deadly force when feasible and safe to do so, warning shots when authorized, circumstances governing their use, etc.).*

Guidance

The intent of this standard is to establish clear policy guidance governing the use of deadly force in life-threatening situations. Agency policies should ensure deadly force is used only when objectively reasonable and necessary to address an imminent danger of death or serious physical injury to the officer or another person.

Deadly force decisions should be evaluated based on the totality of the circumstances known to the officer at the time and not with the benefit of hindsight. Agency policies should clearly articulate the circumstances under which deadly force may be authorized and identify limitations governing its use.

The requirement that an officer have an objectively reasonable belief that a subject poses an imminent danger of death or serious physical injury is intended to ensure deadly force is limited to circumstances involving an immediate threat. The determination should be based on the facts and circumstances confronting the officer at the time force is used.

The written directive should establish the circumstances under which deadly force may be authorized.

Examples may include:
- An objectively reasonable belief that a subject poses an imminent danger of death or serious physical injury to the officer or another person;
- Restrictions on the use of deadly force against fleeing suspects consistent with applicable law;
- Prohibitions on the use of deadly force against persons whose actions pose a threat solely to themselves or property, absent an imminent danger of death or serious physical injury to the officer or others; and
- Other limitations established by law or agency policy.

The written directive should identify any force techniques that are prohibited or restricted.

Examples may include:
- Chokeholds;
- Carotid (vascular neck) restraints; and
- Other techniques restricted or prohibited by law or agency policy.

The written directive should establish restrictions governing the discharge of firearms.

Examples may include:
- Discharge of firearms from moving vehicles;
- Discharge of firearms at moving vehicles; and
- Authorized exceptions established by the agency.

The written directive should establish warning requirements associated with the use of deadly force.

Examples may include:
- Verbal warnings prior to the use of deadly force, when feasible and safe to do so;
- Warning shots, when authorized by agency policy; and
- Circumstances governing the use of warning shots.
- **Warning shots** are defined as the discharge of a firearm for the purpose of compelling compliance from an individual and not intended to cause physical injury. Due to the inherent risks associated with warning shots, agencies may choose to prohibit their use. If warning shots are permitted, the written directive should clearly define the conditions under which they may be utilized.

Examples of conditions governing warning shots may include:
- Requiring a defined target and prohibiting shots fired straight into the air;
- Limiting use to circumstances where deadly force would otherwise be authorized;
- Prohibiting use when the warning shot would pose a substantial risk of injury or death to any person; and
- Requiring the officer to reasonably believe the warning shot will reduce the likelihood that deadly force will be required.

For purposes of this standard:
- **Deadly Force** refers to force that is intended or known by the officer to create a substantial risk of causing death or great bodily harm.
- **Imminent Danger** refers to an immediate threat of death or serious bodily injury that is occurring or is about to occur.

Documentation demonstrating compliance may include:
- Use-of-force reports;
- Administrative review or supervisory review documentation;
- After-action reviews;
- Corrective action documentation;
- Disciplinary records related to violations of agency use-of-force requirements, when applicable; and
- Other records demonstrating implementation of agency use-of-force requirements.

Proofs of compliance should consist of records demonstrating deadly force incidents were reviewed in accordance with agency requirements and that identified violations were addressed when appropriate. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Constitutional Standard Governing Law Enforcement Seizures And Use Of Force
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape

- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard for Evaluating Law Enforcement Use of Force
- Tennessee V. Garner, 471 U.S. 1 (1985) Constitutional Limitations On The Use Of Deadly Force Against Fleeing Suspects

6.1.3 Rendering Medical Aid: [M]

A written directive requires personnel to request and/or render medical aid when circumstances suggest an injury may have occurred *(e.g., known, suspected, alleged, etc.).*

Guidance

The purpose of this standard is to ensure injured persons receive appropriate medical attention and that agency personnel take reasonable action when an injury is known, suspected, or alleged. Prompt medical aid helps reduce the severity of injuries, supports the safety and well-being of individuals involved in law enforcement encounters, and promotes public trust and accountability.

Personnel should request and/or render medical aid when circumstances suggest an injury may have occurred, regardless of whether an injury is immediately visible. Personnel should be attentive to signs of injury, complaints of pain, requests for medical assistance, or other circumstances that reasonably suggest the need for medical evaluation or treatment.

This requirement is intended to ensure that potential injuries receive appropriate attention when an injury is known, suspected, or alleged, even when the existence or severity of the injury has not been confirmed.

The type of aid provided may vary based on the circumstances, the severity of the injury, the officer's training, available equipment, and the availability of medical resources. Personnel are not expected to provide medical care beyond their level of training or certification.

Examples of actions that may satisfy the intent of this standard include:

- Requesting emergency medical services;
- Providing basic first aid within the scope of the officer's training;
- Flushing chemical agents from a person's eyes or skin;
- Monitoring an individual's condition pending the arrival of medical personnel;
- Arranging evaluation by emergency medical personnel; or
- Facilitating immediate medical treatment for serious or life-threatening injuries.

For purposes of this standard:

- **Medical aid** refers to assistance provided to address an actual, suspected, or alleged injury or medical condition and may include requesting medical services, rendering aid within the scope of training, or both.
- **Render** refers to providing medical assistance within the scope of an individual's training, certification, and available resources.

Documentation demonstrating compliance may include:

- Use-of-force reports;
- Arrest reports;
- Incident reports;
- Medical assistance requests;
- Emergency medical services records; and
- Other records demonstrating that medical aid was requested and/or rendered when an injury was known, suspected, or alleged.

Proofs of compliance should consist of records demonstrating personnel requested and/or rendered medical aid in accordance with agency requirements when an injury was known, suspected, or alleged. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourteenth Amendment Due Process Protections Relating To Medical Care For Persons In Custody
- City Of Revere V. Massachusetts General Hospital, 463 U.S. 239 (1983) Medical Care For Persons Injured During
- Apprehension By Law Enforcement
- K.S.A. 65-6112 et seq. Kansas Emergency Medical Services Act

Section 6.2 - Reporting and Review

6.2.1 Reporting Use of Force: [M] [TS] [DT]

A written directive requires the **completion of a use-of-force report**, at a minimum, whenever agency personnel:

a. Discharge a firearm, except during authorized training or for the humane destruction of an animal;
b. Take action that results in, or is alleged to have resulted in, injury or death to another person;
c. Apply force through the use of a (1) less-lethal or a (2) lethal weapon; and
d. Apply weaponless physical force at a level defined by the agency.

Guidance

The purpose of this standard is to ensure the agency maintains a consistent process for documenting, reviewing, and analyzing uses of force. Accurate reporting assists the agency in identifying trends, evaluating training needs, promoting employee safety, supporting accountability, and maintaining public confidence.

The written directive should clearly establish when a use-of-force report is required and identify the level of force that triggers reporting requirements. Agencies should ensure personnel understand their reporting responsibilities and the circumstances that require documentation.

The written directive should address reporting requirements involving:
- Firearm discharges, except during authorized training or for the humane destruction of an animal;
- Actions that result in, or are alleged to have resulted in, injury or death to another person;
- The use of less-lethal or lethal weapons; and
- Weaponless physical force at a level defined by the agency.

Agencies may establish reporting requirements for additional force applications not specifically required by this standard, including the intentional display or pointing of a firearm, conducted energy weapon displays, or other uses of force deemed significant by the agency.

The written directive should also address reporting responsibilities when multiple personnel are involved in the same incident, including specialized units, tactical teams, or situations involving multiple applications of force.

For purposes of this standard:
- **Use of Force Report** refers to documentation completed following a reportable use-of-force incident in accordance with agency policy.

Documentation demonstrating compliance may include:
- Use of Force Reports;
- Incident reports;
- Arrest reports;
- Supervisory review documentation;

- Use of force tracking systems or databases; and
- Other records demonstrating compliance with agency use of force reporting requirements.

Proofs of compliance should consist of records demonstrating reportable uses of force were documented and reviewed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- U.S. Constitution, Fourth Amendment Constitutional Standard Governing Law Enforcement Seizures And Use Of Force
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard For Evaluating Law Enforcement Use Of Force
- Tennessee V. Garner, 471 U.S. 1 (1985) Constitutional Limitations On The Use Of Deadly Force Against Fleeing Suspects
- Kansas State Records Board Retention And Disposition Schedules

6.2.2 Administrative Review of Use of Force Reports: [M] [TS]

A written directive governs a documented administrative review of each use of force report is completed and, at a minimum, addresses:

a. Personnel responsible for conducting the administrative review; and
b. Administrative review **procedures** *(e.g., reviewer responsibilities, policy compliance review, identification of reporting deficiencies, corrective actions, referral for further review, etc.).*

Guidance

The purpose of this standard is to ensure that all reportable uses of force receive a documented administrative review. Administrative review promotes accountability, assists in identifying training needs, supports risk management efforts, and helps ensure that uses of force are consistent with agency policy and applicable law.

The written directive should clearly identify the personnel responsible for conducting administrative reviews and establish procedures for the administrative review process. Administrative reviews are typically conducted by supervisory, command, or management personnel with the authority and knowledge necessary to evaluate compliance with agency policy and applicable law.

Personnel responsible for conducting administrative reviews should be clearly identified by position, rank, assignment, or other agency designation.

Examples may include:

- Immediate supervisors;
- Shift supervisors;
- Patrol sergeants;
- Command personnel;
- Professional standards personnel;
- Use-of-force review personnel; or
- Other personnel designated by the agency.

Administrative review procedures should establish the scope and purpose of the review.

Examples may include:
- Whether the use of force was consistent with agency policy;
- Whether the use of force was consistent with applicable law;
- Whether required reports and documentation were completed; and
- Whether additional review, training, corrective action, policy review, or follow-up is warranted.

The administrative review process should be applied consistently and documented in accordance with agency procedures. Documentation of the review should demonstrate that the reported use of force was evaluated and that any required follow-up actions were identified and addressed.

For purposes of this standard:
- **Administrative review** refers to a documented review of a reported use of force conducted to evaluate compliance with agency policy, applicable law, reporting requirements, and other factors determined by the agency.

Documentation demonstrating compliance may include:
- Completed use-of-force reports;
- Supervisory or administrative review documentation;
- Review findings or determinations;
- Administrative review checklists or review forms; and
- Other records demonstrating completion of the administrative review process.

Proofs of compliance should consist of records demonstrating each reportable use of force received a documented administrative review conducted by authorized personnel and completed in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Constitutional Standard Governing Law Enforcement Seizures And Use Of Force
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard For Evaluating Law Enforcement Use Of Force
- Tennessee V. Garner, 471 U.S. 1 (1985) Constitutional Limitations On The Use Of Deadly Force Against Fleeing Suspects
- Kansas State Records Board Retention And Disposition Schedules

6.2.3 Annual Analysis of Use of Force Reports: [M] [TS]

The agency conducts a documented **annual analysis** of use of force reports completed and, at a minimum, the analysis includes:

a. The (1) day and (2) time incidents occurred;
b. The types of incidents resulting in the use of force;
c. Trends or patterns related to subjects involved, including (1) race, (2) age, (3) gender, (4) reason for contact, and (5) location;
d. Trends or patterns related to injuries sustained by (1) subjects and (2) agency personnel; and
e. Any impact of findings on agency (1) policies, (2) procedures, (3) training, and (4) equipment.

Guidance

The purpose of this standard is to ensure the agency periodically evaluates use-of-force data to identify trends, patterns, training needs, equipment considerations, and potential policy or procedural improvements. The annual analysis serves as a management tool to assess organizational performance, identify areas of concern, and support continuous improvement.

The analysis should examine use-of-force incidents collectively rather than as individual events. Agencies should evaluate available data to identify recurring patterns, emerging issues, or areas requiring additional attention.

The annual analysis should consider:

- The day and time incidents occurred;
- The types of incidents resulting in the use of force;
- Trends or patterns related to the race, age, gender, reason for contact, and location of subjects involved;
- Trends or patterns related to injuries sustained by subjects and agency personnel; and
- The impact of findings on agency policies, procedures, training, equipment, or other operational practices.

The analysis of the day and time incidents occurred is intended to assist the agency in identifying operational trends and resource allocation needs.

For purposes of this standard:

- **Day** refers to the day of the week an incident occurred rather than the specific calendar date. Agencies may analyze incidents by day of the week to determine whether use-of-force incidents occur more frequently on certain days.
- **Time** may be analyzed in a manner appropriate to the agency's operations and staffing model. Examples may include time of day, work shifts, AM/PM periods, or other reasonable time categories established by the agency. The intent is to identify trends that may affect staffing, deployment, supervision, training, or other operational considerations.
- **Location** refers to categories or geographic areas established by the agency for analytical purposes and does not require identification of a specific physical address for each incident. Examples may include patrol beats, reporting districts, zones, sectors, neighborhoods, school zones, business districts, residential areas, highways, parks, entertainment districts, or other location categories used by the agency. The method used should assist the agency in identifying trends, patterns, or operational concerns associated with particular locations.

Agencies are not required to list the specific date and time of every use-of-force incident within the annual analysis. Rather, the analysis should evaluate day-of-week and time-related trends in a manner that supports meaningful organizational review and decision-making.

The intent of this standard is to require a meaningful analysis of use-of-force data rather than a simple compilation of statistics or incident counts. Agencies should review the data to identify trends, patterns, strengths, concerns, and opportunities for improvement. The analysis should evaluate whether existing policies, procedures, training, equipment, supervisory practices, and reporting requirements remain effective and appropriate.

The analysis should be completed regardless of the number of use-of-force incidents reported during the analysis period. Agencies experiencing few or no reportable use-of-force incidents should document the analysis and assess whether any findings, operational changes, policy updates, training needs, equipment modifications, or reporting requirement changes should be considered.

Findings identified during the analysis may support recommendations for revisions to agency policies, procedures, training programs, equipment, reporting requirements, supervision practices, or other operational areas. Agencies should consider whether identified trends warrant additional review, corrective action, enhanced training, modifications to existing practices, or changes to reporting requirements.

Documentation demonstrating compliance may include:

- Annual use of force analysis reports;

The annual analysis should demonstrate compliance with all requirements of this standard, including identification of trends, patterns, findings, and any impact on agency policies, procedures, training, equipment, reporting practices, or other operational considerations.

Legal and Regulatory References
None identified

6.2.4 Use of Force Reassignment: [M]

A written directive establishes procedures for temporary duty status *(e.g., reassignment, administrative leave, other administrative action authorized by the agency)* pending an administrative review for personnel involved in an official use-of-force incident resulting in serious injury or death.

Guidance
The purpose of this standard is to ensure the agency has a formal process for managing the duty status of personnel following official incidents resulting in serious injury or death. Such actions help preserve the integrity of the review process, support employee well-being, maintain public confidence, and allow for objective evaluation of critical incidents.

The written directive should govern temporary duty status pending administrative review. Agencies should clearly define the circumstances under which reassignment, administrative leave, or other authorized administrative actions may be utilized.

Temporary duty status actions should not be construed as disciplinary action. The intent is to provide an opportunity for administrative review, reduce potential conflicts or perceptions of bias, and allow personnel involved in a critical incident to address any physical, emotional, or psychological effects resulting from the event.

This standard is not limited to officer-involved shootings and may apply to other incidents resulting in serious injury or death, including:
- Uses of force;
- In-custody deaths;
- Vehicle collisions involving personnel acting in an official capacity;
- Accidental firearm discharges; and
- Other critical incidents occurring in an official capacity.

Agencies should consider addressing:
- Notification requirements;
- Reporting responsibilities;
- Conditions of reassignment, administrative leave, or other temporary duty status actions;
- Access to peer support, employee assistance programs, or wellness resources;
- Return-to-duty considerations; and
- Coordination with criminal, administrative, or external investigations.

For purposes of this standard:
- **Temporary Duty Status** refers to an administrative action taken pending review of an incident and may include
- reassignment, administrative leave, restricted duties, or other actions authorized by the agency.
- **Administrative Leave** refers to the temporary removal of an employee from normal duty assignments pending review, investigation, or other administrative action.
- **Reassignment** refers to the temporary assignment of an employee to duties other than those normally performed while a review or investigation is pending.
- **Serious Injury** refers to an injury creating a substantial risk of death, causing serious disfigurement, or resulting in prolonged loss or impairment of the function of a bodily member or organ.

Documentation demonstrating compliance may include:
- Administrative leave documentation;
- Reassignment orders or memoranda;
- Duty status documentation;
- Critical incident reports;
- Administrative review records; and
- Other records demonstrating compliance with the agency's temporary duty status procedures.

Proofs of compliance should consist of records demonstrating personnel involved in official incidents resulting in serious injury or death were placed in an appropriate temporary duty status pending administrative review in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Garrity V. New Jersey, 385 U.S. 493 (1967) Protections Relating To Compelled Statements During Administrative Investigations
- Cleveland Board Of Education V. Loudermill, 470 U.S. 532 (1985) Due Process Considerations Involving Public Employees
- K.S.A. 74-5616 Grounds For Denial, Suspension, Revocation, Or Discipline Of Law Enforcement Certification

Section 6.3 - Weapons

6.3.1 Use of Authorized Less-Lethal Weapons: [M]

A written directive establishes procedures for the authorized use of less-lethal weapons and, at a minimum, includes:

a. Circumstances governing deployment or use; and
b. Post-deployment requirements.

Guidance

The purpose of this standard is to ensure the agency establishes clear procedures governing the authorized use of less-lethal weapons. Less-lethal weapons provide personnel with alternatives to higher levels of force and should be deployed and used in a manner consistent with agency policy, applicable law, training, and the circumstances encountered.

The written directive should clearly identify the **circumstances governing deployment** or use of authorized less-lethal weapons.

Examples of topics that may be addressed include:
- Appropriate levels of resistance for deployment;
- Factors that should be considered prior to deployment;
- Target areas;
- Circumstances requiring verbal warnings, when feasible;
- Tactical considerations related to officer, subject, or public safety;
- Restrictions on deployment against vulnerable persons, when applicable;
- Restrictions related to environmental conditions or operating environments; and
- Other deployment and use considerations identified by the agency.

The written directive should also establish **post-deployment requirements**.

Examples of post-deployment requirements may include:
- Requesting and/or rendering medical aid;
- Medical monitoring or evaluation;
- Notification of supervisory personnel;

- Reporting and documentation requirements;
- Evidence collection and preservation;
- Photographic documentation of injuries, when appropriate;
- Inspection, replacement, or servicing of deployed equipment; and
- Other actions required following deployment.

Agencies should ensure personnel understand the capabilities, limitations, and risks associated with each authorized less-lethal weapon system and apply those tools in a manner consistent with agency policy and training.

For purposes of this standard:

- **Less-lethal weapon** refers to a weapon designed to reduce the likelihood of causing death or serious physical injury when used as intended, though death or serious injury may still occur.

Documentation demonstrating compliance may include:

- Use-of-force reports;
- Incident reports;
- Administrative review documentation; and
- Other records demonstrating compliance with agency procedures governing the use of less-lethal weapons.

Documentation should demonstrate that authorized less-lethal weapons were deployed and used in accordance with the agency's written directive and that applicable post-deployment requirements were completed.

Legal and Regulatory References

- U.S. Constitution, Fourth Amendment Constitutional Standard Governing Law Enforcement Seizures And Use Of Force
- Kansas Constitution Bill Of Rights, Section 15 Protection Against Unreasonable Searches And Seizures
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard For Evaluating Law Enforcement Use Of Force

6.3.2 Authorized Weapons and Ammunition: [M]

The agency maintains [(1)] a current list of authorized weapons and ammunition and, at a minimum, includes:

a. Weapons for on-duty use;
b. Ammunition for on-duty use;
c. Weapons for off-duty use; and
d. Ammunition for off-duty use, when applicable.

Guidance

The purpose of this standard is to ensure the agency maintains clear accountability and control over the weapons and ammunition authorized for use by agency personnel. Maintaining a current list of authorized weapons and ammunition helps promote officer safety, organizational consistency, training compliance, and responsible risk management.

This standard does not require the list of authorized weapons and ammunition to be incorporated into the agency's written directive system. Agencies may maintain the list as a separate document, provided it is current and available for review. This approach allows agencies to update authorized weapons and ammunition without requiring revision of policy language and may help limit dissemination of sensitive operational information.

The agency should clearly identify the weapons and ammunition authorized for on-duty use and, when applicable, off-duty use. The level of detail maintained should be sufficient to ensure personnel understand what equipment is authorized and to allow the agency to effectively manage and control its approved weapon systems.

The list may include:
- Duty handguns;
- Rifles;
- Shotguns;
- Less-lethal weapons;
- Specialized weapons assigned to specialty units or teams;
- Authorized ammunition types;
- Personally owned weapons approved for duty use; and
- Personally owned weapons approved for off-duty use, when applicable.

Agencies should establish procedures for reviewing and updating authorized weapon and ammunition lists as equipment, technology, operational needs, or manufacturer specifications change.

The agency should maintain records of weapons issued to, assigned to, or authorized for use by agency personnel. For firearms, records may include identifying information such as make, model, caliber, serial number, and the individual to whom the firearm is assigned or authorized.

Documentation demonstrating compliance may include:
- A single current list of authorized weapons and ammunition may be used to demonstrate compliance with all requirements of this standard, provided the applicable information is clearly identified.

Legal and Regulatory References
None identified

6.3.3 Weapons Proficiency and Training Requirements: [M] [TRG]

A written directive establishes weapons proficiency and training requirements and, at a minimum, includes:

a. **Initial training** requirements for carrying or using an authorized weapon *(e.g., qualification, demonstrated proficiency, etc.);*
b. **Annual firearms training** requirements *(e.g., requalification, proficiency training, etc.);*
c. **Biennial less-lethal weapon training** requirements *(e.g., requalification, proficiency training, etc.);*
d. **Biennial weaponless control technique training** requirements *(e.g., proficiency training, etc.);*
e. Qualification and proficiency training conducted by a certified instructor for the applicable weapon system;
f. Documentation requirements *(e.g., qualification records, proficiency training records, requalification records, etc.);* and
g. Qualification failure requirements *(e.g., remedial training, duty status restrictions, weapon carrying restrictions, etc.).*

Guidance
The purpose of this standard is to ensure agency personnel demonstrate and maintain proficiency with authorized weapons and weaponless control techniques before carrying or using them in the performance of their duties. Regular training, qualification, and requalification help promote officer safety, public safety, accountability, and the appropriate use of force.

The written directive should establish initial training requirements for carrying or using authorized weapons. Personnel should successfully complete required training and demonstrate proficiency before carrying or using an authorized weapon in the performance of their duties.

The written directive should establish annual firearms training requirements. Agencies should ensure personnel maintain proficiency with agency-authorized firearms through periodic training, qualification, requalification, or other methods established by the agency.

The written directive should establish biennial less-lethal weapon training requirements. Training should ensure personnel maintain the knowledge, skills, and abilities necessary to safely and effectively deploy authorized less-lethal weapons.

The written directive should establish biennial weaponless control technique training requirements. Training should address agency-approved defensive tactics, control techniques, restraint methods, and other physical control methods authorized by the agency.

For purposes of this standard:

- **Qualification** refers to a formal evaluation conducted to determine whether an individual meets an established performance standard for the safe and authorized use of a weapon system.
- **Requalification** refers to a subsequent qualification conducted at prescribed intervals to verify continued compliance with established performance standards.
- **Proficiency** refers to the demonstrated ability to safely, properly, and effectively operate a weapon system in accordance with agency expectations and training standards.
- **Proficiency Training** refers to training intended to develop, maintain, or improve an individual's knowledge, skills, judgment, and performance related to a weapon system. Proficiency training may occur before or after qualification and does not necessarily include a pass/fail standard.
- **Weaponless Control Techniques** refers to agency-approved defensive tactics, escort techniques, control holds, restraint methods, takedowns, ground control techniques, and other physical control methods not involving a weapon.

Demonstrated proficiency may include:

- Successful completion of approved qualification courses;
- Safe weapon handling;
- Proper deployment techniques; and
- Knowledge of applicable laws, agency policies, and procedures governing the use of force.

Instructor requirements should ensure qualification and training are conducted by personnel appropriately certified or otherwise authorized to instruct on the applicable weapon system.

Agencies may utilize a variety of instructor certification programs to meet the requirements of this standard. Examples of commonly available certification programs include those offered by the Kansas Law Enforcement Training Center (KLETC), the Federal Bureau of Investigation (FBI), weapon-system manufacturers, and other recognized law enforcement training providers. These examples are provided for informational purposes only and are not intended to limit or prescribe the certification program selected by the agency.

Documentation requirements are intended to ensure training, qualification, and requalification activities are consistently recorded and can be verified by the agency. The written directive should clearly identify the information that must be documented following training, qualification, remedial training, and requalification activities.

Examples of documentation requirements may include:

- Date of training, qualification, or requalification;
- Weapon system involved;
- Name of the instructor conducting the training or qualification;
- Qualification scores, when applicable;
- Pass/fail status;
- Completion of proficiency training;
- Remedial training requirements and completion;
- Duty status restrictions resulting from unsuccessful qualification; and

- Other information identified by the agency.

Qualification failure requirements should establish procedures for addressing personnel who fail to meet established qualification standards. Agencies should address remedial training, temporary duty restrictions, weapon-carrying restrictions, or other actions deemed appropriate by the agency until qualification requirements are successfully completed.

The intent of the documentation requirement is to establish consistent documentation practices and accountability for weapons training and qualification activities. This standard addresses what qualification and training information should be documented, while Standard 7.1.1 addresses the maintenance and management of training records.

Documentation submitted to demonstrate compliance should reflect the personnel subject to the agency's qualification and training requirements. Documentation for a single employee generally does not demonstrate agency-wide compliance. Agencies should maintain records that allow verification that all applicable personnel have completed the required training, qualification, requalification, and remedial training, when applicable.

Documentation demonstrating compliance may include:
- Qualification records;
- Firearms qualification records;
- Less-lethal weapon qualification records;
- Weaponless control technique training records;
- Instructor certifications;
- Remedial training documentation;
- Duty status documentation for personnel who fail to qualify; and
- Other records demonstrating compliance with agency weapons proficiency and training requirements.

Documentation submitted to demonstrate compliance with training completion requirements should clearly confirm that **all personnel required to complete the training successfully completed the training** in accordance with agency requirements. Documentation that requires the assessment team to determine which personnel were required to attend training or whether all required personnel completed the training is discouraged. An administrative report, Kansas CPOST report, training management system report, or similar record demonstrating agency-wide compliance is preferred.

Proofs of compliance should consist of records demonstrating personnel completed required initial training, periodic firearms training, less-lethal weapon training, and weaponless control technique training in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 74-5601 Et Seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications For Appointment And Certification Of Law Enforcement Officers
- K.S.A. 74-5607a and K.S.A. 74-5611a Verify Current Continuing Education And Annual Training Citation
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard For Evaluating Law Enforcement Use Of Force
- Kansas State Records Board Retention and Disposition Schedules

Chapter 7 – Training

Section 7.1 - Administration

7.1.1 Training Records Management: [M] [OBS]

A written directive establishes training records management requirements and, at a minimum, includes:

a. Training records are maintained for (1) sworn and (2) non-sworn personnel;
b. Training record content *(e.g., course title, date of training, instructor, training hours, certificates, proficiency results, etc.);* and
c. **Procedures** for updating of training records following completion of training.

Guidance

The purpose of this standard is to ensure the agency maintains accurate and current training records for agency personnel. Training records serve as an important management, compliance, and risk-reduction tool and are routinely used to demonstrate:

- Compliance with statutory and regulatory training requirements;
- Qualification and proficiency to carry and use authorized weapons;
- Completion of mandated agency training;
- Compliance with accreditation standards; and
- Due diligence during administrative reviews, audits, and litigation.

Training records should be maintained in a manner that allows the agency to readily identify training completed by individual personnel and verify compliance with required training standards.

The written directive should identify the documentation required to be maintained in training records. Examples may include:

- Date of training;
- Type of training;
- Documentation demonstrating completion of training;
- Instructor information;
- Training hours completed;
- Qualification or proficiency scores;
- Certificates or credentials earned;
- Continuing education records; and
- Other documentation related to employee training and professional development.

The written directive should also establish procedures for updating training records following completion of training. Agencies should ensure training records are updated in accordance with agency procedures, so information remains accurate, complete, and current.

Training records should be maintained in a manner that protects record integrity, supports retrieval of information, and allows the agency to document compliance with training requirements. Agencies should ensure training records remain accurate, complete, and current.

Documentation maintained within training records should be sufficient to verify training attendance, completion, qualifications, certifications, proficiency requirements, and other training obligations identified by the agency.

Documentation demonstrating compliance may include:

- Individual training records;
- Training databases or learning management systems;

- Certificates of completion;
- Qualification records;
- Attendance rosters;
- Training reports generated from the Kansas Commission on Peace Officers' Standards and Training (KS-CPOST) training database for sworn personnel; and
- Other records documenting completed training.

Proofs of compliance should consist of records demonstrating training records are maintained for sworn and non-sworn personnel, required training documentation is retained, and training records are updated in accordance with agency requirements. A screenshot of an electronic training record or a photograph of a maintained training file may be used to demonstrate compliance. Because this standard is designated as an Observation Standard **[OBS]**, the lead assessor may review training record systems or files during the on-site assessment to verify compliance. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 74-5601 Et Seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications For Certification And Appointment Of Law Enforcement Officers
- K.S.A. 74-5607a Continuing Law Enforcement Education Requirements
- K.A.R. Provisions Established By The Kansas Commission On Peace Officers' Standards And Training Governing Training and Certification Requirements, When Applicable
- K.S.A. 45-401 Et Seq. Kansas Records Management Act
- Kansas State Records Board Retention And Disposition Schedules

Section 7.2 - Officer Training

7.2.1 Initial Law Enforcement Training: [M] [TRG]

The agency requires each law enforcement officer to:

a. Obtain law enforcement certification in accordance with the Kansas Law Enforcement Training Act; and
b. Successfully **complete the agency's field training program** prior to assignment to unaccompanied field duty.

Guidance

The purpose of this standard is to ensure law enforcement officers receive the training necessary to perform their duties safely, effectively, and in accordance with applicable laws and agency procedures before being assigned to unaccompanied field duty.

Field training should provide supervised practical experience that evaluates the officer's ability to apply academy training in actual field situations. Field training should assess the officer's performance, decision-making, judgment, communication skills, officer safety practices, report writing, and other duties associated with law enforcement service.

The agency's field training program may vary in structure, duration, and evaluation methods based on agency size, resources, operational needs, and assignment responsibilities. Regardless of the format used, the program should provide a structured process for evaluating an officer's readiness for independent duty.

For purposes of this standard:

- **Law Enforcement Certification** refers to certification obtained in accordance with the Kansas Law Enforcement Training Act and requirements established by the Kansas Commission on Peace Officers' Standards and Training (KS-CPOST).
- **Unaccompanied Field Duty** refers to the performance of normal law enforcement duties without the direct supervision of a field training officer, training supervisor, or other designated training personnel.

Documentation demonstrating compliance may include:
- Kansas Law Enforcement Training Center certificates;
- Academy completion records;
- Field training program records;
- Field training evaluations;
- Field training completion documentation; and
- Documentation authorizing assignment to unaccompanied field duty.

Documentation should demonstrate that officers obtained the required law enforcement certification and successfully completed the agency's field training program prior to assignment to unaccompanied field duty.

Legal and Regulatory References
- K.S.A. 74-5601 Et Seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications For Appointment And Certification Of Law Enforcement Officers
- Applicable KS-CPOST Certification Requirements And Regulations
- City Of Canton V. Harris, 489 U.S. 378 (1989) Recognizes Agency Liability For Failure To Adequately Train Employees

7.2.2 Annual In-Service Training: [M] [TRG]

A written directive requires law enforcement officers to complete:

a. The **minimum annual continuing education hours** required by the Kansas Law Enforcement Training Act; and
b. Any **additional training required by the agency**.

Guidance

The purpose of this standard is to ensure law enforcement officers complete required annual training and that agencies maintain a process for monitoring compliance with training requirements throughout the year.

While the Kansas Commission on Peace Officers' Standards and Training (KS-CPOST) monitors compliance with statutory continuing education requirements, agencies should maintain internal systems to track training hours and identify deficiencies before an officer becomes non-compliant.

In addition to the annual continuing education hours required by law, agencies may require additional training based on agency policies, operational needs, identified liability issues, legislative changes, training needs assessments, audits, reviews, analyses, or other agency-specific needs.

Agencies should monitor training compliance, identify personnel who have not completed required training, and address deficiencies before applicable deadlines.

Documentation submitted to demonstrate compliance should reflect agency-wide compliance with annual training requirements. Documentation for a single officer generally does not demonstrate compliance with this standard. Agencies should maintain records that allow verification that all applicable law enforcement officers completed required annual training.

Documentation demonstrating compliance may include:
- KS-CPOST training reports;
- Individual training records;
- Training rosters;
- Certificates of completion; and
- Other records documenting completed training.

Documentation should demonstrate that law enforcement officers completed the required annual continuing education and any additional training required by the agency.

Legal and Regulatory References
- K.S.A. 74-5601 et seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5607a Continuing Law Enforcement Education Requirements
- Applicable KS-CPOST Regulations and Continuing Education Requirements
- City of Canton v. Harris, 489 U.S. 378 (1989) Recognizes Agency Liability For Failure To Adequately Train Employees

Section 7.3 - Other Training

7.3.1 Training Upon Promotion: [M] [TRG]

A written directive requires personnel promoted to a new position to receive training appropriate to their newly assigned duties and responsibilities.

Guidance

The purpose of this standard is to ensure personnel receive the training necessary to successfully perform the duties and responsibilities associated with a newly promoted position.

Promotional training should be commensurate with the responsibilities of the position and may include supervisory, managerial, leadership, administrative, technical, legal, operational, or agency-specific training.

Appropriate training does not necessarily require formal classroom instruction. Agencies may utilize mentoring, coaching, orientation programs, job shadowing, structured on-the-job training, field training, position-specific training, online training, or other agency-approved methods to prepare personnel for their new duties and responsibilities.

Examples of promotional training may include:
- Supervision and leadership principles;
- Personnel management;
- Performance evaluation responsibilities;
- Disciplinary and corrective action procedures;
- Complaint investigation procedures;
- Budgetary or fiscal responsibilities;
- Risk management;
- Legal updates relevant to the position;
- Agency policies and administrative procedures; and
- Position-specific operational responsibilities.

Agencies should consider providing training before, or as soon as practical following, promotion.

The type and amount of training may vary based on the responsibilities of the position, prior experience of the employee, agency size, organizational structure, and available resources. The agency should ensure promoted personnel receive sufficient training to effectively perform the duties associated with their new assignment.

Documentation submitted to demonstrate compliance should correspond to the promoted position and the training provided. Documentation should demonstrate that personnel received training appropriate to their newly assigned duties and responsibilities.

Documentation demonstrating compliance may include:
- Certificates of completion;
- Training records;

- Supervisory or leadership course documentation;
- Agency-developed promotional training records;
- Field or position training records;
- Mentoring or orientation documentation; and
- Other documentation demonstrating completion of training associated with the promoted position.

Documentation should demonstrate that promoted personnel received training appropriate to their newly assigned duties and responsibilities.

Legal and Regulatory References

- City of Canton v. Harris, 489 U.S. 378 (1989) Recognizes Agency Liability For Failure To Adequately Train Employees
- Applicable Collective Bargaining Agreements, Civil Service Rules, Personnel Regulations, And Employment Policies, where applicable

Chapter 8 – Patrol

Section 8.1 - Administration

8.1.1 Emergency Response Coverage: [M]

The agency ensures a 24-hour-a-day, seven-day-a-week response to emergency calls for service by sworn personnel certified in accordance with the Kansas Law Enforcement Training Act.

Guidance

The purpose of this standard is to ensure qualified law enforcement personnel are available to respond to emergency calls for service at all times.

This standard does not require agencies to maintain 24-hour patrol operations. Agencies may satisfy this standard through their own personnel, county-wide response systems, Sheriff's Office coverage, mutual aid arrangements, concurrent jurisdiction agreements, dispatch protocols, or other operational practices that ensure a 24-hour law enforcement response.

The method used may vary based on the agency's size, staffing levels, jurisdiction, and operational needs. The agency should be able to demonstrate how emergency calls for service receive a timely response by sworn personnel certified in accordance with the Kansas Law Enforcement Training Act, regardless of whether the response is provided directly by the agency or through another law enforcement entity.

Documentation submitted to demonstrate compliance should demonstrate the method utilized by the agency to ensure a 24-hour-a-day, seven-day-a-week response to emergency calls for service by certified law enforcement personnel. Agencies utilizing another law enforcement entity, mutual aid agreement, concurrent jurisdiction agreement, interlocal agreement, dispatch protocol, or similar arrangement should provide documentation demonstrating how emergency response coverage is provided when agency personnel are unavailable.

Documentation demonstrating compliance may include:

- Dispatch procedures;
- Communications center protocols;
- Staffing schedules;
- On-call procedures;
- Call-out procedures;
- Computer-aided dispatch (CAD) records;
- Incident reports;
- Dispatch logs;
- Mutual aid agreements, when applicable;
- Concurrent jurisdiction agreements, when applicable;
- Interlocal agreements, when applicable; and
- Other documentation demonstrating how emergency calls for service receive a 24-hour response by certified law enforcement personnel.

Proofs of compliance should consist of records demonstrating the agency maintains a process ensuring a 24-hour-a-day, seven-day-a-week response to emergency calls for service by sworn personnel certified in accordance with the Kansas Law Enforcement Training Act. Documentation should demonstrate the method used by the agency to provide emergency response coverage.

Legal and Regulatory References
- K.S.A. 74-5601 et seq. Kansas Law Enforcement Training Act
- K.S.A. 74-5605 Minimum Qualifications For Certification And Appointment Of Law Enforcement Officers
- K.S.A. 74-5622 Law Enforcement Authority And Jurisdiction
- K.S.A. 12-2901 et seq. Interlocal Cooperation Act

8.1.2 Agency Animals: [M]

If the agency has agency-owned or controlled animals, **a written directive establishes**, at a minimum:

a. Use of agency animals *(e.g., authorized uses, limitations, authorization requirements, etc.);*
b. Controller/handler requirements *(e.g., qualifications, training requirements, etc.);*
c. Animal care responsibilities *(e.g., designation of personnel responsible for 24-hour care, veterinary care, feeding, housing, etc.);* and
d. Deployment data management *(e.g., collection, retention, analysis, reporting, etc.).*

Guidance

The intent of this standard is to ensure agency-owned or controlled animals are utilized in a manner that promotes safety, accountability, animal welfare, and operational effectiveness.

The written directive should establish the authorized uses of agency animals and identify any limitations or authorization requirements governing their deployment.

Examples may include:
- Suspect apprehension;
- Tracking;
- Searches for missing persons;
- Narcotics detection;
- Explosives detection;
- Comfort or therapy functions;
- Community engagement activities; and
- Other purposes approved by the agency.

Controller/handler requirements should establish qualifications and training necessary for personnel assigned responsibility for agency animals.

Examples may include:
- Initial handler training;
- Continuing education or in-service training;
- Certification requirements;
- Demonstrated proficiency with the assigned animal; and
- Other qualifications established by the agency.

Animal care responsibilities should clearly identify personnel responsible for the health, safety, and welfare of the animal.

Examples may include:
- Twenty-four-hour care responsibilities;
- Feeding requirements;
- Housing requirements;
- Veterinary care;
- Grooming;
- Exercise requirements; and

- Documentation related to animal health and welfare.

Deployment data management should establish requirements for the collection, retention, review, and reporting of deployment information.

Examples may include:
- Deployment reports;
- Activity logs;
- Utilization statistics;
- Bite or contact reports, when applicable;
- Training deployments;
- Operational outcomes; and
- Other information identified by the agency.

Deployment data should be collected and retained in accordance with agency records management practices and applicable retention requirements. Agencies should periodically review deployment information to evaluate utilization, training needs, operational effectiveness, and compliance with agency policy.

Agencies should ensure deployment documentation, supervisory review processes, and corrective action procedures are sufficient to demonstrate compliance with agency-defined limitations governing the use of agency animals.

Agencies should consider utilizing certified trainers and maintaining documentation of handler qualifications and training.

Documentation demonstrating compliance may include:
- Handler/controller qualification records;
- Training records and certificates of completion;
- Deployment reports or activity logs;
- Supervisory reviews of deployments;
- Records identifying responsibility for the care of the animal;
- Veterinary records, when maintained by the agency;
- Records retention schedules or records management procedures;
- Corrective action documentation, when applicable; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating agency animals were utilized, managed, and documented in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- U.S. Constitution, Fourth Amendment Constitutional Standards Governing Seizures And Use Of Force
- K.S.A. 21-5227 Use Of Force In Making An Arrest Or Preventing An Escape
- K.S.A. 21-5228 Use Of Force By Law Enforcement Officers
- Graham V. Connor, 490 U.S. 386 (1989) Objective Reasonableness Standard For Evaluating Law Enforcement Use Of Force

8.2.1 Police Response: [M]

A written directive establishes police response requirements and, at a minimum, includes:

a. Definitions of (1) emergency and (2) non-emergency calls;
b. Priorities for police responses by call type; and
c. **Procedures** governing the use of authorized emergency equipment.

Guidance

The intent of this standard is to establish a framework for responding to calls for service that promotes consistency, officer safety, public safety, and compliance with applicable laws governing emergency vehicle operations.

Agencies should clearly define emergency and non-emergency calls and establish response priorities that provide personnel with guidance regarding the appropriate level of response. Response priorities should be based upon the nature and seriousness of the incident and should assist personnel in determining when the use of authorized emergency equipment is appropriate.

For policy development purposes, agencies may consider defining:

- **Emergency Calls** as calls for service involving an immediate threat to life, serious bodily injury, significant property loss, or circumstances requiring an immediate law enforcement response.
- **Non-Emergency Calls** as calls for service that do not involve an immediate threat to life, serious bodily injury, or significant property loss and can be addressed through a routine response.

The specific definitions of emergency and non-emergency calls may vary among agencies. The intent of this standard is not to prescribe a particular classification system, but to ensure personnel and communications personnel have a common understanding of response expectations.

Response priorities should provide guidance regarding the urgency of the response and the circumstances under which authorized emergency equipment may be utilized.

Examples may include:

- **Priority 1 (Emergency Response):** Incidents involving an immediate threat to life, serious bodily injury, violent crimes in progress, officer assistance requests, or other situations requiring an immediate response.
- **Priority 2 (Urgent Response):** Incidents requiring prompt attention where a delay could increase risk to persons, property, or the likelihood of apprehending a suspect.
- **Priority 3 (Routine Response):** Incidents that do not present an immediate threat to persons or property and may be handled through a routine response.
- **Priority 4 (Delayed Response/Administrative Response):** Incidents that may be scheduled for later response, telephone reporting, online reporting, or other alternative methods of service delivery when authorized by agency policy.

Agencies may establish additional response classifications or utilize alternative priority systems appropriate to their size, staffing levels, dispatch capabilities, and operational needs.

Procedures governing the use of authorized emergency equipment should address circumstances under which emergency responses may be initiated, continued, modified, or discontinued. Agencies should consider factors such as the seriousness of the incident, traffic conditions, environmental conditions, public safety risks, and the necessity of an emergency response.

Documentation demonstrating compliance may include:

- Computer-aided dispatch (CAD) records showing the priority assigned to calls for service and the response initiated;
- Communications center records documenting call classification and dispatch actions;
- Incident reports or report narratives documenting the response to calls for service;
- Records demonstrating the authorized use of emergency equipment during emergency responses;

- Supervisory reviews of emergency responses, when applicable;
- After-action reviews, when applicable; and
- Other documentation demonstrating compliance with agency policy and this standard.

Proofs of compliance should consist of records demonstrating calls for service were classified and assigned response priorities in accordance with agency requirements and that authorized emergency equipment was used consistent with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 8-1506 Authorized Emergency Vehicles
- K.S.A. 8-1507 Operation Of Authorized Emergency Vehicles

8.2.2 Vehicle Pursuits: [M] [TS]

A written directive establishes procedures for vehicle pursuits and, at a minimum, includes:

a. Pursuit initiation criteria *(e.g., factors to be considered, circumstances under which a pursuit may be initiated, etc.);*
b. Pursuit continuation criteria *(e.g., ongoing risk assessment, reevaluation requirements, changing conditions, etc.);*
c. Responsibilities during pursuits *(e.g., initiating units, secondary units, communications personnel, supervisory personnel, etc.);*
d. Pursuit termination requirements *(e.g., circumstances requiring or permitting termination, authority to terminate pursuits, etc.);*
e. Special pursuit tactics *(e.g., forced stopping techniques, roadblocks, etc.);*
f. Interjurisdictional pursuits *(e.g., pursuits leaving the agency's jurisdiction, pursuits entering the agency's jurisdiction, coordination with other agencies, etc.);* and
g. **Pursuit reporting requirements**.

Guidance

The purpose of this standard is to ensure agencies establish clear criteria, responsibilities, and operational procedures governing motor vehicle pursuits. Vehicle pursuits present significant risks to officers, the agency, the public, and the occupants of the pursued vehicle.

Agencies should carefully balance the need to immediately apprehend a suspect against the risks posed to officers, the public, and property. Factors considered when evaluating whether to initiate or continue a pursuit may include the seriousness of the offense, traffic conditions, weather conditions, roadway characteristics, population density, visibility, vehicle speeds, and the availability of alternative means of apprehension.

If the agency prohibits vehicle pursuits, a written directive should clearly establish that prohibition and provide guidance regarding alternative response actions.

Pursuit initiation criteria should identify the circumstances under which a pursuit may be justified and the factors that personnel should consider before initiating a pursuit.

Pursuit continuation criteria should require ongoing assessment of the risks associated with the pursuit and establish circumstances under which changing conditions may require reevaluation of the decision to continue the pursuit.

Responsibilities during pursuits should be clearly defined for personnel involved in pursuit operations. Responsibilities may include those assigned to initiating units, secondary units, communications personnel, supervisors, command personnel, or other agency personnel involved in managing or supporting pursuit activities.

Pursuit termination requirements should establish circumstances under which pursuits must or should be terminated and identify personnel authorized to make termination decisions. Agencies should recognize that termination may be appropriate whenever the risks associated with continuing the pursuit outweigh the need for immediate apprehension.

Special pursuit tactics should be clearly defined within the written directive. Agencies should identify any authorized tactics and establish the circumstances under which they may be used. Agencies should consider applicable legal standards, officer safety, public safety, and training requirements when authorizing such tactics.

- **Forced stopping techniques** may include tactics designed to stop or disable a fleeing vehicle in a manner consistent with officer training, agency policy, and applicable law.
- **Roadblocks** may include fixed or stationary roadblocks, moving or rolling roadblocks, or other traffic control measures used to restrict or stop a fleeing vehicle. Agencies should clearly define the types of roadblocks authorized for use and the circumstances under which they may be deployed.

Interjurisdictional pursuit procedures should address pursuits leaving the agency's jurisdiction, pursuits entering the agency's jurisdiction, communication requirements, supervisory notification, coordination with other agencies, and other operational considerations necessary to safely manage multi-jurisdictional pursuit events.

Pursuit reporting requirements should ensure each agency pursuit is documented to facilitate supervisory review, administrative review, training evaluation, analysis, and risk management.

Documentation demonstrating compliance may include:
- Motor vehicle pursuit reports;
- Computer-aided dispatch (CAD) records;
- Communications recordings or dispatch logs;
- Incident reports;
- Supervisory documentation associated with the pursuit;
- Administrative review documentation; and
- Other documentation demonstrating compliance with agency policy and this standard.

Proofs of compliance should consist of records demonstrating motor vehicle pursuits were initiated, managed, terminated, documented, and reviewed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 8-1506 Authorized Emergency Vehicles
- K.S.A. 8-1507 Operation Of Authorized Emergency Vehicles
- K.S.A. 8-2118 Fleeing Or Attempting To Elude A Police Officer
- Scott V. Harris, 550 U.S. 372 (2007) Reasonableness Of Force Used To Terminate Dangerous Vehicle Pursuits
- County Of Sacramento V. Lewis, 523 U.S. 833 (1998) Constitutional Considerations Arising From Law Enforcement Vehicle Pursuits

8.2.3 Administrative Review of Vehicle Pursuit Reports: [M] [TS]

A written directive establishes procedures for conducting an **administrative review of each vehicle pursuit report** and, at a minimum:

a. Identifies personnel responsible for conducting the administrative review, and
b. Establishes review criteria *(e.g., whether the pursuit was initiated, conducted, and terminated in accordance with agency policy; whether applicable laws, procedures, and reporting requirements were followed; and whether additional review, training, corrective action, or other follow-up actions are warranted).*

Guidance

The purpose of this standard is to ensure each vehicle pursuit receives a documented administrative review to determine compliance with agency policy, applicable laws, and established pursuit practices. Administrative review promotes

accountability, assists in identifying training needs, supports risk management efforts, and helps ensure pursuits are conducted in a manner consistent with agency expectations.

The written directive should identify the personnel responsible for conducting administrative reviews and establish criteria for evaluating vehicle pursuits. Administrative reviews are typically conducted by supervisory, command, or management personnel with the authority and knowledge necessary to evaluate compliance with agency policy and applicable law.

Personnel responsible for conducting administrative reviews should be clearly identified by position, rank, assignment, or other agency designation.

Examples may include:
- Immediate supervisors;
- Shift supervisors;
- Patrol sergeants;
- Command personnel;
- Professional standards personnel;
- Pursuit review personnel; or
- Other personnel designated by the agency.

The written directive should establish review criteria sufficient to ensure vehicle pursuits are evaluated in a consistent manner. Agencies may determine the specific criteria utilized during the review process.

Examples of review criteria may include:
- Whether the pursuit was initiated in accordance with agency policy;
- Whether the pursuit was conducted in accordance with agency policy;
- Whether the pursuit was terminated in accordance with agency policy;
- Whether personnel complied with applicable laws and procedures;
- Whether required reports and documentation were completed;
- Whether additional review, training, corrective action, policy review, or follow-up is warranted; and
- Other factors identified by the agency.

The review process should be applied consistently and documented in accordance with agency procedures. Documentation of the review should demonstrate that the pursuit was evaluated using the agency's established review criteria and that any required follow-up actions were identified and addressed.

For purposes of this standard:
- **Administrative Review** refers to a documented review of a reported vehicle pursuit conducted to evaluate compliance with agency policy, applicable law, reporting requirements, and other factors determined by the agency.

Documentation Demonstrating Compliance May Include:
- Administrative review forms;
- Supervisory review documentation;
- Command staff review documentation;
- Written findings or recommendations resulting from the review;
- Administrative review checklists or review forms;
- Corrective action documentation, when applicable; and
- Other documentation demonstrating completion of the administrative review process.

Documentation should demonstrate that each vehicle pursuit received a documented administrative review conducted by personnel authorized by the agency and evaluated using the agency's established review criteria.

Proofs of compliance should consist of records demonstrating vehicle pursuit reports received an administrative review conducted by authorized personnel and completed in accordance with agency requirements. Documentation should

demonstrate the review addressed the agency's established review criteria. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

8.2.4 Annual Analysis of Vehicle Pursuits: [M] [TS] [DT]

The agency (1) conducts a **documented annual analysis of vehicle pursuit reports** completed and, at a minimum, the analysis includes:

a. The (1) day and (2) time pursuits occurred;
b. The reasons pursuits were initiated;
c. Trends or patterns related to pursuit outcomes, including (1) apprehensions, (2) collisions, (3) injuries, and (4) property damage;
d. Trends or patterns related to (1) locations, (2) duration, and (3) termination of pursuits; and
e. Any impact of findings on agency (1) policies, (2) procedures, (3) training, and (4) operational practices.

Guidance
The purpose of this standard is to ensure the agency conducts a documented annual review of motor vehicle pursuit activity to identify patterns, trends, and areas for improvement related to officer safety, public safety, training, policy, and operational practices.

The annual analysis should be based on motor vehicle pursuit reports and related documentation completed in accordance with Standard 8.2.2. The analysis should be sufficiently detailed to identify trends or patterns that may not be apparent through individual incident reviews.

The annual analysis should consider:
- The day and time pursuits occurred;
- The reasons pursuits were initiated;
- Trends or patterns related to pursuit outcomes, including apprehensions, collisions, injuries, and property damage;
- Trends or patterns related to location, duration, and termination of pursuits; and
- The impact of findings on agency policies, procedures, training, and operational practices.

For purposes of this standard:
- **Day** refers to the day of the week a pursuit occurred rather than the specific calendar date. Agencies may analyze pursuits by day of the week to identify recurring patterns and staffing considerations.
- **Time** may be analyzed in a manner appropriate to the agency's operations and staffing model. Examples may include time of day, work shifts, AM/PM periods, or other reasonable time categories established by the agency. The intent is to identify trends that may affect staffing, deployment, supervision, training, or other operational considerations.
- **Location** refers to categories or geographic areas established by the agency for analytical purposes and does not require identification of a specific physical address for each pursuit. Examples may include patrol beats, reporting districts, zones, sectors, neighborhoods, highways, business districts, school zones, or other location categories used by the agency. The method used should assist the agency in identifying trends, patterns, or operational concerns associated with particular locations.

Agencies are not required to list the specific date, time, or location of every pursuit within the annual analysis. Rather, the analysis should evaluate trends and patterns in a manner that supports meaningful organizational review and decision-making.

The intent of this standard is to require a meaningful analysis of pursuit activity rather than a simple compilation of statistics or pursuit counts. Agencies should review the data to identify trends, patterns, strengths, concerns, and opportunities for

improvement. The analysis should evaluate whether existing policies, procedures, training, supervisory practices, and operational practices remain effective and appropriate.

The review process should also identify training needs, policy concerns, equipment issues, supervisory considerations, or other factors that may improve officer safety, public safety, and agency operations.

The analysis shall be completed regardless of the number of pursuits occurring during the analysis period. Agencies experiencing few or no pursuits should document the analysis and assess whether any findings, policy revisions, training needs, operational changes, or reporting modifications should be considered.

Findings identified during the analysis may support recommendations for revisions to agency policies, procedures, training programs, supervisory practices, equipment, reporting requirements, or other operational areas. Agencies should consider whether identified trends warrant additional review, corrective action, enhanced training, changes to existing practices, or modifications to pursuit procedures.

Documentation demonstrating compliance may include:
- Annual motor vehicle pursuit analysis reports.

The annual analysis should demonstrate compliance with all requirements of this standard, including identification of trends, patterns, findings, and any impact on agency policies, procedures, training, or operational practices.

Legal and Regulatory References
None identified

8.2.5 Missing Persons: [M]

A **written directive governs** [1] agency response to reports of missing persons and, at a minimum, includes:

a. Missing person alert requirements *(e.g., entry into NCIC, entry into other alerting systems, updating NCIC entries, updating other alert notifications, removal of NCIC entries, cancellation of other alert notifications, etc.);*
b. Personnel responsibilities *(e.g., responding officers, communications center personnel, supervisory personnel, etc.);* and
c. Follow-up investigation requirements.

Guidance

The purpose of this standard is to ensure the agency has established clear criteria, responsibilities, and procedures governing its response to reports of missing persons, including missing adults, missing juveniles, and juvenile runaways.

Agency response should include gathering and evaluating information necessary to determine the appropriate investigative and operational response. Agencies should establish procedures for activating, managing, updating, and terminating missing person alerts and notifications, assigning personnel responsibilities, and conducting follow-up investigations.

Missing person alert requirements should address the systems used by the agency to notify law enforcement personnel and the public of missing person incidents.

Examples may include:
- Entry into the National Crime Information Center (NCIC);
- Entry into state or regional alerting systems;
- AMBER Alerts;
- Silver Alerts;
- Endangered Person Advisories;
- Local media notifications;
- Social media notifications;
- Updating alert information as new information becomes available;
- Removal of NCIC entries when appropriate; and
- Cancellation of alerts or public notifications when the missing person is located or the alert is no longer warranted.

Agencies should clearly define the criteria and authority for activating, updating, and terminating alerts and other public notifications.

The fact that a juvenile is believed to be a runaway should not eliminate the requirement for an appropriate response, entry into NCIC when applicable, and consideration of available alert systems or public notification options.

Personnel responsibilities should be clearly defined.

Examples of responsibilities may include:
- Gathering preliminary information;
- Assessing risk factors;
- Initiating investigative actions;
- Completing required reports;
- Entering or updating information in NCIC or other alerting systems;
- Disseminating information to agency personnel or other agencies;
- Activating authorized alert systems or public notifications; and
- Coordinating investigative efforts.

Follow-up investigation requirements should identify responsibility for continuing investigative efforts and case management activities.

Examples may include:
- Conducting follow-up interviews;
- Verifying reported information;
- Maintaining contact with reporting parties when appropriate;
- Developing investigative leads;
- Coordinating with other agencies;
- Reviewing case status;
- Updating alerts and notifications as additional information becomes available; and
- Closing or resolving missing person cases when appropriate.

Documentation demonstrating compliance may include:
- Missing person reports;
- NCIC entry, update, and cancellation records;
- Communications center logs or dispatch records;
- Alert activation, update, or cancellation documentation;
- Public notification documentation;
- Follow-up investigation reports or case files; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating missing person reports were handled in accordance with agency requirements, alerts and notifications were activated, updated, and cancelled as appropriate, personnel fulfilled assigned responsibilities, and follow-up investigations were conducted when required. A single missing person case file may demonstrate compliance with multiple requirements of this standard. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- National Child Search Assistance Act Of 1990, 42 U.S.C. § 5779 And Related Federal Requirements Governing Law Enforcement Response To Reports Of Missing Children
- Suzanne's Law, 42 U.S.C. § 5779(C)
- National Crime Information Center (NCIC) Missing Person File Policies And Procedures
- K.S.A. 75-712c Through 75-712f Kansas Bureau Of Investigation Missing And Unidentified Persons System
- Kansas Bureau Of Investigation Missing Person, AMBER Alert, Silver Alert, And Endangered Person Advisory Procedures, As Applicable

8.2.6 Mental Health Crisis Response: [M]

A written directive governing agency interaction with persons experiencing, or suspected of experiencing, a mental health crisis includes, at a minimum:

a. Recognition of mental health crisis indicators *(e.g., behavioral changes, signs of emotional distress, disorientation, hallucinations, delusions, suicidal statements or behaviors, impaired judgment, etc.)*;
b. Response considerations during law enforcement contacts *(e.g., communication techniques, de-escalation strategies, crisis intervention techniques, tactical repositioning, creating time and distance, etc.);* and
c. Accessing available mental health resources *(e.g., crisis intervention teams, mental health professionals, mobile crisis response services, emergency mental health facilities, community service providers, etc.).*

Guidance

The purpose of this standard is to ensure agency personnel are provided guidance for recognizing and responding to persons experiencing, or suspected of experiencing, a mental health crisis. Such encounters often require officers to balance public safety, officer safety, and the individual's need for treatment, intervention, or support services.

Recognition of mental health crisis indicators may include:
- Unusual or irrational behavior;
- Disorganized thoughts or speech;
- Confusion or disorientation;
- Hallucinations or delusions;
- Extreme emotional distress;
- Suicidal statements or actions;
- Significant mood changes;
- Impaired judgment; and
- An inability to appropriately respond to questions or circumstances.

Response considerations during law enforcement contacts should promote communication, de-escalation, safety, and crisis resolution whenever feasible and consistent with public safety requirements.

Examples may include:
- Speaking slowly and calmly;
- Using simple, clear instructions;
- Actively listening to the individual;
- Avoiding confrontational language or behavior;
- Allowing additional time for the individual to respond;
- Maintaining a non-threatening demeanor;
- Limiting the number of officers directly engaging the individual when practical;
- Approaching slowly and avoiding sudden movements;
- Reducing distractions, noise, or unnecessary stimulation when practical;
- Creating physical space when officer safety permits;
- Utilizing crisis intervention techniques;
- Tactical repositioning;
- Creating time and distance; and
- Other strategies intended to safely stabilize the situation.

Accessing available mental health resources may include:
- Community mental health centers;
- Mobile crisis response teams;
- Crisis stabilization facilities;
- Hospitals or emergency medical facilities;
- Behavioral health providers;
- Co-responder programs;
- Crisis intervention trained personnel;
- Mental health professionals;
- Emergency detention resources authorized by law; and
- Other community-based services available within the agency's jurisdiction.

The availability of mental health resources may vary based on agency size, jurisdiction, and community resources. Agencies should identify resources reasonably available within their service area or through regional partnerships.

Agencies should consider opportunities to coordinate with family members, caregivers, support persons, mental health professionals, crisis response personnel, or other qualified resources when appropriate and consistent with safety considerations.

The objective of agency response should be to safely resolve the encounter while connecting individuals experiencing a mental health crisis with appropriate resources whenever feasible and consistent with public safety requirements.

Documentation demonstrating compliance may include:
- Incident reports or report narratives documenting the officer's actions during the encounter;
- Interview or investigative reports;
- CAD records documenting agency response;
- Referrals to mental health resources or services; and
- Other documentation demonstrating personnel followed agency procedures.

Documentation should demonstrate the agency's response to encounters involving persons experiencing, or suspected of experiencing, a mental health crisis. Documentation may demonstrate recognition of mental health crisis indicators, response considerations utilized during the encounter, and the use of available mental health resources. A single incident report, crisis intervention report, or case file may demonstrate compliance with multiple requirements of this standard.

Proofs of compliance should consist of records demonstrating personnel recognized indicators of a mental health crisis, utilized appropriate response considerations during law enforcement contacts, and accessed available mental health resources when appropriate. Documentation should clearly identify the actions taken by personnel in response to the circumstances encountered. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 59-2946 et seq. Care And Treatment Act For Mentally Ill Persons
- K.S.A. 22-4612 Emergency Observation And Treatment Of Persons Believed To Be Mentally Ill And Likely To Cause Harm To Themselves Or Others
- Americans With Disabilities Act (ADA), 42 U.S.C. § 12101 et seq. 28 C.F.R. Part 35 Nondiscrimination On The Basis Of Disability In State And Local Government Services
- Kansas Crisis Intervention Team (CIT) Resources And Training Programs, When Applicable

8.2.7 Domestic Violence: [M] [KSA] [TRG]

As required by K.S.A. 22-2307, the agency maintains **a written directive governing** domestic violence calls for service and incidents. At a minimum, the directive addresses:

a. Domestic violence response requirements *(e.g., initial response, victim safety considerations, interviews, evidence collection, assessments, etc.);*
b. Enforcement requirements *(e.g., arrest authority, court order enforcement, protection orders, enforcement actions required by law, etc.);*
c. Reporting requirements; and
d. **Training** requirements **regarding the agency's domestic violence policy**.

Guidance

The purpose of this standard is to ensure agencies maintain written directives governing the response to domestic violence incidents as required by K.S.A. 22-2307.

This standard identifies selected accreditation requirements related to domestic violence response. Agencies remain responsible for ensuring their written directives comply with all applicable provisions of Kansas law. Assessment teams are not responsible for conducting a comprehensive legal review of agency policies for statutory compliance.

Agencies should refer directly to K.S.A. 22-2307 and other applicable Kansas laws when developing or revising domestic violence policies.

Policy topics commonly addressed under K.S.A. 22-2307 include:
- Arrest authority and arrest procedures;
- Determination of the predominant physical aggressor;
- Definitions consistent with Kansas law;

- Dispatcher responsibilities;
- Officer response responsibilities;
- Procedures for misdemeanor and felony offenses;
- Protective orders and court orders;
- Domestic violence incidents involving law enforcement officers;
- Victim notification requirements;
- Reporting requirements regardless of whether an arrest is made;
- Reporting requirements to the Kansas Bureau of Investigation; and
- Training requirements established by Kansas law.

Documentation demonstrating compliance may include:
- Domestic violence incident reports;
- Officer report narratives;
- Arrest reports and affidavits;
- Dispatcher call-for-service records;
- Victim notification forms;
- Protective order violation reports;
- Reports involving determination of the predominant physical aggressor;
- Training records; and
- Other documentation demonstrating compliance with agency directives and applicable Kansas law.

Documentation should demonstrate compliance with the agency's written directive governing domestic violence incidents. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2307 Domestic Violence; Law Enforcement Duties and Written Policy Requirements
- K.S.A. 21-5111 Definitions
- K.S.A. 21-5924 Violation of a Protective Order
- K.S.A. 60-3101 et seq. (Protection from Abuse Act
- K.S.A. 74-7333 Law Enforcement Training Regarding Domestic Violence
- K.S.A. 74-7335 Domestic Violence Training Requirements
- Kansas Commission on Peace Officers' Standards and Training (KSCPOST) Policy 102 – Domestic Violence.
- Applicable Kansas Bureau of Investigation (KBI) reporting requirements relating to domestic violence incidents.

8.2.8 Submission of Sexual Assault Kits for Testing: [M] [KSA]

As required by K.S.A. 22-4621, the agency maintains **a written directive governing** the submission and receipt of sexual assault examination kits in accordance with Kansas law. At a minimum, the directive addresses:

a. Collaboration with county or district attorneys within the agency's jurisdiction regarding the content of the written directive;
b. Submission of sexual assault examination kits for laboratory analysis within 30 business days of collection; and
c. Ensuring examination results are provided to the investigating officer upon completion of the examination.

Guidance

The purpose of this standard is to ensure agencies maintain a written directive governing the submission, tracking, and receipt of sexual assault examination kits as required by K.S.A. 22-4621.

This standard identifies selected accreditation requirements related to the submission, tracking, and receipt of sexual assault examination kits. Agencies remain responsible for ensuring their written directives comply with all applicable

provisions of Kansas law. Assessment teams are not responsible for conducting a comprehensive legal review of agency policies for statutory compliance.

Agencies should refer directly to K.S.A. 22-4621 and other applicable Kansas laws when developing or revising directives related to sexual assault examination kits.

Policy topics commonly addressed under K.S.A. 22-4621 include:
- Coordination with county or district attorneys;
- Submission of sexual assault examination kits for laboratory analysis;
- Statutory submission timelines;
- Tracking and accountability of submitted kits;
- Receipt of laboratory examination results;
- Notification of investigating officers regarding examination results;
- Investigative follow-up responsibilities; and
- Documentation and recordkeeping requirements.

Documentation should demonstrate compliance with the agency's written directive governing the submission and receipt of sexual assault examination kits. Documentation may demonstrate collaboration with county or district attorneys regarding development of the written directive, submission of sexual assault examination kits for laboratory analysis within statutory timelines, and receipt or notification of examination results by the investigating officer.

Documentation demonstrating compliance may include:
- Sexual assault offense reports;
- Investigative report narratives;
- Property and evidence records;
- Laboratory submission documentation;
- Chain-of-custody records;
- Laboratory examination reports;
- Prosecutorial correspondence;
- Evidence tracking records; and
- Other documentation demonstrating compliance with agency directives and applicable Kansas law.

Proofs of compliance should consist of records demonstrating collaboration with county or district attorneys regarding the agency's written directive, submission of sexual assault examination kits for laboratory analysis within required statutory timelines, and receipt or notification of examination results in accordance with agency requirements and Kansas law. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-4621 Submission of Sexual Assault Evidence Collection Kits
- Kansas Bureau of Investigation (KBI) Sexual Assault Kit Initiative requirements, as applicable
- KSCPOST Policy 203 – Sexual Assault Evidence Collection Kit, Submission, Retention, and Disposal

8.2.9 Stalking: [M] [KSA]

As required by K.S.A. 22-2310, the agency maintains **a written directive governing** the response to allegations of stalking. At a minimum, the directive addresses:

a. Stalking response requirements *(e.g., initial response, victim safety considerations, interviews, evidence collection, investigative actions, etc.);*
b. Enforcement requirements *(e.g., arrest authority, enforcement actions, protective order enforcement, other actions authorized by law, etc.);* and
c. Reporting requirements *(e.g., completion of offense reports, reporting to the Kansas Bureau of Investigation, documentation requirements, etc.).*

Guidance

The purpose of this standard is to ensure agencies maintain a written directive governing the response to allegations of stalking as required by K.S.A. 22-2310.

This standard identifies selected accreditation requirements related to agency response to stalking allegations. Agencies remain responsible for ensuring their written directives comply with all applicable provisions of Kansas law. Assessment teams are not responsible for conducting a comprehensive legal review of agency policies for statutory compliance.

Agencies should refer directly to K.S.A. 22-2310 and other applicable Kansas laws when developing or revising stalking directives.

Examples of stalking response, enforcement, and reporting requirements addressed under K.S.A. 22-2310 may include:
- Arrest authority and enforcement actions;
- Definitions and terminology consistent with Kansas law;
- Dispatcher responsibilities;
- Officer response responsibilities;
- Investigative responsibilities;
- Misdemeanor and felony offenses;
- Court orders and protective orders;
- Victim notification requirements;
- Reporting requirements regardless of whether an arrest is made;
- Reporting requirements to the Kansas Bureau of Investigation; and
- Documentation and recordkeeping requirements.

Stalking response requirements should provide personnel with guidance for responding to allegations of stalking, assessing threats, identifying criminal violations, collecting evidence, conducting interviews, and taking appropriate investigative action.

Enforcement requirements should address the agency's authority and responsibilities under Kansas law.

Examples may include:
- Arrest authority;
- Enforcement actions;
- Court order enforcement;
- Protective order enforcement;
- Victim protection measures; and
- Other enforcement responsibilities established by Kansas law.

Reporting requirements should ensure stalking incidents are documented and reported in accordance with applicable law and agency procedures.

Examples may include:
- Completion of offense reports;
- Supplemental investigative reports;
- Kansas Bureau of Investigation reporting requirements;
- Documentation of enforcement actions;
- Documentation of court order violations; and
- Other records required by law or agency policy.

Documentation should demonstrate compliance with the agency's written directive governing stalking allegations. Report narratives are often among the best indicators of compliance because they demonstrate how personnel applied agency directives and statutory requirements during an actual investigation. Documentation may demonstrate response actions, investigative activities, enforcement decisions, court order considerations, victim safety considerations, and required reporting actions.

Documentation demonstrating compliance may include:
- Stalking incident reports;
- Officer report narratives;
- Arrest reports and affidavits;
- Dispatcher call-for-service records;
- Protective order violation reports;
- Kansas Bureau of Investigation reporting documentation; and
- Other documentation demonstrating compliance with agency directives and applicable Kansas law.

Proofs of compliance should consist of records demonstrating personnel responded to stalking allegations, conducted investigative and enforcement actions when appropriate, and completed required reporting in accordance with agency requirements and applicable Kansas law. A single stalking case file may demonstrate compliance with multiple requirements of this standard. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2310 Stalking; Law Enforcement Duties And Written Policy Requirements
- K.S.A. 21-5427 Stalking)
- K.S.A. 60-31a01 Protection From Stalking, Sexual Assault, Or Human Trafficking Act
- K.S.A. 60-31a02 Definitions
- Applicable Kansas Bureau of Investigation (KBI) reporting requirements.
- KSCPOST Policy 103 Stalking

Section 8.3 - Equipment

8.3.1 Emergency Lights and Siren: [M] [OBS]

A written directive requires vehicles routinely used in police patrol services, whether conspicuously marked or unmarked, to be equipped in accordance with state law and, at a minimum, includes:

a. Operational emergency lights; and
b. An operational siren.

Guidance

The purpose of this standard is to ensure vehicles routinely used for police patrol services are equipped with operational emergency warning devices necessary to safely respond to calls for service, alert motorists and pedestrians, and comply with applicable state law.

This requirement applies regardless of whether the vehicle is conspicuously marked or unmarked, provided the vehicle is routinely used for patrol services. Agencies should ensure emergency lights and sirens are maintained in proper working order and are inspected, repaired, or removed from service when deficiencies are identified.

Agencies may consider equipping patrol vehicles with additional safety, communications, or emergency response equipment based on operational needs and agency policy.

Agencies should establish procedures requiring personnel to promptly report inoperative emergency lights, sirens, or other emergency warning equipment. Vehicles with deficiencies affecting emergency response capability should be repaired or removed from service consistent with agency policy.

Documentation submitted to demonstrate compliance should clearly identify vehicles routinely used for patrol services and demonstrate the presence of both operational emergency lights and an operational siren. Agencies utilizing unmarked patrol vehicles for patrol services should ensure those vehicles are included in the documentation, in addition to conspicuously marked patrol vehicles.

Because this standard includes an observation component, agencies should be prepared to demonstrate the operation of emergency lights and sirens on vehicles selected for review by the assessor.

Documentation demonstrating compliance may include:
- Vehicle inspection records;
- Vehicle maintenance records;
- Fleet inventories identifying vehicles routinely used for patrol services; and
- Photographs that are clearly labeled and show the presence of emergency lights and a siren.

Documentation and observation should demonstrate that vehicles routinely used for patrol services are equipped with operational emergency lights and an operational siren in accordance with agency policy and applicable law.

Legal and Regulatory References
- K.S.A. 8-1720 Authorized Emergency Vehicles
- K.S.A. 8-1738 Sirens And Warning Devices On Authorized Emergency Vehicles

8.3.2 Vehicle Equipment and Supplies: [M]

A written directive establishes, at a minimum:

a. (1) Equipment and (2) supplies required in agency vehicles based on the use and purpose of the vehicle;
b. A system for the replacement of equipment as needed to maintain operational readiness; and
c. A system for the replenishment of supplies as needed to maintain operational readiness.

Guidance

The purpose of this standard is to ensure agency vehicles are equipped to support safe and effective operations and that required equipment and supplies remain available for use.

Personnel should promptly report damaged, missing, expired, or malfunctioning equipment and supplies. Supervisors should ensure deficiencies affecting operational readiness are corrected as soon as practical.

Equipment and supply requirements may vary based on the vehicle's intended operational function. Agencies should identify the equipment and supplies necessary for each type of vehicle utilized in agency operations.

Examples of vehicles that may have unique equipment or supply requirements include:
- Patrol vehicles;
- Investigative vehicles;
- Tactical or special response vehicles;

- Bomb unit vehicles;
- Mobile command or communications vehicles;
- Crime scene vehicles;
- K-9 vehicles; and
- Other specialty vehicles utilized by the agency.

Examples of vehicle equipment may include:
- Reflective vest;
- First aid supplies;
- Traffic control devices;
- Fire extinguishers;
- Personal protective equipment (PPE);
- Crime scene equipment;
- Emergency response equipment;
- Less-lethal equipment;
- Communication equipment;
- Specialized operational equipment; and
- Other equipment necessary for agency operations.

For purposes of this standard:
- **A system** may include written procedures, inspection programs, inventory controls, vehicle inspection processes, checklists, electronic tracking systems, supervisory reviews, supply request processes, maintenance programs, or other methods used by the agency to ensure required equipment and supplies remain available and operational.

The replacement system should provide a reasonable method for identifying missing, damaged, malfunctioning, or expired equipment and ensuring timely replacement. The replenishment system should also provide a reasonable method for identifying depleted or expired supplies and ensuring timely replenishment.

Inspection programs may include:
- Daily vehicle inspections;
- Shift inspections;
- Supervisor inspections;
- Periodic fleet inspections; or
- Other documented inspection processes.

Documentation demonstrating compliance may include:
- Vehicle inspection forms;
- Vehicle equipment checklists;
- Supply replenishment logs;
- Equipment replacement records;
- Fleet inspection reports;
- Maintenance records;
- Supervisor inspection documentation; and
- Other documentation demonstrating compliance with agency policy and this standard.

Documentation should demonstrate that required vehicle equipment and supplies are identified, maintained, replaced, and replenished in a manner that supports operational readiness.

Legal and Regulatory References
None identified

8.3.3 Safety Restraining Devices: [M]

A written directive requires occupants of agency vehicles *(e.g., employees, prisoners, juveniles, ride-along participants, passengers, other transported persons, etc.)* to utilize occupant safety restraint devices in accordance with state law.

Guidance

The purpose of this standard is to promote officer safety, occupant safety, and compliance with applicable state law through the use of occupant safety restraint devices in agency vehicles.

The requirement applies to all occupants of agency vehicles, including employees, passengers, prisoners, ride-along participants, juveniles, and other persons transported by the agency.

Occupant safety restraint devices should be utilized whenever an agency vehicle is in operation unless otherwise authorized by law or agency policy. Agencies should ensure personnel understand restraint requirements applicable to prisoners, juveniles, and other transported persons, including the use of child passenger restraint systems when required by law.

Personnel shall ensure prisoners, juveniles, ride-along participants, and other transported persons are properly restrained with an appropriate safety restraint device whenever practical and consistent with safety and security considerations.

Any occupant who is not restrained due to medical necessity, combative behavior, security concerns, vehicle configuration, or other exceptional circumstances should be documented in the appropriate report or transport record.

Agencies should consider addressing circumstances involving the transportation of combative, resistant, medically impaired, or otherwise special-needs individuals to ensure occupant safety while maintaining officer safety and security.

Documentation demonstrating compliance may include:

- Vehicle crash or accident reports documenting seat belt usage by vehicle occupants;
- Still images from body-worn camera recordings demonstrating occupants were utilizing safety restraint devices;
- Vehicle transport records;
- Prisoner transport documentation;
- Supervisory reviews documenting compliance with restraint requirements; and
- Other reports or documentation demonstrating personnel complied with agency restraint requirements.

Documentation should demonstrate compliance with the agency's occupant safety restraint requirements.

Legal and Regulatory References

- K.S.A. 8-2503 Safety belt use requirements
- K.S.A. 8-1344 Child Passenger Safety Act

8.3.4 Body Armor: [M]

A written directive establishes body armor requirements and, at a minimum, includes:

a. Body armor is made available to all sworn personnel;
b. Guidelines for wearing body armor when engaged in uniform field duties; and
c. Guidelines for wearing body armor during pre-planned high-risk situations.

Guidance

The purpose of this standard is to ensure body armor is made available to all sworn personnel and that agencies establish guidelines governing its use during circumstances presenting increased safety risks. Body armor is an important officer safety resource and may significantly reduce the risk of injury or death during law enforcement operations.

Agencies should establish procedures for periodic inspection of body armor to identify damaged, expired, improperly fitted, or otherwise unserviceable armor. Body armor determined to be unserviceable should be removed from service and replaced as soon as practical.

Agencies should ensure body armor is available to all sworn personnel regardless of assignment. Availability may be accomplished through agency-issued body armor, agency-approved personally owned body armor, stipend programs, reimbursement programs, or other methods established by the agency.

Examples of uniform field duties may include:
- Routine patrol activities;
- Responding to calls for service;
- Traffic enforcement activities;
- Preliminary investigations conducted in the field;
- Community policing activities; and
- Other assignments where sworn personnel are performing uniformed law enforcement functions.

Examples of pre-planned, high-risk situations may include:
- Execution of search warrants;
- Execution of arrest warrants;
- Tactical operations;
- Barricaded subject incidents;
- Hostage situations;
- Planned apprehension operations involving known violent offenders;
- High-risk surveillance operations; and
- Other operations identified by the agency as presenting an elevated risk of injury.

Body armor should be properly fitted and maintained in accordance with manufacturer recommendations. Agencies should establish procedures for replacement of body armor that is damaged, expired, or no longer serviceable.

Agencies should consider maintaining records identifying body armor assigned to personnel and establishing a process to monitor manufacturer-recommended replacement dates. Expired, damaged, or otherwise unserviceable body armor should be removed from service and replaced as appropriate. Agencies should consider incorporating body armor inspections into agency inspection processes conducted in accordance with Standard 2.10.1, Line and Staff Inspections.

The wearing of body armor during uniform field duties and pre-planned, high-risk situations is strongly recommended as an officer safety practice. Nothing in this standard precludes an agency from requiring body armor in additional circumstances.

This standard does not preclude an agency from maintaining additional body armor in patrol vehicles or other agency locations for emergency use.

Documentation demonstrating compliance may include:
- Body armor assignment records;
- Body armor purchase records;
- Body armor stipend or reimbursement records;
- Photographs showing personnel wearing body armor during applicable duties;
- Still images from body-worn camera recordings demonstrating body armor use;
- Operational plans or high-risk briefing documents requiring body armor;
- After-action reports documenting body armor use during an operation or incident;
- Supervisor reviews documenting compliance with body armor requirements;
- Disciplinary actions for failure to comply with agency body armor requirements; and
- Other documentation demonstrating personnel complied with agency policy and this standard.

Documentation should demonstrate that body armor is available to all sworn personnel and that personnel comply with agency requirements governing the wearing of body armor.

Legal and Regulatory References
- Bulletproof Vest Partnership Grant Act of 1998, 34 U.S.C. § 10501 et seq.
- National Institute of Justice (NIJ)

8.3.5 Mobile Computing Device Use: [M]

If the agency utilizes mobile computing devices capable of accessing CAD, KCJIS, or other agency information systems, **a written directive establishes**, at a minimum:

a. User expectations regarding agency mobile computing devices *(e.g., privacy limitations, authorized monitoring, system auditing, etc.);* and
b. Authorized use of mobile computing devices *(e.g., limitations, restrictions, security requirements, access to KCJIS-sensitive information by authorized users only, prohibited activities, etc.).*

Guidance

The purpose of this standard is to ensure agencies establish controls governing access to agency information systems, CAD systems, KCJIS-sensitive information, and other confidential or law enforcement-sensitive data through mobile computing devices.

For purposes of this standard, mobile computing devices may include:
- Mobile data terminals (MDTs);
- Laptop computers;
- Tablet devices;
- Smartphones;
- Vehicle-mounted computers; and
- Other devices capable of accessing agency information systems, CAD systems, or KCJIS-sensitive information.

User expectations should clearly communicate the conditions under which agency mobile computing devices may be monitored, inspected, audited, or reviewed. Personnel should understand that agency-owned devices, systems, networks, and data may be subject to authorized monitoring in accordance with applicable law and agency policy.

Examples may include:
- Privacy limitations;
- Authorized monitoring;
- System auditing;
- Records retention requirements;
- User accountability; and
- Other expectations established by the agency.

Authorized use requirements should establish how mobile computing devices may be used and identify any applicable limitations, restrictions, or security requirements.

Examples may include:
- Access to KCJIS-sensitive information by authorized users only;
- Information security requirements;
- Password protection requirements;
- Restrictions on unauthorized access;
- Restrictions on dissemination of sensitive information;
- Use of personal devices;
- Use of devices while operating a motor vehicle;
- Prohibited activities; and

- Other operational, legal, or safety-related restrictions identified by the agency.

Agencies should ensure personnel are aware of procedures for reporting damaged, malfunctioning, lost, or stolen mobile computing devices. Equipment replacement, repair, and operational readiness may be addressed through Standard 8.3.2 Vehicle Equipment and Supplies or other agency equipment management procedures.

Documentation demonstrating compliance may include:
- Employee acknowledgements of receipt of the agency's written directive;
- Signed user agreements for mobile computing devices, CAD systems, KCJIS access, or other agency information systems;
- Information technology acceptable use agreements;
- Employee orientation or training records addressing mobile computing device use;
- KCJIS security awareness documentation;
- CAD or mobile computing device usage records;
- Audit logs;
- Disciplinary actions for unauthorized use;
- KCJIS authorization documentation; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating personnel were informed of user expectations and authorized use requirements for mobile computing devices. Documentation should demonstrate that personnel received, acknowledged, were trained on, or otherwise agreed to comply with agency requirements governing the use of mobile computing devices and access to agency information systems. When misuse, unauthorized access, or policy violations occur, documentation may also demonstrate corrective action taken in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Criminal Justice Information System (KCJIS) Security Policy
- FBI Criminal Justice Information Services (CJIS) Security Policy
- Applicable Kansas Bureau of Investigation (KBI) Requirements Governing Access To And Protection Of KCJIS-Sensitive Information
- K.S.A. 45-215 et seq. Kansas Open Records Act
- K.S.A. 45-401 et seq. Kansas Records Management Act

8.3.6 Audio and Video Recording Devices: [M] [TRG]

If the agency utilizes audio/video recording devices, **a written directive includes**, at a minimum:

a. Member responsibilities for the use of recording devices *(e.g., activation, deactivation, limitations, restrictions, etc.);*
b. Recorded data management *(e.g., authorized uses, storage, retention, access, review, etc.);*
c. Supervisory responsibilities *(e.g., review of recordings, compliance monitoring, policy compliance evaluations, administrative review, corrective action recommendations, etc.);* and
d. **Training requirements for personnel authorized to use recording devices** *(e.g., device operation, activation requirements, data management procedures, legal considerations, policy requirements, etc.).*

Guidance

The purpose of this standard is to ensure agencies establish consistent procedures governing the use, management, supervision, and training associated with audio/video recording systems.

For purposes of this standard, audio/video recording devices may include:
- In-car camera systems;

- Body-worn camera systems; and
- Other agency-authorized audio or video recording devices.

Member responsibilities should clearly identify expectations for personnel authorized to use recording devices.

Examples may include:
- Proper operation of recording devices;
- Activation and deactivation in accordance with agency policy;
- Compliance with agency recording requirements;
- Reporting equipment malfunctions;
- Tagging or categorizing recordings, when required;
- Uploading or transferring recordings, when applicable;
- Protecting recorded data from unauthorized access or dissemination; and
- Compliance with agency procedures governing recorded data.

Policies should establish any requirements, limitations, or restrictions governing the activation and deactivation of recording devices. Agencies should clearly identify circumstances when recording is required, when recording may be discontinued, and any circumstances where recording may be limited, restricted, or prohibited by law or agency policy.

Recorded data management should address the authorized use, storage, retention, access, and review of recorded data.

Examples may include:
- Criminal investigations;
- Administrative investigations;
- Evidentiary use;
- Training purposes;
- Supervisory review;
- Data storage and security requirements;
- Access controls and permissions;
- Records retention requirements;
- Release or dissemination restrictions; and
- Other legitimate law enforcement or agency purposes.

When recordings possess evidentiary value, they should be handled in a manner consistent with agency evidence management procedures. Agencies should ensure personnel understand applicable public records laws, privacy considerations, records retention requirements, and KCJIS-related security requirements when recordings contain protected information.

Supervisory responsibilities should establish expectations for oversight and review of audio/video recording systems.

Examples may include:
- Review of recordings for policy compliance;
- Performance evaluations;
- Complaint investigations;
- Identification of training opportunities;
- Risk management activities;
- Administrative reviews; and
- Other authorized agency functions.

Training requirements should be established by the agency for personnel authorized to use recording devices.

Examples may include:
- Initial training;

- Refresher training;
- Remedial training;
- Training related to policy updates;
- Training associated with newly deployed equipment or technology; and
- Other training identified by the agency.

Documentation demonstrating compliance may include:
- Training records;
- Audio/video recording system audit reports;
- Recording access logs;
- Supervisory review documentation;
- Administrative investigation files;
- Criminal case files utilizing recorded evidence;
- Data retention documentation; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating member responsibilities, recorded data management requirements, supervisory responsibilities, and training requirements were implemented in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 45-215 et seq. Kansas Open Records Act (KORA)
- K.S.A. 45-221 Records Exempt From Disclosure
- K.S.A. 45-401 et seq. Kansas Records Management Act
- Kansas Bureau of Investigation (KBI) and KCJIS requirements, as applicable
- FBI Criminal Justice Information Services (CJIS) Security Policy
- Applicable Records Retention Requirements Established By The Kansas State Records Board

Chapter 9 – Criminal Investigations

Section 9.1 - Administration

9.1.1 Follow-Up Investigation Assignment and Tracking: [M]

A written directive establishes procedures for reports requiring follow-up investigation and, at a minimum, includes:

a. Identifying reports requiring follow-up investigation;
b. Assigning reports requiring follow-up investigation; and
c. Tracking reports requiring follow-up investigation through case disposition.

Guidance

The purpose of this standard is to ensure incident reports are reviewed to determine whether follow-up investigation is required and that reports requiring additional investigation are assigned and tracked through case disposition.

The written directive should establish the agency's process for identifying reports requiring follow-up investigation, assigning investigative responsibility, and tracking investigations through case disposition.

Information commonly maintained to support report assignment and tracking may include:
- Case number;
- Date assigned;
- Investigator assigned;

- Investigative status;
- Supervisory review or approval, when applicable;
- Case disposition; and
- Other information necessary to document investigative activity and case status.

Agencies may utilize detective assignment logs, records management systems, case management software, spreadsheets, supervisory review processes, or other methods appropriate to the agency's size and operational needs.

Documentation demonstrating compliance may include:
- Case assignment logs;
- Records management system assignment or tracking reports;
- Detective assignment records;
- Investigative case status reports;
- Supervisory case review documentation; and
- Other records demonstrating compliance with the agency's written directive.

Proofs of compliance should consist of records demonstrating reports requiring follow-up investigation were identified, assigned, and tracked through case disposition in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

9.1.2 Conducting Preliminary and Follow-Up Investigations: [M]

A written directive establishes procedures for conducting criminal investigations and, at a minimum, includes:

a. Preliminary criminal investigations; and
b. Follow-up criminal investigations.

Guidance

The purpose of this standard is to ensure agencies establish clear expectations regarding preliminary and follow-up criminal investigations.

The written directive should identify whether preliminary and follow-up investigations are conducted by patrol personnel, investigators, supervisors, specialized units, or a combination thereof.

Topics commonly addressed during preliminary investigations may include:
- Documenting pertinent conditions, events, statements, and observations;
- Securing and protecting crime scenes;
- Identifying, locating, and interviewing victims;
- Identifying, locating, and interviewing witnesses;
- Identifying, locating, and interviewing suspects;
- Identifying, collecting, preserving, or arranging for the collection of evidence; and
- Completing required reports and documentation.

Topics commonly addressed during follow-up investigations may include:
- Reviewing preliminary investigation reports;
- Conducting additional interviews or interrogations;
- Identifying, collecting, preserving, or analyzing evidence;
- Identifying and locating suspects;
- Obtaining warrants, subpoenas, or court orders, as applicable;
- Preparing cases for prosecution; and
- Completing investigative case files.

Documentation demonstrating compliance may include:
- Preliminary investigation reports;
- Investigative report narratives;
- Follow-up investigation reports;
- Case assignment records;
- Case files;
- Supervisory case reviews; and
- Other documentation demonstrating compliance with agency investigative procedures.

Documentation should demonstrate compliance with the agency's written directive governing preliminary and follow-up criminal investigations. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

9.2.1 Informants: [M]

If the agency utilizes informants, **a written directive establishes procedures governing**, at a minimum:

a. Informant documentation *(e.g., informant activities, information provided, reliability assessments, contacts, case involvement, etc.)*;
b. Protection of informant information *(e.g., informant identity, related records, restricted access, confidentiality measures, disclosure restrictions, etc.)*;
c. Payment of informants, if applicable *(e.g., authorization, documentation, accountability measures, supervisory approval, receipt requirements, etc.)*; and
d. Controls governing the use of informants *(e.g., authorization requirements, supervisory oversight, prohibited activities, operational restrictions, etc.)*.

Guidance

The purpose of this standard is to ensure agencies utilizing informants maintain appropriate controls governing the documentation, protection, payment, and use of informants.

Procedures should establish safeguards that protect the identity of informants, maintain accountability for agency interactions, and reduce the potential for misuse or abuse.

Informant documentation should establish requirements for recording and maintaining information related to informant activities and agency interactions.

Examples may include:
- Identifying information;
- Criminal history information, when applicable;
- Assigned code numbers or identifiers;
- Information provided by the informant;
- Reliability assessments;
- Records of contacts and activities;
- Case involvement; and
- Other documentation necessary to manage the informant relationship.

Procedures governing the protection of informant information should address the security and confidentiality of informant-related records and information.

Examples may include:
- Access restrictions;
- Protection of informant identity;
- Confidentiality requirements;
- Record security measures;
- Disclosure restrictions; and
- Other safeguards established by the agency.

Procedures governing payment of informants should address authorization, documentation, accountability, and recordkeeping requirements.

Examples may include:
- Supervisory approval;
- Payment authorization;
- Receipt requirements;

- Accountability measures;
- Payment documentation; and
- Financial recordkeeping requirements.

All cash funds maintained and used for informants should comply with Standard 2.7.1 Cash Account Maintenance.

Controls governing the use of informants should establish requirements for authorization, supervision, and operational management.

Examples may include:
- Authorization of informant use;
- Supervisory oversight;
- Prohibited activities;
- Operational restrictions;
- Use of juvenile informants;
- Use of informants in sensitive investigations;
- Use of informants by personnel outside investigative assignments, when authorized by the agency; and
- Safety considerations involving informants and agency personnel.

Documentation submitted to demonstrate compliance should be sufficient to demonstrate informants are documented, managed, protected, and utilized in accordance with agency procedures. Due to the sensitive nature of informant information, agencies may redact identifying information or otherwise limit disclosure of protected information, provided sufficient documentation remains available for assessment of compliance.

Documentation demonstrating compliance may include:
- Informant files;
- Informant registration records;
- Informant control logs;
- Informant payment records;
- Supervisory approval documentation;
- Informant agreements or advisement forms; and
- Other documentation demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating informant activities were documented, informant information was appropriately protected, informant payments were authorized and documented when applicable, and controls governing the use of informants were implemented in accordance with agency procedures. A single informant file, control file, payment file, or similar record may demonstrate compliance with multiple requirements of this standard. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 60-436 Identity Of Informers
- K.S.A. 38-2310 Records Of Law Enforcement Officers, Agencies And Municipal Courts Concerning Certain Juveniles; Disclosure.
- K.S.A. 45-221 Records Exempt From Disclosure
- KLEAP Standard 2.7.1 Cash Account Maintenance

9.2.2 Eyewitness Identification: [M] [KSA]

As required by K.S.A. 22-4619, the agency maintains **written directive procedures governing** eyewitness identifications and, at a minimum, addresses:

a. Collaboration with county or district attorneys within the agency's jurisdiction regarding the content of the written directive *(e.g., policy development, legal review, procedural updates, statutory compliance considerations, etc.);*
b. Administration of eyewitness identifications *(e.g., lineup procedures, photo arrays, show-ups, blind administration methods, independent administration methods, etc.);*
c. Witness instructions *(e.g., advisements that the suspect may or may not be present, instructions to avoid discussing the identification process with other witnesses, documentation of instructions provided, etc.);*
d. Witness statements *(e.g., confidence statements, identification statements, non-identification statements, witness comments regarding the identification process, etc.);* and
e. Documentation of eyewitness identification results *(e.g., identification outcomes, witness statements, photographs or records used in the identification procedure, administrator information, date and time of the identification procedure, etc.).*

Guidance

The purpose of this standard is to ensure agencies maintain a written directive governing eyewitness identification procedure as required by K.S.A. 22-4619.

This standard identifies selected accreditation requirements related to eyewitness identification procedures. Agencies remain responsible for ensuring their written directives comply with all applicable provisions of Kansas law. Assessment teams are not responsible for conducting a comprehensive legal review of agency policies for statutory compliance.

Agencies should refer directly to K.S.A. 22-4619 and other applicable Kansas laws when developing or revising eyewitness identification procedures.

Policy topics commonly addressed under K.S.A. 22-4619 include:
- Coordination with county or district attorneys;
- Blind and blinded administration procedures;
- Use of audio or video recording systems;
- Instructions provided to witnesses before an identification procedure;
- Selection and use of fillers;
- Restrictions on administrator feedback;
- Witness confidence statements;
- Documentation of identification results; and
- Record retention requirements.

Documentation demonstrating compliance may include:
- Eyewitness identification reports;
- Photo lineup documentation;
- Live lineup documentation;
- Witness confidence statements;
- Audio or video recordings of identification procedures;
- Investigative report narratives;
- Supervisory review documentation; and
- Other documentation demonstrating compliance with agency directives and applicable Kansas law.

Documentation should demonstrate compliance with the agency's written directive governing eyewitness identification procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-4619 Eyewitness Identification Procedures
- KSCPOST Policy 204 Eyewitness Identification

9.2.3 Review of Unsolved Cases: [O]

If the agency maintains unsolved criminal investigations, **a written directive establishes a process** for the periodic review of those cases and, at a minimum:

a. Case selection criteria for review *(e.g., offense severity, solvability factors, availability of new information, passage of time, investigative leads, cold case designation, etc.);*
b. Case review requirements *(e.g., investigative developments, forensic developments, technological developments, etc.);* and
c. Documentation requirements *(e.g., review findings, subsequent investigative actions, case status updates, etc.).*

Guidance

The purpose of this standard is to encourage agencies to periodically evaluate unsolved criminal investigations to determine whether advances in investigative techniques, forensic science, technology, or newly developed information may assist in resolving the case.

This standard does not require agencies to maintain a dedicated cold case unit or assign personnel solely to unsolved investigations. Agencies may satisfy this standard through supervisory reviews, investigator reviews, case audits, or other documented processes appropriate to the agency's size, resources, and investigative structure.

Case selection criteria may include:
- Offense severity;
- Solvability factors;
- Availability of new information;
- Passage of time;
- Investigative leads;
- Cold case designation; and
- Other factors identified by the agency.

Cases commonly considered for review may include:
- Homicides;
- Sexual assaults;
- Missing persons investigations;
- Unidentified deceased persons investigations;
- Major violent crimes; and
- Other significant unsolved criminal investigations identified by the agency.

Case review requirements may include consideration of:
- Advances in DNA analysis;
- Fingerprint identification technology;
- Digital evidence recovery capabilities;
- Investigative genealogy resources, when authorized;
- Newly developed witness information;
- Information obtained from other agencies;
- Newly available forensic testing; and
- Availability of specialized investigative assistance.

Agencies should consider utilizing available resources such as the Kansas Bureau of Investigation, regional task forces, forensic laboratories, prosecutors, and other investigative partners when appropriate.

Documentation requirements should ensure review findings and any subsequent investigative actions are documented and maintained in accordance with agency procedures.

Documentation demonstrating compliance may include:
- Case review reports;
- Supervisory review documentation;
- Investigative supplements;
- Requests for additional forensic testing;
- Correspondence with assisting agencies;
- Case audit records; and
- Other documentation demonstrating review and evaluation of unsolved cases.

Proofs of compliance should consist of records demonstrating unsolved cases were selected for review in accordance with agency criteria, reviewed for potential investigative, forensic, or technological developments, and documented in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

If an agency does not maintain unsolved criminal investigations, this standard may be considered not applicable by function.

Legal and Regulatory References
None identified

Chapter 10 – Juvenile Operations

Section 10.1 - Operations

10.1.1 Handling Juvenile Offenders: [M]

A written directive requires officers dealing with juvenile offenders to [1] consider the least restrictive reasonable legal alternative **and includes procedures** for:

a. Release to a parent, guardian, or other accountable adult with no further action;
b. Issuance of written citations or summonses to juvenile offenders in lieu of taking them into custody; and
c. Referral to another agency or service provider for potential diversion alternatives.

Guidance

Law enforcement agencies have a wide range of options available when dealing with juvenile offenders, ranging from warnings and release to a parent or guardian, referral to diversion resources, issuance of citations or summonses, and taking the juvenile into custody when authorized by law.

The purpose of this standard is to encourage agencies to establish procedures that allow officers to consider the least restrictive reasonable legal alternative when appropriate while maintaining public safety, accountability, and compliance with Kansas law.

For purposes of this standard:

- **Citation** – A written notice issued by a law enforcement officer directing a person to appear before a court, magistrate, or other authorized authority at a specified date and time in response to an alleged violation of law. A citation is generally issued in lieu of taking the individual into custody.
- **Summons** – A written order issued by a court, magistrate, or other authorized authority directing a person to appear at a specified date and time to answer an alleged violation of law or to participate in a judicial proceeding. A summons may be issued following a citation, complaint, petition, or other legal action and generally serves as an alternative to arrest.

Agencies should identify circumstances under which juveniles may be:

- Released to a parent, guardian, or other accountable adult;
- Issued a citation or summons;
- Referred to diversion programs or service providers; or
- Taken into custody when authorized by law.

Agencies should also identify any factors officers should consider when determining the least restrictive reasonable legal alternative, including public safety considerations, the seriousness of the offense, statutory requirements, victim interests, and the availability of diversion or referral options.

Documentation demonstrating compliance may include:

- Juvenile offense reports;
- Juvenile contact reports;
- Citations;
- Summonses;
- Diversion referrals;
- Referrals to service providers;
- Report narratives documenting release decisions; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate the agency's application of alternatives to custody when appropriate and compliance with established procedures governing juvenile offenders. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 38-2202 Definitions
- K.S.A. 38-2203 Jurisdiction; Proceedings Under the Revised Kansas Code for Care of Children
- K.S.A. 38-2231 Taking a Child Into Custody
- K.S.A. 38-2343 Juvenile Offender Proceedings; Custody and Alternatives
- K.S.A. 72-3120 Compulsory School Attendance; Duties and Responsibilities, as applicable

10.1.2 Taking Juveniles into Custody: [M]

A written directive establishes procedures for taking juveniles into custody and, at a minimum, addresses:

a. Determination of the legal basis for custody *(e.g., criminal or non-criminal behavior, alleged to have been harmed, or is in danger of being harmed);*
b. Advising juveniles of their constitutional rights when applicable;
c. Prompt transport, unless medical treatment is required *(e.g., to an appropriate processing facility, detention facility, care facility, or other authorized location);* and
d. Notification of a parent, guardian, or other responsible party, as appropriate.

Guidance

The purpose of this standard is to ensure officers understand the legal and procedural requirements associated with taking juveniles into custody and establish a consistent approach when handling juvenile offenders, juveniles in need of care, and juveniles requiring protective custody.

For purposes of this standard, taking a juvenile into custody includes both custodial arrests and protective custody situations authorized by law.

Determining the legal basis for custody is an important initial step and may include circumstances where a juvenile:
- Is alleged to have engaged in criminal behavior;
- Is alleged to have engaged in non-criminal behavior that permits custody under Kansas law;
- Is alleged to have been harmed;
- Is in danger of being harmed; or
- Requires protective custody or other intervention authorized by law.

Agency procedures should provide guidance regarding:
- Determination of the legal basis for custody;
- When constitutional rights advisements are required;
- Transportation of juveniles to the appropriate facility or service provider;
- Notification requirements for parents, guardians, custodians, or other responsible parties; and
- Documentation requirements associated with taking a juvenile into custody.

Agencies should ensure juveniles receive medical treatment without unnecessary delay whenever a medical need is identified.

Documentation demonstrating compliance may include:
- Juvenile offense reports;
- Juvenile custody reports;
- Juvenile contact reports;
- Child in Need of Care (CINC) documentation;

- Protective custody reports;
- Report narratives documenting the basis for custody;
- Rights advisement documentation, when applicable;
- Documentation of parent, guardian, custodian, or other responsible party notification;
- Transportation records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating the legal basis for custody was established, constitutional rights were provided when applicable, juveniles were transported to an appropriate facility or service provider, and required notifications were made in accordance with agency procedures and applicable law. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 38-2202 Definitions
- K.S.A. 38-2203 Jurisdiction; Proceedings Under the Revised Kansas Code for Care of Children
- K.S.A. 38-2231 Taking a Child into Protective Custody
- K.S.A. 38-2310 Taking a Juvenile into Custody
- K.S.A. 38-2330 Procedures Following Custody of a Juvenile
- K.S.A. 38-2331 Notification and Placement Requirements Following Custody

10.1.3 Juvenile Interviews and Interrogations: [M]

A written directive establishes procedures governing juvenile interviews and interrogations and, at a minimum, addresses:

a. Non-custodial interviews of juveniles;
b. Custodial interrogations of juveniles; and
c. Safeguards to protect the constitutional rights of juveniles during interviews or interrogations *(e.g., age, maturity level, ability to understand rights, opportunity to confer with a parent, guardian, or attorney, duration of questioning, etc.).*

Guidance

The purpose of this standard is to ensure agencies establish procedures for conducting juvenile interviews and interrogations in a manner that protects constitutional rights and promotes the voluntary nature of statements obtained from juveniles.

For purposes of this standard:
- **Interview** – Questioning or discussion with a juvenile conducted for the purpose of obtaining information during a criminal or administrative investigation when the juvenile is not subject to custodial interrogation.
- **Custodial Interrogation** – Questioning or actions by law enforcement officers that are reasonably likely to elicit an incriminating response from a juvenile who is in custody or otherwise deprived of freedom of action in a significant way.

Agency procedures should address both non-custodial interviews and custodial interrogations and should be consistent with applicable constitutional requirements, Kansas law, and current legal precedent.

Because juveniles may possess varying levels of maturity, life experience, education, and understanding, personnel should consider factors that may affect a juvenile's ability to comprehend questions, understand legal rights, and voluntarily provide information.

Safeguards intended to protect the constitutional rights of juveniles may include consideration of:
- Age, maturity, intelligence, and educational background;
- Mental, emotional, and physical condition;
- Understanding of rights and the interview or interrogation process;
- Opportunity to confer with a parent, guardian, attorney, or other appropriate adult when applicable;

- Duration and conditions of questioning;
- Time of day of the interview or interrogation;
- Documentation of statements and responses; and
- Other factors affecting the voluntariness of a juvenile's statement.

The voluntariness of a juvenile's statement is often evaluated based upon the totality of the circumstances. Agency procedures should provide guidance to personnel regarding factors that may affect the admissibility and reliability of statements obtained from juveniles.

Documentation demonstrating compliance may include:
- Interview reports;
- Interrogation reports;
- Investigative case files;
- Rights advisement and waiver forms;
- Clearly labeled still images from agency recording systems, when available;
- Report narratives;
- Supervisory reviews; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating juvenile interviews and interrogations were conducted in accordance with agency procedures and applicable legal requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- U.S. Constitution, Fifth Amendment Protection Against Self-Incrimination
- U.S. Constitution, Sixth Amendment Right To Counsel
- U.S. Constitution, Fourteenth Amendment Due Process And Equal Protection
- K.S.A. 38-2333 Admissibility Of Statements And Juvenile Rights
- Miranda V. Arizona, 384 U.S. 436 (1966) Established The Requirement To Advise Individuals Of Certain Constitutional Rights Prior To Custodial Interrogation
- In Re Gault, 387 U.S. 1 (1967) Established Due Process Protections For Juveniles In Delinquency Proceedings, Including The Right To Counsel And Protection Against Self-Incrimination

10.1.4 Placement of Juveniles in Jails or Lockups: [M]

A written directive establishes procedures governing the placement of juveniles in jails or lockups and, at a minimum, addresses:

a. Prohibiting the placement or detention of juveniles accused only of status offenses;
b. Requiring juveniles temporarily detained to be separated by (1) sight and (2) sound from adult detainees;
c. Limiting temporary detention of juveniles to time periods authorized by law; and
d. Recordkeeping requirements *(e.g., retention, review, inspection, etc.)*.

Guidance

The purpose of this standard is to ensure agencies establish procedures consistent with applicable law regarding the temporary detention of juveniles in jails or lockups.

For purposes of this standard, the terms "jail" and "lockup" are used consistent with K.S.A. 38-2332 and applicable juvenile detention requirements. This standard applies to temporary detention locations used to hold juveniles and should not be interpreted as applying exclusively to facilities classified as Lock-Up Facilities under Chapter 15 of this manual.

For purposes of this standard:

- **Status Offense** – Conduct that would not be considered a criminal offense if committed by an adult, such as truancy, running away, curfew violations, or other similar juvenile-specific offenses.

Agency procedures should address:

- Restrictions on the detention of juveniles accused only of status offenses;
- Sight and sound separation requirements between juveniles and adult detainees;
- Maximum detention time limitations established by law;
- Documentation associated with juvenile detention; and
- Recordkeeping requirements associated with detention, review, and inspection processes.

Kansas law establishes restrictions regarding the detention of juveniles in jails and lockups, including limitations on the detention of status offenders, sight and sound separation requirements, and maximum detention periods. Agencies should ensure procedures remain consistent with current statutory requirements.

Sight and sound separation generally requires that juveniles detained in a jail or lockup be prevented from having visual or verbal contact with adult detainees. Agencies should ensure procedures clearly identify how separation requirements will be maintained.

The Kansas Department of Corrections, or its authorized contractor, may review agency records to determine compliance with applicable juvenile detention requirements.

Documentation demonstrating compliance may include:

- Juvenile detention logs;
- Custody records;
- Temporary holding facility logs;
- Report narratives;
- Records documenting detention time calculations;
- Records demonstrating compliance with sight and sound separation requirements;
- Juvenile detention review records;
- Inspection reports or inspection documentation; and
- Other records demonstrating compliance with agency procedures and applicable law.

Proofs of compliance should consist of records demonstrating juveniles were detained in accordance with applicable legal requirements, sight and sound separation requirements were maintained, detention time limitations were observed, and required detention records were maintained for review and inspection purposes. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 38-2332 Placement of Juveniles in Jails or Lockups
- Juvenile Justice and Delinquency Prevention Act (JJDPA) Requirements Regarding Juvenile Detention, Status Offenders, and Separation Of Juveniles From Adult Offenders

Chapter 11 – Special Operations

Section 11.1 - Critical Incidents

11.1.1 Critical Incident Planning: [M] [TRG]

The agency maintains **written plans** for responding to critical incidents and, at a minimum, addresses:

a. Disasters *(e.g., natural disasters, man-made disasters, etc.);*
b. Civil disturbances; *(e.g., assemblies, demonstrations, protests, riots, or other events involving actual or potential public disorder);*
c. Bomb-related incidents *(e.g., bomb threats, suspicious devices, etc.);*
d. Hostage-related incidents;
e. Barricaded persons;
f. Other critical incidents identified by the agency as reasonably foreseeable; and
g. **Annual familiarization with the agency's Critical Incident Plan** by personnel with responsibilities under the plan.

Guidance

The purpose of this standard is to ensure agencies maintain written plans for responding to critical incidents that may reasonably occur within their jurisdiction and can effectively implement those plans when needed.

Compliance may be achieved through agency-developed plans, municipal, county, regional, tribal, state, or federal emergency operations plans, mutual aid plans, or other formally adopted emergency response plans.

The adoption of applicable Emergency Operations Plans (EOPs), the National Incident Management System (NIMS), and the Incident Command System (ICS) may satisfy all or part of this standard when those plans address the required elements.

For purposes of this standard:

- **Disaster** – An event that threatens life, property, infrastructure, or public safety and may include natural disasters, man-made disasters, or other emergencies requiring a coordinated response.
- **Civil Disturbance** – An assembly or event involving actual or threatened disruption of public order, including assemblies, demonstrations, protests, riots, unlawful assemblies, labor disputes, or other incidents requiring a coordinated law enforcement response.
- **Bomb-Related Incident** – An incident involving a bomb threat, suspicious device, improvised explosive device, suspected explosive hazard, or other circumstances requiring evaluation of a potential explosive threat.
- **Hostage Situation** – An incident in which one or more persons are being held against their will by a subject who uses or threatens force to control the movement or actions of the hostage(s). These incidents often require specialized containment, crisis negotiation, tactical resources, and coordinated incident management.
- **Barricaded Person** – An incident involving a subject who refuses lawful commands and has positioned themselves in a location that limits access by law enforcement personnel. A barricaded person incident may or may not involve weapons and does not necessarily involve hostages. These incidents often require containment, negotiation, intelligence gathering, and coordinated incident management.
- **Other Critical Incidents** – Incidents identified by the agency as reasonably foreseeable based upon local hazards, community characteristics, infrastructure, special events, historical events, threat assessments, or other jurisdiction-specific considerations.

Plans addressing hostage situations and barricaded persons may be maintained as separate plans or incorporated into a broader critical incident response plan. Agencies should ensure planning documents clearly identify response procedures, command responsibilities, containment strategies, communication protocols, and resource considerations appropriate to each type of incident.

Agency plans should be based upon hazards and risks reasonably anticipated within the agency's jurisdiction.

In determining what additional critical incidents should be addressed, agencies should consider factors such as:

- Geography and environmental hazards;
- Population density and community characteristics;
- Critical infrastructure;
- Transportation systems and corridors;
- Major public venues and gathering locations;
- Historical incidents and trends;
- Threat and risk assessments; and
- Other jurisdiction-specific concerns.

Examples of reasonably foreseeable critical incidents may include incidents involving airports, railroads, major transportation routes, correctional facilities, government facilities, utility failures, severe weather events, active threats, hazardous materials incidents, or other risks identified by the agency.

Agency plans should be reviewed periodically and updated as needed to reflect changes in personnel, resources, facilities, mutual aid agreements, hazards, or operational responsibilities.

The annual familiarization requirement may be satisfied through classroom instruction, roll-call training, tabletop exercises, functional exercises, full-scale exercises, plan review sessions, computer-based training, briefings, or other documented methods determined by the agency. Familiarization activities should involve personnel with responsibilities under the plan and ensure those personnel understand the agency's critical incident response procedures and their assigned responsibilities.

Documentation demonstrating compliance may include:

- Critical incident plans;
- Emergency Operations Plans (EOPs);
- Incident Action Plans (IAPs);
- Emergency operations center activation records;
- Mutual aid activation records;
- After-action reports;
- Corrective action plans;
- Lessons learned reports;
- Annual familiarization records;
- Training records;
- Command staff reviews; and
- Other records demonstrating adoption, maintenance, or implementation of applicable plans.

Proofs of compliance should consist of records demonstrating the agency maintains critical incident plans addressing identified hazards and risks and that personnel with responsibilities under those plans receive annual familiarization. The written plan itself does not constitute proof of compliance.

Legal and Regulatory References

- National Incident Management System (NIMS)
- National Response Framework (NRF)
- Kansas Response Plan (KRP), as applicable
- Local Emergency Operations Plan (EOP), as applicable
- K.S.A. 48-904 Local and Interjurisdictional Disaster Emergency Plans

11.1.2 Active Threat Response Planning: [M] [TS] [TRG]

The agency has a **written plan** governing active threat response and, at a minimum, establishes procedures for:

a. Public safety notifications *(e.g., public warnings, emergency notifications, shelter-in-place messaging, evacuation instructions, etc.);*
b. Requesting additional resources;
c. First responder actions *(e.g., locating, isolating, and stopping the threat, providing situational updates, coordinating with responding personnel, etc.);*
d. Establishing incident command;
e. Conducting a **documented post-incident review following an active threat incident**; and
f. **Annual familiarization with the agency's Active Threat Plan** by personnel with responsibilities under the plan.

Guidance

The purpose of this standard is to ensure agencies establish procedures for responding to active threat incidents in a manner that protects life and promotes a coordinated public safety response.

For purposes of this standard:

- **Active Threat** – An individual or individuals actively engaged in causing, attempting to cause, or threatening imminent death or serious bodily injury to others and whose actions require an immediate law enforcement response.

Agency plans should address:

- Public safety notifications;
- Resource requests and mutual aid considerations;
- First responder actions;
- Incident command responsibilities;
- Coordination with fire, EMS, emergency management, schools, and other responding agencies, when applicable;
- Rescue and casualty care considerations; and
- Post-incident review and corrective action processes.

Public safety notifications may include emergency notifications, shelter-in-place instructions, evacuation notifications, alerts to affected facilities, public warning systems, media notifications, or other methods used to provide timely information to the public.

Active threat incidents are often dynamic and rapidly evolving. Agency procedures should emphasize rapid assessment, coordinated response, and actions intended to protect life. First responder actions may include locating, isolating, and stopping the threat, establishing communications, providing situational updates, and coordinating with other responding personnel.

The agency, along with other public safety agencies and community partners, should develop coordinated response plans and clearly define roles and responsibilities when responding to active threat incidents.

Incident command should be established as soon as practical and should be consistent with the agency's adopted incident management practices. Agencies should consider utilizing the Incident Command System (ICS) and National Incident Management System (NIMS) principles when managing active threat incidents.

The annual familiarization requirement should ensure personnel with responsibilities under the plan are familiar with the agency's active threat procedures, response priorities, assigned responsibilities, and available resources. Familiarization activities may include classroom instruction, roll-call training, tabletop exercises, functional exercises, full-scale exercises, plan review sessions, computer-based training, participation in multi-agency exercises, briefings, or other documented methods determined appropriate by the agency.

Attendance at external active threat training may support the annual familiarization requirement; however, agencies should ensure personnel are familiar with the agency's specific active threat plan, procedures, resources, and assigned

responsibilities. Attendance at external training alone may not satisfy this requirement if agency-specific plans and responsibilities are not addressed.

Documentation demonstrating compliance may include:
- Training records;
- Exercise documentation;
- After-action reports;
- Incident reports and narratives;
- Incident Action Plans (IAPs);
- Mutual aid activation records;
- Public notification records;
- Corrective action plans;
- Lessons learned reports;
- Command staff reviews;
- Post-incident review documentation; and
- Other records demonstrating implementation, review, evaluation, or revision of active threat response plan.

Proofs of compliance should consist of records demonstrating active threat response procedures were implemented, personnel received annual familiarization, and post-incident reviews were conducted when applicable. The written plan itself does not constitute proof of compliance.

Legal and Regulatory References
- National Incident Management System (NIMS) (Incident Management Framework And Command Structure For Emergency Response)
- National Response Framework (NRF) (National Doctrine For Coordinated Emergency And Disaster Response)
- Federal Bureau of Investigation (FBI) Active Shooter Resources (Guidance And Best Practices For Active Threat Response)
- National Tactical Officers Association (NTOA) Active Shooter Response Principles (Recommended Law Enforcement Response Practices For Active Threat Incidents)

Section 11.2 - Hazardous Operations

11.2.1 Hazardous Materials Response: [M] [TRG]

A written directive establishes procedures for responding to potentially hazardous materials incidents and, at a minimum, addresses:

a. Recognition of potentially hazardous materials incidents;
b. Notification of appropriate response resources;
c. Scene protection;
d. Basic safety precautions *(e.g., officer safety, public safety, isolation, evacuation, protective equipment, etc.);* and
e. **Annual familiarization with the agency's hazardous materials response guidelines** by personnel with responsibilities under the guidelines.

Guidance

The purpose of this standard is to ensure agencies establish procedures for recognizing and responding to potentially hazardous materials incidents in a manner that protects agency personnel, the public, and the environment.

Hazardous materials incidents may involve the actual, suspected, or threatened release of substances capable of causing death, injury, illness, property damage, environmental damage, or disruption of public safety operations.

Agency personnel are not expected to perform functions beyond their level of training, certification, or authorization. Procedures should emphasize recognition of potential hazards, protection of life, scene security, notification of appropriate resources, and actions consistent with the agency's capabilities.

Examples of potentially hazardous materials incidents may include:
- Transportation accidents involving hazardous materials;
- Chemical spills or leaks;
- Industrial accidents;
- Illicit drug laboratory incidents;
- Explosive or reactive materials incidents;
- Biological hazards;
- Radiological incidents;
- Suspicious substances or packages; and
- Other incidents involving actual or suspected hazardous materials.

Scene protection considerations may include:
- Establishing and maintaining perimeters;
- Restricting access to affected areas;
- Isolating hazards;
- Protecting evidence, when applicable;
- Coordinating with fire, emergency medical services, and specialized hazardous materials response personnel; and
- Implementing evacuation or shelter-in-place measures when appropriate.

Basic safety precautions may include:
- Officer safety considerations;
- Public safety considerations;
- Recognition of hazardous materials indicators;
- Avoiding unnecessary exposure;
- Utilizing available personal protective equipment consistent with training and agency policy;
- Establishing safe distances;
- Controlling access to affected areas; and
- Requesting specialized resources when appropriate.

The annual familiarization requirement may be satisfied through classroom instruction, roll-call training, tabletop exercises, plan review sessions, computer-based training, briefings, participation in multi-agency training, or other documented methods determined appropriate by the agency. Familiarization activities should involve personnel with responsibilities under the guidelines and ensure those personnel understand agency response procedures, available resources, and individual responsibilities.

Documentation demonstrating compliance may include:
- Training records;
- Attendance rosters;
- Exercise documentation;
- Incident reports;
- Hazardous materials incident reports;
- Mutual aid request documentation;
- After-action reports;
- Supervisory reviews; and
- Other records demonstrating compliance with agency hazardous materials response guidelines.

Proofs of compliance should consist of records demonstrating hazardous materials response procedures were implemented and personnel with responsibilities under the guidelines received annual familiarization. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- 29 CFR 1910.120 Hazardous Waste Operations and Emergency Response (HAZWOPER) OSHA Requirements Governing Responder Safety and Awareness-Level Competencies
- 49 CFR 172.704 Hazardous Materials Employee Training Requirements U.S. Department of Transportation Training Framework
- Emergency Response Guidebook (ERG) Reference Tool for Initial Incident Identification and Response Guidance
- National Incident Management System (NIMS) Incident Command and Coordinated Response Framework Applicable to Hazardous Materials Incidents

Chapter 12 – Traffic

Section 12.1 - Enforcement

12.1.1 Uniform Enforcement Action: [M] [DT]

A written directive establishes procedures for uniform traffic enforcement actions related to traffic law violations and, at a minimum, addresses:

a. Physical arrest;
b. Alternative enforcement actions *(e.g., notices to appear, citations, summonses, etc.);* and
c. Warnings *(e.g., verbal warnings, written warnings, warning notices, etc.).*

Guidance

The purpose of this standard is to ensure consistent understanding and application of traffic enforcement actions. The intent is to promote lawful, fair, and uniform treatment of traffic law violators while supporting officer discretion and public safety objectives.

Agency procedures should ensure enforcement actions are based on the nature, severity, and circumstances of the violation and are consistent with applicable law. Equal and uniform treatment of traffic law violators is essential to maintaining public trust and supporting effective enforcement and prosecution of traffic offenses.

For purposes of this standard:

- **Alternative Enforcement Action** – An enforcement action that does not involve a physical arrest and may include notices to appear, citations, summonses, or other methods authorized by law.
- **Warning** – A discretionary enforcement action in which an officer informs an individual that their conduct violates applicable law without initiating formal legal proceedings. Warnings may be verbal, written, or documented in another manner established by the agency.

Agency procedures should identify circumstances under which officers may:

- Effect a physical arrest;
- Utilize alternative enforcement actions; or
- Issue warnings.

Alternative enforcement actions may include:

- Notices to appear;
- Citations;
- Summonses; and
- Other enforcement actions authorized by law.

Warnings may include:

- Verbal warnings;
- Written warnings;
- Warning notices; and
- Educational contacts.

Documentation demonstrating compliance may include:

- Arrest reports documenting traffic-related arrests;
- Citation records;
- Notice to appear records;
- Summons documentation;
- Warning records, when maintained by the agency;
- Traffic stop reports;

- Electronic enforcement records; and
- Other records demonstrating compliance with agency traffic enforcement procedures.

Proofs of compliance should consist of records demonstrating traffic enforcement actions were taken in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- Whren V. United States, 517 U.S. 806 (1996) Traffic Stops Based on Probable Cause are Constitutionally Valid Regardless of an Officer's Subjective Motivation
- Atwater V. City Of Lago Vista, 532 U.S. 318 (2001) Authorizes Custodial Arrest for Certain Misdemeanor Offenses, Including Qualifying Traffic Violations, When Supported by Probable Cause
- K.S.A. 12-4212(B) Municipal Court Procedures and Authority Relating to Notices To Appear, Citations, and Ordinance Violations
- K.S.A. 22-2401(d) Authority Of Law Enforcement Officers to Make Warrantless Arrests for Offenses Committed in Their Presence or When Otherwise Authorized by Law
- K.S.A. 8-2106 Uniform Traffic Summons and Complaint Procedures for Traffic Law Violations
- Kansas Supreme Court Rule 111 Requirements Governing The Form, Use, and Processing of Uniform Traffic Citations
- Kansas Judicial Council – Uniform Traffic Citation Forms and Procedures Approved Traffic Citation Forms and Procedural Guidance for Uniform Traffic Enforcement Actions

12.1.2 Traffic Stops: [M]

A written directive governs traffic stops and interaction with traffic law violators and, at a minimum, addresses:

a. Traffic stop **procedures** *(e.g., vehicle stopping, approaching vehicles, officer safety considerations, communications with traffic law violators, etc.);*
b. Information provided on traffic enforcement documents (*e.g., court appearance date, time, location, citation information, etc.);* and
c. Notification requirements associated with traffic enforcement documents *(e.g., mandatory court appearances, plea options, payment options, disposition requirements, etc.).*

Guidance

The purpose of this standard is to ensure traffic stop encounters are conducted in a safe, consistent, and professional manner while providing traffic violators with sufficient information to understand the reason for the stop, the enforcement action taken, and any subsequent court obligations or disposition options.

Traffic stop procedures should address the conduct of the traffic stop from the initial vehicle stop through the conclusion of the encounter.

Examples may include:

- Vehicle stopping procedures;
- Vehicle positioning;
- Officer approach procedures;
- Officer safety considerations;
- Traffic and environmental conditions;
- Occupant behavior assessment;
- Communication with traffic law violators; and
- Other actions necessary to safely and effectively conduct a traffic stop.

Officer communications during traffic stops should be professional, courteous, and consistent with agency procedures.

Examples may include:

- Identification of the officer and agency;
- The reason for the stop;
- Requests for driver's license, vehicle registration, and proof of insurance, when applicable;
- Information regarding warnings, citations, notices to appear, or other enforcement actions taken; and
- Other information necessary to explain the purpose and outcome of the stop.

Agency procedures should emphasize officer safety, situational awareness, and clear communication during all phases of the traffic stop encounter.

Information provided on traffic enforcement documents may include:
- Court appearance dates;
- Court appearance times;
- Court appearance locations;
- Offense information;
- Instructions provided to the violator; and
- Other information required by law or agency procedures.

Notification requirements associated with issued traffic enforcement documents may include:
- Mandatory court appearance requirements;
- Plea options;
- Payment options;
- Response requirements;
- Disposition options; and
- Other information necessary to ensure the violator understands available compliance options.

Documentation required by this standard may be preprinted on the traffic enforcement document or completed by the issuing officer, provided the required information is documented and provided to the violator.

Documentation demonstrating compliance may include:
- Traffic report narratives;
- Completed citations;
- Notices to appear;
- Summons documentation;
- Records management system entries documenting traffic enforcement actions; and
- Other records demonstrating implementation of agency traffic stop procedures.

Proofs of compliance should consist of records demonstrating traffic stops were conducted in accordance with agency procedures and that required information and notifications were provided on issued traffic enforcement documents. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Whren V. United States, 517 U.S. 806 (1996) Traffic Stops Based On Probable Cause Or Reasonable Suspicion Of A Traffic Violation Are Constitutionally Valid Regardless Of An Officer's Subjective Motivation
- K.S.A. 8-2106 Uniform Procedures Governing Traffic Citations, Notices to Appear, and Related Traffic Enforcement Actions
- K.S.A. 8-2110 Requirements Regarding Promises To Appear And Procedures Associated With Traffic Citations
- K.S.A. 12-4212 Municipal Court Citation, Notice, And Appearance Procedures For Ordinance And Traffic Violations
- Kansas Supreme Court Rule 111 Requirements Governing The Form, Use, And Processing Of Uniform Traffic Citations
- Kansas Judicial Council Uniform Traffic Citation Forms And Procedures Approved Traffic Citation Forms And Procedural Guidance For Traffic Enforcement Documentation

12.1.3 Traffic Enforcement Practices: [M]

A written directive governs traffic enforcement practices and, at a minimum, addresses:

a. Enforcement actions involving traffic infractions *(e.g., moving violations, non-moving violations, pedestrian violations, bicycle violations, equipment violations, etc.);*
b. Enforcement actions involving traffic misdemeanors *(e.g., driving while license suspended or revoked, reckless driving, fleeing or attempting to elude, etc.);*
c. Enforcement actions arising from traffic collisions;
d. Enforcement of commercial transportation violations, when applicable *(e.g., commercial vehicles, public carriers, etc.);* and
e. **Procedures** for voiding traffic citations.

Guidance

The purpose of this standard is to promote fair, consistent, and legally compliant traffic enforcement practices by establishing agency guidance for common traffic enforcement situations. Uniform enforcement supports the ultimate goal of achieving voluntary compliance with traffic laws and regulations while allowing officers to exercise reasonable discretion based on training, experience, and the totality of circumstances.

The written directive should address various categories of traffic violations and enforcement actions. The written directive should establish expectations that enforcement actions are applied consistently and in accordance with applicable law, regulations, and court requirements.

For purposes of this standard:

- **Traffic Infraction** – A violation of traffic laws or regulations for which the primary enforcement action is typically the issuance of a citation, notice to appear, warning, or other authorized disposition. Examples may include moving violations, non-moving violations, pedestrian violations, bicycle violations, parking violations, and equipment violations.
- **Traffic Misdemeanor** – A traffic-related offense classified as a misdemeanor under applicable law and for which enhanced enforcement authority may exist. Examples may include driving while license suspended, driving while license revoked, reckless driving, fleeing or attempting to elude a law enforcement officer, and other misdemeanor traffic offenses.
- **Commercial Transportation Violations** – Violations involving commercial vehicles, public carriers, passenger transportation services, motor carriers, or other transportation operations regulated by applicable state or federal laws and regulations.

The written directive should address enforcement actions arising from traffic collisions, including circumstances in which citations, notices to appear, arrests, warnings, or other enforcement actions may be appropriate.

The written directive should address circumstances involving multiple violations occurring during a single traffic stop, including officer discretion, enforcement decisions, and documentation requirements.

Voiding a citation is distinct from court disposition of a citation.

For the purpose of this standard:

- **Voided Citation** – A citation withdrawn, canceled, or corrected before filing with the court due to an administrative or issuance error, duplication, or other agency-authorized reason.

The written directive should address authority, documentation, review, and record retention requirements for voided citations.

Documentation demonstrating compliance may include:

- Citation and enforcement records;
- Completed citations;
- Notices to appear;
- Traffic collision reports;
- Commercial transportation enforcement records, when applicable;
- Voided citation records;
- Records management system reports; and
- Other records demonstrating implementation of agency traffic enforcement practices.

Proofs of compliance should consist of records demonstrating traffic enforcement actions were conducted in accordance with agency procedures and that voided citations were processed in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 8-2118 Procedures Governing Appearances And Court Processes Associated With Traffic Citations And Notices To Appear
- K.S.A. 8-262 Offense Of Driving While License Is Canceled, Suspended, Or Revoked
- K.S.A. 8-2106 Uniform Traffic Citation And Notice To Appear Procedures
- K.S.A. 12-4212 Municipal Court Procedures Involving Citations, Notices To Appear, And Ordinance Violations
- K.S.A. 66-1,129 Through 66-1,129c Motor Carrier Safety Enforcement Authority And Commercial Vehicle Regulation
- K.S.A. 8-1438 Through 8-1458 Vehicle Size, Weight, Equipment, And Commercial Vehicle Requirements
- Kansas Supreme Court Rule 111 Requirements Governing The Form, Use, And Processing Of Uniform Traffic Citations
- Kansas Judicial Council – Uniform Traffic Citation Forms And Procedures Approved Traffic Citation Forms And Procedural Guidance For Traffic Enforcement Documentation

12.1.4 Impaired Driving Enforcement: [M]

A written directive governs the handling of persons suspected of or charged with driving while under the influence of alcohol or drugs and, at a minimum, addresses:

a. **Impaired driving testing procedures** *(e.g., Standardized Field Sobriety Testing, Preliminary Breath Testing, chemical testing, etc.);* and
b. Implied consent requirements *(e.g., advisement, testing requests, refusal, documentation requirements, administrative consequences, etc.)*.

Guidance

The purpose of this standard is to ensure agencies establish consistent procedures for the detection, investigation, arrest, testing, and prosecution of persons suspected of driving while under the influence of alcohol or drugs. Proper handling of impaired driving incidents promotes public safety, supports successful prosecution, and helps ensure compliance with statutory and constitutional requirements.

Impaired driving testing procedures may include:

- Standardized Field Sobriety Testing (SFST);
- Preliminary Breath Testing (PBT);
- Chemical testing; or
- Other testing methods authorized by law.

Agency procedures should provide guidance regarding the administration and documentation of impaired driving testing procedures. This may include officer observations, standardized testing methods, testing requests, test administration, refusals, and other actions associated with determining impairment.

Chemical testing procedures should address authorized testing methods, including breath, blood, urine, or other testing permitted by law. Procedures should also address testing requests, refusals, search warrants, and related documentation requirements, when applicable.

Implied consent requirements may include:
- Advisories required by law;
- Testing requests;
- Refusal procedures;
- Documentation requirements;
- Administrative consequences;
- License suspension or revocation processes, when applicable; and
- Other actions required by law.

Agency impaired driving procedures should apply to incidents involving traffic accidents as well as incidents not involving a traffic crash.

Documentation demonstrating compliance may include:
- Arrest reports;
- Driving under the influence investigation reports;
- Standardized Field Sobriety Testing documentation;
- Preliminary Breath Test documentation;
- Chemical testing records;
- Implied consent advisories, forms, and related documentation;
- Search warrants and supporting affidavits, when applicable; and
- Other records demonstrating implementation of agency impaired driving enforcement procedures.

Proofs of compliance should consist of records demonstrating impaired driving investigations, testing procedures, and implied consent requirements were completed in accordance with agency procedures and applicable law. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 8-1567 Prohibits Operating Or Attempting To Operate A Vehicle While Under The Influence Of Alcohol, Drugs, Or A Combination Thereof
- K.S.A. 8-1001 Kansas Implied Consent Law Governing Evidentiary Testing, Required Advisories, And Testing Refusal Procedures
- K.S.A. 8-1002 Authorizes Preliminary Breath Testing And Establishes Procedures For Roadside Alcohol Screening Tests
- K.S.A. 8-1012 Requirements Governing The Administration Of Evidentiary Chemical Testing And Admissibility Of Test Results
- Missouri V. McNeely, 569 U.S. 141 (2013) Requires Case-Specific Evaluation Of Exigent Circumstances And Generally Supports Obtaining A Warrant For Non-Consensual Blood Draws
- Birchfield V. North Dakota, 579 U.S. 438 (2016) Establishes Constitutional Limitations On Warrantless Blood Testing And Chemical Test Refusal Enforcement
- National Highway Traffic Safety Administration (NHTSA) Standardized Field Sobriety Testing (SFST) Training Program Nationally Recognized Standards And Procedures For Administering And Interpreting SFSTS

12.2.1 Traffic Accident Reporting and Investigation: [M]

A written directive governs (1) traffic accident reporting and **establishes procedures for** the investigation of:

a. Fatal accident investigations;
b. Hit-and-run accident investigations;
c. Investigations involving agency-owned vehicles; and
d. Other traffic accident investigations *(e.g., injury accidents, property-damage accidents, accidents occurring on private property, etc.)*.

Guidance

The purpose of this standard is to ensure traffic accidents are reported, documented, and investigated in a consistent manner appropriate to the nature and severity of the event. Proper accident reporting and investigation support public safety, accountability, traffic safety analysis, insurance and civil proceedings, and criminal prosecution when applicable.

Agency procedures should establish responsibility for traffic accident reporting and investigation and identify circumstances requiring a report, a preliminary investigation, or a more comprehensive investigation. The written directive should clearly define the level of response and documentation expected for various accident types.

Fatal accidents generally require more extensive investigative actions than other traffic accidents. Agency procedures should address notification requirements, scene management responsibilities, evidence collection, and any specialized investigative resources that may be required.

Hit-and-run accidents should address reporting requirements, investigative responsibilities, evidence collection, victim notifications, and follow-up investigative actions.

Accidents resulting in damage to agency-owned vehicles should address reporting responsibilities, supervisory notification, documentation requirements, and investigative or administrative review processes established by the agency.

Other accidents may include injury accidents, property-damage accidents, accidents occurring on private property, and other traffic accidents routinely investigated by the agency. The written directive should establish reporting and investigative expectations appropriate to these incidents.

Documentation demonstrating compliance may include:

- Traffic accident reports;
- Traffic accident investigation reports;
- Fatal accident investigation reports;
- Hit-and-run investigation reports;
- Agency vehicle accident reports;
- Photographs, diagrams, and supplemental investigative documentation;
- Records management system reports; and
- Other records demonstrating implementation of agency traffic accident reporting and investigation procedures.

Proofs of compliance should consist of records demonstrating traffic accidents were reported and investigated in accordance with agency procedures. Documentation submitted for traffic accident reporting should demonstrate compliance with agency reporting requirements. Documentation submitted for accident investigations should demonstrate investigative actions appropriate to the type of accident being investigated. A single completed accident case file may demonstrate compliance with both reporting and investigative requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 8-1602 duty to stop at the scene of an accident involving injury, death, or vehicle damage

- K.S.A. 8-1604 Duty To Provide Identifying Information And Render Aid Following An Accident
- K.S.A. 8-1605 Requirements Involving Accidents With Unattended Vehicles
- K.S.A. 8-1606 Requirements When A Vehicle Strikes A Fixture, Structure, Or Other Property Adjacent To A Roadway
- K.S.A. 8-1607 Requirements For Reporting Certain Traffic Accidents To Law Enforcement Authorities
- K.S.A. 8-1608 Written Accident Reporting Requirements
- K.S.A. 8-1611 Traffic Accident Report Forms And Reporting Procedures
- K.S.A. 8-1612 Confidentiality, Release, And Authorized Use Of Traffic Accident Reports
- K.S.A. 8-2111 Authority And Procedures Relating To Traffic Accident Investigations And Enforcement Actions
- Kansas Department Of Transportation (KDOT) Motor Vehicle Accident Reporting Guidelines And Forms Official Reporting Guidelines, Forms, And Procedures For Motor Vehicle Accident Reporting

Section 12.3 - Direction and Control

12.3.1 Traffic Direction and Control: [M]

A written directive establishes procedures for traffic direction and control and, at a minimum, addresses:

a. Situations requiring traffic direction and control *(e.g., manual traffic direction, intersection control, special events, construction zones, emergency incidents, temporary traffic control measures, etc.);* and
b. A requirement that personnel directing traffic or controlling traffic within a roadway wear reflective safety apparel.

Guidance

The purpose of this standard is to ensure agencies establish procedures for safely directing and controlling traffic while protecting agency personnel and the public. Traffic direction and control activities may occur during traffic crashes, roadway hazards, adverse weather conditions, construction activities, special events, emergency incidents, or other situations affecting the normal flow of traffic.

Traffic direction and control procedures should address situations in which personnel may be required to regulate, redirect, stop, or otherwise manage traffic flow.

Such situations may include:
- Manual traffic direction;
- Intersection control;
- Special events;
- Construction zones;
- Emergency incidents;
- Temporary traffic control operations; and
- Other situations requiring traffic direction or control.

Agency procedures should provide guidance regarding manual traffic control techniques and the use of temporary traffic control devices such as cones, barricades, flares, signs, or other warning devices, when appropriate.

Personnel directing traffic or controlling traffic within a roadway should wear reflective safety apparel consistent with agency policy and applicable safety standards to increase visibility and reduce the risk of injury.

For purposes of this standard:
- **Reflective Safety Apparel** – Reflective vests, jackets, rainwear, outer garments, or other high-visibility safety apparel designed to enhance visibility during roadway operations.

Documentation demonstrating compliance may include:
- Traffic control plans;
- Special event traffic control plans;

- Traffic crash reports;
- Report narratives documenting traffic direction and control activities;
- CAD entries documenting traffic direction and control activities;
- Photographs documenting traffic control operations;
- Body-worn camera recordings, when available;
- Training records related to traffic direction and control activities;
- Event operations plans;
- Supervisory reviews; and
- Other records demonstrating implementation of agency traffic direction and control procedures.

Proofs of compliance should consist of records demonstrating personnel conducted traffic direction and control activities in accordance with agency procedures and utilized reflective safety apparel when required. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 8-1503 Requires Obedience To Lawful Traffic-Control Devices And Traffic Regulations
- K.S.A. 8-1504 Authorizes Police Officers To Direct, Control, And Regulate Traffic
- K.S.A. 8-2010 Authority And Responsibilities Related To Traffic Regulation, Control, And Enforcement Activities
- Manual On Uniform Traffic Control Devices (MUTCD), Current Edition National Standards For Traffic Control Devices, Temporary Traffic Control Zones, And Roadway Traffic Management Practices
- ANSI/ISEA 107, American National Standard For High-Visibility Safety Apparel Performance Standards For Reflective and High-Visibility Safety Apparel Used During Roadway Operations

Section 12.4 - Other Services

12.4.1 Towing and Impoundment: [M]

A written directive establishes procedures for towing and impoundment and, at a minimum, addresses:

a. Vehicles held pursuant to law enforcement authority *(e.g., vehicle impoundment, evidentiary holds, abandoned vehicles, forfeiture actions, etc.);*
b. Vehicle towing *(e.g., public property, private property, disabled vehicles, traffic hazards, etc.);* and
c. Records maintained for all vehicles *(e.g., towed, removed, impounded, stored, or held pursuant to law enforcement authority or direction).*

Guidance

The intent of this standard is to ensure agencies establish consistent procedures for towing, documentation, custody, storage, and disposition of vehicles that come under law enforcement authority or direction. Proper vehicle custody procedures promote accountability, protect property interests, preserve evidence, support public safety, and reduce agency liability.

Procedures governing vehicles held pursuant to law enforcement authority should address circumstances under which vehicles may be impounded, retained, stored, or otherwise held for a lawful purpose.

Such vehicles may include:

- Vehicles held as evidence;
- Abandoned vehicles;
- Vehicles requiring safekeeping;
- Vehicles involved in criminal investigations;
- Vehicles subject to forfeiture proceedings, when applicable; and
- Other vehicles lawfully held pursuant to agency authority.

Vehicle towing procedures should address circumstances under which vehicles may be towed or otherwise removed pursuant to law enforcement authority.

Examples may include:
- Vehicles located on public and private property;
- Disabled vehicles;
- Traffic hazards;
- Obstructing vehicles;
- Abandoned vehicles; and
- Other circumstances authorized by law.

Recordkeeping procedures should establish documentation requirements for vehicles towed, removed, impounded, stored, or otherwise held pursuant to law enforcement authority. Records should provide sufficient information to document agency actions, vehicle disposition, owner notification when applicable, and final release or disposition.

For purposes of this standard:
- **Vehicle Impoundment** refers to the temporary taking of a vehicle into law enforcement custody or control for a lawful purpose.
- **Vehicles Held Pursuant to Law Enforcement Authority** refers to vehicles retained, stored, impounded, or otherwise held under lawful authority for evidentiary, investigative, safekeeping, abandonment, forfeiture, or other authorized purposes.
- **Abandoned Vehicle** refers to a vehicle meeting statutory or local criteria for abandonment and subject to removal, notification, storage, or disposition requirements established by law.

Documentation demonstrating compliance may include:
- Report narratives;
- Tow reports;
- Vehicle impound records;
- Evidence custody records;
- Abandoned vehicle documentation;
- Vehicle release forms;
- Storage records;
- Records management system reports; and
- Other records demonstrating implementation of agency towing and impoundment procedures.

Proofs of compliance should consist of records demonstrating vehicles were towed, removed, impounded, stored, released, or otherwise held in accordance with agency procedures and applicable law. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 8-1102 Authority And Procedures For The Removal Of Vehicles Under Specified Circumstances
- K.S.A. 8-1103 Custody, Notification, Storage, Sale, And Disposition Procedures For Abandoned Vehicles
- K.S.A. 8-1570a Authority To Remove Vehicles Creating Traffic Hazards, Obstructions, Or Safety Concerns
- K.S.A. 8-1571 Authority Regarding Unattended Vehicles And Vehicles Creating Roadway Hazards
- Applicable Local Ordinances Local Requirements Governing Vehicle Towing, Impoundment, Abandoned Vehicles, Storage Facilities, And Release Procedures
- South Dakota v. Opperman, 428 U.S. 364 (1976) Recognizes The Community-Caretaking Function And Inventory Searches Of Lawfully Impounded Vehicles

Chapter 13 – Detainee Transport

Section 13.1 - Operations

13.1.1 Law Enforcement Detainee Transport: [M]

A written directive governs procedures for the transportation of detainees by law enforcement officers and, at a minimum, addresses:

a. Pre-transport security measures *(e.g., detainee searches, detainee identification confirmation, etc.);*
b. Transport vehicle inspections *(e.g., at the beginning of each shift, before transport, after transport, etc.);*
c. Transport safety considerations *(e.g., seating arrangements in vehicles not equipped with safety barriers, detainees with medical conditions or circumstances affecting transport safety, etc.);*
d. Communication of security risk information during custody transfers;
e. Extended law enforcement transport considerations *(e.g., transporting detainees from other jurisdictions pursuant to an active warrant or extradition authority, transferring detainees to another facility, etc.);* and
f. Restraints *(e.g., authorized restraints, methods of application, use during transport, special transport requirements for detainees who are sick, injured, disabled, pregnant, or otherwise require accommodation, etc.).*

Guidance

The purpose of this standard is to ensure safe, secure, and consistent practices for the transportation of detainees by law enforcement officers. These procedures are designed to promote officer safety, detainee safety, and accountability during all stages of custody transfer and transport.

This standard applies to detainee transports conducted by law enforcement officers and does not apply to transport operations conducted by jail or correctional staff or other non-law enforcement transportation services.

Agencies should establish clear procedures addressing the safe transport of detainees following arrest or lawful custody transfer to another facility. Procedures should emphasize continuous officer control of detainees during transport and clearly define expectations for safety, security, and documentation.

Pre-transport security measures may include:
- Detainee searches;
- Detainee identification confirmation;
- Verification of transport documentation;
- Verification of restraints; and
- Other actions intended to ensure officer safety, detainee safety, and continuity of custody.

Transport vehicle inspections may include:
- Inspections conducted at the beginning of each shift;
- Inspections conducted before transport;
- Inspections conducted after transport; and
- Other inspections required by agency procedures.

Transport safety considerations may include:
- Seating arrangements in vehicles not equipped with safety barriers;
- Medical conditions;
- Disabilities;
- Pregnancy;
- Behavioral concerns;
- Escape risks; and
- Other circumstances affecting the safe transport of detainees.

Agencies should establish procedures for communicating security risk information during custody transfers. Information communicated may include:

- Behavioral concerns;
- Escape risk indicators;
- Medical considerations;
- Use-of-force considerations;
- Special housing needs; and
- Other information necessary for the receiving agency or facility to safely manage the detainee.

Extended law enforcement transport considerations may include:

- Transporting detainees from other jurisdictions pursuant to an active warrant or extradition authority;
- Transferring detainees to another facility;
- Rest stops;
- Meal breaks;
- Refueling stops;
- Multiple-officer transports; and
- Other circumstances associated with extended transport operations.

Procedures addressing restraints should identify authorized restraints and provide guidance regarding their proper application and use during transport. Agencies should also address transportation considerations for detainees who are sick, injured, disabled, pregnant, or otherwise require accommodation to ensure both officer safety and detainee safety.

Documentation demonstrating compliance may include:

- Transport logs and reports;
- Arrest report narratives;
- Vehicle inspection records;
- Detainee custody transfer forms;
- Communication records with receiving facilities;
- Restraint application documentation, when required;
- CAD entries documenting detainee transports; and
- Other records demonstrating implementation of detainee transport procedures.

Proofs of compliance should consist of records demonstrating detainees were transported in accordance with agency procedures, required security measures and vehicle inspections were completed, relevant custody transfer information was communicated, and approved restraints and transport safety practices were utilized when applicable. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 22-2401 Authority Of Law Enforcement Officers To Make Arrests And Take Persons Into Custody
- K.S.A. 22-2402 Authority Relating To Detention And Custody Of Arrested Persons
- K.S.A. 22-2406 Authority To Conduct Searches Incident To Lawful Arrest
- K.S.A. 22-2711 Et Seq. Uniform Criminal Extradition Act Governing Interstate Transfer And Return Of Fugitives
- Applicable Court Orders Judicial Orders Governing Detainee Custody, Commitment, Transport, Or Transfer Requirements
- Applicable Mutual Aid Agreements Interagency Agreements Governing Detainee Transport, Custody Transfers, And Operational Responsibilities

13.1.2 Detainee Escape During Transport: [M]

A written directive establishes procedures for actions to be taken by law enforcement officers following the escape of a detainee while being transported and, at a minimum, addresses:

a. Notification requirements *(e.g., supervisor, communications center, receiving facilities, neighboring agencies, etc.);*
b. Coordination of response efforts with appropriate law enforcement agencies; and
c. Documentation requirements.

Guidance

The purpose of this standard is to ensure agencies establish procedures for responding to the escape of a detainee during transport by law enforcement officers. Timely notification, coordinated response efforts, and appropriate documentation increase the likelihood of safely recovering the detainee while promoting officer safety and public safety.

This standard applies to escapes occurring while a detainee is being transported by law enforcement officers and does not apply to escapes occurring from detention facilities, correctional institutions, courthouses, or other custodial settings.

Notification procedures should identify individuals, agencies, or entities that must be notified following a transport-related escape.

Notifications may include:
- Supervisory personnel;
- Communications personnel;
- Receiving facilities;
- Neighboring law enforcement agencies;
- Mutual aid partners; and
- Other appropriate authorities.

Coordination of response efforts should address actions necessary to safely locate and apprehend an escaped detainee. Agencies should establish expectations for communication, information sharing, resource deployment, and coordination with assisting law enforcement agencies when appropriate.

Documentation procedures should identify reports, forms, notifications, logs, or other records required following a transport-related escape. If no special documentation is required, agencies may satisfy this requirement through compliance with established agency reporting procedures.

Documentation demonstrating compliance may include:
- Escape incident reports;
- Supplemental reports;
- Communications or dispatch records;
- Notifications to assisting agencies;
- After-action reviews;
- Records management system entries; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating required notifications were made, response efforts were coordinated, and documentation was completed in accordance with agency procedures following a transport-related escape. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 21-5911 Aggravated Escape From Custody
- K.S.A. 21-5912 Escape From Custody
- K.S.A. 22-2401 Authority of Law Enforcement Officers to Make Arrests and Maintain Lawful Custody

- K.S.A. 22-2405 Custody Responsibilities And Procedures Following Arrest
- Applicable Mutual Aid Agreements And Interlocal Agreements Coordination Of Response Efforts, Law Enforcement Assistance, And Jurisdictional Cooperation During Escape Incidents

Chapter 14 – Temporary Detention

Section 14.1 - Operations

14.1.1 Designated Rooms or Areas: [M]

If utilized, **a written directive designates** rooms or areas within the law enforcement facility that may be used for persons not free to leave, regardless of whether the room or area is locked or unlocked, continuously monitored or intermittently monitored, or whether the detainee is left unattended for any period of time and, at a minimum, addresses:

a. Designated rooms or areas for processing *(e.g., arrest processing, booking-related activities, identification procedures, property inventory, etc.);*
b. Designated rooms or areas for testing *(e.g., breath testing, chemical testing, intoxilyzer testing, field-testing procedures conducted within the facility, etc.);* and
c. Designated rooms or areas for temporary detention *(e.g., interview rooms, holding rooms, temporary detention rooms, detoxification rooms, etc.).*

Guidance

The purpose of this standard is to ensure agencies identify and designate rooms or areas that may be used for detainee processing, testing, or temporary detention. Designating such locations promotes consistency in agency operations and helps ensure appropriate consideration is given to detainee safety, officer safety, supervision, and monitoring.

For purposes of Chapter 14, the following Glossary definitions are applicable:

- **Detention** is the act of holding a person under the authority of law enforcement when the individual is not free to leave, whether for investigative, administrative, or custodial purposes. Detention exists when a reasonable person in the same circumstances would believe they are restrained by law enforcement authority and are not at liberty to terminate the encounter or depart.
- **Temporary Detention** is the brief holding of a person within a law enforcement facility when the individual is not free to leave, regardless of the room or area used, physical security features, or level of supervision. Temporary detention is determined by the custodial status of the individual, not by the designation or characteristics of the room or area.
- **Temporary Holding Area** is any room, space, or area within a law enforcement facility that is used for the temporary detention of persons who are not free to leave, regardless of physical design, security features, or method of supervision.

Law enforcement agencies may use rooms, spaces, or areas within a law enforcement facility for purposes such as:

- Detainee processing;
- Detainee testing;
- Custody determination;
- Awaiting transport;
- Bonding or release processing;
- Administrative resolution of an incident; or
- Managing temporary booking or transfer delays.

Temporary detention is determined by the custodial status of the individual, not by the name, purpose, physical characteristics, security features, or supervision level of the room or area. Any room or area used for a person who is not free to leave constitutes temporary detention regardless of whether the room is locked or unlocked, monitored or unmonitored, or whether the detainee is left unattended for any period of time.

Rooms or areas used exclusively for voluntary interviews or interrogations, where the individual is free to terminate the encounter and leave, do not constitute temporary detention and are not required to be designated under this standard.

When designating such rooms or areas, agencies should consider:

- Safety;

- Visibility;
- Accessibility;
- Monitoring capabilities; and
- The ability to maintain control of detainees.

Temporary detention is determined by the custodial status of the individual, not by the designation or characteristics of the room or area. Leaving a detainee alone, placing the detainee in an unlocked room, or advising the detainee to "wait" does not negate detention if the person is not free to leave.

Agencies should err on the side of treating custody-like situations as temporary detention for safety, legal, and liability purposes.

This standard applies only to rooms or areas within a law enforcement facility and does not apply to detention or holding areas located within jails, correctional facilities, or court facilities.

Documentation demonstrating compliance may include:
- Detainee logs;
- Booking or processing records;
- Temporary detention logs;
- Breath test or other testing records;
- Arrest reports;
- Report narratives documenting detainee processing, testing, or temporary detention;
- CAD entries documenting detainee processing, testing, or temporary detention activities; and
- Other records demonstrating use of designated rooms or areas consistent with agency procedures.

Documentation should demonstrate agency personnel utilized designated rooms or areas for processing, testing, or temporary detention in accordance with the agency's written directive. Documentation should clearly identify the activity performed and the designated room or area utilized. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2402 Authority Relating To Temporary Detention, Investigative Detention, And Custody Of Persons By Law Enforcement Officers
- K.S.A. 22-2405 Custody Responsibilities And Procedures Following Arrest
- K.S.A. 22-2501 Authority And Procedures For Searches Incident To Lawful Arrest And Custody
- Applicable Federal And State Case Law Legal Standards Governing Detention, Custody, Custodial Interrogation, Voluntary Encounters, And The Determination Of When A Person Is Not Free To Leave

14.1.2 Temporary Detention Operations: [M]

If the agency utilizes designated rooms or areas for temporary detention of any person who is not free to leave, regardless of whether the detention occurs in a locked or unlocked space or whether the detainee is continuously supervised, intermittently monitored, or left unattended, **written procedures address** at a minimum:

a. Documentation requirements for all temporary detention events;
b. Detainee management *(e.g., securing unattended detainees in locked and unlocked spaces, restraining detainees to fixed objects, sight and sound separation of juveniles from adults, face-to-face visual observations unless the space is equipped with and actively monitored by continuous video surveillance, detainee access to basic needs to include water, restroom, food, etc.).*
c. Detainee security *(e.g., monitoring unattended detainees in locked and unlocked spaces, weapons control, emergency alarm activation, emergency alarm response, escape prevention control measures, etc.).*

Guidance

The purpose of this standard is to ensure agencies establish procedures that promote detainee safety, officer safety, security, accountability, and reasonable care for individuals who are temporarily detained within a law enforcement facility.

This standard applies whenever an individual is not free to leave and is placed in a designated room or area for temporary detention, regardless of whether the space is locked or unlocked, continuously supervised, intermittently monitored, or unattended for any period of time.

Documentation of temporary detention supports constitutional compliance, demonstrates the necessity and reasonableness of agency actions, and protects the agency from claims that a detainee was improperly detained, inadequately supervised, or denied reasonable care.

When detainees are left unattended, agencies should establish procedures addressing both detainee management and detainee security. Monitoring may be accomplished through direct observation, audio or video monitoring systems, or other methods established by agency procedures.

Considerations may include:

- The detainee's behavior and risk level;
- The use of restraints, when authorized;
- Access control to the room or area;
- Observation methods;
- Available monitoring capabilities; and
- Procedures for responding to emergencies or escape attempts.

Agencies authorizing the restraint of detainees to fixed objects should ensure such restraints are used only when necessary, only for the shortest reasonable period, and only with equipment or fixtures specifically designed and intended for that purpose.

For purposes of this standard, sound refers to normal or loud conversations and does not include yelling, screaming, or other disruptive behavior that should be addressed by personnel supervising the detainee. Juveniles should be separated by both sight and sound from adult detainees in accordance with applicable laws, regulations, and agency procedures.

Emergency alarm procedures should address both the method of alarm activation and the actions required in response to an alarm activation. Portable radios utilizing designated emergency or distress signals may satisfy alarm activation requirements.

Face-to-face visual observation requirements are intended to ensure detainee welfare and identify medical, behavioral, or security concerns that may require immediate attention. Agencies utilizing continuous video surveillance should ensure the surveillance system is actively monitored in accordance with agency procedures.

Basic needs should be addressed based upon the circumstances and duration of the detention.

Examples may include:

- Access to drinking water;
- Restroom access;
- Food, when appropriate due to the duration of detention;
- Medical attention, when needed; and
- Other reasonable accommodations necessary to ensure detainee welfare.

This standard applies only to temporary detention conducted by law enforcement agencies and does not apply to detention or holding areas within jails, correctional facilities, or court facilities.

Documentation demonstrating compliance may include:

- Temporary detention logs;

- Detainee monitoring records;
- Observation logs;
- Alarm activation or response records;
- Temporary detention reports;
- Incident reports;
- Juvenile detention records;
- Report narratives documenting temporary detention activities; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate temporary detention operations were conducted in accordance with agency procedures, including detainee management, detainee security, and documentation requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2402 Temporary Questioning And Detention Of Persons Reasonably Suspected Of Criminal Activity
- K.S.A. 22-2405 Custody Responsibilities And Procedures Following Arrest
- K.S.A. 38-2330 Custody Procedures And Requirements Involving Juveniles
- K.S.A. 38-2331 Placement, Detention, Supervision, And Notification Requirements Involving Juveniles
- Applicable Federal And State Laws, Regulations, And Court Decisions Legal Standards Governing Temporary Detention, Detainee Supervision, Juvenile Custody, Detainee Welfare, And Constitutional Obligations Of Law Enforcement Agencies

14.1.3 Temporary Detention Area Inspections: [M] [TS]

If temporary detention areas are utilized, **a written directive establishes procedures** for documented inspections and, at a minimum, addresses:

a. (1) Frequency and (2) scope of **sanitation inspections**; and
b. (1) Frequency and (2) scope of **security inspections**.

Guidance

The purpose of this standard is to ensure temporary detention areas remain safe, secure, sanitary, and suitable for detainee use.

The frequency and scope of sanitation and security inspections are determined by the agency and should be appropriate for the design, use, and operational needs of the temporary detention area. Agencies should consider detainee safety, officer safety, facility security, sanitation concerns, and the risk of injury or escape when establishing inspection practices.

Sanitation inspections may include evaluation of:
- Cleanliness of the room or area;
- Biohazard concerns;
- Availability and condition of sanitation facilities;
- General housekeeping conditions; and
- Other conditions affecting detainee health and welfare.

Security inspections may include evaluation of:
- Doors, locks, and access controls;
- Windows and security barriers;
- Restraint fixtures, when authorized;
- Alarm systems;
- Video or monitoring equipment;

- Potential escape hazards; and
- Other conditions affecting facility security.

Agencies should ensure temporary detention areas are free from weapons, contraband, tools, equipment, or other items that could present a safety, security, escape, or self-harm risk before placing a detainee in the area.

Examples may include:
- Firearms or ammunition;
- Duty belts or duty equipment;
- Knives or cutting instruments;
- Scissors or other sharp objects;
- Tools;
- Restraint keys;
- Hazardous materials; and
- Other unsecured items accessible to detainees.

Inspection frequency may vary based upon:
- Agency size;
- Facility design;
- Detainee usage;
- Frequency of occupancy; and
- Operational needs.

Deficiencies identified during inspections should be documented and addressed in a timely manner consistent with the nature of the deficiency and the risk presented.

This standard applies only to temporary detention areas utilized by law enforcement agencies and does not apply to detention or holding areas within jails, correctional facilities, or court facilities.

Documentation demonstrating compliance may include:
- Sanitation inspection records;
- Security inspection records;
- Facility maintenance requests;
- Corrective action documentation;
- Work orders;
- Deficiency reports; and
- Other records demonstrating compliance with agency inspection procedures.

Documentation should demonstrate the agency conducts sanitation and security inspections of temporary detention areas and addresses identified deficiencies when appropriate. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

14.2.1 Personnel Training: [M] [TRG]

If temporary detention rooms or areas are utilized, **a written directive requires** all personnel who may monitor, supervise, or otherwise have responsibility for persons temporarily detained receive:

a. **Initial training** *(e.g., temporary detention operations, personnel responsibilities, etc.);* and
b. **Refresher training** at least once **every four years** *(e.g., temporary detention operations, personnel responsibilities, etc.)*.

Guidance

The purpose of this standard is to ensure personnel who may monitor, supervise, or otherwise have responsibility for temporarily detained persons understand their duties and responsibilities relating to detainee safety, security, supervision, documentation, and welfare.

Training should emphasize that temporary detention is determined by the custodial status of the individual, not by the designation or characteristics of the room or area being used. Personnel should understand that temporary detention may occur in a variety of rooms or areas within a law enforcement facility whenever a person is not free to leave.

To reduce risk and prevent complacency, training should emphasize both officer safety and detainee welfare.

Training regarding temporary detention operations and personnel responsibilities may include:
- Definitions and concepts related to detention, temporary detention, and temporary holding areas;
- Designated rooms or areas used for temporary detention;
- Documentation requirements for temporary detention events;
- Detainee management requirements;
- Detainee security requirements;
- Detainee supervision and monitoring requirements;
- Available monitoring resources;
- Procedures for managing unattended detainees;
- Security and sanitation inspection responsibilities, when applicable;
- Emergency alarm activation and response;
- Escape prevention measures;
- Weapons control requirements;
- Juvenile separation requirements;
- Detainee access to basic needs;
- Recognition of medical, mental health, behavioral, or other conditions requiring intervention; and
- Appropriate responses to unruly, combative, distressed, impaired, vulnerable, or medically compromised detainees.

The content, format, and method of training are determined by the agency. Training may be provided through:
- Classroom instruction;
- Roll-call training;
- Online training;
- Policy review;
- Scenario-based exercises; or
- Other methods determined appropriate by the agency.

This standard applies only to temporary detention conducted by law enforcement agencies and does not apply to detention or holding areas within jails, correctional facilities, or court facilities.

Documentation demonstrating compliance may include:
- Initial training records;

- Refresher training records;
- Training rosters;
- Lesson plans;
- Course outlines;
- Training bulletins;
- Learning management system records; and
- Other records demonstrating personnel received training regarding temporary detention operations and personnel responsibilities.

Documentation should demonstrate personnel who may monitor, supervise, or otherwise have responsibility for temporarily detained persons received required training regarding temporary detention operations and personnel responsibilities in accordance with agency procedures.

Proofs of compliance should consist of records demonstrating personnel successfully completed required initial and refresher training regarding temporary detention operations and personnel responsibilities in accordance with agency requirements. An administrative report, training compliance report, learning management system report, or similar record may demonstrate compliance with multiple requirements of this standard. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Chapter 15 – Lock-Up Facility

Section 15.1 - Organization, Security, and Management

15.1.1 Facility Access and Detainee Acceptance: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Facility access *(e.g., access restrictions, visitor control, escort requirements for nonessential persons, contractor access, volunteer access, etc.);* and
b. Acceptance of detainees from other jurisdictions *(e.g., acceptance criteria, restrictions on acceptance, records or notifications associated with acceptance, etc.).*

Guidance

As defined in the KLEAP Standards Manual Glossary, a Lock-Up Facility is a confinement facility outside of a jail where detainees are housed while awaiting court appearances and/or sentenced prisoners are confined. Detainees receive meals and may be detained for multiple days, including overnight stays. A lock-up facility is not co-located with or operated as an integral part of a jail.

The purpose of this standard is to promote facility security, detainee safety, and accountability by establishing controls over facility access and the acceptance of detainees from other jurisdictions.

Facility access procedures should establish reasonable controls governing access to secure areas of the lock-up facility and identify circumstances when escorts or direct supervision are required.

For purposes of this standard:

- **Nonessential Persons** – Individuals who do not have a legitimate operational, legal, medical, maintenance, inspection, or other authorized purpose requiring access to the lock-up facility.

Procedures governing facility access may address:

- Authorization for entry;
- Visitor identification requirements;
- Escort or supervision requirements;
- Access restrictions to secure areas;
- Visitor logs, when utilized; and
- Restrictions during emergencies, disturbances, or other security-related incidents.

If the agency accepts detainees from other jurisdictions, procedures should establish requirements for accepting, identifying, documenting, and housing those detainees. Agencies should clearly define responsibility for detainee custody, care, supervision, and release while the detainee remains housed within the facility.

Procedures governing acceptance of detainees from other jurisdictions may address:

- Authorization to accept detainees;
- Acceptance criteria or restrictions;
- Positive identification requirements;
- Documentation of custody transfers;
- Medical, mental health, or special needs information;
- Property accountability;
- Notification requirements; and
- Release, transfer, or return procedures.

This chapter applies only to agencies operating a lock-up facility and does not apply to county jails, municipal jails, correctional facilities, or court holding facilities operated by another entity.

Documentation demonstrating compliance may include:
- Visitor logs;
- Access authorization records;
- Escort logs or records;
- Detainee intake records;
- Custody transfer documentation;
- Housing records for detainees from other jurisdictions;
- Report narratives;
- Facility logs; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate facility access is controlled in accordance with agency procedures and that detainees accepted from other jurisdictions are housed consistent with established agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.1.2 Facility Security: [M]

If the agency operates a lock-up facility, **a written directive establishes security procedures** and, at a minimum, addresses:

a. Securing weapons *(e.g., storage, access restrictions, temporary placement of officer weapons, visitor weapons, etc.);*
b. Key control *(e.g., issuance, accountability, inventory, lost or missing keys, restricted access keys, etc.);*
c. Security checks *(e.g., facility inspections, detainee welfare checks, perimeter checks, security equipment checks, etc.);* and
d. Escape response *(e.g., notification requirements, search procedures, facility lockdown measures, coordination with assisting agencies, etc.).*

Guidance
The purpose of this standard is to establish reasonable security measures that protect detainees, personnel, visitors, and the public while reducing the risk of escape, injury, contraband introduction, and unauthorized access.

Procedures for securing weapons should address firearms and other items that may present a safety or security risk within the facility.

Examples may include:
- Firearms;
- Ammunition;
- Knives;
- Batons;
- Chemical agents;
- Electronic control devices; and
- Other duty equipment designated by the agency.

Key control procedures should provide accountability for the location and possession of facility keys, access devices, or other security credentials. Agencies should establish procedures for issuance, inventory, accountability, and emergency access when necessary.

Security checks should be conducted to identify conditions that may compromise facility safety or security. Agencies should consider conducting security checks before placing a detainee into a lock-up area and after the detainee leaves the area.

Security checks may include inspection for:
- Weapons;
- Contraband;
- Tools;
- Damaged fixtures;
- Escape hazards;
- Unauthorized items; and
- Other conditions affecting safety or security.

Escape response procedures should be communicated to personnel with lock-up facility responsibilities and may address:
- Alarm activation;
- Notification requirements;
- Deployment of additional resources;
- Search and apprehension responsibilities;
- Interagency notifications; and
- Procedures for terminating alerts or notifications following apprehension.

Documentation demonstrating compliance may include:
- Key control logs;
- Security check records;
- Escape response documentation;
- Incident reports;
- Report narratives;
- Facility logs; and
- Other records demonstrating compliance with agency security procedures.

Documentation should demonstrate compliance with agency procedures governing weapon security, key control, security checks, and escape response. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.1.3 Detainee Separation and Segregation: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** for detainee separation and segregation and addresses, at a minimum:

a. (1) Sight and (2) sound separation of juveniles from adult detainees;
b. Managing detainees under the influence of alcohol or drugs; and
c. Managing detainees under special circumstances *(e.g., violent, assaultive, suicidal, self-destructive, medically compromised, or otherwise high-risk detainees).*

Guidance
The purpose of this standard is to promote detainee safety, facility security, and staff protection by ensuring agencies establish procedures for separating juveniles from adult detainees and managing detainees who present elevated safety, security, medical, or behavioral risks.

Procedures addressing the sight and sound separation of juveniles from adult detainees should be consistent with applicable laws and regulations and should identify methods available to accomplish such separation within the lock-up facility.

Methods of separation may include:
- Physical separation;

- Separation by housing location;
- Separation through scheduling or controlled movement;
- Continuous supervision; or
- Other methods consistent with applicable legal requirements.

Procedures for managing detainees under the influence of alcohol or drugs should address supervision, observation, medical concerns, and circumstances requiring medical evaluation or emergency intervention.

Detainees under special circumstances may require increased supervision, additional observation, special housing arrangements, medical attention, or other management measures to reduce risks to the detainee, staff, or others within the facility.

Examples of special circumstances may include:
- Violent or assaultive behavior;
- Suicidal or self-destructive behavior;
- Medical or mental health concerns;
- Intoxication requiring enhanced observation;
- Escape risks; and
- Other elevated safety or security concerns.

Agencies should ensure personnel responsible for lock-up facility operations understand procedures governing detainee separation, observation, supervision, intervention, and emergency response.

Documentation demonstrating compliance may include:
- Housing assignment records;
- Observation logs;
- Detainee screening records;
- Incident reports;
- Special housing documentation;
- Juvenile detention records;
- Report narratives; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate juveniles were separated from adult detainees when required and that detainees under the influence of alcohol or drugs or other special circumstances were managed in accordance with agency procedures.

Legal and Regulatory References
None identified

Section 15.2 - Conditions

15.2.1 Facility Conditions: [M] [OBS]

If the agency operates a lock-up facility, **a written directive establishes requirements** for facility conditions and, at a minimum, addresses:

a. Environmental conditions *(e.g., lighting, ventilation, etc.)*;
b. Hygiene and sanitation needs *(e.g., access to toilet facilities, drinking water, etc.);* and
c. Extended-stay accommodations for detainees held longer than eight hours *(e.g., access to a wash basin, shower, bed, etc.)*.

Guidance

The purpose of this standard is to promote detainee health, safety, sanitation, and welfare by establishing facility condition requirements for agencies operating a lock-up facility.

Appropriate environmental conditions, hygiene and sanitation accommodations, and extended-stay accommodations contribute to the safe and humane operation of a lock-up facility and assist in reducing health, safety, and liability concerns.

Environmental conditions may include:

- Lighting;
- Ventilation;
- Temperature control, when available; and
- Other conditions affecting detainee health, safety, and welfare.

Hygiene and sanitation needs may include:

- Access to drinking water;
- Access to toilet facilities;
- Personal hygiene opportunities; and
- Other basic sanitation provisions consistent with the duration of detention.

Extended-stay accommodations should provide for detainees held longer than eight hours and may include:

- Access to a wash basin;
- Access to a shower; and
- Sleeping accommodations, including a bed.

When bedding is provided, agencies should consider cleanliness, sanitation, durability, and fire safety. Agencies may establish alternative procedures when specific items create a safety risk for a detainee or others.

Examples may include:

- Suicidal detainees;
- Self-destructive detainees; or
- Other detainees presenting elevated safety concerns.

Documentation demonstrating compliance may include:

- Clearly labeled photos

Documentation should demonstrate the lock-up facility provides environmental conditions, hygiene and sanitation accommodations, and extended-stay accommodations consistent with agency requirements. Clearly labeled photographs are encouraged and may be among the best indicators of compliance because they allow assessors to observe facility conditions and accommodations directly. Supporting inspection, maintenance, or housing records may also be included when appropriate.

Proofs of compliance should consist of documentation demonstrating the lock-up facility provides environmental conditions, hygiene and sanitation accommodations, and extended-stay accommodations in accordance with agency procedures. Clearly labeled photographs may serve as the primary proof of compliance. Because facility conditions generally remain unchanged for extended periods, a single proof submitted during the first year of reaccreditation may satisfy the proof requirement for the entire accreditation cycle unless a change occurs in facility conditions or procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

15.2.2 Facility Capacity Limitations: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** for managing detainee populations that exceed the facility's maximum capacity.

Guidance

The purpose of this standard is to ensure the agency can safely and effectively manage situations in which the number of detainees exceeds the facility's maximum capacity.

Agencies should establish procedures that prioritize detainee safety, facility security, staff safety, and compliance with applicable separation, supervision, and detention requirements.

Procedures may address:

- Temporary housing alternatives;
- Transfer of detainees to another facility;
- Use of additional personnel;
- Temporary operational adjustments;
- Notification requirements;
- Prioritization of available housing space; and
- Other measures necessary to maintain safe facility operations.

Agencies should avoid housing practices that compromise required separation, supervision, sanitation, security, or detainee welfare standards solely to accommodate additional detainees.

Documentation demonstrating compliance may include:

- Facility population logs;
- Detainee transfer records;
- Incident reports;
- Facility logs;
- Staffing records; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate the agency managed detainee populations in accordance with established capacity limitation procedures when facility capacity was reached or exceeded. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

Section 15.3 - Inspections

15.3.1 Fire Safety Systems: [M] [TS]

If the agency operates a lock-up facility, **a written directive establishes** the frequency and scope of documented fire safety:

a. (1) Frequency and (2) scope of **equipment inspections**; and
b. (1) Frequency and (2) scope of **equipment testing**.

Guidance

The purpose of this standard is to ensure fire safety systems remain operational and capable of protecting detainees, personnel, and visitors.

Agencies should establish the frequency and scope of documented fire safety inspections, testing, and checks appropriate to the design, occupancy, and operational needs of the lock-up facility.

Examples of fire safety equipment may include:
- Fire extinguishers;
- Fire alarm systems;
- Smoke detection devices;
- Heat detection devices;
- Emergency notification systems; and
- Other fire protection equipment installed within the facility.

Fire safety inspections may be used to identify obvious deficiencies before they create safety risks and may be documented using checklists, inspection logs, electronic records, or similar documentation.

Fire safety testing should be conducted in accordance with agency policy and may include testing of fire protection, detection, notification, or alarm systems.

Fire safety checks of occupied housing areas should focus on identifying conditions that may affect the safety of detainees, personnel, or facility operations.

Examples may include:
- Obvious damage to fire safety equipment;
- Blocked exits or evacuation routes;
- Fire hazards;
- Malfunction indicators on fire detection or alarm systems;
- Tampering with fire safety equipment; and
- Other conditions affecting fire or life safety.

Agencies should establish policy for reporting, documenting, and correcting deficiencies identified during inspections, testing, or checks.

Documentation demonstrating compliance may include:
- Inspection checklists;
- Inspection logs;
- Testing records;
- Maintenance records;
- Deficiency reports;
- Corrective action documentation;
- Work orders; and
- Other records demonstrating compliance with agency policy.

Documentation should demonstrate fire safety inspections, testing, and checks were conducted in accordance with agency-established frequencies and policy and that identified deficiencies were appropriately addressed. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.3.2 Facility Inspections: [M] [TS]

If the agency operates a lock-up facility, **a written directive requires documented inspections** and, at a minimum, addresses:

a. (1) Frequency and (2) scope *(e.g., first aid kits, automated external defibrillators (AEDs), emergency medical supplies, naloxone, oxygen, trauma kits, etc.);* of **emergency medical resource inspections**;
b. (1) Frequency and (2) scope *(e.g., sanitation, vermin and pest control, detainee living areas, hygiene facilities, etc.);* of **facility inspections**;
c. (1) Frequency and (2) scope *(e.g., weapons, contraband, security equipment, escape hazards, detainee-accessible areas, etc.)* of **security inspections**; and
d. Corrective actions taken to address identified deficiencies.

Guidance

The purpose of this standard is to ensure the continued safety, security, sanitation, and operational readiness of the lock-up facility through documented inspections and timely corrective action.

Emergency medical resource inspections should ensure resources are readily available to personnel responsible for facility operations and are maintained in a serviceable condition.

Examples may include:
- First aid kits;
- Automated external defibrillators (AEDs);
- Emergency medical supplies;
- Naloxone;
- Trauma kits; and
- Other agency-authorized emergency medical resources.

Facility inspections should identify conditions that may affect detainee health, safety, sanitation, or facility operations.

Examples may include:
- Unsanitary conditions;
- Accumulated trash;
- Plumbing issues;
- Water leaks;
- Conditions conducive to harboring insects, rodents, or other vermin;
- Damage to detainee living areas; and
- Other conditions affecting facility cleanliness, health, safety, or welfare.

Agencies may utilize maintenance personnel, contractors, or pest control professionals when necessary to address identified deficiencies.

Security inspections should identify conditions that may compromise facility security or detainee safety.

Examples may include:
- Weapons;
- Contraband;
- Damaged locks;
- Damaged doors or windows;
- Tampering with security equipment;
- Escape hazards; and
- Other security concerns.

Security inspections should include occupied and unoccupied housing areas, as well as any location to which detainees have access.

Agencies should establish procedures for documenting identified deficiencies and taking corrective action appropriate to the nature of the deficiency and the risk presented.

Documentation demonstrating compliance may include:
- Inspection checklists;
- Inspection logs;
- Emergency medical resource inspection records;
- Facility inspection records;
- Security inspection records;
- Pest control records;
- Maintenance records;
- Work orders;
- Corrective action documentation; and
- Other records demonstrating compliance with agency policy.

Documentation should demonstrate inspections were conducted in accordance with agency-established frequencies and procedures and that identified deficiencies were appropriately addressed.

Legal and Regulatory References
None identified

Section 15.4 - Emergency Situations

15.4.1 Emergency Communication Systems: [M] [OBS]

If the agency operates a lock-up facility, **a written directive ensures** personnel have access to emergency communication systems capable of:

a. Summoning assistance during emergencies; and
b. Notifying a designated response point during emergencies.

Guidance
The purpose of this standard is to protect personnel and detainees by ensuring agency personnel can rapidly summon assistance and notify an appropriate response point during emergencies.

Emergency communication systems should provide personnel with a reliable means of requesting assistance when faced with medical emergencies, security incidents, disturbances, fires, escapes, assaults, or other situations requiring an immediate response.

The policy should identify the designated response point responsible for receiving emergency notifications and initiating an appropriate response.

Response points may include:
- Communications centers;
- Control rooms;
- On-duty supervisors;
- Designated monitoring stations;
- Other agency personnel; or
- Other locations designated by the agency.

Examples of emergency communication systems may include:
- Panic alarms;
- Duress alarms;
- Intercom systems;
- Portable radios;
- Fixed communication devices;
- Audio or video monitoring systems with communication capabilities; and
- Other systems capable of summoning assistance and notifying a designated response point.

Agencies should consider the accessibility of emergency communication devices during foreseeable emergency situations, including circumstances in which personnel may be injured, incapacitated, or otherwise unable to access normally positioned communication equipment.

Emergency communication systems may also provide detainees with a means to notify personnel of medical emergencies, safety concerns, or other urgent needs.

Documentation demonstrating compliance may include:
- Facility inspection records;
- Equipment testing records;
- Maintenance records;
- Facility diagrams;
- Photographs; and
- Other records demonstrating compliance with agency policy.

Documentation should demonstrate personnel have access to emergency communication systems capable of summoning assistance and notifying a designated response point during emergencies. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.4.2 Emergency Evacuation Plan: [M] [OBS]

If the agency operates a lock-up facility **a written emergency evacuation plan** governs at a minimum:

a. **Procedures** for the safe evacuation of (1) detainees and (2) personnel;
b. Emergency evacuation information is posted within the facility; and
c. Emergency exits are clearly marked.

Guidance
The purpose of this standard is to ensure personnel can safely and efficiently evacuate detainees and staff during fires, natural disasters, facility emergencies, or other situations requiring evacuation.

Emergency exits should be clearly identified and readily accessible to personnel responsible for facility operations.

When practical, agencies should provide more than one means of emergency egress.

The evacuation plan should address:
- Evacuation routes;
- Emergency exits;
- Staff responsibilities during evacuation;
- Accountability for detainees and personnel;
- Temporary housing or relocation of detainees following evacuation;

- Medical emergencies occurring during evacuation;
- First aid provisions; and
- Transportation for injured detainees or personnel, when necessary.

Agencies should ensure personnel assigned lock-up facility responsibilities are familiar with evacuation procedures and emergency responsibilities.

Documentation demonstrating compliance may include:
- Evacuation drills or exercises;
- After-action reports;
- Emergency evacuation testing records;
- Photographs of posted evacuation information;
- Photographs of marked emergency exits;
- Facility diagrams; and
- Other records demonstrating compliance with agency procedures.

Evacuation drills, exercises, after-action reports, and emergency evacuation testing records are often among the best indicators of compliance with evacuation procedures because they demonstrate the agency's ability to safely evacuate detainees and personnel in accordance with the emergency evacuation plan.

Documentation should demonstrate emergency evacuation procedures have been implemented, tested, exercised, or evaluated when appropriate. Clearly labeled photographs should demonstrate emergency evacuation information is posted within the facility, and emergency exits are clearly marked in accordance with agency procedures. The plan itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 15.5 - Processing

15.5.1 Detainee Property Control: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** for maintaining control and accountability of detainee property and, at a minimum, addresses:

a. Inventory searches of detainees prior to entry into the lock-up facility *(e.g., clothing, personal property, valuables, contraband, medications, etc.);*
b. Itemized inventories of property taken from detainees *(e.g., receipts, inventory forms, electronic records, etc.);*
c. Secure storage of detainee property *(e.g., lockers, property rooms, secured containers, evidence areas when applicable, etc.);* and
d. Return or disposition of detainee property upon release or transfer *(e.g., return to the detainee, transfer with the detainee, abandonment procedures, disposal of contraband, etc.).*

Guidance
The purpose of this standard is to prevent weapons, contraband, and unauthorized items from entering the lock-up facility while ensuring accountability for property taken from detainees.

Search procedures should clearly identify the types and scope of searches authorized by the agency and should be consistent with Standard 1.2.5, Strip and Body Cavity Searches.

Property inventories should accurately document items taken from detainees and establish accountability from the time property comes under agency control until its return, transfer, or disposition.

Procedures may address:
- Collection of detainee property;
- Documentation of inventoried items;
- Secure storage of property;
- Property determined to be contraband or evidence;
- Transfer of property to another agency, court, or detention facility, when applicable; and
- Return of property upon release.

Agencies should make reasonable efforts to obtain acknowledgement of inventoried property from the detainee.

If a detainee refuses to acknowledge an inventory, the refusal should be documented in accordance with agency procedures.

Secure storage procedures should be designed to maintain accountability and protect detainee property from loss, theft, tampering, or unauthorized access.

Documentation demonstrating compliance may include:
- Property inventory forms;
- Property receipts;
- Property logs;
- Transfer documentation;
- Release documentation;
- Report narratives; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate detainee property was inventoried, securely stored, and returned or otherwise disposed of in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.5.2 Intake Documentation: [M]

If the agency operates a lock-up facility, **a written directive requires** completion of intake documentation for each detainee admitted to the facility that includes, at a minimum:

a. Detainee identification information *(e.g., name, date of birth, identification number, other information necessary to positively identify the detainee, etc.);* and
b. Arrest or commitment information *(e.g., arresting agency, charges or offenses, commitment authority, date and time of admission, other information necessary to document the basis for detention, etc.).*

Guidance
The purpose of this standard is to ensure the agency maintains accurate and consistent documentation for each detainee admitted to the lock-up facility.

Intake documentation assists personnel in maintaining detainee accountability, facility security, positive identification, and continuity of custody throughout the period of detention.

In addition to the minimum information required by the standard, agencies may document other information necessary for facility operations, safety, medical screening, classification, supervision, release planning, or other operational needs.

Documentation demonstrating compliance may include:
- Intake forms;
- Booking records;

- Admission records;
- Detainee custody records; and
- Other records demonstrating compliance with agency policy.

Proofs of compliance should consist of records demonstrating intake documentation was completed for a detainee admitted to the lock-up facility and included detainee identification and arrest or commitment information in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.5.3 Detainee Record Security: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** for safeguarding detainee records and information and, at a minimum, addresses:

a. Unauthorized access;
b. Unauthorized disclosure; and
c. Unauthorized alteration.

Guidance
The purpose of this standard is to protect detainee information and maintain the integrity and security of records maintained by the lock-up facility.

Agencies should establish procedures limiting access to detainee records and information to authorized personnel with a legitimate operational, legal, or administrative need.

Procedures should address safeguards intended to prevent unauthorized access, disclosure, or alteration of detainee records and information.

Safeguards may include:
- Physical security measures;
- Controlled access to paper records;
- Password-protected electronic systems;
- User access controls;
- Secure storage of records;
- Audit trails or access logs, when available; and
- Procedures governing record dissemination.

Agencies should consider applicable federal and state laws governing the access, disclosure, retention, and security of detainee information when developing procedures.

Documentation demonstrating compliance may include:
- Access control records;
- Electronic system permissions;
- Audit logs;
- Records request documentation;
- Disciplinary action documentation;
- Confidentiality acknowledgements, when utilized; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate detainee records and information are protected from unauthorized access, disclosure, and alteration in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 15.6 - Medical and Health Care

15.6.1 Admission Screening: [M]

If the agency operates a lock-up facility, **a written directive requires** that the following information is documented during admission screening and, at a minimum, includes:

a. Behavioral health screening *(e.g., suicide risk, apparent mental condition, etc.);*
b. Health conditions *(e.g., medical conditions, injuries, illnesses, disabilities, communicable diseases, pregnancy, etc.);*
c. Medications taken or needed by the detainee *(e.g., prescription medications, over-the-counter medications, medically necessary treatments, etc.);* and
d. Observable physical conditions *(e.g., body deformities, trauma markings, bruises, lesions, jaundice, ease of movement, etc.).*

Guidance

The intent of this standard is to identify medical, mental health, safety, and liability concerns at the earliest possible stage of detention.

Admission screening assists personnel in identifying detainees who may require additional observation, medical attention, accommodations, or other intervention while housed within the lock-up facility.

Agency personnel should observe and briefly interview detainees during the admission process.

Particular attention should be given to identifying:
- Suicide risk indicators;
- Apparent intoxication or impairment;
- Medical conditions;
- Mental health concerns;
- Existing injuries; and
- Other conditions that may affect the detainee's safety or the safe operation of the facility.

Observable conditions may include:
- Body deformities;
- Trauma markings;
- Bruises;
- Lesions;
- Jaundice;
- Difficulty walking or moving;
- Apparent illness; and
- Other observable physical abnormalities.

When practical, agencies should photograph or video record observable injuries or unusual physical conditions identified during admission. Documentation of pre-existing injuries may assist in protecting detainees, officers, and the agency from later allegations of misconduct or injury occurring during detention.

A screening checklist or standardized admission form may be used to satisfy the requirements of this standard.

Documentation demonstrating compliance may include:
- Admission screening forms;

- Medical screening forms;
- Suicide screening forms;
- Intake checklists;
- Photographs; and
- Other records demonstrating compliance with agency policy.

Proofs of compliance should consist of records demonstrating admission screening was completed and documented in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.6.2 Medical Services: [M] [OBS]

If the agency operates a lock-up facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Detainee access to medical services; and
b. Posting information regarding access to medical services in areas used by detainees in the language(s) prevalent to the area.

Guidance
The purpose of this standard is to ensure detainees have access to medical services when needed and that personnel understand their responsibilities for responding to medical concerns.

Agency personnel should recognize, respond to, document, and report detainee medical needs in accordance with agency procedures.

Procedures addressing detainee access to medical services may include:
- Emergency and non-emergency medical situations;
- Access to emergency medical services;
- Notification requirements;
- Medical referrals;
- Transportation for medical evaluation or treatment; and
- Documentation of medical services requested or provided.

Information regarding access to medical services should provide detainees with a clear method of requesting medical services and should be readily accessible to detainees housed within the facility.

Agencies should consider the language needs of the populations commonly served when determining what languages should be used for posted information.

At least one on-duty person trained in first aid is recommended.

Documentation demonstrating compliance may include:
- Medical request forms;
- Incident reports;
- Medical assistance logs;
- Photographs of posted notices; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate detainees had access to medical services in accordance with agency procedures and that information regarding access to medical services was posted in areas used by detainees. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.6.3 Medication Management: [M] [TRG] [OBS]

If the agency operates a lock-up facility, **a written directive establishes procedures** for the management of prescription and over-the-counter medications and, at a minimum, addresses:

a. Personnel **training requirements for dispensing medications when a healthcare professional is unavailable**;
b. Medication dispensing *(e.g., scheduled dispensing times, verification of the detainee receiving the medication, methods of dispensing medications, handling missed doses, etc.);*
c. Medication control *(e.g., receiving medications, secure storage of medications, etc.);* and
d. Documentation requirements *(e.g., medications administered, detainee refusals to take prescribed medications, etc.).*

Guidance

The purpose of this standard is to ensure prescription and over-the-counter medications are safely controlled, dispensed, and documented while reducing risks to detainees, personnel, and facility operations.

Medication dispensing procedures should establish safeguards to ensure medications are provided to the correct detainee, at the appropriate time, and in accordance with prescribing instructions or agency procedures.

Medication dispensing procedures may address:
- Scheduled dispensing times;
- Verification of prescribed medications;
- Verification of detainee identity;
- Methods of dispensing medications; and
- Procedures for handling missed doses.

Medication control procedures should address:
- Receipt of medications;
- Verification of prescription information;
- Storage and security requirements;
- Inventory accountability;
- Access restrictions; and
- Disposal of medications, when applicable.

If medications may be received from family members or other non-medical sources, agencies should establish procedures governing acceptance, verification, and documentation.

Personnel authorized to dispense medications when a healthcare professional is unavailable should receive training consistent with agency procedures and their assigned responsibilities.

Documentation procedures should address:
- Medication administration records;
- Medication logs;
- Documentation of medications dispensed;
- Documentation of missed doses;
- Documentation of detainee refusals to take prescribed medications; and
- Other records necessary to maintain accountability.

Agencies may refer to applicable correctional healthcare guidance, including pharmacy and medication management resources, when developing procedures.

Documentation demonstrating compliance may include:
- Medication administration records;
- Medication logs;
- Training records;
- Medication refusal documentation;
- Medication inventory records;
- Medication receipt records; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate personnel received required training, medications were controlled and dispensed in accordance with agency procedures, and required documentation was maintained. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 15.7 - Detainee Rights

15.7.1 Detainee Rights and Access: [M]
If the agency operates a lock-up facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Timely court appearances;
b. Opportunity to make bail, when applicable;
c. Confidential access to attorneys;
d. Access to telephones;
e. Notification of monitored or recorded telephone conversations; and
f. Provision of meals to detainees housed in the facility.

Guidance
The purpose of this standard is to ensure detainees are afforded access to legal processes, legal counsel, communication resources, and basic necessities while housed within the lock-up facility.

Procedures should address the agency's responsibilities for facilitating detainee access to courts, attorneys, bail processes, and communication opportunities consistent with applicable law and facility security requirements.

Confidential access to attorneys should be provided in a manner that protects attorney-client communications while maintaining facility security.

When telephone conversations are monitored or recorded, detainees should be notified in accordance with agency procedures and applicable legal requirements.

Meal service procedures should provide detainees with access to nutritionally adequate meals appropriate to the duration of detention.

Documentation demonstrating compliance may include:
- Signed acknowledgment forms;
- Telephone logs;
- Attorney visitation records;
- Meal service records;
- Facility logs; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate detainees were provided access to courts, attorneys, telephones, bail processes, and meals in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Sixth Amendment, U.S. Constitution Right To Counsel
- Eighth Amendment, U.S. Constitution Conditions Of Confinement, When Applicable
- Fourteenth Amendment, U.S. Constitution Due Process

15.7.2 Receiving Mail and Packages: [M]

If detainees in the lock-up facility are permitted to receive mail, personal property, or packages while detained, a **written directive establishes procedures** and, at a minimum, addresses:

a. Inspection *(e.g., identification of persons delivering items, identifying prohibited items, contraband, unauthorized property, etc.);*
b. Documentation *(e.g., recording received items, property accountability, disposition of unauthorized items, etc.);* and
c. Distribution *(e.g., delivery of authorized items to detainees, withholding prohibited items, transfer of authorized property, etc.).*

Guidance

The purpose of this standard is to protect facility security, maintain accountability for detainee property, and prevent the introduction of weapons, contraband, or other prohibited items into the lock-up facility.

Lock-up facilities are generally not designed to manage the volume, security concerns, and accountability issues associated with receiving mail, personal property, or packages on behalf of detainees. Agencies may elect to prohibit all deliveries until the detainee is released or transferred to another correctional facility.

If deliveries are permitted, procedures should address:
- Inspection of incoming items;
- Verification of the identity of persons making deliveries;
- Identification of prohibited items;
- Documentation of received items;
- Property accountability; and
- Distribution or disposition of received items.

Cash, checks, money orders, or other negotiable instruments received from visitors or through the mail should be carefully documented, receipted, and added to the detainee's property inventory in accordance with agency procedures.

All items received should be inspected for weapons, contraband, escape tools, and other threats to facility security.

Documentation demonstrating compliance may include:
- Property inventory records;
- Property receipts;
- Delivery logs;
- Visitor identification records;
- Mail or package inspection records; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate incoming mail, personal property, or packages were inspected, documented, and distributed or otherwise disposed of in accordance with agency procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

15.7.3 Visitation: [M]

If the agency permits visitation for detainees housed in the lock-up facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Visitor management *(e.g., registration requirements, identification requirements, etc.);*
b. Search requirements for visitors and visitor property, when authorized;
c. Visitation supervision; and
d. Search requirements for detainees *(e.g., before visitation, after visitation, etc.).*

Guidance

The purpose of this standard is to maintain facility security and prevent the introduction of weapons, contraband, escape tools, or other prohibited items during visitation.

Lock-up facilities are generally not designed or staffed to support routine visitation. Agencies may elect to prohibit visitation until detainees are released or transferred to another correctional facility equipped to manage visitation.

If visitation is permitted, agencies should ensure visits are conducted in a manner that maintains security, accountability, and control of detainees and visitors.

Visitor management procedures may address:
- Visitor registration;
- Visitor identification;
- Visitor eligibility;
- Visitation restrictions; and
- Documentation of visitation activity.

Search procedures should identify when visitors, visitor property, or detainees may be searched and the scope of searches authorized by the agency.

Visitation supervision procedures should address methods used to monitor visitation activities, maintain facility security, and prevent the introduction of prohibited items.

When practical, attorney visits and other professional visits should be conducted in locations that protect confidentiality while maintaining facility security.

Documentation demonstrating compliance may include:
- Visitor logs;
- Visitor registration records;
- Visitor identification records;
- Search documentation;
- Facility logs;
- Visitation records; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate visitation activities were managed in accordance with agency procedures, including visitor management, visitation supervision, and search requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 15.8 - Supervision

15.8.1 Detainee Supervision and Monitoring: [M]

If the agency operates a lock-up facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Continuous supervision of detainees by agency personnel;
b. Detainee accountability counts; and
c. Detainee monitoring *(e.g., direct observation, audio monitoring, video monitoring, welfare checks, protection of detainee privacy, etc.)*.
d. Supervision of detainees by personnel of the opposite sex.

Guidance

The purpose of this standard is to maintain facility security and ensure the safety, welfare, and accountability of detainees through continuous supervision, detainee accountability counts, and detainee monitoring.

For purposes of this standard, supervision assumes agency personnel are present within the facility and available to respond to detainee needs, security concerns, and emergencies. Supervision should not be delegated to detainees, trustees, inmates, or other unauthorized persons.

Detainee accountability counts should be conducted at a frequency established by agency procedures sufficient to maintain accountability of the detainee population and reduce the risk of escape, unauthorized movement, or other security concerns.

Detainee monitoring procedures should be sufficient to identify:
- Medical emergencies;
- Suicide risks;
- Mental health concerns;
- Security threats;
- Escape attempts; and
- Other conditions affecting detainee safety or facility operations.

Detainees presenting elevated risks, including those who are suicidal, mentally ill, intoxicated, violent, assaultive, or exhibiting unusual behavior, may require enhanced monitoring.

Monitoring may be accomplished through direct observation, audio monitoring, video monitoring, welfare checks, or other methods established by agency procedures.

When audio and/or video surveillance systems are used, agencies should balance security needs with detainee privacy. Surveillance equipment should not be used in a manner that unnecessarily intrudes upon personal privacy except when necessary for safety, security, or supervision purposes.

Procedures governing supervision of detainees by personnel of the opposite sex should address privacy considerations, supervision responsibilities, and circumstances that may require additional precautions or accommodations. Agencies should balance detainee privacy interests with operational, staffing, and security needs.

Documentation demonstrating compliance may include:
- Facility logs;
- Observation logs;
- Detainee accountability count records;
- Shift reports;

- Incident reports; and
- Other records demonstrating compliance with agency procedures.

Documentation should demonstrate detainees were continuously supervised, detainee accountability counts were conducted in accordance with agency procedures, detainee monitoring was performed consistent with agency requirements, and supervision by personnel of the opposite sex was conducted in accordance with established procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Section 15.9 - Training

15.9.1 Lock-Up Facility Training: [M] [TRG]

If the agency operates a lock-up facility, **a written directive establishes** a system for ensuring personnel assigned lock-up facility responsibilities receive:

a. **Initial training** *(e.g., lock-up facility operations, fire suppression and emergency evacuation systems, equipment used in lock-up facility operations, etc.);* and
b. **Refresher training** at least once **every four years** *(e.g., lock-up facility operations, fire suppression and emergency evacuation systems, equipment used in lock-up facility operations, etc.).*

Guidance
The purpose of this standard is to ensure personnel assigned lock-up facility responsibilities possess the knowledge and skills necessary to safely operate the facility, supervise detainees, and respond to routine and emergency situations.

The type and level of training provided may vary based upon an employee's duties and responsibilities within the lock-up facility.

Training regarding lock-up facility operations may include:
- Detainee supervision and monitoring;
- Detainee accountability counts;
- Admission and release procedures;
- Facility security procedures;
- Contraband control;
- Documentation requirements;
- Emergency communication procedures;
- Medical emergencies;
- Suicide prevention and response;
- Use of restraints; and
- Other duties associated with facility operations.

Training regarding fire suppression and emergency evacuation systems may include:
- Fire extinguishers;
- Fire alarms;
- Smoke and heat detection systems;
- Emergency evacuation procedures;
- Emergency communication systems;
- Designated evacuation routes; and
- Other equipment or systems used during fire or emergency situations.

Training regarding equipment used in lock-up facility operations may include:
- Security equipment;
- Communication equipment;
- Surveillance systems;
- Emergency equipment;
- Access control systems;
- Restraint equipment; and
- Other equipment utilized in facility operations.

Refresher training should reinforce knowledge, skills, responsibilities, and procedural changes related to lock-up facility operations.

Documentation demonstrating compliance may include:
- Training records;
- Lesson plans;
- Course outlines;
- Attendance rosters;
- Training logs;
- Learning management system records; and
- Other records demonstrating compliance with agency policy.

Documentation should demonstrate personnel assigned lock-up facility responsibilities received both initial and refresher training and that the training addressed lock-up facility operations, fire suppression and emergency evacuation systems, and equipment used in lock-up facility operations. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

Chapter 16 – Public Information and Media Relations

Section 16.1 – Public Information and Media Relations

16.1.1 Public Information: [M]

A written directive establishes and, at a minimum, addresses:

a. An approval or authorization process for the release of public information *(e.g., routine information releases, significant incidents, major events, joint operations, on-scene media inquiries, etc.);* and
b. Methods for releasing public information *(e.g., press releases, press conferences, media briefings, official agency websites, official agency social media platforms, public meetings, etc.).*

Guidance

The purpose of this standard is to promote the accurate, timely, and consistent release of public information while protecting confidential, investigative, and legally protected information.

The written directive should establish approval or authorization processes for the release of information and identify circumstances under which approvals are required.

Approval or authorization processes may vary based upon:
- Routine information releases;
- Significant incidents;
- Critical incidents;
- Joint operations;
- On-scene media inquiries; and
- Other circumstances identified by the agency.

The written directive should also identify approved methods for releasing public information.

Examples may include:
- News releases;
- Agency websites;
- Official agency social media platforms;
- Press conferences;
- Media briefings;
- Community notifications; and
- Other communication methods authorized by the agency.

Agencies should identify personnel authorized to release public information and establish reasonable safeguards to prevent the release of confidential, restricted, investigative, or otherwise protected information.

Documentation demonstrating compliance may include:
- News releases;
- Public information logs;
- Agency website postings;
- Official social media postings;
- Media briefing materials; and
- Other records demonstrating compliance with agency requirements.

Documentation should demonstrate public information was released through approved methods and in accordance with agency-established approval or authorization processes. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- Kansas Open Records Act (K.S.A. 45-215 et seq.) Governs Public Access To Government Records And Establishes Requirements, Exemptions, And Procedures Regarding The Release Of Public Information

16.1.2 News Media Access: [M]

A written directive establishes procedures governing media access to agency operations *(e.g., incidents, crime scenes, emergency scenes, disaster scenes, other locations where media presence may interfere with law enforcement operations, public safety activities, or scene security, etc.).*

Guidance

The purpose of this standard is to balance the media's role in informing the public with the agency's responsibility to protect public safety, preserve evidence, maintain scene security, and conduct law enforcement operations.

Procedures should address circumstances in which media access may be restricted, limited, delayed, or otherwise controlled due to operational, safety, investigative, or evidentiary concerns.

Examples may include:

- Active crime scenes;
- Traffic crash scenes;
- Tactical operations;
- Officer-involved incidents;
- Major emergencies;
- Areas containing evidence; and
- Other situations where unrestricted media access could interfere with law enforcement operations, public safety activities, or scene security.

Agency procedures should recognize the media's role in gathering and reporting news while providing personnel with guidance regarding scene access, safety perimeters, operational security, and preservation of evidence.

The agency should communicate its procedures to local media representatives whenever practical to encourage cooperation and reduce misunderstandings during emergency or law enforcement operations.

Documentation demonstrating compliance may include:

- Incident reports;
- After-action reports;
- Photographs showing media presence at incidents or scenes;
- Media access logs, when maintained;
- Correspondence with media representatives;
- News media notifications; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating media access was managed in accordance with agency procedures when operational, safety, investigative, or evidentiary concerns were present. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

16.1.3 Official Agency Social Media: [M]

A written directive governs the use of official agency social media platforms and, at a minimum, addresses:

a. Positions authorized to create, manage, or administer official agency social media accounts;
b. Approval processes or content guidelines for the release of official agency information through official social media platforms;
c. Protection of confidential, sensitive, or restricted information; and
d. **Procedures** for maintaining agency control of official social media accounts.

Guidance

The purpose of this standard is to ensure official agency social media platforms are managed in a consistent, secure, and accountable manner while supporting public information, community engagement, and agency operations.

Official agency social media platforms should be managed in a manner consistent with the agency's public information practices and requirements.

Official agency social media accounts represent the agency and should be administered in accordance with established policies, applicable laws, and professional standards. Agencies should establish clear authority for the creation, management, and administration of official social media accounts to ensure information released to the public is accurate, appropriate, and consistent with agency objectives.

Agencies should consider addressing:

- Procedures for creating, modifying, or discontinuing official agency social media accounts;
- Responsibilities of personnel authorized to administer agency social media accounts;
- Content review, approval processes, content guidelines, and posting practices;
- Procedures for responding to public comments, messages, or inquiries, if applicable;
- Protection of confidential, sensitive, investigative, personnel, or otherwise restricted information;
- Security measures for account access, passwords, authentication, and account recovery;
- Procedures for maintaining agency ownership and control of accounts when personnel transfer, separate from
- employment, or are reassigned; and
- Records retention, preservation, and public records requirements, as applicable.

For purposes of this standard:

- **Official Agency Social Media** refers to social media accounts, pages, channels, or platforms established, authorized, or maintained by the agency for official business purposes.

Agencies should ensure that official social media accounts remain under agency control and are not dependent upon a single employee's personal account, credentials, or access.

Documentation should demonstrate implementation of the agency's requirements governing official social media accounts.

Examples of compliance documentation may include, but are not limited to:

- Documentation designating authorized administrators or account managers;
- Agency social media account inventories or account listings;
- Social media content approval records, if applicable;
- Screenshots or records of official agency social media activity;
- Documentation of account ownership, access controls, or administrator assignments; and
- Records demonstrating transfer or maintenance of account control when personnel assignments change.

Proofs of compliance should consist of records generated through implementation of the agency's written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory Requirements
• Kansas Open Records Act (K.S.A. 45-215 et seq.) Governs Public Access To Government Records

16.1.4 Employee Social Media Use: [M]

A written directive governs employee use of social media platforms and, at a minimum, addresses:

a. Prohibited conduct related to social media use;
b. Protection of agency information *(e.g., confidential information, sensitive information, investigative information, personnel information, other restricted information, etc.);*
c. Representation of agency positions *(e.g., personal opinions, personal beliefs, personal viewpoints, official agency positions, authorized public statements, etc.);* and
d. Reporting requirements for social media activity *(e.g., officer safety concerns, agency operational impacts, investigative impacts, disclosure of confidential information, other activities requiring notification to the agency, etc.).*

Guidance

The purpose of this standard is to ensure employees understand expectations regarding the use of social media platforms and the potential impact such activity may have on agency operations, officer safety, public trust, and the law enforcement profession.

Employee social media activity may affect public perception of the agency and should be consistent with professional responsibilities and agency expectations.

Social media platforms provide valuable opportunities for communication, networking, and information sharing; however, employee use of these platforms may create risks to investigations, operations, officer safety, confidentiality, and public confidence if not used appropriately. Agencies should establish clear expectations regarding employee conduct while recognizing applicable constitutional and legal protections.

For purposes of this standard:

- **Social media platforms** include websites, applications, blogs, online forums, social networking services, content-sharing platforms, and other internet-based communication tools that allow users to create, share, view, or exchange information and content.

The written directive should clearly identify prohibited conduct and provide employees with guidance regarding the protection of confidential information, professional responsibilities, and the distinction between personal viewpoints and official agency positions.

Agencies should ensure personnel understand:

- Information obtained through employment may remain confidential even when discussed on personal social media accounts;
- Employees should not disclose confidential, sensitive, investigative, personnel, or otherwise restricted information through social media platforms;
- Employees should not represent personal opinions, beliefs, or viewpoints as official agency positions unless specifically authorized;
- Social media activity may affect officer safety, investigations, agency operations, public confidence, and professional credibility;
- Social media activity that compromises or may reasonably compromise officer safety, agency operations, investigations, or confidential information should be reported through established agency procedures; and
- Employees remain responsible for social media activity that violates agency policy, regardless of whether the activity occurs on-duty or off-duty.

The written directive should be carefully developed to balance legitimate agency interests with employees' constitutional and legal rights.

Documentation should demonstrate implementation of the agency's requirements governing employee social media use.

Examples of compliance documentation may include, but are not limited to:
- Complaint investigations;
- Administrative investigations;
- Supervisory counseling documentation;
- Reports, memoranda, or correspondence related to social media activity;
- Documentation of reported social media incidents; and
- Other records generated through implementation of the agency's written directive.

Proofs of compliance should consist of records generated through implementation of the agency's written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory Requirements
None identified

Section 16.2 – Transparency and Public Accountability

16.2.1 Transparency in Policing: [M] [TS]

The (1) agency prepares and (2) makes available to the public an **annual report** that includes, at a minimum:

a. Agency activities *(e.g., programs, community engagement efforts, significant accomplishments, organizational changes, etc.);* and
b. Statistical data *(e.g., calls for service, arrests, citations, traffic enforcement activities, crime statistics, training, or other operational data, etc.).*

Guidance
The purpose of this standard is to promote transparency, accountability, and public trust by providing the community with information regarding agency operations, activities, and performance.

For purposes of this standard:

Agency activities may include:
- Agency programs;
- Community outreach efforts;
- Special events;
- Accomplishments;
- Organizational changes;
- Training initiatives;
- Awards and recognitions;
- Partnerships;
- Philanthropic efforts; and
- Other significant agency operations and activities.

Statistical data may include:
- Crime statistics;
- Calls for service;
- Arrests;

- Citations;
- Use of force incidents;
- Vehicle pursuits;
- Traffic enforcement activity;
- Crash data;
- Internal affairs information;
- Staffing information; and
- Other operational data maintained by the agency.

Agencies are encouraged to tailor the annual report to their size, mission, available resources, and community needs.

Additional information that may be included in the annual report includes:
- Agency mission statement;
- Agency goals and objectives;
- Organizational chart;
- Significant agency accomplishments;
- Community outreach activities;
- Crime statistics;
- Use of force statistics;
- Vehicle pursuit statistics;
- Traffic enforcement and crash statistics;
- Summary information regarding internal affairs investigations; and
- Other information the agency determines appropriate for public release.

Agencies are encouraged to make the annual report readily available through the agency website or other appropriate means.

Documentation demonstrating compliance may include:
- Published annual reports;
- Documentation showing the report was provided to the agency's governing or control body;
- Documentation showing presentation or distribution to a Community Advisory Board, if applicable;
- Website postings;
- Social media postings announcing, distributing, or linking to the annual report;
- Printed annual reports; and
- Other records demonstrating public availability of the report.

Documentation should demonstrate an annual report was prepared and made available to the public and included information regarding agency activities and statistical data.

Legal and Regulatory References
None identified

16.2.2 Data Reporting: [M]

A written directive establishes and, at a minimum, addresses:

a. Applicable state and national reporting requirements (*e.g., use-of-force reporting, officer misconduct reporting, officer safety and wellness reporting, death-in-custody reporting, other reporting programs applicable to the agency, etc.);* and
b. Reporting responsibilities *(e.g., collection, preparation, review, submission, oversight, etc.).*

Guidance

The purpose of this standard is to ensure agencies identify and comply with applicable state and national reporting requirements and clearly establish responsibility for required reporting.

Reporting requirements may change over time as laws, regulations, reporting programs, and reporting standards evolve.

Examples of reporting systems that may be applicable to law enforcement agencies include:

- Use-of-force reporting systems;
- Officer safety and wellness reporting systems;
- Officer misconduct reporting systems;
- Death-in-custody reporting systems; and
- Other state or national reporting systems applicable to the agency.

Agencies should identify reporting programs applicable to their operations and clearly establish responsibility for collecting, preparing, reviewing, and submitting required information.

Documentation demonstrating compliance may include:

- Submission confirmations;
- Reporting logs;
- Correspondence with reporting entities;
- State or federal reporting acknowledgements;
- Documentation showing participation in applicable reporting systems;
- Reports generated from reporting systems; and
- Other records demonstrating compliance with agency requirements.

Documentation should demonstrate the agency identified applicable reporting requirements and fulfilled reporting responsibilities in accordance with its written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

Chapter 17 – Victim/Witness Assistance

Section 17.1 - Operations

17.1.1 Victim-Witness Assistance: [O]

A written directive describes the agency's role in providing or facilitating victim/witness assistance.

Guidance

The purpose of this standard is to ensure the agency identifies its role in providing or facilitating victim and witness assistance and facilitates access to available services when appropriate.

The agency's role may vary depending upon the availability of victim and witness assistance programs, victim advocates, victim compensation coordinators, prosecutors' offices, community organizations, and other service providers.

The agency's role may include:

- Providing information regarding available services;
- Referring victims or witnesses to appropriate service providers;
- Notifying victim compensation coordinators or victim advocates;
- Coordinating with victim and witness assistance organizations;
- Assisting victims and witnesses in obtaining available resources; and
- Other actions consistent with the agency's role and available resources.

Relationships with outside victim and witness assistance providers can help facilitate referrals and keep agencies informed regarding services available within their communities.

Documentation demonstrating compliance may include:

- Referral forms;
- Victim information brochures or handouts;
- Resource lists;
- Memoranda of understanding or cooperative agreements;
- Correspondence with victim assistance providers;
- Incident reports documenting referrals or notifications; and
- Other records demonstrating compliance with agency policy.

Documentation should demonstrate the agency has identified its role in providing or facilitating victim and witness assistance and implemented that role in accordance with its written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 74-7301 Crime Victims Compensation Act Definitions And General Provisions
- K.S.A. 74-7305 Powers, Duties, And Administration Of The Kansas Crime Victims Compensation Board
- K.S.A. 74-7333 Victim Assistance Services And Coordination Of Victim Assistance Programs

17.1.2 Victim Notification Requirements: [M] [TS]

A written directive establishes procedures to ensure compliance with applicable victim notification requirements and, at a minimum, addresses:

a. **Required notification to the victim compensation coordinator within seven days** of the initial victim contact, as required by law;
b. Information provided regarding the criminal justice process *(e.g., police report number, prosecutor's office contact information, public record considerations, etc.);*
c. Information regarding available victim resources *(e.g., emergency services, medical services, victim advocacy resources, crisis intervention services, etc.);* and
d. Victim rights information required by law *(e.g., rights to be informed, present, heard, protected, receive restitution information, confer with prosecutors, etc.).*

Guidance

The purpose of this standard is to ensure crime victims receive timely information regarding victim compensation resources, the criminal justice process, available victim resources, and rights afforded under applicable law.

The law enforcement agency may adopt any method of providing the required information that substantially complies with applicable legal requirements.

Methods may include:
- Victim rights brochures;
- Victim information packets;
- Printed forms;
- Electronic communications;
- Agency websites;
- Referrals to victim compensation coordinators; or
- Other methods established by agency procedures.

Notification to the victim compensation coordinator should be completed within the timeframe required by law and should include any information necessary for the victim to be contacted regarding available victim compensation benefits and services.

Information regarding the criminal justice process should assist victims in understanding agency procedures, obtaining case-related information, and contacting criminal justice system partners when appropriate.

Examples may include:
- Police report numbers;
- Prosecutor's office contact information;
- Public record considerations;
- Case status information; and
- Other information related to the criminal justice process.

Information regarding available victim resources should assist victims in obtaining services and support following a criminal incident.

Examples may include:
- Emergency services;
- Medical services;
- Victim advocacy resources;
- Crisis intervention services;
- Counseling services;

- Shelter services; and
- Other resources available within the community.

Victim rights information should be provided in accordance with applicable law and should assist victims in understanding their rights throughout the criminal justice process.

Examples may include:
- Rights to be informed;
- Rights to be present;
- Rights to be heard;
- Rights to be protected;
- Rights to receive restitution information;
- Rights to confer with prosecutors; and
- Other rights afforded by law.

Nothing in this standard prohibits agencies from providing additional victim services, notifications, referrals, or assistance beyond the minimum requirements established by law.

Documentation demonstrating compliance may include:
- Victim rights brochures or informational handouts;
- Victim notification forms;
- Incident reports documenting notifications or referrals;
- Victim compensation coordinator notifications;
- Case records;
- Electronic notification records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating victim compensation notifications were completed within required timeframes and victims were provided information regarding the criminal justice process, available victim resources, and rights afforded under applicable law. The written directive itself does not constitute proof of compliance.

Because this standard includes time-sensitive notification requirements, agencies should maintain documentation sufficient to demonstrate compliance with applicable notification timeframes.

Legal and Regulatory References
- K.S.A. 19-4808 Requires Notification to Victim Compensation Coordinators and Establishes Victim Notification Requirements
- K.S.A. 74-7333 Victim Assistance Services, Referral Programs, And Coordination Of Victim Assistance Resources
- K.S.A. 74-7335 Victim Notification Regarding Public Hearings, Proceedings, And Other Rights Afforded By Law

17.1.3 Next-of-Kin Notifications: [M]

A written directive establishes guidelines for notifying appropriate family members or other designated contacts when a person experiences a significant event *(e.g., death, serious injury, serious illness, medical emergency, etc.).*

Guidance

The purpose of this standard is to ensure notifications to family members or other designated contacts are conducted in a timely, professional, compassionate, and consistent manner when an individual experiences a significant event. Appropriate notifications can assist families during emergencies, support effective communication, and demonstrate the agency's commitment to providing reasonable care and assistance.

Significant events may include death, serious injury, serious illness, medical emergencies, or other circumstances where timely notification of a family member or designated contact is appropriate.

Whenever practical, notifications should be made in person and delivered with sensitivity to the emotional impact such information may have on recipients. Agencies may utilize personnel who possess training, experience, or specialized skills in providing sensitive notifications.

For purposes of this standard:

- **A designated contact** is a person identified by the individual, family members, legal guardian, institution, medical provider, or other authorized source as an appropriate notification recipient.
- **Serious illness or medical emergency** may include circumstances in which a person is hospitalized, incapacitated, experiencing a life-threatening condition, or is otherwise unable to communicate with family members or designated contacts.

Agencies should consider addressing:

- Personnel authorized to make notifications;
- Circumstances requiring notification;
- Verification of the identity and relationship of notification recipients when practical;
- Requests for assistance from other law enforcement agencies, healthcare facilities, emergency services providers, correctional facilities, or other authorized entities;
- Use of chaplains, clergy, victim advocates, peer support personnel, or other support resources when available;
- In-person notifications when practical;
- Documentation of notification efforts and outcomes; and
- Procedures for follow-up efforts when designated contacts cannot be located or contacted.

Documentation demonstrating compliance may include:

- Incident reports;
- Supplemental reports;
- CAD records;
- Notification logs;
- Medical or detention records documenting notification efforts;
- Requests for assistance from other agencies or organizations; and
- Other records documenting notification attempts, notifications made, or follow-up efforts.

Proofs of compliance should consist of records generated through implementation of the agency's written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

Chapter 18 – Communications

Section 18.1 - Operations

18.1.1 Communications Services Provided by Another Entity: [M]

If the communications function is provided by an entity other than the agency, **a memorandum of understanding or written contract**, at a minimum, identifies:

a. The authority of each party (*e.g., operational authority, supervisory authority, decision-making authority, policy authority, etc.);* and
b. The responsibilities of each party *(e.g., communications services provided, personnel responsibilities, equipment responsibilities, records management responsibilities, accreditation compliance responsibilities, etc.).*

Guidance

The purpose of this standard is to ensure authority and responsibilities are clearly defined when communications services are provided by an entity other than the agency seeking accreditation.

This standard applies when communications services are provided through a regional communications center, county communications center, another law enforcement agency, a municipality, a public safety answering point (PSAP), or another external entity.

If the agency maintains authority, control, and responsibility for its own communications function, this standard is considered Not Applicable by Function.

When communications services are provided by another entity, the memorandum of understanding or written contract should clearly identify the authority of each party and the responsibilities assigned to each party.

Authority provisions should identify the decision-making, operational, or administrative authority retained by or delegated to the participating entities.

Examples may include:
- Operational authority;
- Supervisory authority;
- Decision-making authority;
- Policy authority; and
- Authority related to communications system administration.

Responsibility provisions should clearly identify the duties and obligations of each party.

Examples may include:
- Communications services to be provided;
- Personnel responsibilities;
- Equipment responsibilities;
- Communications system responsibilities;
- Records management responsibilities;
- Access to records needed to demonstrate compliance with applicable accreditation standards;
- Responsibility for maintaining accreditation-related documentation;
- Notification procedures for service interruptions or significant operational issues; and
- Processes for reviewing and updating the agreement.

Clearly defining authority and responsibilities helps reduce misunderstandings, establish accountability, and promote consistent service delivery.

Documentation demonstrating compliance may include:
- Memoranda of understanding;
- Interlocal agreements;
- Service agreements;
- Written contracts;
- Amendments to existing agreements; and
- Other records demonstrating assigned authority and responsibilities.

The agreement itself may serve as the proof of compliance for this standard.

Legal and Regulatory References
None identified

18.1.2 Communications Capabilities: [M] [OBS]

The agency has communications capabilities that, at a minimum, include:

a. Authority to operate on or access communications systems *(e.g., FCC license, interlocal agreement, communications services agreement, KSICS user agreement, county dispatch agreement, etc.);*
b. Communications governance resources *(e.g., applicable communications rules, regulations, operating procedures, user requirements, etc.);*
c. Operational communications capabilities *(e.g., continuous two-way communications between the communications center and on-duty officers, emergency communications services, accessibility for individuals with hearing, speech, or other communication disabilities, etc.);* and
d. Interoperable communications capabilities *(e.g., mobile radios, portable radios, communications with other public safety agencies, regional interoperability systems, etc.).*

Guidance
The purpose of this standard is to ensure the agency has communications capabilities necessary to support officer safety, public access to emergency services, interoperability with other public safety agencies, and compliance with applicable communications requirements.

Immediate and reliable communications capabilities are essential to the safety and security of law enforcement personnel and the public. Officers should be able to maintain continuous communications with the communications center while performing their duties. In many situations, portable radios allow officers operating outside their vehicles to maintain contact with dispatch personnel and other responding units.

Authority to operate on or access communications systems should be clearly established and documented.

Examples may include:
- FCC licenses;
- Interlocal agreements;
- Communications services agreements;
- Memoranda of understanding;
- KSICS user agreements;
- County dispatch agreements;
- Regional communications agreements; and
- Other records establishing authorized use of the communications system.

Communications governance resources should be readily available to personnel responsible for communications operations.

Examples may include:
- Communications rules and regulations;

- Operating procedures;
- User requirements;
- System policies;
- Communications manuals; and
- Other resources governing the operation and use of communications systems.

Operational communications capabilities should support continuous communications between the communications center and on-duty personnel.

Examples may include:
- Continuous two-way communications between dispatch personnel and officers;
- Mobile radio systems;
- Portable radio systems;
- Dispatch consoles;
- CAD systems; and
- Other communications equipment necessary to support agency operations.

The public should have continuous access to emergency communications services.

Access may be provided through:
- An agency-operated communications center;
- A county communications center;
- A regional communications center;
- Another public safety answering point (PSAP); or
- Another authorized communications entity providing services to the agency.

Agencies should ensure individuals with hearing, speech, or other communication disabilities have a means of accessing emergency communications services.

Examples may include:
- Text-to-911 capabilities;
- Telecommunications relay services;
- TTY/TDD systems;
- Next Generation 911 technologies; and
- Other equivalent communications systems.

Interoperable communications capabilities support coordinated responses during emergencies, disasters, mutual aid incidents, and other events involving multiple public safety agencies.

Examples may include:
- Shared radio frequencies;
- Mutual-aid channels;
- Regional communications systems;
- Statewide communications systems;
- Shared talk groups; and
- Other coordinated communications networks.

Documentation demonstrating compliance may include:
- FCC licenses;
- Interlocal agreements;
- Communications services agreements;
- Screenshots demonstrating access to applicable communications rules and regulations;

- Communications center console screenshots;
- CAD system screenshots or reports;
- Photographs of communications equipment;
- Photographs of mobile and portable radios;
- Documentation demonstrating accessibility capabilities for individuals with hearing, speech, or other communication disabilities; and
- Other records demonstrating the agency's communications capabilities.

Proofs of compliance should consist of records demonstrating the agency possesses authority to operate on or access communications systems, maintains communications governance resources, provides operational and public-access communications capabilities, and maintains interoperable communications capabilities.

Legal and Regulatory References
- Federal Communications Commission (FCC) Rules and Regulations

18.1.3 Communication Operations and Recording: [M] [OBS]

A written directive establishes communications procedures that, at a minimum, address:

a. Relevant information associated with requests for service *(e.g., obtaining, recording, updating, maintaining, etc.);* and
b. Playback capabilities for recorded communications *(e.g., radio communications, incoming telephone communications, etc.)*.

Guidance

The purpose of this standard is to ensure communications personnel obtain, record, and maintain information necessary to support officer safety, effective service delivery, criminal investigations, administrative investigations, training, and agency accountability.

If the communications function is provided by an entity other than the agency, compliance with this standard shall be demonstrated through the procedures established and implemented by the entity responsible for the communications function. Agencies receiving communications services from another entity may not establish communications procedures for personnel over whom they do not exercise operational authority. Agencies remain responsible for demonstrating compliance with applicable accreditation requirements related to the communications function.

The required procedures are not required to be contained within a single policy or procedure manual.

Agencies may demonstrate compliance through:
- Communications center operating procedures;
- Dispatcher training manuals;
- Dispatcher training program materials;
- Standard operating guides;
- Communications protocols;
- Communications center reference materials; or
- Other documented materials governing the communications function.

For agencies that operate or exercise operational authority over their communications function, procedures should address the management of information associated with requests for service, including the collection, recording, maintenance, retrieval, and review of communications information necessary to support agency operations and accreditation requirements.

Relevant information associated with requests for service may include:
- The caller's identity, when available;

- The location of the incident;
- The nature of the request for service;
- Information regarding involved persons;
- Officer safety information;
- Descriptions of persons, vehicles, or property;
- Time-sensitive information; and
- Other information necessary to support an appropriate response.

Procedures should encourage communications personnel to obtain and record sufficient information to properly evaluate requests for service, support officer safety, and facilitate an appropriate response.

Recorded communications are valuable resources for:
- Criminal investigations;
- Administrative investigations;
- Training;
- Quality assurance reviews;
- Supervisory reviews;
- Complaint investigations; and
- Audits of agency operations.

Playback capabilities should allow personnel to promptly retrieve and review recorded communications when needed for legitimate operational, investigative, training, administrative, or evidentiary purposes.

Documentation demonstrating compliance may include:
- Communications logs;
- Computer-aided dispatch (CAD) records;
- Communications recordings;
- Playback or retrieval records;
- Screenshots demonstrating playback capability;
- Records of communication reviews conducted for investigative or administrative purposes;
- Observation of radio communication playback capability;
- Observation of telephone communication playback capability; and
- Other records generated through implementation of communications procedures.

Proofs of compliance should consist of records demonstrating relevant information associated with requests for service was obtained and recorded and that recorded communications are retrievable through available playback capabilities. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

18.1.4 Radio and Electronic Communications: [M]

A written directive establishes procedures for communications between officers and communications center personnel and, at a minimum, addresses:

a. Radio communications; and
b. Electronic communications *(e.g., email, text messages, instant messaging, mobile data terminals, computer-aided dispatch messaging, or other agency-authorized electronic communications)*, if authorized by the agency.

Guidance

The purpose of this standard is to ensure communications between officers and communications center personnel are conducted in a consistent manner that promotes officer safety, effective incident response, accountability, and coordination of agency operations.

If the communications function is provided by an entity other than the agency, compliance with this standard shall be demonstrated through the procedures established and implemented by the entity responsible for the communications function. Agencies receiving communications services from another entity may not establish communications procedures for personnel over whom they do not exercise operational authority. Agencies remain responsible for demonstrating compliance with applicable accreditation requirements related to the communications function.

Procedures should establish expectations for the use of radio communications and, when authorized by the agency, electronic communications. Communication procedures should support the timely exchange of information necessary to coordinate responses, monitor officer status, and provide assistance when needed.

Agencies should consider addressing:

- Methods and requirements for communications by officers;
- Recording officer status changes, including when officers are out of service;
- Methods used to identify officers, units, beats, assignments, or other operational designations;
- Criteria for assigning the appropriate number of officers to incidents;
- Circumstances requiring the response or notification of a supervisor; and
- Procedures for responding to an officer's emergency request for assistance.

Electronic communications may include:

- Email;
- Text messages;
- Instant messaging;
- Mobile data terminals (MDTs);
- Mobile data computers (MDCs);
- Computer-aided dispatch (CAD) messaging;
- Agency-approved electronic messaging systems;
- Mobile applications; or
- Other electronic communications systems used in support of agency operations.

Documentation demonstrating compliance may include:

- Communications logs;
- Computer-aided dispatch (CAD) records;
- Radio transmissions or recordings;
- Electronic messaging records;
- Officer status records;
- Incident records;
- Screenshots of electronic communications systems; and
- Other records generated through implementation of communications procedures.

Proofs of compliance should consist of records generated through implementation of communications procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

18.1.5 Access to Criminal Justice Information Systems: [M] [OBS]

The communications function has access, at a minimum, to:

a. The Kansas Criminal Justice Information System (KCJIS); and
b. The National Crime Information Center (NCIC).

Guidance

The purpose of this standard is to ensure communications personnel have timely access to criminal justice information systems necessary to support officer safety, investigations, warrant inquiries, criminal history inquiries, stolen property inquiries, and other law enforcement operations.

Access may be provided:

- Directly through the agency;
- Through a shared communications center;
- Through another authorized entity providing communications services to the agency; or
- Through other approved methods consistent with applicable system requirements.

The effectiveness of law enforcement operations depends heavily upon the availability and timely retrieval of information from criminal justice information systems. Agencies are encouraged to provide access to additional local, state, regional, and federal criminal justice information systems when available and appropriate.

For purposes of this standard:

- **Kansas Criminal Justice Information System (KCJIS)** refers to the statewide criminal justice information system used to access criminal justice information and related databases authorized by law.
- **National Crime Information Center (NCIC)** refers to the national computerized index of criminal justice information maintained for authorized law enforcement and criminal justice purposes.

Documentation demonstrating compliance may include:

- System access records;
- Communications center terminal access documentation;
- User authorization records;
- Query logs;
- Screenshots demonstrating system access;
- Communications center operational records;
- Observation of KCJIS access capability;
- Observation of NCIC access capability; and
- Other records demonstrating access to required systems.

Proofs of compliance should consist of records demonstrating authorized access to the Kansas Criminal Justice Information System (KCJIS) and the National Crime Information Center (NCIC). Examples may include system access records, terminal access documentation, user authorization records, query logs, screenshots, operational records, or observation of system access capabilities.

Legal and Regulatory References

- Kansas Criminal Justice Information System (KCJIS) Security Policies
- Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy

18.2.1 Communications Center Security: [M] [OBS]

The communication center has security measures in place that, at a minimum, include:

a. Restricted access to authorized personnel; and
b. Backup communications capabilities in the event the communications center becomes partially or fully non-operational.

Guidance

The purpose of this standard is to ensure the communications center remains secure, operational, and capable of supporting law enforcement services during routine operations and emergency situations.

The capability to maintain communications during emergency situations requires security measures that protect communications personnel, facilities, equipment, and systems. Security measures should be appropriate for the size, location, and operational needs of the communications center.

Protective measures may include:
- Restricted access controls;
- Keycard or electronic access systems;
- Visitor control procedures;
- Security cameras;
- Physical barriers;
- Bullet-resistant glass in areas of public access; and
- Other security measures appropriate to the communications center.

Backup communications capabilities should ensure the continued ability to communicate with officers and receive requests for service when normal operations are disrupted.

Backup communications capabilities may include:
- Backup dispatch consoles;
- Redundant communications systems;
- Alternate communications facilities;
- Mobile communications vehicles or mobile command posts;
- Shared communications agreements;
- Mutual aid communications arrangements; or
- Other contingency measures that provide continuity of communications services.

If the communications function is provided by an entity other than the agency, compliance with this standard shall be demonstrated through the security measures and backup communications capabilities established and implemented by the entity responsible for the communications function.

This standard does not apply to backup electrical power systems or generators.

Documentation demonstrating compliance may include:
- Photographs of access control measures;
- Visitor logs;
- Access control system records;
- Electronic access reports;
- Communications center security assessment records;
- Security inspection records;
- Screenshots of access control or monitoring systems;
- Records demonstrating backup communications testing or verification;

- Communications center operational records;
- Observation of restricted access measures;
- Observation of backup communications capabilities; and
- Other records demonstrating implementation of communications center security measures and backup communications capabilities.

Proofs of compliance should consist of records generated through implementation of communications center security measures and backup communications capabilities.

Legal and Regulatory References
None identified

18.2.2 Alternate Power Source: [M] [TS] [OBS]

The communications function, or the entity providing communications services on behalf of the agency, maintains an alternate source of electrical power sufficient to ensure continued operation of emergency communications equipment during a failure of the primary power source. Operational readiness of the **alternate power source** is maintained by:

a. **Monthly documented testing**; and
b. **Annual documented testing under a full load**.

Guidance
The purpose of this standard is to ensure the communications function remains operational during interruptions of the primary electrical power source.

Continuous emergency communications capability is critical to public safety operations. Alternate power sources should be capable of supporting essential communications equipment and systems for the duration necessary to maintain emergency communications services during a power outage.

If the communications function is provided by an entity other than the agency, compliance with this standard shall be demonstrated through the alternate power source testing, maintenance, and documentation maintained by the entity responsible for the communications function.

Alternate power sources may include:
- Permanently installed generators;
- Portable generators;
- Battery backup systems;
- Uninterruptible power supply (UPS) systems used in conjunction with emergency power systems; or
- Other systems capable of providing sufficient power to operate emergency communications equipment.

Agencies should ensure alternate power systems are tested, maintained, and operated in accordance with manufacturer recommendations, operational requirements, and applicable safety considerations.

Documentation demonstrating compliance may include:
- Monthly testing records; and
- Annual full-load test records.

Proofs of compliance should consist of records demonstrating the alternate power source was tested in accordance with agency requirements.

Legal and Regulatory References
- National Fire Protection Association (NFPA) 110 Standard for Emergency and Standby Power Systems

Chapter 19 – Process Service

Section 19.1 – Recording and Service

19.1.1 Process Document Recording: [M]

A written directive establishes procedures for documenting each item of process received for service by the agency. At a minimum, the documentation shall provide a system for recording:

a. Receipt of process documents *(e.g., date received, issuing source, type of process, court document number, etc.);* and
b. Assignment of process documents for service *(e.g., assigned officer or employee, date of assignment, priority level, reassignment information, etc.).*

Guidance

The purpose of this standard is to ensure process documents received by the agency are properly documented and assigned for service.

A documented tracking system promotes accountability and reduces the risk of lost, delayed, misplaced, or improperly handled process documents. The ability to determine when a process document was received and who was assigned responsibility for service may be important during court proceedings, administrative reviews, audits, accreditation assessments, and litigation.

This standard applies to all process documents received for service by the agency, including:
- Subpoenas;
- Summonses;
- Warrants;
- Notices;
- Orders;
- Citations;
- Protection orders;
- Administrative process documents; and
- Other legal documents received for service.

Process documents may originate from:
- Municipal courts;
- District courts;
- State courts;
- Federal courts;
- Administrative tribunals; or
- Other authorized governmental entities.

Receipt documentation should provide the agency with the ability to identify when process was received and the basic information necessary to track the document through completion.

Examples may include:
- Date received;
- Issuing source;
- Type of process;
- Court document number; and
- Other information necessary to identify the process document.

Assignment documentation should identify the individual responsible for service of the process document.

Examples may include:
- Assigned officer or employee;
- Date of assignment;
- Reassignment information;
- Priority designation; and
- Other assignment-related information identified by the agency.

Documentation demonstrating compliance may include:
- A receipt stamp placed directly on the process document;
- A process-service cover sheet;
- Process logs;
- Process tracking records;
- Assignment records;
- Process management system records; and
- Other records generated through implementation of process service procedures.

Proofs of compliance should consist of records demonstrating process documents were documented upon receipt and assigned for service in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

19.1.2 Process Service Recording: [M]

A written directive establishes procedures for documenting the service and, at a minimum, addresses:

a. Service methods authorized by law *(e.g., personal service, residential service, certified mail, publication, electronic service when authorized, etc.);*
b. Service activity recording *(e.g., date and time of service or attempted service, officer or employee performing the service, method of service, location of service activity, etc.);* and
c. Service outcomes *(e.g., person served, unable to locate, refused service, no contact made, returned unserved, canceled, withdrawn, expired, or other final dispositions authorized by law or court order, etc.).*

Guidance
The purpose of this standard is to ensure process service activities, service attempts, and service outcomes are documented in a consistent and accountable manner.

Proper documentation promotes accountability, supports court proceedings, and allows the agency to determine the status and results of service efforts.

This standard applies to all process documents handled by the agency, regardless of whether the document originates from criminal, administrative, municipal, civil, or other lawful authority.

Service methods should be consistent with applicable laws and court requirements.

Examples may include:
- Personal service;
- Residential service;
- Certified mail;
- Publication;
- Electronic service, when authorized; and

- Other methods authorized by law.

Service activity records should document actions taken by agency personnel during the service process.

Examples may include:
- Date and time of service or attempted service;
- Officer or employee performing the service;
- Method of service;
- Location of service activity; and
- Other information necessary to document service efforts.

Service outcomes should reflect the results of service efforts and the final status of the process document.

Examples may include:
- Person served;
- Unable to locate;
- Refused service;
- No contact made;
- Returned unserved;
- Canceled;
- Withdrawn;
- Expired; and
- Other final dispositions authorized by law or court order.

Records should allow the agency to identify the actions taken during the service process, the results of those actions, and the final disposition of the process document.

Documentation demonstrating compliance may include:
- Process service logs;
- Returns of service;
- Affidavits of service;
- Attempted service records;
- Electronic process management systems;
- Officer or employee reports; and
- Other records generated through implementation of process service procedures.

Proofs of compliance should consist of records demonstrating service methods, service activities, and service outcomes were documented in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

19.1.3 Warrant and Wanted Person Information: [M] [OBS]

A written directive establishes procedures governing warrant and wanted person information and, at a minimum, addresses:

a. Entry of warrant and wanted person information into applicable information systems *(e.g., KCJIS, NCIC, local warrant systems, etc.);*
b. Maintenance of warrant and wanted person information *(e.g., updates, modifications, confirmations, cancellations, removals, validations, etc.);*
c. Access to current warrant information when needed for law enforcement operations;
d. Verification of warrant and wanted person information prior to enforcement action; and
e. A requirement that only sworn officers execute arrest warrants.

Guidance

The purpose of this standard is to ensure warrant and wanted person information is entered, maintained, accessible, and verified in a manner that supports officer safety, lawful enforcement actions, and effective law enforcement operations.

Inaccurate, incomplete, or outdated warrant information may result in unlawful arrests, missed enforcement opportunities, officer safety concerns, administrative errors, and increased liability exposure. Agencies should maintain procedures that promote the accuracy and reliability of warrant and wanted person information.

Entry procedures should establish requirements for entering warrant and wanted person information into applicable information systems.

Examples may include:
- Kansas Criminal Justice Information System (KCJIS);
- National Crime Information Center (NCIC);
- Local warrant systems;
- Regional warrant systems; and
- Other authorized criminal justice information systems.

Maintenance procedures should establish requirements for ensuring warrant and wanted person information remains current and accurate.

Examples may include:
- Updates;
- Modifications;
- Confirmations;
- Cancellations;
- Removals;
- Validations; and
- Other record maintenance activities required by applicable systems or agency procedures.

Agencies should ensure current warrant information is readily accessible when needed for law enforcement operations.

Verification procedures should ensure personnel confirm the validity and accuracy of warrant and wanted person information prior to taking enforcement action when required by law, court rule, agency procedure, or criminal justice information system requirements.

Verification may include confirmation of:
- Warrant status;
- Warrant validity;
- Extradition limitations;
- Service status; and

- Other information necessary to determine whether the warrant remains active and enforceable.

Only sworn officers may execute arrest warrants. Agencies should ensure arrest warrant execution is conducted in accordance with applicable law and agency procedures.

Documentation demonstrating compliance may include:
- Warrant records;
- Wanted person records;
- Information system entries;
- Verification records;
- Confirmation records;
- Modification records;
- Cancellation records;
- Information system transaction records;
- Agency reports; and
- Other records generated through implementation of warrant and wanted person procedures.

Proofs of compliance should consist of records demonstrating warrant and wanted person information was entered, maintained, accessed, and verified in accordance with agency requirements and that arrest warrants were executed by sworn officers. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Criminal Justice Information System (KCJIS) Security Policies
- Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy

Chapter 20 – Central Record

Section 20.1 - Administration and Operations

20.1.1 Records Security and Access Controls: [M]

A written directive establishes procedures for the privacy and security of agency records, whether maintained in paper or electronic format and, at a minimum, addresses:

a. Methods for distinguishing juvenile records from adult records *(e.g., RMS flags, coding, file labels, separate filing systems, etc.);*
b. Physical security of agency records *(e.g., primary records area, archived records, off-site storage, etc.);* and
c. Access controls for electronic records *(e.g., passwords, user permissions, read-only access, position-based access, etc.).*

Guidance

The purpose of this standard is to ensure agency records are protected from unauthorized access, disclosure, alteration, or destruction through appropriate physical and electronic security measures.

Records may contain confidential, sensitive, law enforcement, criminal justice, juvenile, medical, personnel, or other protected information. Agencies should establish safeguards to prevent unauthorized access and ensure records are accessible only to personnel with a legitimate business need.

Juvenile records may be subject to greater statutory protections than adult records. Agencies should ensure juvenile records are readily identifiable and distinguishable from adult records to reduce the risk of unauthorized access, disclosure, or release.

Methods used to distinguish juvenile records from adult records may include:
- RMS flags;
- Coding systems;
- File labels;
- Separate filing systems;
- Separate storage locations; or
- Other methods that clearly identify juvenile records.

Physical security measures should protect agency records regardless of where they are maintained.

Agencies should consider addressing:
- Security of primary records areas;
- Security of archived records;
- Security of off-site storage locations;
- Access restrictions to records storage areas;
- Visitor access procedures;
- Contractor and vendor access;
- Cleaning and maintenance personnel access;
- Escort or supervision requirements for non-agency personnel; and
- Procedures for securing records during and after business hours.

Access controls for electronic records should ensure personnel have access only to records necessary to perform their assigned duties.

Electronic access controls may include:
- Password protection;
- User permissions;

- Read-only access;
- Position-based access;
- Role-based access;
- Multi-factor authentication;
- Audit logs; or
- Other electronic security measures.

Documentation demonstrating compliance may include:
- RMS print screen images demonstrating juvenile record identifiers;
- Photographs demonstrating records security measures;
- Access authorization records;
- RMS access control records;
- Visitor logs;
- Electronic access reports; and
- Other records generated through implementation of records security and access control procedures.

Proofs of compliance should consist of records generated through implementation of records security and access control procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 38-2202 Revised Kansas Code for Care of Children - Definitions
- K.S.A. 38-2302 Revised Kansas Juvenile Justice Code - Definitions
- K.S.A. 38-2310 Fingerprinting and Photographing Juveniles
- K.S.A. 38-2312 Juvenile Records

20.1.2 Record Release: [M]

A written directive establishes procedures governing the release of agency records and, at a minimum, addresses:

a. Protection measures to prevent unauthorized access to or accidental release of juvenile records (e.g., access restrictions, dissemination restrictions, supervisory authorization for release, etc.); and
b. Release of records (e.g., records requests, authorization requirements, review procedures, redaction procedures, dissemination restrictions, distribution to courts, prosecutors, governmental agencies, or other authorized recipients, etc.).

Guidance

The purpose of this standard is to ensure agency records are released in a consistent, lawful, and accountable manner while protecting confidential, sensitive, and restricted information from unauthorized disclosure.

Improper release of records may expose confidential information, compromise criminal investigations, violate privacy protections, and create liability for the agency. Agencies should establish procedures that clearly identify who is authorized to review, approve, and release records and what information may be released.

Juvenile records are often subject to greater restrictions than adult records. Agencies should establish safeguards to prevent unauthorized access to or accidental release of juvenile records.

Protection measures may include:
- Access restrictions;
- Dissemination restrictions;
- Supervisory authorization for release;
- Review procedures;
- Redaction requirements;

- Separate release procedures for juvenile records; or
- Other measures designed to prevent unauthorized disclosure.

Records release procedures should provide guidance for responding to requests for records and information.

Agencies should consider addressing:
- Persons authorized to release records;
- Records requests received from the public;
- Requests received from other criminal justice agencies;
- Requests received from courts, attorneys, or governmental entities;
- Review and approval requirements;
- Redaction of protected information;
- Release of juvenile records;
- Documentation of records released;
- Denial of records requests, when appropriate; and
- Records released pursuant to court orders or other legal authority.

Documentation demonstrating compliance may include:
- Records requests;
- Records release logs;
- Juvenile records release documentation;
- Redacted records;
- Written responses to records requests;
- Court orders authorizing release;
- Documentation of denied requests; and
- Other records generated through implementation of records release procedures.

Proofs of compliance should consist of records generated through implementation of records release procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 45-215 et seq. Kansas Open Records Act
- K.S.A. 38-2213 Records of Law Enforcement Agencies; Limited Disclosure; Exchange of Information; Access; Court-Ordered Disclosure
- K.S.A. 38-2310 Records of Law Enforcement Officers, Agencies and Municipal Courts Concerning Certain Juveniles; Disclosure

20.1.3 KIBRS Reporting: [M] [TS] [DT]

A written directive establishes procedures for **reporting crime data in compliance** with the Kansas Incident Based Reporting System **(KIBRS)**.

Guidance

The purpose of this standard is to ensure crime data is reported accurately, completely, and in compliance with Kansas Incident Based Reporting System (KIBRS) requirements.

Participation in KIBRS promotes consistent crime reporting practices, supports statewide and national crime statistics, and assists agencies in analyzing crime trends, allocating resources, and measuring operational effectiveness.

Agencies should establish procedures to ensure reportable offenses are properly classified, reviewed, corrected when necessary, and submitted in accordance with KIBRS requirements.

Agencies should consider addressing:
- Responsibility for KIBRS reporting;
- Classification and coding of offenses;
- Review of reports for accuracy and completeness;
- Correction of reporting errors;
- Resolution of submission errors or rejections;
- Modification or deletion of previously submitted records; and
- Quality control measures to promote reporting accuracy.

Documentation demonstrating compliance may include:
- KIBRS submission records; or
- KIBRS error or rejection reports.

Proofs of compliance should consist of records generated through implementation of KIBRS reporting procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 21-2501a Maintenance of Records of Felony and Misdemeanor Offenses by Law Enforcement Agencies; Reports to Bureau of Investigation
- K.S.A. 21-2504 Attorney General May Call Upon Designated Officers for Information; Forms
- Kansas Incident Based Reporting System KIBRS Handbook

20.1.4 Reports and Calls for Service Accountability: [M] [DT]

A written directive establishes procedures and, at a minimum, addresses:

a. Accountability for calls for service *(e.g., assignment of call numbers, documentation of calls for service, etc.);*
b. Accountability for assigned case numbers *(e.g., required reports, documented exceptions, etc.);* and
c. Supervisory review of incident reports *(e.g., review, approval, correction, return for revision, etc.).*

Guidance

The purpose of this standard is to ensure accountability for calls for service, case numbers, and incident reports from initial receipt through final disposition.

Calls for service include requests for service received by the agency as well as agency-initiated activities requiring documentation or tracking.

Calls for service may include:
- Emergency and non-emergency requests;
- Citizen complaints;
- Officer-initiated activities;
- Requests for assistance;
- Suspicious activity;
- Welfare checks;
- Civil standbys;
- Traffic complaints; and
- Other incidents requiring documentation or agency response.

Agencies should establish procedures to ensure accountability for all calls for service. Accountability measures may include assignment of a call number, documentation of the call, recording of actions taken, and documentation of the final disposition.

Agencies should establish a method to ensure accountability for assigned case numbers. Accountability measures may include completion of required reports, documented exceptions, tracking mechanisms, supervisory oversight, and processes for identifying missing, incomplete, or overdue reports.

Supervisory review of incident reports serves as an important quality-control function.

Agencies should also consider developing systems for maintaining report and call-for-service accountability during periods when the records management system (RMS), computer-aided dispatch (CAD) system, or other electronic systems are unavailable.

Alternative methods may include:
- Manual logs;
- Paper reporting systems;
- Temporary numbering systems; or
- Other contingency procedures designed to ensure continuity of operations.

Documentation demonstrating compliance may include:
- CAD records;
- Call-for-service logs;
- Incident reports;
- RMS records;
- Report accountability records;
- Missing or overdue report tracking records;
- Supervisory review or approval records;
- Manual logs or contingency records; and
- Other records generated through implementation of report and call-for-service accountability procedures.

Proofs of compliance should consist of records demonstrating accountability for calls for service, accountability for assigned case numbers, and supervisory review of incident reports. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 21-2501a – Maintenance of Records of Felony and Misdemeanor Offenses by Law Enforcement Agencies; Reports to Bureau of Investigation.
- K.S.A. 45-401 et seq. Public Records Preservation Act

20.1.5 Records Management System Security: [M] [TS]

A written directive establishes procedures to protect the agency's records management system (RMS) and, at a minimum, addresses:

a. Data back-up *(e.g., backup frequency, backup methods, cloud backups, off-site backups, redundancy measures, etc.);*
b. Data storage *(e.g., cloud storage, on-site servers, off-site storage, archival storage, retention of backup files, etc.);*
c. User account management (*e.g., account creation, access authorization, password management, modification of access, removal of access, etc.);* and
d. A **documented security review** following a suspected or confirmed security breach.

Guidance

The purpose of this standard is to ensure the confidentiality, integrity, availability, and security of information maintained within the agency's records management system (RMS).

RMS data should be backed up according to a regular schedule and stored in a manner that protects the data from loss, damage, unauthorized access, or system failure. Backup methods may include automated backups, cloud-based backups, off-site backups, redundant storage systems, or other approved solutions.

Data storage may include on-site servers, off-site storage, cloud-based systems, vendor-hosted systems, archival storage, or other approved storage solutions. Agencies should ensure backup and storage practices are consistent with applicable records retention requirements.

Access controls should be established to prevent unauthorized access to agency records and data. Security measures may include passwords, multi-factor authentication (MFA), biometric authentication, single sign-on (SSO), encryption, system permissions, audit logs, or other electronic security controls appropriate to the agency's operating environment.

User account management should ensure access to the RMS is limited to authorized users and that permissions are appropriate for assigned job responsibilities. Procedures should address the modification or removal of access when personnel separate from employment, change assignments, retire, are terminated, no longer require access, or when access is granted to outside users such as prosecutors, municipal personnel, contractors, vendors, or other authorized entities.

A documented security review should be conducted following a suspected or confirmed security breach.

The documented review should evaluate, as applicable:
- The nature and scope of the incident;
- User accounts and access permissions;
- Unauthorized access attempts or activity;
- Records or data potentially affected;
- Corrective actions taken;
- Notifications required by law, policy, contract, or agreement; and
- Measures implemented to prevent recurrence.

Documentation demonstrating compliance may include:

- Backup schedules and logs;
- Storage agreements;
- User account management records;
- Access authorization records;
- User access audit logs;
- Security review reports; and
- Other records generated through implementation of RMS security procedures.

Proofs of compliance should consist of records generated through implementation of RMS security procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 45-401 et seq. (Public Records Preservation Act)
- Kansas Criminal Justice Information System (KCJIS) Security Policy
- Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy, as applicable
- Kansas Records Retention Schedule (Kansas State Historical Society)

20.2.1 Alternative Reporting: [M]

If the agency accepts reports through alternative reporting methods *(e.g., telephone, mail, web-based, electronic, or other approved technologies)*, **a written directive establishes criteria** for accepting such reports.

Guidance

The purpose of this standard is to ensure incident reports received through alternative reporting methods are accepted in a consistent, appropriate, and accountable manner.

Alternative reporting methods may improve service delivery, reduce response times, and provide additional reporting options for the public. Agencies should establish criteria identifying the types of incidents that may be accepted through alternative reporting methods and any limitations associated with those methods.

Examples of incidents that may be appropriate for alternative reporting include theft offenses, criminal damage to property, criminal damage to vehicles, identity theft, harassing communications, lost property reports, delayed reporting incidents, or other incidents determined appropriate by the agency.

Agencies should establish criteria identifying the types of incidents that may be accepted through alternative reporting methods and any limitations associated with those methods. Criteria should help ensure incidents requiring an immediate response, in-person investigation, evidence collection, victim assistance, or other law enforcement action are handled appropriately.

Agencies should consider factors such as public safety, evidentiary needs, investigative requirements, victim needs, and statutory reporting obligations when establishing acceptance criteria.

Documentation demonstrating compliance may include:

- Reports accepted through alternative reporting methods.

Proofs of compliance should consist of reports accepted through an alternative reporting method approved by the agency. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

20.2.2 Traffic Citations: [M] [OBS]

If the agency uses paper traffic citations as its primary citation system or as a backup to an electronic citation system, **a written directive establishes procedures** for maintaining accountability and control of traffic citations and, at a minimum, addresses:

a. Documenting the issuance of all citations *(e.g., issuance to agency personnel, issuance to personnel from another agency, etc.);*
b. Accountability for all citations *(e.g., issued, voided, damaged, dismissed, or otherwise unused citations);*
c. Secure storage of all unused citations *(e.g., citations pending issuance, bulk citation stock, returned citations, etc.);* and
d. Recovery of citations issued to personnel who separate employment or no longer require citation authority.

Guidance

The purpose of this standard is to ensure accountability and control of traffic citations from receipt through final disposition.

Agencies should establish methods to document the issuance of citations to personnel and, when applicable, to outside agencies or other authorized users. Documentation should allow the agency to identify who received citation stock and account for its use.

Unused citations should be stored in a secure location with access limited to authorized personnel. Secure storage applies to all unused citation stock, including bulk inventory, citations pending issuance, and returned citations.

The agency should establish methods to account for all citations and their disposition. Accountability measures should ensure citations can be tracked from issuance through final disposition and should include citations that are issued, voided, damaged, dismissed, or otherwise unused.

When personnel separate employment, transfer assignments, retire, resign, are terminated, or otherwise no longer require citation authority, the agency should establish procedures to recover any unused citation stock issued to that individual.

Agencies utilizing electronic citation systems should establish methods to periodically review citation activity and ensure citations are properly accounted for. Accountability measures may include system-generated reports, audit logs, reconciliation processes, or other methods that allow the agency to account for citations issued through the electronic system.

Agencies using paper citations as a backup to an electronic citation system should ensure accountability measures apply to both systems.

Agencies should also establish contingency procedures for circumstances in which an electronic citation system is unavailable, including the use of paper citations or other approved methods.

Documentation demonstrating compliance may include:
- Citation issuance logs;
- Citation inventory records;
- Citation accountability reports;
- Voided, damaged, or dismissed citation records;
- Audit logs;
- Citation recovery records;
- Secure storage records; and
- Other records generated through implementation of agency citation accountability procedures.

Proofs of compliance should consist of records generated through implementation of agency citation accountability procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 8-2104 (uniform notice to appear and complaint)
- Kansas District Court Traffic Citation and Complaint Forms, as applicable

Chapter 21 – Evidence Collection

Section 21.1 - Administration and Operations

21.1.1 Investigative Availability: [M]

A written directive requires the availability of qualified investigative resources, within or outside the agency, on 24-hour basis to respond to incidents requiring more than a routine preliminary investigation.

Guidance

The purpose of this standard is to ensure qualified investigative resources are available on a 24-hour basis to assist with incidents requiring more than a routine preliminary investigation.

Qualified investigative resources may be provided through agency personnel or resources available from outside the agency.

Investigative resources may include:

- Agency investigators;
- Crime scene personnel;
- Regional response teams;
- Task force personnel;
- Neighboring agencies;
- Kansas Bureau of Investigation (KBI) personnel; or
- Other qualified resources available through mutual aid agreements, memoranda of understanding, contracts, or established working relationships.

Incidents requiring investigative response may include:

- Major crimes;
- Suspicious deaths;
- Officer-involved incidents;
- Major traffic collisions;
- Significant crime scenes; and
- Other incidents requiring specialized investigative assistance.

Agencies should ensure personnel are aware of the availability of investigative resources and the process for obtaining assistance when incidents exceed the capabilities of on-duty personnel or require specialized expertise.

Documentation demonstrating compliance may include:

- Written agreements;
- Memoranda of understanding;
- Mutual aid agreements;
- On-call schedules;
- Call-out rosters;
- Investigative response records; and
- Other records demonstrating access to qualified investigative resources.

Proofs of compliance should consist of records demonstrating access to qualified investigative resources. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

21.1.2 Physical Evidence Management: [M]

A written directive establishes procedures for the management of physical evidence and, at a minimum, addresses:

a. Collection *(e.g., firearms, narcotics, biological evidence, documents, digital evidence, fingerprints, shell casings, etc.);*
b. Processing *(e.g., photographing, sketching, measurements, fingerprint development, evidence documentation, preliminary examinations, etc.);* and
c. Preservation *(e.g., packaging, labeling, securing, protecting from contamination, maintaining chain of custody, etc.).*

Guidance

The purpose of this standard is to ensure physical evidence is managed in a consistent manner that supports investigative integrity and preserves its evidentiary value.

Agencies should establish procedures governing the collection, processing, and preservation of physical evidence. A fundamental principle should be securing and protecting scenes and evidentiary items to prevent loss, contamination, alteration, or destruction.

For purposes of this standard:

- Collection refers to the recovery or seizure of physical evidence from a person, place, vehicle, or scene.
- Processing refers to actions taken to document, identify, examine, or prepare evidence for investigative or evidentiary purposes.
- Preservation refers to actions taken to maintain the integrity and evidentiary value of evidence after collection or processing.

Agencies may perform physical evidence processing using agency personnel, specialized personnel, or qualified resources from another agency or organization. Regardless of who ultimately performs the processing, agency personnel should be familiar with procedures necessary to protect, preserve, and maintain the integrity of physical evidence until appropriate processing occurs.

Procedures should establish appropriate methods for documenting, collecting, packaging, labeling, processing, and preserving evidence to minimize contamination, loss, damage, or deterioration. Evidence should be handled in a manner that supports the maintenance of chain of custody and admissibility in court.

When physical evidence is collected, agencies should maintain documentation sufficient to identify the item collected, the source of the item, the person collecting the item, and other information necessary to support evidentiary integrity and chain-of-custody requirements.

Documentation demonstrating compliance may include:

- Crime scene reports;
- Evidence collection records;
- Evidence inventories;
- Photographs;
- Chain-of-custody documentation;
- Packaging and labeling records;
- Evidence submission records; and
- Other records generated through evidence management activities.

Proofs of compliance should consist of records generated through implementation of physical evidence management procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2512 Search Warrants; Issuance and Execution
- K.S.A. 22-2513 Inventory and Return of Property Seized
- K.S.A. 22-2514 Custody and Disposition of Seized Property
- K.S.A. 22-2515 Evidentiary and Property Management Procedures Related to Seized Property

21.1.3 Forensic Laboratory Submission: [M]

A written directive establishes procedures for submitting evidence to a forensic laboratory and, at a minimum, addresses:

a. Identification of personnel authorized to submit evidence;
b. Packaging requirements for evidence *(e.g., labeling, sealing, biological evidence precautions, hazardous materials considerations, etc.);*
c. Transmittal requirements for evidence submitted to a forensic laboratory *(e.g., authorized delivery methods, documentation required to accompany evidence submissions, laboratory submission forms, laboratory intake requirements, etc.);* and
d. Obtaining documentation that supports chain of custody.

Guidance

The purpose of this standard is to ensure evidence submitted to a forensic laboratory is packaged, documented, transported, and transferred in a manner that preserves evidentiary integrity and supports chain-of-custody requirements.

Agencies should establish procedures identifying personnel authorized to submit evidence and the methods used to transfer evidence to a forensic laboratory.

Evidence should be packaged and submitted in accordance with the requirements of the receiving forensic laboratory.

Special consideration should be given to:
- Biological evidence;
- Blood and blood-stained items;
- Controlled substances;
- Firearms;
- Digital evidence;
- Hazardous materials;
- Perishable evidence; and
- Other evidence requiring specialized handling.

Transmittal procedures should address how evidence is delivered to the laboratory and the documentation required to accompany the submission. Documentation may include laboratory submission forms, investigative reports, warrants, consent forms, or other records required by the receiving laboratory.

Agencies should maintain documentation confirming receipt of evidence by the forensic laboratory and supporting continuity of chain of custody throughout the submission process.

Documentation demonstrating compliance may include:
- Laboratory submission forms;
- Evidence transmittal records;
- Chain-of-custody documentation;
- Laboratory receipts;
- Electronic submission records;
- Laboratory tracking records; and
- Other records generated through evidence submission activities.

Proofs of compliance should consist of records generated through implementation of forensic laboratory submission procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 22-2513 Inventory and Return of Property Seized Pursuant to a Search Warrant
- K.S.A. 22-2514 Custody and Disposition of Property Seized Under a Search Warrant

Chapter 22 – Property and Evidence Control

Section 22.1 - Administration and Operations

22.1.1 Property and Evidence Intake and Accountability: [M]

A written directive establishes procedures and, at a minimum, addresses:

a. Documentation of all in-custody property received by the agency *(e.g., description of the item and how it came into the agency's possession);*
b. Logging all in-custody property into agency records before personnel end their shift, or as soon as practical; and
c. Transfer of all in-custody property *(e.g., found property, evidentiary property, seized property, safekeeping property, etc.)* to the designated property and evidence control function before personnel end their shift, or as soon as practical.

Guidance

The purpose of this standard is to establish accountability for all in-custody and evidentiary property from the moment it comes into agency possession until it is transferred to the designated property and evidence control function.

For purposes of this chapter:

- **In-Custody Property** refers to any property that has come into the possession, custody, or control of the agency and for which the agency is responsible for accountability, storage, safeguarding, release, or disposition. Examples may include found property, evidentiary property, seized property, safekeeping property, abandoned property, recovered property, impounded property, and other property maintained by the agency.
- **Evidentiary Property** refers to property that may be used to establish facts or circumstances in a criminal, civil, administrative, or other official proceeding.

The definitions above establish the types of property subject to the requirements of Chapter 22.

All employees should document and inventory property or evidence coming into their possession as soon as practical. Documentation should identify the item, how it came into the agency's possession, and other information necessary to establish accountability and initiate the chain of custody.

Logging of in-custody or evidentiary property may be accomplished through agency-approved paper or electronic records systems. Agencies should establish procedures to ensure property is entered into agency records in a timely manner.

Property and evidence should be transferred to the designated property and evidence control function before the end of an employee's shift, or as soon as practical. Agencies may authorize exceptions when operational circumstances prevent immediate transfer; however, procedures should establish supervisory notification, approval, or other accountability measures when immediate transfer is not possible.

Documentation demonstrating compliance may include:

- Property reports;
- Evidence reports;
- Property receipts;
- Property submission forms;
- Property and evidence logs;
- Electronic records management system entries; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records generated through implementation of property and evidence intake and accountability procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2512 (disposition of property seized under a search warrant)
- Kansas Rules of Evidence, as applicable

22.1.2 Property and Evidence Security: [M] [OBS]

A written directive establishes procedures and, at a minimum, addresses:

a. Handling of property placed under the control of the property and evidence control function *(e.g., packaging and storage);*
b. Limiting access to all in-custody property storage areas to authorized personnel *(e.g., primary evidence rooms, temporary evidence storage areas, outbuildings, off-site storage facilities, impound lots, and other locations used to store property or evidence);*
c. Separate security measures for high-risk items *(e.g., controlled substances containing a usable amount, money, firearms, and high-value or sensitive property);*
d. Weighing controlled substances whenever they enter or leave the property and evidence control function; and
e. Temporary storage of in-custody property *(e.g., found property, evidentiary property, seized property, safekeeping property, etc.)* when the designated property and evidence control function is closed, unattended, or otherwise inaccessible.

Guidance

The purpose of this standard is to ensure that all in-custody and evidentiary property is protected from loss, theft, tampering, contamination, deterioration, or unauthorized access while in agency custody.

High-risk items may be maintained within an agency's property or evidence function or within another authorized secure storage location. Regardless of storage location, agencies should establish procedures to ensure both security and accountability.

When controlled substances used for training or investigative purposes are maintained within the agency's property or evidence function, compliance with Standard 22.1.2(d) remains applicable. Storage within the agency's property or evidence function does not eliminate the requirement to establish separate procedures addressing accountability of those items when used for training or investigative purposes.

Handling procedures should establish methods for:
- Packaging property and evidence;
- Labeling property and evidence;
- Storing property and evidence; and
- Protecting property and evidence from contamination, damage, loss, or deterioration.

Property and evidence storage areas include any temporary, permanent, on-site, off-site, indoor, outdoor, or auxiliary storage location used by the agency to store in-custody or evidentiary property. Access should be restricted to authorized personnel and documented in accordance with agency procedures.

High-risk items should be subject to additional security measures.
- Controlled substances containing a usable amount;
- Currency;
- Firearms; and
- High-value or sensitive property.

Controlled substance residue, drug paraphernalia, and other items not containing a usable amount of a controlled substance are not required to be stored under the separate security measures established for high-risk items unless otherwise directed by agency policy.

Each category of high-risk property does not require separate storage from the other high-risk categories. High-risk items may be stored together; however, they should not be stored within the general property or evidence area unless they are secured within a vault, enclosed cage, locked cabinet, or other method that provides separate security measures and restricts access to authorized personnel.

Controlled substances should be weighed whenever they enter or leave the property and evidence control function. Agencies should establish procedures to document these transactions and maintain accountability throughout the chain of custody.

Agencies should establish provisions for the temporary storage of property and evidence when the designated property and evidence control function is closed, unattended, or unavailable. Temporary storage systems should prevent unauthorized access until property is received by the designated property and evidence custodian.

Documentation demonstrating compliance may include:
- Property room access lists;
- Key or access-control records;
- Drug weight logs;
- Temporary storage logs; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records generated through implementation of property and evidence security procedures and observation of the agency's property and evidence storage areas, security measures, and access controls. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2513 Inventory and Return of Property Seized Pursuant to a Search Warrant
- K.S.A. 22-2514 Custody and Disposition of Property Seized Under a Search Warrant
- K.S.A. Chapter 65, Article 41 Uniform Controlled Substances Act, as applicable
- Federal Controlled Substances Act, as applicable

22.1.3 Training and Investigative Use of High-Risk Items: [M]

If the agency uses any of these high-risk items for training or investigative purposes, **a written directive establishes procedures** for:

a. Security of controlled substances *(e.g., restricted access, secure storage, transport controls, etc.);*
b. Accountability of controlled substances *(e.g., inventories, audits, checkout records, quantity verification, etc.);*
c. Security of weapons *(e.g., restricted access, secure storage, transport controls, etc.);*
d. Accountability of weapons *(e.g., inventories, audits, checkout records, quantity verification, etc.);*
e. Security of explosives *(e.g., restricted access, secure storage, transport controls, etc.);* and
f. Accountability of explosives *(e.g., inventories, audits, checkout records, quantity verification, etc.).*

Guidance

The purpose of this standard is to ensure high-risk items used for training or investigative purposes remain secure and fully accountable while under agency control.

This standard applies only when controlled substances, weapons, or explosives are maintained by the agency for training or investigative purposes. Agencies not maintaining one or more of these categories for training or investigative purposes may document the applicable subsection(s) as not applicable.

High-risk items may be maintained within an agency's property or evidence function or within another authorized secure storage location. Regardless of storage location, agencies should establish procedures to ensure both security and accountability.

For purposes of this standard, security and accountability are separate concepts and both should be addressed by agency procedures.

Security focuses on preventing unauthorized access, loss, theft, misuse, or diversion.

Examples of security measures may include:
- Locked storage areas;
- Restricted access;
- Key or access-card control;
- Separate storage locations;
- Alarmed storage areas;
- Secure transport procedures; and
- Supervisory control during training or investigative activities.

Accountability focuses on documenting possession, use, transfer, and return of items.

Examples of accountability procedures may include:
- Inventories;
- Audits;
- Checkout logs;
- Sign-out/sign-in records;
- Training use records;
- Quantity verification records; and
- Return-to-storage documentation.

Documentation demonstrating compliance may include:
- Inventory records;
- Audit reports;
- Checkout logs;
- Training records;
- Access authorization records; and
- Other records demonstrating security and accountability.

Proofs of compliance should consist of records demonstrating the security and accountability of controlled substances, weapons, and explosives used for training or investigative purposes. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 21-5701 et seq. Kansas Controlled Substances Offenses And Related Provisions
- K.S.A. 65-4101 et seq. Uniform Controlled Substances Act
- K.S.A. 21-6301 et seq. Criminal Use, Possession, Transfer, And Regulation Of Weapons
- K.S.A. 31-133a through K.S.A. 31-133c Explosives And Blasting Operations, as applicable
- Federal Controlled Substances Act (21 U.S.C. § 801 et seq.), as applicable
- Federal explosives regulations (18 U.S.C. Chapter 40 and 27 CFR Part 555), as applicable
- Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Regulations, as applicable

22.1.4 Property and Evidence Tracking System: [M]

The agency maintains a [(1)] in-custody property tracking system for all in-custody property maintained by the agency *(e.g., found property, evidentiary property, seized property, safekeeping property, etc.)* that, at a minimum, reflects:

a. Current status *(e.g., activity, submitted to a laboratory, checked out, released, pending disposition, destroyed, returned to owner, etc.);*
b. Location *(e.g., temporary storage locker, evidence room, laboratory, impound lot, off-site storage facility, court, property custodian, etc.);* and
c. The total number of in-custody property items actively maintained by the agency.

Guidance

The purpose of this standard is to ensure the agency maintains accountability for all in-custody property under its control by documenting its status and location throughout its lifecycle.

The agency's property and evidence tracking system should allow authorized personnel to determine the current status and location of property at any time and document discrepancies when property cannot be immediately located.

The tracking system should also provide the agency with the ability to determine the total number of property and evidence items maintained within the agency's custody. This capability supports inventories, inspections, audits, reconciliation activities, accountability measures, and the identification of discrepancies within the property and evidence control function.

The method used is at the discretion of the agency and may consist of electronic systems, evidence management software, records management systems (RMS), spreadsheets, Evidence Custody Receipts (ECRs), property logs, or other agency-approved tracking methods.

The tracking system should document activities associated with property maintained by the agency, including, as applicable:
- Receipt into agency custody;
- Current status;
- Current location;
- Temporary transfers;
- Submission to forensic laboratories;
- Court presentation;
- Return to owner;
- Destruction; and
- Other final disposition actions.

Agencies should consider establishing a status designation for property that cannot be immediately located during an audit, inventory, inspection, or other review. Examples may include "Location Unknown," "Temporarily Unaccounted For," or another agency-defined status. Such designations should not replace efforts to locate the property but should provide a documented record of the discrepancy and assist with accountability, follow-up investigations, corrective actions, and future audits.

Documentation demonstrating compliance may include:
- Property management system reports;
- RMS property records;
- Evidence management system records;
- Spreadsheets used to track property;
- Inventory reports identifying the total number of property and evidence items maintained by the agency; and
- Other records demonstrating the current status and location of property maintained by the agency.

Proofs of compliance should consist of records generated through implementation of the agency's property and evidence tracking system.

Legal and Regulatory References
- K.S.A. 22-2513 Inventory and Return of Property Seized Pursuant to a Search Warrant
- K.S.A. 22-2514 Custody and Disposition of Property Seized Under a Search Warrant
- K.S.A. 60-4101 et seq. Kansas Standard Asset Seizure and Forfeiture Act, as applicable

22.1.5 Property and Evidence Quality Control: [M] [TS]

A written directive establishes procedures for quality control reviews of all in-custody property maintained by the agency and, at a minimum, requires:

a. A documented **Annual Inspection** is conducted by the person(s) responsible for the evidence/property control function;
b. A documented **Per Incident Audit**, conducted in accordance with Addendum F, whenever there is a change in the primary property and evidence custodian;
c. A documented **Per Incident Audit**, conducted in accordance with Addendum F, whenever there is an indication or suspicion of a breach of property and evidence security; and
d. A documented **Unannounced Annual Inventory**, conducted in accordance with Addendum F, by an individual designated by the Chief Law Enforcement Executive Officer.

Guidance

The purpose of this standard is to establish procedures for quality control reviews that maintain the integrity, accountability, and security of all property maintained by the agency.

The agency should distinguish between inspections, audits, and inventories, as each serves a different purpose.

The purpose of the Annual Inspection is to evaluate the overall operation of the property and evidence function and determine whether agency procedures are being followed. The Annual Inspection does not require an inventory or accounting of property items.

The Annual Inspection should evaluate items such as:
- Organization and cleanliness of storage areas;
- Available storage capacity;
- Timeliness of dispositions;
- Packaging and storage practices;
- Property and evidence security measures;
- Backlogs affecting the property function; and
- Overall operational effectiveness of the property and evidence function.

The purpose of the Per Incident Audit is to verify accountability and integrity of the property and evidence function when significant events occur. Per Incident Audits are conducted in accordance with Addendum F requirements.

A Per Incident Audit is required whenever:
- There is a change in the primary property and evidence custodian; or
- There is an indication or suspicion of a breach of property and evidence security.

Examples of a breach may include:
- Unauthorized access to a property or evidence storage area;
- Missing keys or compromised access credentials;
- Forced entry into a storage area;
- Suspected theft;
- Suspected tampering; or
- Any circumstance reasonably calling property accountability into question.

The purpose of the Unannounced Annual Inventory is to verify the continuity of custody and ensure property and evidence can be accounted for within the agency's tracking system. The Unannounced Annual Inventory is conducted in accordance with Addendum F requirements and does not require a complete accounting of every item maintained by the agency.

The review percentages established in Addendum F represent minimum requirements. Agencies may review additional items or conduct a complete inventory when deemed appropriate by agency leadership or when circumstances warrant a more extensive review.

Agencies may also choose to conduct reviews more frequently than required. For example, an agency may conduct quarterly inventories reviewing approximately 25% of the required items during each quarter in order to satisfy the annual inventory requirements. When using this approach, documentation for each quarterly review should be maintained and included in the accreditation file. Documentation should demonstrate that the cumulative quarterly reviews meet or exceed the requirements established in Addendum F.

Documentation of an Annual Inspection, Per Incident Audit, or Unannounced Annual Inventory should be sufficient to demonstrate compliance with agency procedures and Addendum F requirements.

Documentation should identify, as applicable:
- The type of review conducted;
- The date completed;
- The person conducting the review;
- The reason the review was conducted, when applicable;
- The items selected for review;
- The number of items reviewed within each required category;
- Any discrepancies identified; and
- Corrective actions taken, if applicable.

When an agency's written directive establishes requirements that exceed the minimum requirements of this standard or Addendum F, the agency is expected to demonstrate compliance with its own written directive.

Documentation demonstrating compliance may include:
- Annual Inspection reports;
- Per Incident Audit reports; and
- Unannounced Annual Inventory reports.

A memorandum or statement indicating a review was completed, without supporting documentation identifying the items reviewed and the results of the review, will not be sufficient to demonstrate compliance with this standard. Because accreditation file reviews are conducted prior to the on-site assessment, documentation should be sufficient to independently demonstrate compliance without requiring additional explanation from agency personnel.

Proofs of compliance should consist of records generated through implementation of agency property and evidence quality control review procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2513 Inventory and Return of Property Seized Pursuant to a Search Warrant
- K.S.A. 22-2514 Custody and Disposition of Property Seized Under a Search Warrant
- K.S.A. 60-4101 et seq. Kansas Standard Asset Seizure and Forfeiture Act, as applicable
- KLEAP Addendum F Evidence Quality Control Inspections

22.1.6 Property Release and Disposition: [O] [TS]

A written directive establishes procedures and, at a minimum, addresses:

a. Owner notification; and
b. **Final disposition of property within one year**, or as soon as practical, after legal requirements have been satisfied.

Guidance

The purpose of this standard is to ensure property maintained by the agency is returned, retained, destroyed, sold, converted to agency use, or otherwise disposed of in a lawful and timely manner once legal requirements have been satisfied.

Owner notification requirements should establish procedures for making reasonable efforts to identify and notify property owners when lawful release of property is authorized.

Examples may include:
- Verification of ownership or lawful possession;
- Documented notification attempts;
- Written notifications;
- Electronic notifications;
- Telephone notifications; and
- Other reasonable efforts to notify property owners.

Whenever practical, agencies should make reasonable efforts to identify and notify property owners before disposing of property.

Final disposition requirements should establish procedures governing the lawful disposition of property after legal requirements have been satisfied.

Examples of final disposition may include:
- Return to the owner;
- Destruction;
- Sale;
- Conversion to agency use, when authorized by law;
- Forfeiture; or
- Other lawful disposition authorized by statute, ordinance, or court order.

Agencies should establish procedures to ensure property is not retained longer than necessary after legal requirements have been satisfied. Timely disposition assists agencies in maintaining storage capacity, reducing liability exposure, and preserving accountability for property maintained by the agency.

The one-year disposition period established by this standard represents the maximum period property should normally remain in agency custody after legal requirements have been satisfied. Agencies should make reasonable efforts to complete disposition sooner whenever practical.

Documentation demonstrating compliance may include:
- Property release receipts;
- Owner notification records;
- Court orders;
- Destruction records;
- Property disposition logs;
- Chain of custody records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating reasonable efforts were made to notify property owners when lawful release was authorized and that property was disposed of in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 22-2513 Inventory and Return of Property Seized Pursuant to a Search Warrant
- K.S.A. 22-2514 Custody and Disposition of Property Seized Under a Search Warrant
- K.S.A. 60-4101 et seq. Kansas Standard Asset Seizure and Forfeiture Act, as applicable

22.1.7 Civil Process and Asset Forfeiture Property: [M]

If the agency acquires property through the civil process function or asset forfeiture proceedings, **a written directive establishes procedures** and, at a minimum, addresses:

a. Records for property acquired through the civil process function *(e.g., property abandoned following an eviction, property acquired through execution of a court order, property received through a sheriff's sale, property surrendered pursuant to a civil judgment, unclaimed property lawfully transferred to the agency, etc.);*
b. Disposition of property acquired through the civil process function;
c. Records for property acquired through asset forfeiture proceedings; and
d. Disposition of property acquired through asset forfeiture proceedings.

Guidance

The purpose of this standard is to ensure agencies maintain accountability for property acquired through the civil process function or asset forfeiture proceedings and dispose of such property in accordance with applicable legal authority.

For purposes of this standard:
- **Property acquired through the civil process** function refers to property obtained or transferred to the agency through the execution of civil court orders, judgments, writs, eviction proceedings, abandoned property processes, or other authorized civil actions.

Examples may include:
- Property abandoned following an eviction;
- Property acquired through execution of a court order;
- Property received through a sheriff's sale;
- Property surrendered pursuant to a civil judgment;
- Unclaimed property lawfully transferred to the agency; or
- Other property acquired through a lawful civil process.
- Property acquired through asset forfeiture proceedings refers to property seized and ultimately forfeited to the agency through forfeiture proceedings conducted under applicable state or federal law.

Examples may include:
- Currency forfeited in connection with drug trafficking;
- Vehicles forfeited through criminal activity investigations;
- Firearms forfeited pursuant to court order;
- Equipment used in the commission of a crime and subsequently forfeited;
- Real property forfeited under applicable law; or
- Other property lawfully transferred to the agency through forfeiture proceedings.

Property acquired through the civil process function and property acquired through asset forfeiture proceedings should be documented and identifiable within the agency's property tracking system when ownership or disposition is governed by specific legal processes.

Agencies should distinguish between:
- Property seized as evidence during an investigation;
- Property seized pending forfeiture proceedings;

- Property ordered forfeited by a court or other legal authority; and
- Property that has been lawfully transferred to agency ownership following forfeiture proceedings.

Property seized pending forfeiture proceedings does not automatically become agency property. Such property remains subject to applicable legal requirements until a final forfeiture determination has been made.

Agencies should establish procedures governing:
- Documentation of acquired property;
- Storage and accountability requirements;
- Ownership determinations;
- Court-ordered dispositions;
- Sale of property, when authorized;
- Conversion to agency use, when authorized;
- Return of property when forfeiture is not granted; and
- Destruction of property, when authorized.

Records should identify the source of the property, applicable legal authority, disposition status, and final disposition.

Documentation demonstrating compliance may include:
- Civil process records;
- Asset forfeiture records;
- Court orders;
- Property inventories;
- Property disposition records;
- Sale documentation;
- Agency-use authorization records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records generated through implementation of civil process and asset forfeiture property procedures. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- K.S.A. 60-4101 et seq. Kansas Standard Asset Seizure and Forfeiture Act
- K.S.A. 61-3501 et seq. Civil Process Statutes, as applicable
- Federal Equitable Sharing Program Requirements, as applicable

22.1.8 Asset Forfeiture Reporting Requirements: [M] [TS]

Kansas law enforcement agencies shall:

a. **Submit the annual Kansas Asset Seizure and Forfeiture Repository (KASFR) report by February 1** of each year; and
b. If participating in the federal Equitable Sharing Program, **submit the annual Equitable Sharing Agreement and Certification (ESAC) report** within the required reporting period.

Guidance

The purpose of this standard is to ensure agencies comply with state and federal reporting requirements related to asset seizure and forfeiture activities.

All Kansas law enforcement agencies are required to submit the annual Kansas Asset Seizure and Forfeiture Repository (KASFR) report.

Submission of the KASFR report is required even when:

- No assets were seized;
- No assets were forfeited;
- No forfeiture proceeds were received; or
- No forfeiture-related expenditures occurred during the reporting period.

Agencies participating in the federal Equitable Sharing Program are also required to submit the annual Equitable Sharing Agreement and Certification (ESAC) report within the timeframe established by the federal program.

Documentation demonstrating compliance may include:
- Confirmation of KASFR report submission;
- Copies of completed KASFR reports;
- Confirmation of ESAC report submission, when applicable;
- Copies of completed ESAC reports, when applicable; and
- Other records demonstrating compliance with applicable reporting requirements.

Proofs of compliance should consist of records demonstrating submission of required asset forfeiture reports.

Legal and Regulatory References
- K.S.A. 60-4127 Kansas Asset Seizure and Forfeiture Repository Reporting Requirements
- K.S.A. 60-4101 et seq. Kansas Standard Asset Seizure and Forfeiture Act
- Federal Equitable Sharing Program Requirements, as applicable
- Guide to Equitable Sharing for State, Local, and Tribal Law Enforcement Agencies, as applicable

Chapter 23 – Campus Law Enforcement

Section 23.1 – Campus Safety and Operations

23.1.1 Risk Assessment and Analysis: [M] [TS]

A written directive requires a documented **Quadrennial Risk Assessment and Analysis** that includes, at a minimum:

a. Identification of areas evaluated *(e.g., functions, operations, activities, etc.);*
b. Identification of supporting documents used during the assessment *(e.g., reports, records, data sources, etc.);*
c. Evaluation of risk *(e.g., institution, campus community, agency operations, etc.);*
d. Identification of liability concerns, if any; and
e. Reporting (1) conclusions and (2) recommendations to (3) appropriate entities within or outside the institution.

Guidance

The purpose of this standard is to provide a structured process for identifying, analyzing, and mitigating risks affecting the institution, campus community, and agency operations.

The Quadrennial Risk Assessment and Analysis should be a comprehensive review of risks affecting the institution, campus community, and agency operations. Agencies may conduct the assessment independently or participate in a broader institutional assessment process, provided all required elements of this standard are addressed.

Areas evaluated may include, but are not limited to:
- Campus facilities and grounds;
- Academic buildings;
- Student housing facilities;
- Parking lots and parking structures;
- Athletic and recreational facilities;
- Research facilities and laboratories;
- Special event venues;
- Campus transportation systems;
- Agency operations; and
- Other institution-specific functions, operations, activities, or locations.

Supporting documents used during the assessment may include, but are not limited to:
- Police incident reports;
- Traffic crash reports;
- Injury reports;
- Emergency management assessments;
- Threat assessment reports;
- Clery Act-related reports;
- Security assessments;
- Maintenance or facility reports;
- Insurance or liability reports;
- Campus safety surveys; and
- Other reports, records, or data sources relevant to the institution.

The assessment should evaluate risks relevant to the institution, campus community, and agency operations. Risks evaluated may include, but are not limited to:
- Criminal activity;
- Traffic and pedestrian safety concerns;
- Student housing concerns;

- Facility vulnerabilities;
- Severe weather impacts;
- Critical infrastructure disruptions;
- Special event risks;
- Operational vulnerabilities;
- Staffing considerations;
- Equipment and resource needs;
- Emergency response capabilities;
- Training needs;
- Liability concerns; and
- Other institution-specific risks affecting safety, security, or operational effectiveness.

Liability concerns should identify actual or potential conditions, practices, vulnerabilities, deficiencies, or exposures that could reasonably result in injury, loss, litigation, regulatory violations, adverse publicity, disruption of operations, or other negative consequences for the institution or agency.

Conclusions and recommendations should be based upon the risks identified during the assessment and supported by the information reviewed. Recommendations may include procedural changes, facility improvements, staffing adjustments, equipment acquisitions, training initiatives, security enhancements, emergency preparedness improvements, or other actions intended to reduce or mitigate identified risks.

Conclusions and recommendations should be communicated to individuals or entities capable of addressing identified concerns. These entities may include institutional leadership, governing boards, facility management personnel, emergency management personnel, local government officials, or other appropriate stakeholders.

Documentation demonstrating compliance may include:
- Completed Quadrennial Risk Assessment and Analysis reports;

Proofs of compliance should consist of records generated through completion of the Quadrennial Risk Assessment and Analysis. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- The Higher Education Opportunity Act (HEOA), as applicable
- The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), as applicable

23.1.2 Institutional Background Investigations: [M]

If the agency conducts background investigations on behalf of the institution, **a written directive defines** the agency's role in conducting those investigations.

Guidance

The purpose of this standard is to ensure the agency's role in conducting background investigations on behalf of the institution is clearly defined and understood.

This standard applies only when the agency conducts background investigations for individuals who are not applicants for employment with the law enforcement agency itself. Background investigations conducted for applicants seeking employment with the law enforcement agency are addressed in Standard 4.1.1.

Examples may include:
- Faculty;
- Staff;
- Student employees;

- Researchers;
- Contractors;
- Volunteers; and
- Other individuals affiliated with the institution.

The agency's role may include conducting criminal history checks, reviewing records, collecting information, preparing reports, making recommendations, or other responsibilities assigned by the institution.

Agencies should ensure their role is clearly defined and understood by all affected parties, including institutional leadership, human resources personnel, and other departments involved in the background investigation process.

Documentation demonstrating compliance may include:
- Background investigation requests;
- Background investigation reports;
- Records dissemination documentation; and
- Other records demonstrating the agency's role in conducting institutional background investigations.

Proofs of compliance should consist of records demonstrating the agency's role in conducting institutional background investigations. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

23.1.3 Security Safety Assistance Services: [M] [TRG]

If the agency is responsible for a campus safety assistance service, **a written directive establishes** program requirements and, at a minimum, addresses:

a. Defining the services provided *(e.g., security escort services, safe-walk programs, safe-ride programs, security transportation services, etc.);*
b. Publicizing the availability of the service;
c. Eligibility or conditions for use of the service;
d. Selection or assignment of personnel providing the service;
e. **Training of personnel providing the service**; and
f. Supervision of personnel providing the service.

Guidance
The purpose of this standard is to ensure campus safety assistance services provided by or under the responsibility of the agency are clearly defined, consistently administered, and appropriately supervised.

Campus safety assistance services are intended to enhance the safety and security of students, employees, and other members of the campus community. Services may be provided during hours of darkness, in isolated areas, during special events, in response to specific safety concerns, or when assistance is requested by members of the campus community.

Examples of campus safety assistance services may include:
- Security escort services;
- Walking escort programs;
- Safe-walk programs;
- Vehicle escort services;
- Safe-ride programs;
- Security transportation services;
- Night safety assistance programs;

- Event-related escorts or transportation;
- Threat-based escorts; and
- Other institution-specific safety assistance services.

Employees of the campus law enforcement agency who provide safety assistance services as part of their regularly assigned duties are not subject to this standard. This standard is intended for students, volunteers, contracted personnel, part-time employees, or other individuals specifically assigned to provide campus safety assistance services.

Agencies should establish appropriate processes for the selection or assignment, training, and supervision of personnel providing campus safety assistance services.

Training may include topics such as:
- Personal safety;
- Communication procedures;
- Emergency response procedures;
- Campus geography and facilities;
- Reporting requirements;
- Customer service expectations; and
- Other institution-specific requirements.

Documentation demonstrating compliance may include:
- Public information materials;
- Website postings;
- Training records;
- Selection or assignment records;
- Personnel assignment records;
- Supervisory review records; and
- Other records demonstrating compliance with agency policy.

Proofs of compliance should consist of records generated through implementation of campus safety assistance service requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
None identified

23.1.4 Emergency Notification System: [M] [TS]

If the agency participates in an emergency notification system, **a written directive addresses**, at a minimum:

a. System activation *(e.g., circumstances for activation, authorized personnel, etc.);*
b. Emergency notifications *(e.g., communication methods, authorized information, etc.);*
c. Notification management *(e.g., updates, cancellation of notifications, etc.);* and
d. **Periodic testing, as defined by the agency**, of the emergency notification system.

Guidance
The purpose of this standard is to ensure emergency notifications affecting the safety and security of the institution are communicated in a timely, consistent, and coordinated manner.

Emergency notification systems are intended to rapidly communicate information regarding actual or potential threats, hazards, or emergencies affecting the institution, campus community, or campus operations.

Agencies should address the circumstances under which notifications will be issued, who is authorized to activate the system, the communication methods available, the information authorized for dissemination, and the processes for updating or canceling notifications as conditions change.

Emergency notification systems may operate independently or as part of a larger institutional emergency management program. Agencies should ensure notification procedures are coordinated with institutional policies, emergency operations plans, and other emergency response protocols.

Periodic testing should be conducted in accordance with the agency's written directive.

Testing may include:
- Scheduled notification tests;
- Functional exercises;
- Tabletop exercises;
- Full-scale exercises; or
- Other testing methods established by the institution or agency.

Testing should evaluate, as applicable:
- Notification delivery capabilities;
- Timeliness of activation;
- Message content;
- System functionality;
- Coordination between participating entities; and
- Corrective actions identified during previous tests.

When testing identifies deficiencies, agencies should take appropriate corrective action to improve system effectiveness.

Documentation demonstrating compliance may include:
- Notification logs;
- System notifications;
- Test schedules;
- Test notifications;
- Exercise records;
- After-action reports;
- Corrective action plans; and
- Other records demonstrating compliance with agency policy.

Proofs of compliance should consist of records generated through implementation and testing of the emergency notification system. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), as applicable
- The Higher Education Opportunity Act (HEOA), as applicable

23.1.5 Behavioral Threat Assessment: [M]

If the agency participates in the institution's behavioral threat assessment process, **a written directive addresses**, at a minimum:

a. The agency's role in the process *(e.g., receiving referrals, conducting investigations, sharing law enforcement information, participating in threat assessment meetings, providing threat-related assessments, assisting with risk mitigation strategies, etc.);* and
b. Documentation required for the agency's involvement *(e.g., referral records, participation records, meeting documentation, investigative reports, recommendations, case notes, follow-up actions, or other records documenting agency involvement).*

Guidance

The purpose of this standard is to ensure the agency's role in the institution's behavioral threat assessment process is clearly defined and that agency involvement is documented.

Behavioral threat assessment processes are intended to identify, assess, and manage individuals whose behavior may indicate a risk to themselves, others, or the institution. These processes are often multidisciplinary and may involve law enforcement, student affairs personnel, counseling services, human resources personnel, faculty members, administrators, or other appropriate stakeholders.

The agency's role in the process should be clearly defined and understood by all participating entities.

Agency involvement may include:
- Receiving referrals;
- Identifying individuals of concern;
- Sharing law enforcement information, as permitted by law and policy;
- Participating in behavioral threat assessment or intervention teams;
- Conducting criminal or safety-related assessments;
- Assisting in the development of risk mitigation strategies; and
- Coordinating with institutional and community resources.

Examples of behaviors that may warrant review through a behavioral threat assessment process may include:
- Threatening behavior;
- Acts of violence or intimidation;
- Significant behavioral changes;
- Suicidal ideation or self-harm concerns;
- Substance abuse concerns;
- Stalking or harassment behaviors;
- Domestic or dating violence concerns; and
- Other behaviors indicating a potential risk to safety or well-being.

Agencies should establish documentation requirements sufficient to demonstrate their involvement in the behavioral threat assessment process.

Documentation demonstrating compliance may include:
- Case referral records;
- Meeting records documenting agency participation;
- Investigative reports generated as part of the behavioral threat assessment process;
- Threat assessment case records;
- Risk mitigation recommendations prepared by agency personnel;
- Follow-up actions documented by agency personnel;
- Information-sharing records, when permitted by law and policy; and

- Other records demonstrating agency involvement in the institution's behavioral threat assessment process.

Proofs of compliance should consist of records demonstrating the agency's documented involvement in the institution's behavioral threat assessment process. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Family Educational Rights and Privacy Act (FERPA), as applicable

23.1.6 Video Surveillance: [M] [TRG]

If the agency is responsible for monitoring video surveillance systems, **a written directive establishes procedures** for:

a. Monitoring video surveillance systems *(e.g., live monitoring, event monitoring, alarm-assisted monitoring, etc.);*
b. Responding to incidents observed through video surveillance systems *(e.g., dispatching personnel, notifying responding agencies, documenting incidents, preserving footage, etc.);* and
c. **Initial training** for personnel whose duties include monitoring video surveillance systems.

Guidance

The purpose of this standard is to ensure the agency's operational responsibilities related to video surveillance systems are clearly defined and consistently administered.

This standard applies when agency personnel monitor video surveillance systems or utilize video surveillance systems as part of agency operations. The standard is intended to address law enforcement functions associated with video surveillance and is not intended to assess institutional responsibilities related to camera ownership, infrastructure, placement, maintenance, or information technology support.

Monitoring responsibilities should clearly define expectations regarding observation, reporting, documentation, and notification when suspicious, criminal, or safety-related activity is observed.

Response procedures should identify actions personnel are expected to take when incidents are observed through video surveillance systems. Responses may include notifying officers, dispatching resources, documenting observations, preserving recordings, or notifying appropriate institutional personnel.

Training should be provided prior to personnel independently performing monitoring duties and may include:
- System operation;
- Observation and reporting procedures;
- Evidence preservation;
- Privacy considerations;
- Records management requirements; and
- Other agency or institution-specific requirements.

Documentation demonstrating compliance may include:
- Monitoring logs;
- Incident reports;
- Training records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating monitoring activities, responses to observed incidents, and training of personnel responsible for monitoring video surveillance systems. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

23.1.7 Emergency Communication Systems: [M]

If the agency is responsible for monitoring or responding to emergency communication systems, **a written directive establishes procedures** for:

a. Monitoring emergency communication systems, when applicable; and
b. Responding to communications received through the system.

Guidance

The purpose of this standard is to ensure the agency's responsibilities related to emergency communication systems are clearly defined and consistently administered.

Emergency communication systems provide students, employees, and visitors with a method of requesting emergency assistance or reporting incidents requiring an immediate response. These systems may include traditional emergency telephones or call boxes, emergency communication towers, mobile safety applications, panic button systems, text-based reporting systems, or other technologies utilized by the institution.

This standard applies only to emergency communication system functions performed by the agency and is not intended to assess institutional responsibilities related to system ownership, infrastructure, placement, maintenance, testing, or information technology support.

Monitoring responsibilities should clearly define expectations regarding communications received through emergency communication systems and should, at a minimum, include:

- Receipt;
- Documentation;
- Routing; and
- Handling.

Response procedures should identify actions personnel are expected to take when communications are received through the system.

Responses may include:

- Dispatching resources;
- Documenting incidents;
- Notifying appropriate personnel; or
- Coordinating with other institutional departments.

Documentation demonstrating compliance may include:

- CAD records;
- Communication logs;
- Dispatch records;
- Incident reports;
- Call-for-service records;
- After-action reviews; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating the agency's monitoring and response responsibilities related to emergency communication systems. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

None identified

23.2.1 Medical Centers: [M]

If the institution has a medical center within the agency's jurisdiction and the agency has responsibilities related to the facility, **a written directive establishes procedures** and, at a minimum, addresses:

a. Patrolling responsibilities, if any;
b. Weapons screening responsibilities, if any;
c. Patient screening responsibilities, if any *(e.g., weapons screening, security screening, or other public safety-related screening functions);*
d. High-risk patient management responsibilities, if any *(e.g., patients in protective custody, patients under arrest, patients presenting a threat to themselves or others, behavioral health patients requiring security assistance, patients subject to involuntary commitment procedures, or other patients requiring enhanced public safety measures, etc.);* and
e. Coordination with medical center personnel, security personnel, or other public safety providers, as applicable.

Guidance

The purpose of this standard is to ensure agency procedures governing medical center operations are clearly defined and understood.

Medical centers present unique public safety challenges due to their size, complexity, patient populations, regulatory requirements, and operational needs. The agency's responsibilities may vary significantly depending upon institutional structure, contractual agreements, hospital security resources, and jurisdictional responsibilities.

Some institutions may maintain a separate medical center police department, hospital security department, or contracted security provider. In these situations, the agency's responsibilities may be limited or non-existent. Other agencies may have primary responsibility for providing law enforcement services to the medical center.

The written directive should clearly identify agency procedures, if any, regarding:
- Patrolling the facility;
- Weapons screening activities;
- Patient screening activities;
- High-risk patient management;
- Responding to requests for assistance; and
- Coordination with medical center personnel and security providers.

High-risk patients may include:
- Individuals presenting a danger to themselves or others;
- Patients in protective custody;
- Patients under arrest or detention;
- Patients subject to involuntary commitment procedures;
- Patients who are the subject of a court order; or
- Other patients requiring enhanced security measures.

Coordination responsibilities may include:
- Emergency response coordination;
- Security incident management;
- Criminal investigations;
- Evidence collection;
- Information sharing; and
- Coordination with other public safety providers.

Documentation demonstrating compliance may include:

- Incident reports;
- Call-for-service records;
- Coordination records;
- Assignment records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating implementation of agency procedures related to medical center operations. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Emergency Medical Treatment and Labor Act (EMTALA), as applicable
- Health Insurance Portability and Accountability Act (HIPAA), as applicable

Section 23.3 – Research-Intensive Facilities

23.3.1 Research-Intensive Facility: [M] [TRG]

If the agency's jurisdiction includes a research-intensive facility, **a written directive addresses**, at a minimum:

a. The agency's responsibilities when responding to incidents at the facility *(e.g., scene security, evacuation assistance, access control, coordination with facility personnel, hazard recognition, emergency notifications, investigative responsibilities, etc.);*
b. Coordination of response activities with *(e.g., facility personnel, contractors, regulatory personnel, etc.), as applicable;*
c. Identification of the position, agency, or facility representative responsible for coordinating response activities during various types of incidents;
d. **Initial training** for first responders regarding *(e.g., unique hazards associated with the facility, appropriate response considerations, etc.);* and
e. First responder needs *(e.g., specialized equipment, resources, protective measures, etc.),* as applicable.

Guidance

The purpose of this standard is to ensure personnel are prepared to safely and effectively respond to incidents occurring at research-intensive facilities located within the agency's jurisdiction and that appropriate resources, coordination, and response considerations have been identified in advance.

Research-intensive facilities may include laboratories, research centers, testing facilities, agricultural research operations, animal research facilities, engineering research facilities, or other locations where research activities present unique operational, safety, security, environmental, or health-related risks to responders.

The agency's role and responsibilities may vary depending upon the nature of the research conducted, institutional policies, regulatory requirements, and the presence of facility-specific safety personnel or response teams. Written directives should clearly define the agency's responsibilities and identify how personnel coordinate with facility representatives and other responsible entities during incidents.

Coordination procedures should identify individuals, positions, agencies, or facility representatives responsible for managing, supporting, or coordinating response activities.

Depending upon the facility, these individuals may include:
- Facility managers;
- Safety officers;
- Biosafety officers;
- Radiation safety officers;
- Environmental health and safety personnel;

- Hazardous materials response personnel; or
- Other designated facility representatives.

Training required by this standard may be incorporated into training provided to satisfy Standard 11.2.1, Hazardous Materials, when appropriate. Agencies with research-intensive facilities that present biological, chemical, radiological, environmental, or other hazardous conditions may develop training programs that address both standards simultaneously, provided the training adequately prepares personnel to recognize facility-specific hazards, understand appropriate response considerations, and identify resources available to support a safe and effective response.

Initial training should prepare personnel to recognize hazards associated with the facility, understand appropriate response considerations, and identify available support resources.

Training may include:
- Hazard recognition;
- Facility access procedures;
- Personal protective equipment requirements;
- Biological, chemical, radiological, or environmental hazards;
- Decontamination considerations;
- Evacuation procedures;
- Incident command responsibilities; and
- Coordination with facility personnel and specialized response teams.

First responder needs may include specialized equipment, resources, protective measures, facility-specific response information, or access to specialized support personnel. Agencies are not required to possess all specialized equipment but should identify resources necessary for safe and effective response and establish procedures for obtaining those resources when needed.

Documentation demonstrating compliance may include:
- Training records;
- Facility response plans;
- Coordination records;
- After-action reports;
- Incident reports; and
- Other records demonstrating compliance with agency written directive.

Proofs of compliance should consist of records demonstrating implementation of agency procedures related to research-intensive facilities, including training, coordination, response planning, or incident response activities. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Environmental Protection Agency (EPA) regulations, as applicable
- United States Department of Agriculture (USDA) regulations, as applicable
- Nuclear Regulatory Commission (NRC) regulations, as applicable
- Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) laboratory biosafety guidance, as applicable

23.4.1 Clery Act: [M] [TS]

A written directive defines the agency's role and responsibilities for compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery Act) and, at a minimum, addresses:

a. **Annual crime statistics reporting requirements**;
b. **Procedures** for timely (1) warning and (2) emergency notifications;
c. Maintenance of the daily crime log;
d. **Submission of required data to the United States Department of Education**; and
e. (1) Victim rights and (2) institutional responsibilities required under the Clery Act, as applicable.

Guidance

The purpose of this standard is to ensure the agency's role and responsibilities related to compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery Act) are clearly defined and consistently administered.

The Clery Act is a federal law requiring institutions of higher education that participate in federal financial aid programs to collect, maintain, publish, and distribute information regarding campus crime, security policies, timely warnings, emergency notifications, and victim rights. While responsibility for overall institutional compliance may be shared among multiple departments, the agency often plays a significant role in collecting, maintaining, reporting, and disseminating required information.

The written directive should clearly define the agency's responsibilities regarding:
- Collection and classification of Clery-reportable crimes;
- Annual crime statistics reporting;
- Timely warnings;
- Emergency notifications;
- Maintenance of the daily crime log;
- Submission of required data to the United States Department of Education;
- Coordination with campus officials and other law enforcement agencies; and
- Victim rights and institutional responsibilities required by the Clery Act.

Clery-reportable incidents may occur:
- On campus;
- Within campus residential facilities;
- On public property immediately adjacent to and accessible from campus; and
- At certain non-campus properties owned, controlled, or officially recognized by the institution.

Agencies may need to coordinate with local, county, state, federal, tribal, or other law enforcement agencies to obtain information necessary to support institutional Clery Act compliance.

For purposes of this standard, timely warnings and emergency notifications are distinct requirements and should be addressed separately. Timely warnings are intended to notify the campus community of serious or continuing threats associated with Clery-reportable crimes, while emergency notifications are intended to communicate significant emergencies or dangerous situations involving an immediate threat to the health or safety of the campus community.

Victim rights and institutional responsibilities may include requirements related to sexual assault, domestic violence, dating violence, stalking, disciplinary processes, victim assistance resources, accommodations, protective measures, and other requirements established under applicable federal law and regulations.

Documentation demonstrating compliance may include:

- Annual Security Reports (ASRs);
- Annual crime statistics submissions;
- Daily crime logs;
- Timely warning notifications;
- Emergency notifications;
- Crime classification records;
- Correspondence with the United States Department of Education; and
- Other records demonstrating compliance with agency policy.

Proofs of compliance should consist of records demonstrating the agency's compliance with Clery Act responsibilities identified in its written directive. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- The Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act (Clery Act), 20 U.S.C. § 1092(f)
- Higher Education Opportunity Act (HEOA), as applicable
- Violence Against Women Reauthorization Act (VAWA), as applicable
- United States Department of Education Clery Act Regulations and Guidance
- Family Educational Rights and Privacy Act (FERPA), as applicable

Chapter 24 – Artificial Intelligence and Emerging Technologies

Section 24.1 – Governance and Authorization

24.1.1 Artificial Intelligence (AI) Governance: [M]

If the agency authorizes the use of artificial intelligence for official purposes, **a written directive addresses**, at a minimum:

a. Approved artificial intelligence systems authorized for agency use;
b. Prohibited uses of approved artificial intelligence systems *(e.g., entering restricted, confidential, protected, or criminal justice information; using artificial intelligence for automated decision-making; or other uses prohibited by the agency);* and
c. Documented human review of information generated through the use of artificial intelligence prior to official use or dissemination *(e.g., reviewer acknowledgements, electronic certifications, approval workflows, supervisory review documentation, audit logs, metadata, statements incorporated into the final document, etc.).*

Guidance

The purpose of this standard is to ensure the agency's use of artificial intelligence is governed, controlled, and subject to appropriate oversight and accountability.

Artificial intelligence technologies continue to evolve and may include generative artificial intelligence systems, large language models, machine learning applications, automated content generation tools, and other technologies capable of creating, analyzing, summarizing, or modifying information. Agencies that authorize the use of artificial intelligence should establish clear controls regarding what systems may be used, how those systems may be used, and the safeguards required before information generated by artificial intelligence is relied upon or disseminated.

The agency should clearly identify approved artificial intelligence systems authorized for official use. Personnel should not independently adopt or utilize artificial intelligence systems for official purposes unless authorized by the agency.

Prohibited uses should be clearly identified and communicated to personnel.

Examples may include:
- Entering criminal justice information into unauthorized systems;
- Entering confidential, protected, or restricted information into unauthorized systems;
- Using artificial intelligence to make automated operational, investigative, employment, disciplinary, or enforcement decisions;
- Representing artificially generated information as independently verified when no review has occurred;
- Using artificial intelligence in a manner inconsistent with agency policy; and
- Other uses prohibited by the agency.

Artificial intelligence should be considered an assistive technology and should not replace human judgment, decision-making, professional responsibility, or accountability.

Prior to official use or dissemination, information generated through the use of artificial intelligence should be reviewed by an authorized individual.

The review should be sufficient to determine whether the information is:
- Accurate;
- Complete;
- Appropriate for its intended use;
- Consistent with known facts; and
- Suitable for official agency purposes.

The agency should establish a method for documenting completion of the required human review.

Documentation methods may include:
- Reviewer acknowledgements;
- Electronic certifications;
- Approval workflows;
- Supervisory review documentation;
- Audit logs;
- Metadata;
- Statements incorporated into the final document; or
- Other records demonstrating that the required review occurred.

Documentation demonstrating compliance may include:
- Lists of approved artificial intelligence systems;
- Agency authorization records;
- Human review certifications;
- Approval workflow records;
- Supervisory review records;
- Audit logs;
- Metadata records; and
- Other records demonstrating compliance with agency's written directive.

Proofs of compliance should consist of records demonstrating the agency has authorized artificial intelligence systems for official use, identified prohibited uses, and documented the human review of information generated through the use of artificial intelligence. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Office of Information Technology Services (OITS) Policy 8200, Generative Artificial Intelligence Policy, as applicable
- Kansas Criminal Justice Information System (KCJIS) Policy and Procedures, as applicable
- Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy, as applicable

Section 24.2 – Training

24.2.1 Artificial Intelligence Training: [M] [TRG]

If the agency authorizes the use of artificial intelligence for official purposes, **a written directive establishes training** for personnel authorized to use artificial intelligence, in a manner determined by the agency.

Guidance

The purpose of this standard is to ensure personnel authorized to use artificial intelligence are provided training sufficient to understand the agency's expectations, limitations, responsibilities, and safeguards associated with the use of artificial intelligence.

Artificial intelligence technologies continue to evolve and may include generative artificial intelligence systems, large language models, machine learning applications, automated content generation tools, and other technologies capable of creating, analyzing, summarizing, or modifying information. Agencies that authorize the use of artificial intelligence should ensure personnel understand both the capabilities and limitations of approved systems.

Because authorized uses, approved systems, and associated risks may differ among agencies, this standard allows each agency to determine the content, format, delivery method, and frequency of training. Training may be provided through classroom instruction, online learning, roll-call training, policy review, vendor-provided training, or other methods determined by the agency.

Training topics may include:
- Approved artificial intelligence systems;
- Authorized uses of artificial intelligence;
- Prohibited uses of artificial intelligence;
- Human review requirements;
- Documentation requirements;
- Security and privacy considerations;
- Data protection concerns;
- Risks associated with artificial intelligence-generated content;
- Accuracy and reliability limitations;
- Agency accountability requirements; and
- Other topics determined by the agency.

Personnel should understand that artificial intelligence is an assistive technology and does not replace individual judgment, professional responsibility, or accountability for work performed on behalf of the agency.

Documentation demonstrating compliance may include:
- Training records;
- Lesson plans;
- Course materials;
- Training bulletins;
- Online training records;
- Policy acknowledgement forms; and
- Other records demonstrating compliance with agency training requirements.

Proofs of compliance should consist of records demonstrating personnel authorized to use artificial intelligence received training in accordance with agency requirements. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References
- Kansas Office of Information Technology Services (OITS) Policy 8200, Generative Artificial Intelligence Policy, as applicable
- Kansas Criminal Justice Information System (KCJIS) Policy and Procedures, as applicable
- Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy, as applicable

Addendum A – Program Glossary

Abandoned Vehicle
A vehicle meeting statutory or local criteria for abandonment and subject to removal, notification, storage, or disposition requirements established by law. – *Revised Edition 3*

Accident Reporting
Basic information and data from a traffic accident that is captured and documented. This may include the identification of operator(s), occupant(s), and vehicle(s) involved as well as the date, time, and location of the accident.

Accountability
The state of being held responsible by higher authority for specified job-related results.

Active Threat
An individual or individuals actively engaged in causing, attempting to cause, or threatening imminent death or serious bodily injury to others and whose actions require an immediate law enforcement response.

Administrative Review
A documented review of an incident or occurrence prepared by or for the CLEO or their designee. The review should indicate whether policy, training, equipment or disciplinary issues should be addressed.

Administrative Investigation
An inquiry conducted by or on behalf of the agency to determine whether personnel violated agency policy, rules, procedures, or other employment-related requirements.

Agency
An administrative division of government with specific functions, such as a Police or Sheriff's Department.

Agency Approved Artificial Intelligence System
An artificial intelligence system that has been expressly authorized for use by the agency through written policy, following appropriate review for security, privacy, legal compliance, and operational suitability. Agency approval is independent of platform ownership, domain name, or general availability and does not imply approval by the State of Kansas unless expressly stated by competent authority. - *New Edition 3*

AI System
Any software application, platform, tool, or service that incorporates artificial intelligence capabilities to create, analyze, modify, process, or support decision-making involving data or information. An AI system may be commercial, open-source, proprietary, cloud-hosted, government-hosted, or locally deployed. – *New Edition 3*

All Hazard Plan
See Emergency Operation Plan.

Amber Alert
(America's Missing: Broadcast Emergency Response Plan) Law enforcement, media/broadcasters, transportation, and other partners working together to disseminate information to the public in response to the most serious child-abduction cases. The twelve elements of an AMBER plan include the name of the plan, stakeholders, memorandum of understanding, criteria, quality control, measures, an activation protocol, tools to activate, technology training, phone bank, after-action reports, and oversight committee.

Analysis
A systematic, structured process for dissecting an event into its basic parts to identify any patterns or trends. Analysis should reveal patterns or trends that could be predictive or could indicate program effectiveness, training needs, equipment upgrade needs, and/or policy modification needs.

Annual
Happening once a year.

Applicant
Any person who applies or makes a formal application for employment.

Arrest
To deprive a person of their liberty by legal authority. (See Custody; Full-Custody Arrest; Physical Arrest)

Arresting Officer
A sworn law enforcement officer who takes a person into custody, with or without a warrant.

Artificial Intelligence (AI)
A class of computer-based systems or tools that perform tasks normally requiring human intelligence, including but not limited to generating, analyzing, summarizing, classifying, or modifying content, data, or information. For purposes of Chapter 24, artificial intelligence includes, but is not limited to, generative artificial intelligence, machine learning systems, large language models (LLMs), and automated decision support tools, whether standalone or embedded within other applications. - *New Edition 3*

Assessed Proficiency
Attaining and assessing someone's knowledge of the laws concerning the use of authorized weapons and knowledge of agency policy(s) on the use of force and deadly force; being familiar with recognized safe-handling procedures for the use of these weapons. A certified weapons instructor or armorer shall provide instruction in and qualification with all weapon systems. Assessed proficiency for firearms includes qualifying on a prescribed course. Assessed proficiency for electronic control weapons includes successfully loading, unloading, deploying, and discharging the prongs of the weapon on an annual basis. Assessed proficiency with less-lethal weapons may be satisfied with following the manufacturer's guidelines or training program. Synonymous terms include demonstrated proficiency, proficiency testing, assessment, etc.

Asset Forfeiture Property
Property seized, held, or forfeited under state or federal forfeiture laws as a result of criminal or civil proceedings. This includes money, vehicles, real property, or other assets subject to forfeiture due to their connection to unlawful activity, and is governed by applicable legal processes for seizure, retention, and final disposition. – *New Edition 3*

Audit
The methodical examination and review of a random sampling of records or activities to ensure compliance with established controls, policies, and operational procedures, and to recommend any indicated changes.

Audit (Evidence)
An accounting of each "high-risk" category in the amount of 75% of the category total or (100) items, whichever is less; and in addition, 25% of the total or fifty (50) items, whichever is less, of the all other in-custody/evidentiary items in the possession of an agency.

Authorized Use
The use of artificial intelligence is expressly permitted by agency policy and limited to identified functions or tasks that comply with applicable law, accreditation standards, and information-security requirements. – *New Edition 3*

Available Work Force
The largest potential group or number of individuals eligible, qualified, and capable of assuming specific activities and responsibilities.

Barricaded Person
An incident involving a subject who refuses lawful commands and has positioned themselves in a location that limits access by law enforcement personnel. A barricaded person incident may or may not involve weapons and does not necessarily involve hostages. These incidents often require containment, negotiation, intelligence gathering, and coordinated incident management. – *Revised Edition 3*

Bias-Based Policing
Per K.S.A. 22-4606 "Racial or other biased-based policing" means the unreasonable use of race, ethnicity, national origin, gender or religion by a law enforcement officer in deciding to initiate an enforcement action. It is not racial or other biased-based policing when race, ethnicity, national origin, gender or religion is used in combination with other identifying factors as part of a specific individual description to initiate an enforcement action. - *New Edition 3*

Biennially
An action or event that occurs once every two years.

Blind Presentation
The administrator conducting the identification procedure does not know the suspect's identity.

Blinded Presentation
The administrator may know the identity of the suspect but does not know which lineup or photo array member is being viewed by the eyewitness at any given time.

Body Cavity Search
The touching or probing of a person's vaginal or rectal cavity by or at the direction of a law enforcement officer.

Bomb-Related Incident
An incident involving a bomb threat, suspicious device, improvised explosive device, suspected explosive hazard, or other circumstances requiring evaluation of a potential explosive threat. – *New Edition 3*

Booking
A procedure for admitting to a holding facility a person charged with an offense; includes searching, fingerprinting, photographing, medical screening, collecting personal history data, and inventorying and storing a person's property.

CAD
Computer Aided Dispatch

Candidates
Persons seeking employment who meet the minimum requirements of the agency and have completed a formal application.

Carotid Restraint
A physical control technique used to temporarily restrict blood flow through the carotid arteries in the neck, rather than blocking the airway. Sometimes called a vascular neck restraint. – *New Edition 3*

Carroll Doctrine
A legal principle that allows police officers to search an entire motor vehicle and any containers inside without a warrant if there is probable cause to believe that vehicle contains contraband or evidence of criminal activity.

Cash Account
Any fund, account, petty cash fund, confidential fund, or other repository of money received, maintained, controlled, or disbursed by the agency.

Cell
A space, area, or enclosure in which to place and lock in a detainee, as to prohibit freedom of movement. A room where a prisoner is kept awaiting trial or sentence.

Chief Law Enforcement Officer (CLEO)
The duly authorized top administrator of the law enforcement agency and is the highest-ranking executive for the law enforcement agency who possesses ultimate command authority for the operation of the agency.

Chain of Command
Formal lines of communication within the organizational hierarchy through each successive level of command.

Chain of Custody
Continuity of custody serving to ensure that material items introduced into the court are the same material or items originally collected as physical evidence.

Choke Hold
A choke hold is a physical restraint in which pressure is applied to a person's neck or throat area to restrict breathing or blood flow to the brain, typically to subdue or control the individual. – *New Edition 3*

Citation
A written notice issued by a law enforcement officer directing a person to appear before a court, magistrate, or other authorized authority at a specified date and time in response to an alleged violation of law. A citation is generally issued in lieu of taking the individual into custody. – *Revised Edition 3*

Civil Disturbance
An assembly or event involving actual or threatened disruption of public order, including assemblies, demonstrations, protests, riots, unlawful assemblies, labor disputes, or other incidents requiring a coordinated law enforcement response. – *New Edition 3*

Civil Process Property
Property received, held, or controlled by an agency in connection with the service or execution of civil process, including but not limited to writs, summonses, subpoenas, court orders, levies, or attachments. This property is maintained for legal purposes and remains subject to the direction of the issuing authority or court order. – *New Edition 3*

Civilian
A non-sworn employee having no arrest authority. Civilians may be employed or affiliated with a law enforcement agency in a variety of supporting roles and may be uniformed but lack the authority to make a full-custody arrest.

CJIS
Criminal Justice Information System.

Code or Canon of Ethics
A prescribed standard of ethical conduct or code of professional responsibility.

Command Protocol
Plan/policy established to ensure a continuation of supervision at all levels of the chain of command when vacancies or absence from duty exists.

Complaint
An allegation of misconduct, policy violation, or improper conduct involving agency personnel. *– Revised Edition 3*

Complaint Records
Documents, files, recordings, electronic records, correspondence, reports, and other information created, received, or maintained as part of the complaint process. *– New Edition 3*

Computer Aided Dispatch (CAD)
An automated system consisting of several modules that provide services at multiple levels in the communication center for public safety. These services include call input, call dispatching, call status maintenance, event notes, field unit status and tracking, and call resolution and disposition.

Conditional Offer Of Employment
A bona fide offer of employment that is contingent upon the applicant successfully meeting specified pre-employment requirements, including but not limited to medical examinations, psychological examinations, and drug screening, as required by law or accreditation standards. *– New Edition 3*

Confidence Statement
A statement in the witness' own words taken immediately after an identification is made stating his or her level of certainty in the identification.

Constitutional Compliance
Adhering to prescribed rules and fulfilling obligations to ensure legal and ethical conduct.

Constitutional Rights
Rights the U.S. Constitution provides to American citizens, especially the first ten amendments to the Constitution, a.k.a. the Bill of Rights.

Consular Notification Arrest or Detention
According to the Consular Notification and Access Standard Operating Procedures: Any arrest, detention, or other commitment to custody which results in a foreign national being incarcerated for more than a few hours triggers consular notification requirements. A brief traffic stop or an arrest resulting in a citation for a misdemeanor and release at the scene does not trigger such requirements. On the other hand, requiring a foreign national to accompany a law enforcement office to a place of detention may trigger the consular notification requirements, particularly if the detention lasts a for a number of hours or overnight. The longer the detention continues, the more likely it is that consular notification requirements are triggered. *– New Edition 3*

Continuous Supervision
The direct, personal supervision and control of a detainee by the attending officer who can immediately intervene on behalf of the agency or the detainee.

Contraband
Any item that is illegal to possess, including items that are not permitted within a holding facility because of their possible use to disrupt security measures within the facility.

Contracted Law Enforcement Services
Refers to planned, non-emergency services provided by the agency to an external entity under a formal agreement. Personnel assigned to contracted services remain under the authority, direction, and control of the agency and are subject to agency policies and procedures while performing these services.

Counseling
Discussions between the rated employee and rater leading to advice to the former concerning performance or career development.

Court
A judicial officer or the room or space where judicial officers conduct trials, hearings, or other judicial activities.

Crime Scene
The location where the crime occurred or where the indication of the crime exists.

Crime Scene Processing
The specific actions taken at the crime or traffic crash scene, consisting of the taking of photographs, preparing a crime or crash scene sketch, and collecting and preserving physical evidence.

Criminal Histories
A transcript of arrests for an individual usually identified by name, date of birth, or identification number.

Criminal Justice Information (CJI)
Information or data derived from or maintained within criminal justice systems, including but not limited to criminal history information, records of arrest, detention, investigation, prosecution, or adjudication, and any information protected under KCJIS or FBI CJIS Security Policy. – *New Edition 3*

Criminal Process
Those writs, summonses, mandates, warrants, or other process issued from a court of law compelling a person to answer for a crime. The term also includes process issued to aid in crime detection or suppression, such as search warrants.

Critical Incident Plan
A written plan containing general objectives reflecting the overall strategy for responding to and managing critical incidents. The plan defines the scope of preparedness and incident management activity required of the agency and is flexible enough for use in all emergencies. – *New Edition 3*

Critical Incident / Unusual Occurrence
An occurrence or event, natural or human-caused, which requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms,

war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response, such as major planned events and law enforcement incidents.

Critical Missing
A reported missing person who is missing and foul play may be a factor; or any child (as defined by the local jurisdiction) or any at-risk person.

Custodial Interrogation
Questioning or actions by law enforcement officers that are reasonably likely to elicit an incriminating response from a juvenile who is in custody or otherwise deprived of freedom of action in a significant way. *– Revised Edition 3*

Custody
Legal or physical control of a person in an area or facility or while in transit; legal, supervisory, or physical responsibility for a person; (see Arrest; Full-Custody Arrest; Physical Arrest).

Deadly Force
Force that is intended or known by the officer to create a substantial risk of causing death or great bodily harm. *– Revised Edition 3*

De-escalation
Actions or techniques intended to stabilize a situation, reduce the likelihood of force, and increase the opportunity for voluntary compliance. - *Revised Editon 3*

Detention
The act of holding a person under the authority of law enforcement when the individual is not free to leave, whether for investigative, administrative, or custodial purposes. Detention exists when a reasonable person in the same circumstances would believe they are restrained by law enforcement authority and are not at liberty to terminate the encounter or depart.

For purposes of Chapter 14, detention is determined by the status of the individual, not by the physical characteristics, designation, or security features of the room or area used, nor by the level of supervision provided.

Detention includes, but is not limited to, temporary detention within a law enforcement facility. It does not include voluntary contacts, interviews, or interrogations in which the individual is free to leave and is not otherwise subject to lawful restraint. *– Revised Edition 3*

Demonstrated Proficiency
Attaining and demonstrating a knowledge of the laws concerning the use of authorized weapons and knowledge of agency policy(s) on the use of force, escalating force, and deadly force; and being familiar with recognized safe-handling procedures for the use of these weapons. The instruction on and qualification with all weapons should be provided by a certified weapons instructor. Proficiency for firearms includes qualifying on a prescribed course. Proficiency for electronic control weapons includes successfully loading, unloading, deploying and discharging the prongs of the weapon on an annual basis.

Detainee
A person in the custody of agency personnel and whose freedom of movement is at the will of the agency personnel.

Detainee Processing
The performance of a series of actions to confirm and/or record the identity of a detainee, undertaken as a single, continuously monitored activity.

Disaster
An event that threatens life, property, infrastructure, or public safety and may include natural disasters, man- made disasters, or other emergencies requiring a coordinated response. – *New Edition 3*

Disposition
The final finding or determination resulting from a compliant investigation. – *New Edition 3*

Discipline
A process designed to train, correct, and improve the performance of an employee and/or punitive actions designed to correct unsatisfactory behavior.

Disabled Detainee
A detainee with an anatomical, physiological, or mental impairment that hinders mobility or may require exceptional means for transporting. – *Revised Edition 3*

Diversion
In the broadest sense, any procedure that (1) substitutes non-entry for official entry into the justice process, (2) substitutes the suspension of criminal or juvenile proceedings for the continuation of those proceedings, (3) substitutes lesser supervision or referral to a non-justice agency or no supervision for conventional supervision, or (4) substitutes any kind of non-confinement status for confinement.

Domestic Violence
Per K.S.A. 21-5111 “Domestic violence" means an act or threatened act of violence against a person with whom the offender is involved or has been involved in a dating relationship, or an act or threatened act of violence against a family or household member by a family or household member. "Domestic violence" also includes any other crime committed against a person or against property, or any municipal ordinance violation against a person or against property, when directed against a person with whom the offender is involved or has been involved in a dating relationship or when directed against a family or household member by a family or household member. – *New Edition 3*

Duty-Related Trauma
Exposure to critical incidents, serious injuries, fatalities, violent events, or other traumatic experiences encountered in the performance of official duties.

Electronic Communications
The exchange of information through authorized digital systems (e.g., MDT, CAD, email, text messaging) used for operational or administrative purposes, subject to agency policy governing use, documentation, and officer safety. – *New Edition 3*

Emergency Calls
Calls for service involving an immediate threat to life, serious bodily injury, significant property loss, or circumstances requiring an immediate law enforcement response. – *New Edition 3*

Emergency Operation Plan (EOP)
Commonly referred to as an “ALL HAZARD PLAN,” an EOP is a written plan, containing general objectives, reflecting the overall strategy for responding to and managing critical incidents. The plan defines the scope of preparedness and incident management activity required of the agency and is flexible enough for use in all emergencies.

Emerging Technologies
New or evolving technologies that may impact law enforcement operations, including but not limited to artificial intelligence, automated analytics, predictive tools, and advanced data-processing systems, and which may require additional policy, oversight, or training to ensure appropriate use. – *New Edition 3*

Employee
All agency employees, regardless of role or function.

Evaluation
A careful appraisal and study to determine the significance and/or worth or condition, and to draw conclusions pertaining to an item, project, or undertaking.

Evidence
Any substance or material found or recovered that can verifiably prove or disprove a material fact in a criminal or civil case.

Evidentiary Property
Refers to property that may be used to establish facts or circumstances in a criminal, civil, administrative, or other official proceeding. – *Revised Edition 3*

Execution
The performance of an act required by the writ, warrant, or other process commanding the seizure of a person or thing, as opposed to mere delivery of an instrument without any concomitant seizure.

Exercise
Gathering of individuals inclusive of government and private sector persons, to develop plans, practice simulated implementation, and discuss each agency's role in handling unusual occurrence incidents. This could include tabletop, functional, and/or full-field exercises.

Exigent Circumstances
Refers to a situation in which a law enforcement officer with a pressing need to enter a residence without a warrant, is allowed to do so without violating the resident's constitutional rights against unreasonable search and seizure. This is because emergency circumstances often outweigh the need for a warrant. If an Officer has reason to believe there is an emergency occurring inside that is endangering a person, or that evidence is being destroyed, the officer may enter, after announcing himself, without a warrant.

Extra-Duty Employment
Employment in which an officer may exercise law enforcement authority or is authorized to use agency-issued uniforms, equipment, identification, or other resources while performing services outside normal duty assignments. – *Revised Edition 3*

Field Interview
The stopping and questioning of a person by a law enforcement officer because there is reasonable suspicion that the subject may have committed, may be committing, or may be about to commit a felony or misdemeanor involving danger of forcible injury to persons or of appropriation of or damage to property, then a field interview may be reasonably necessary to obtain or verify the identification of the person or determine the lawfulness of their conduct.

Field Personnel
Agency members who, by virtue of their assignment, have routine contact with the general public while not in a traditional office setting. Field personnel may be sworn or non-sworn.

Field Training
A structured and closely supervised program provided to new/recruit officers to facilitate the application of skills and knowledge obtained in the academy/classroom to actual performance in on-the-job situations.

Firearm
A weapon incorporating a metal tube from which bullets, shells, or other missiles are propelled by explosive force, such as a rifle, pistol, or other portable guns.

Firearms Training
Formalized and documented classroom training and firing range instruction to ensure that each officer has demonstrated specific firearms proficiency as established by the chief law enforcement officer.

Fiscal Management
An accounting system that ensures the responsible management and control of all finances of an agency.

Follow-Up Investigation
An extension of the preliminary investigation. The purpose is to provide additional investigation in order to close a case, arrest an offender, and/or recover stolen property.

Foreign National
Any person who is not a U.S. citizen; same as "alien." Aliens who are lawful permanent residents in the United States and who have a resident alien registration card ('green card") are foreign nationals. So are undocumented or "illegal" aliens.

Foreign National Arrest or Detention
Any arrest, detention, or other commitment to custody which results in a foreign national being incarcerated for more than a few hours triggers consular notification requirements. A brief traffic stop or an arrest resulting in a citation for a misdemeanor and release at the scene does not trigger such requirements. On the other hand, requiring a foreign national to accompany a law enforcement officer to a place of detention may trigger the consular notification requirements, particularly if the detention lasts for a number of hours or overnight. The longer a detention continues the more likely it is that consular notification requirements are triggered.

Full-Custody Arrest
Arrest authority, with or without a warrant, which includes the legal authority to physically remove a person from their location, taking that person to a place of confinement or judicial authority.

For interpretive purposes, the line of demarcation between sworn and non-sworn (or civilian) agency personnel exists with the authority to make a full-custody arrest. A sworn officer has the authority to make a full-custody arrest; a non-sworn person does not.

Non-sworn personnel (civilians) may have limited authority to stop and detain persons (such as authority granted to security guards) or stop and issue a notice to appear in court (such as authority granted to traffic enforcement aides), but they do not possess the authority to make a full-custody arrest. A full-custody arrest includes the authority to deny persons their freedom, using force, if necessary, to effect the arrest. (See Arrest, Custody; Physical Arrest.)

Function
A general term for the required or expected activity of a person or an organizational component, e.g., patrol function, communications function, the investigation function, the crime analysis function.

General Order
A term used by some agencies to describe directives of a long-standing nature concerned with policy, rules, and procedures affecting more than one organizational component.

Generative Artificial Intelligence
A subset of artificial intelligence designed to create new content, including text, images, audio, code, or data outputs, based on patterns learned from existing information. Generative artificial intelligence does not possess independent judgment or legal authority and functions solely as an assistive tool. – *New Edition 3*

Goal
A relatively broad statement of the end result that one intends ultimately to achieve. A goal usually requires a relatively long-time span to achieve and, whenever possible, should be stated in a way that permits measurement of its achievement.

Grievance
Formal request in writing to resolve differences in identified matters due to an actual or supposed circumstance regarded as just cause for protest.

Grievance Procedure
A formal method of resolving differences between employees and employers.

Guidance Statement
The guidance statement supports the standard statement but is not binding. The guidance statement can serve as guidance to clarify the intent of the standard, or as an example of one possible way to comply with the standard.

Guidelines
Statements, past practices, or other indications of policy or procedure, used to determine a course of action.

Hazardous Materials
Any liquid, gas, or solid compound that could be injurious to an animal, vegetable, or human life.

High Risk Items
As it pertains to Standard 22.1.1 at a minimum includes narcotics, money, jewelry, guns, and precious metals. – *New Edition 3*

Hostage Situation
An incident in which one or more persons are being held against their will by a subject who uses or threatens force to control the movement or actions of the hostage(s). These incidents often require specialized containment, crisis negotiation, tactical resources, and coordinated incident management. – *New Edition 3*

Holding Facility
See Lock-Up Facility.

IACP
International Association of Chiefs of Police.

Imminent Danger
An immediate threat of death or serious bodily injury that is occurring or is about to occur. – *Edition 3*

Incident
An event that requires law enforcement action, documentation, or the dispatching of agency personnel in response to citizen requests for law enforcement services. This includes any incident, whether criminal or non-criminal, which involves a response to the scene, an investigation, or the preparation of an oral or written report.

Incident Command System (ICS)
A system for command, control, and coordination of a response that provides a means to coordinate the efforts of individual persons and agencies as they work toward the common goal of stabilizing an incident while protecting life, property, and the environment. The five major components are command, planning, operation, logistics, and finance/administration.

Inspection
A critical examination; a formal review of all components of a particular requirement and an examination of their application.

In Custody
Being under the full control of a law enforcement officer; (See Full-Custody Arrest.)

In Custody Property
Refers to any property that has come into the possession, custody, or control of the agency and for which the agency is responsible for accountability, storage, safeguarding, release, or disposition. Examples may include found property, evidentiary property, seized property, safekeeping property, abandoned property, recovered property, impounded property, and other property maintained by the agency. *– New Edition 3*

Informant
A person who gathers and provides information to an agency, often secretly, in exchange for personal gain, such as cash or leniency in punishment for their crimes. Unlike witnesses, informants are motivated by self-advancement.

In-Service Training
Training in addition to recruit training, which may include periodic retraining or refresher training, specialized training, career development, promotional training, advanced training, and shift briefing training.

Inspection
A comparison of an individual or an organizational component against an established standard, such as policies, procedures, practices, or expected behaviors. Organizational component inspections are commonly referred to as staff inspections and encompass a full-scale review of the current operations of a unit or section of the agency. Inspection can also include all aspects of administration, personnel policies, directives, equipment, and facilities.

Inspection (Evidence)
A careful and critical examination; a formal review of all components of a particular requirement and an examination of their application.

International Treaties
Written agreements between sovereign states (or between states and international organizations) governed by international law.

Intake
The point at which a juvenile offender enters the juvenile justice system. Intake may be initiated at the request of the law enforcement agency, but the intake process is generally supervised by a probation agency, juvenile court, or special intake unit.

Internal Affairs Investigation
A formal, detailed investigation of alleged misconduct, violation of law, or Agency directives.

Interview
Questioning or discussion with a juvenile conducted for the purpose of obtaining information during a criminal or administrative investigation when the juvenile is not subject to custodial interrogation. – *Revised Edition 3*

Interview/Interrogation Room
An agency-designated room(s) that will be used by agency members to either conduct custodial interviews of arrestees or non-custodial interviews of witnesses, victims, or potential suspects. These rooms shall not be used as holding cells.

Inter-Jurisdictional Pursuit
A motor vehicle pursuit that involves two or more jurisdictions, including pursuits that originate in one jurisdiction and continue into another jurisdiction. – *Revised Edition 3*

Intra-Jurisdictional Pursuit
A motor vehicle pursuit that occurs entirely within a single jurisdiction. – *Revised Edition 3*

Institution
A facility that confines persons against their will and/or provides care for persons, e.g., mentally ill, adult, or juvenile offenders.

Interrogation
A type of interview that is accusatory and persuasive in nature and is conducted to elicit a confession. A suspect need not be in custody for an interrogation to occur.

Inventory
A detailed, itemized, often descriptive, list or report, recording the items in one's possession or the process of making such a list or report.

Inventory (Evidence)
An accounting of each "high-risk" category in the amount of 10% of the category total or (15) items, whichever is less; and in addition, 25% of the total or fifty (50) items, whichever is less, of the all other in-custody/evidentiary items in the possession of an agency.

In Writing
Documented communication in a readable format either on paper or by electronic communication and is capable of being printed onto paper.

Jail
A confinement facility where detainees are housed in excess of 72 hours.

Job Description
An official written statement setting forth the duties and responsibilities of a job, and the skills, knowledge, and abilities necessary to perform it.

Job-Related
A procedure, test, or requirement either predictive of job performance or indicative of the work behavior expected or necessary in the position.

KAR
Kansas Administrative Regulations

KCJIS
The Kansas Criminal Justice Information System - Statewide criminal justice information system used to access criminal justice information and related databases authorized by law. – *New Edition 3*

KIBRS
Kansas Incident Based Reporting System

KSA
Kansas Statutes Annotated

Law Enforcement Services Contract
The provision of paid law enforcement services in accordance with a written contract. This does not encompass a situation in which an individual performs services for an agency under a personal services contract.

Less-Lethal Force
Force that is not likely to cause death or great bodily harm. The terms non-deadly force, less-than-lethal force, and less-lethal force may be considered synonymous.

Less-Lethal Weapon
A weapon designed to reduce the likelihood of causing death or serious physical injury when used as intended, though death or serious injury may still occur. – *New Edition 3*

Lethal Force
See Deadly Force.

Licensed Healthcare Provided
A physician (MD or DO), chiropractor (DC), physician assistant (PA-C), or advanced practice registered nurse (APRN) licensed and authorized under Kansas law to conduct medical examinations within the scope of their professional license. – *New Edition 3*

Licensed Professional
An individual licensed and authorized under applicable law to conduct psychological evaluations and provide professional opinions regarding psychological fitness. – *New Edition 3*

Line Inspection
Inspection conducted by personnel in control of the persons, facilities, procedures, or other elements being inspected. Line inspection may be carried out by any supervisor within the chain of command and is often conducted by supervisory personnel who may also be responsible for ensuring that any substandard conditions revealed in the inspection are corrected.

Lineup (In-Person)
An identification procedure in which a victim or witness is asked to identify a suspect from among a group of people in order to determine or confirm the suspect's identity.

Lineup (Photographic)
An identification procedure in which an array of photographs, including a photograph of the suspected perpetrator and additional photographs of other people not suspected of the offense, are displayed to an eyewitness either in hard copy form or electronic for the purpose of determining whether the eyewitness identifies the suspect as the perpetrator.

Lock-Up Facility
A confinement facility outside of a jail where detainees are housed waiting to appear in court and/or sentenced prisoners. Detainees receive meals and can be detained for periods involving multiple days and overnight stays. A Lock-Up Facility is not co-located with or operated as an integral part of a jail.

Manual
A collection of written directives in either hard-copy or electronic format.

May
Permissible

Medical Aid
Assistance provided to address an actual, suspected, or alleged injury or medical condition and may include requesting medical services, rendering aid within the scope of training, or both. – *New Edition 3*

Medical Examination
An evaluation of an individual's physical health conducted for the purpose of determining medical fitness, capability, or suitability for employment or appointment. – *New Edition 3*

Member
A generic term utilized in this manual to describe all agency personnel, including volunteers, auxiliary officers, and part-time personnel.

Memorandum
An informal, written document that may or may not convey an order; it is generally used to clarify, inform, or inquire.

Mental Illness
Any condition characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

Mission Statement
A written statement that defines the purpose of an agency or organization. The mission statement should guide decision-making and provide a sense of direction for members of the agency.

MOCIC
Regional Information Sharing Systems. MOCIC is a regional information sharing system for law enforcement agencies in Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin, as well as parts of Canada.

Mobile Computing Device
Any portable, vehicle-mounted, or handheld electronic device capable of accessing, transmitting, receiving, storing, or displaying agency information systems, computer-aided dispatch (CAD) systems, records management systems (RMS), Kansas Criminal Justice Information System (KCJIS) information, or other law enforcement-sensitive information. Examples include mobile data terminals (MDTs), laptop computers, tablet devices, smartphones, vehicle-mounted computers, and similar technologies. – *New Edition 3*

MOU
Memorandum of Understanding

Mutual Aid
Refers to the provision or receipt of personnel, equipment, services, or other resources between agencies to support emergency response operations when available resources are insufficient to meet operational demands.

National Incident Management System (NIMS)
A system for incident management that provides a consistent nationwide approach for federal, state, local, and non-governmental organizations to work effectively and efficiently to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

NCIC
The National Crime Information Center - computerized index of criminal justice information maintained for authorized law enforcement and criminal justice purposes.

Non-Deadly Force
Force that is not likely to cause death or serious bodily harm. The terms non-deadly force, less-than-lethal force, and less-lethal force are synonymous and may be used interchangeably to meet the standards in this manual.

Non-Emergency Calls
Calls for service that do not involve an immediate threat to life, serious bodily injury, or significant property loss and can be addressed through a routine response. – *New Edition 3*

NSA
National Sheriff's Association.

Objective
An objective is an end result that one intends to attain in order to achieve partial fulfillment of a goal. An objective is a means to attain a goal and therefore requires a shorter time to accomplish than does a goal. Objectives should be simple, reasonable, attainable, measurable, and time-restricted.

Objective Reasonableness
A standard by which an officer's use of force is evaluated based on the facts and circumstances known to the officer at the time force was used. – *New Edition 3*

Officer
An agency employee, sworn or non-sworn, who performs a police or security function including routine patrol, building security, emergency response, and follow-up investigation. The term "officer" does not apply to clerical personnel or those employees in a strictly administrative role.

Official Agency Social Media
Social media accounts, pages, channels, or platforms established, authorized, or maintained by the agency for official business purposes. – *New Edition 3*

Off-Duty
The time when an officer is not working either a regularly scheduled shift or any other time designated or approved by the chief law enforcement officer or designee.

Off-Duty Employment
Any employment that will not require the use or potential use of law enforcement powers by the off-duty employee. – *New Edition 3*

On-Duty
The time when an officer is assigned to work either as part of a normal work schedule, or any other time so designated by the chief law enforcement officer or designee.

On-Site Assessment
An analysis conducted by a trained assessor or assessors that determines an agency's ability to meet best practice standards through a process of reviewing policy, reports, interviews with agency personnel, and observation of the agency's facilities and operations.

Ordinance
Legislation enacted by a municipal authority.

Organizational Chart
A flow chart that graphically illustrates the components of an agency such as the chain of command and the lines of communications that can be followed by members of the agency.

Organizational Component
A subdivision of the agency, such as a bureau, division, section, unit, or position that is established to provide a specific function.

Other Critical Incidents
Incidents identified by the agency as reasonably foreseeable based upon local hazards, community characteristics, infrastructure, special events, historical events, threat assessments, or other jurisdiction-specific considerations. – *New Edition 3*

Out of Service
The time when an officer is unavailable for calls.

Patrol
The deployment of officers to repress and prevent criminal activities, investigate offenses, apprehend offenders, and furnish day-to-day law enforcement services to the community.

Patrol Personnel
Sworn officers assigned general day-to-day police activities including the deterrence of criminal activities, enforcement of vehicle and traffic laws, responding to calls for service, investigating reported crimes, and providing police services to the community.

Performance Evaluation System
A formal process used to measure the level of effectiveness of an employee with regard to job-related objectives. A Performance Evaluation System includes a standard evaluation form; standard performance measures; guidelines for employee feedback; and follow-up in cases where there is a need to improve performance.

Personal Equipment
Equipment items issued and/or approved by the agency for employee use, e.g., badge, baton and holder, belts, cartridge carrier, departmental and rank insignia, flashlight, handcuffs and case, notebook, raincoat and cap cover, side arm and holster, tear gas canister, and whistle.

Personnel
All sworn and non-sworn members of an agency and any volunteers working on behalf of the agency.

Personnel Support Services
Programs, resources, or referral services intended to assist employees in addressing mental health concerns, substance use disorders, stress, trauma, emotional wellness, and other personal or professional challenges.

Photographic Lineup
A selected group of photographs of persons presented to a witness containing a single suspect and several fillers for the purpose of determining whether the witness is able to identify the suspect as the perpetrator of the crime.

Physical Arrest
Any enforcement action that consists of taking persons into custody for the purpose of holding or detaining them to answer to a charge of law violation before the court (see Arrest; Custody.)

Physical Evidence
Any substance or material found or recovered in connection with a criminal investigation.

Physical Lineup
A selected group of persons presented to a witness containing a suspect and several fillers for the purpose of determining whether the witness is able to identify the suspect as the perpetrator of the crime.

Physically and/or Mentally Disabled Detainee
A detainee with an anatomical, physiological, or mental impairment that hinders mobility. *– New Edition 3*

Plan
Documented identification of methods to achieve desired goals or conditions.

Policy
A written directive that is a broad statement of agency principles. Policy statements may be characterized by such words as "may" or "should" and usually do not establish fixed rules or set procedures for the conduct of a particular activity but rather provide a framework for the development of procedures and rules and regulations.

Policy Statement
A broad statement of Agency principles that provides a framework or philosophical basis for Agency procedures.

Position
The duties and responsibilities, or work, assignable to one employee. A position may be filled or vacant. For purposes of comparison, a patrol officer assigned as a court officer would occupy a "position", where patrol officer would be the "job."

Preliminary Investigation
Generally, the activity that begins when personnel arrive at the scene of an incident. The activity should continue until such time as a postponement of the investigation or transfer of responsibility will not jeopardize the successful completion of the investigation. Synonymous terms include initial investigation, first-office investigations, etc.

Prisoner
Any person arrested and/or in the custody of a law enforcement officer or Agency.

Procedure
A written directive that is a guideline for carrying out agency activities. A procedure may be made mandatory in tone through the use of "shall" rather than "should", or "must" rather than "may." Procedures sometimes allow some latitude and discretion in carrying out an activity.

Process Service
The act of serving or attempting to serve legal or civil process by an authorized officer or agency employee in accordance with law and written directive. Process service includes personal service, substituted service, posting, mailing, or any other lawful method of delivery, as well as documentation of service or attempted service. Process service applies to all legal process documents handled by the agency, regardless of whether the process is civil, criminal, administrative, or municipal in nature. *– New Edition 3*

Processing
Includes pre-booking activities involving detainees in custody, after which detainees may either be released from custody by one of several means or be escorted to a holding facility, at which time they would be booked.

Proficiency
The additional skills, knowledge, and abilities that are needed to remain competent in performing the duties and responsibilities of the job.

Prohibited Use
Any use of artificial intelligence that is not expressly authorized by agency policy or that involves entering, transmitting, processing, or generating criminal justice information or protected information through non authorized systems. *– New Edition 3*

Property
Any item that is owned by the agency or an item owned by an individual or entity that is in the possession of the agency that has no evidentiary value.

Property and Evidence Custodian
The person who holds authority for the day-to-day supervision and operation of the property and evidence function.

Protective Custody
Custody taken by a law enforcement officer either when that officer has determined that there exist reasonable grounds to believe, based on probable cause, that a person seems mentally ill and therefore presents a threat of immediate and substantial physical harm to that person or other persons OR when the officer knows that a person has an advance healthcare directive authorizing mental health treatment and the officer has reasonable grounds to believe, based on probable cause, that the person lacks capacity.

Protected Information
Information that is confidential, sensitive, restricted, or otherwise protected by law, regulation, policy, or accreditation standards, including but not limited to criminal justice information, personnel records, medical or psychological information, juvenile information, and investigative or intelligence data. *– New Edition 3*

Psychological Examination
An assessment of a candidate's emotional, behavioral, cognitive, and psychological suitability for appointment as a law enforcement officer. *– New Edition 3*

Public Information Function
The process of conveying agency information to the news media or community.

Pursuit
An active attempt by a law enforcement officer in a motor vehicle to apprehend one or more occupants of another moving motor vehicle, where the driver of the fleeing vehicle is aware of the attempt and is resisting apprehension.

Quadrennial
Occurring or being done every four years.

Quarterly
Once every quarter of a year.

Radio Communications
Voice transmissions over authorized radio systems used for real-time communication between officers and communications personnel, particularly for emergency response and officer safety. *– New Edition 3*

Reasonable Belief
The facts or circumstances the officer knows or should know are such as to cause an ordinary and prudent person to act or think in a similar way under similar circumstances.

Recruit Officer
Any officer who has not been granted a Municipal Police Training Council Basic Course for Police Officers certificate (or equivalent) or has not been granted permanent status.

Recruit Training
Generally considered to be basic law enforcement training or for an officer not currently in a sworn capacity. Recruit Training is the mandated training set by state, federal, or provincial authorities for a sworn officer to obtain general peace officer powers and make a full-custody arrest for violations of law.

Remedial Training
Training conducted, in addition to regularly scheduled training, to correct an identified deficiency.

Reserve Officer
A civilian volunteer paid or unpaid, sworn as a Reserve Officer, whose function is to augment the police officers of the department in the performance of their duties and is vested with the same authority as full-time officers.

Restraining Devices
Equipment used to restrain the movement of the prisoner, such as handcuffs, flex-cuffs, waist chains, ankle chains, restraining straps, straitjackets, or tie-down stretchers.

Review
To examine or study; less formal than an analysis.

Risk Assessment
A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.

Roadblock
A restriction, obstruction, or device used or intended for the purpose of preventing the free passage of motor vehicles on a roadway in order to affect the apprehension of a suspect.

Rules and Regulations
A set of specific guidelines to which all employees must adhere.

Search and Seizure
A law enforcement officer's examination of a person's home, vehicle, or business to find evidence that a crime has been committed.

Security Survey
A thorough physical assessment of a facility and/or its operation to examine the risks that assets are exposed to and review the measures that are in place to enhance safety, protect property, and mitigate risk and liability. A survey is conducted to identify vulnerabilities and make recommendations on how these risks may be minimized or eliminated.

Semi-Annual
Occurring twice a year.

Serious Physical Injury
A bodily injury that creates a substantial risk of death; causes serious, permanent disfigurement; or results in long-term loss or impairment of the functioning of any bodily member or organ.

Service Community
Persons within the Agency's jurisdictional responsibility.

Sexual Harassment
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Show-Up
A witness views a single suspect for purposes of identification of the suspect as the perpetrator of the crime.

Social Media Platforms
Websites, applications, blogs, online forums, social networking services, content-sharing platforms, and other internet-based communication tools that allow users to create, share, view, or exchange information and content. *– New Edition 3*

Specialized Training
Training to enhance skills, knowledge, and abilities taught in either recruit or other in-service programs. Specialized training may address supervisory, management, and/or executive development training, or it may include technical and job-specific subjects, e.g., homicide investigation, fingerprint examination, and juvenile investigation.

Stalking
Per K.S.A. 54-5427 Stalking is recklessly engaging in a course of conduct targeted at a specific person which would cause a reasonable person in the circumstances of the targeted person to fear for such person's safety, or the safety of a member of such person's immediate family and the targeted person is actually placed in such fear. *– New Edition 3*

Standard
A common term referring to the best business practice.

Standard Operating Procedure
A written directive that specifies how Agency activities are carried out.

Status Offense
Conduct that would not be considered a criminal offense if committed by an adult, such as truancy, running away, curfew violations, or other similar juvenile-specific offenses. *– New Edition 3*

Strip Search
The removing or rearranging some or all of a person's clothing, by or at the direction of a law enforcement officer, so as to permit a visual inspection of the genitals, buttocks, anus or female breasts of such person.

Summons
A written order issued by a court, magistrate, or other authorized authority directing a person to appear at a specified date and time to answer an alleged violation of law or to participate in a judicial proceeding. A summons may be issued following a citation, complaint, petition, or other legal action and generally serves as an alternative to arrest. *– New Edition 3*

Sworn Officer
A person who is granted peace officer powers prescribed by the constitution, statute, or ordinance in the jurisdiction, including those persons who possess the authority to make a custodial arrest for limited or specific violations of law within the same jurisdiction.

System
May include written procedures, inspection programs, inventory controls, vehicle inspection processes, checklists, electronic tracking systems, supervisory reviews, supply request processes, maintenance programs, or other methods used by the agency to ensure required equipment and supplies remain available and operational. *– New Edition 3*

Temporary Detention
The brief holding of a person within a law enforcement facility when the individual is not free to leave, regardless of the room or area used, physical security features, or level of supervision. Temporary detention includes holding for purposes such as processing, testing, custody determination, awaiting transport, bonding, or administrative resolution.

Temporary detention is determined by the custodial status of the individual, not by the designation or characteristics of the room or area.

Rooms or areas used exclusively for voluntary interviews or interrogations, where the individual is free to terminate the encounter and leave, do not constitute temporary detention. – *Revised Edition 3*

Temporary Holding Area
Any room, space, or area within a law enforcement facility that is used for the temporary detention of persons who are not free to leave, regardless of physical design, security features, or method of supervision.

A temporary holding area is defined by use and custodial status, not by room designation. Rooms or areas used exclusively for voluntary interviews or interrogations, where individuals are free to terminate the encounter and leave, do not constitute temporary holding areas. – *Revised Edition 3*

Terry Stop
The term "Terry Stop," refers to the lawful detention of a person, by law enforcement officers, for a brief period of time. This enables officers to maintain safety while investigating a situation. During such a detainment, police are also authorized to conduct what is known as a "weapons pat-down," or a "frisk".

Transport Vehicle
A vehicle used for transporting a prisoner from one point to another. The transport vehicle may be the patrol vehicle, such as in the case of transporting a prisoner after an arrest; a vehicle that a correction facility designated for prisoner transport but also used for other purposes; or a specially designed prisoner transport vehicle, such as a bus or van. This term does not refer to commercial vehicles, such as buses, trains, or airplanes that may be used for prisoner transport.

Transporting Officer
A person who is responsible for transporting a prisoner from one point to another. This may be the arresting officer or another agency employee who is assigned to the responsibility for transport.

UCR
Uniform Crime Report

Unlawful Harassment
Conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Use of Force Report
Documentation completed following a reportable use-of-force incident in accordance with agency policy. – *New Edition 3*

Vascular Neck Restraint
A use of force application intended to gain control of a subject by restricting blood flow to the brain for the purpose of incapacitation. This technique may cause a subject to lose consciousness. – *New Edition 3*

Victim
A person who suffers physical, financial, or emotional harm as the direct result of a specified crime committed upon their person or property.

Warning Shot
A gunshot, fired into the air or a nearby object, intended to be harmless but used to call attention and demand some action of compliance.

Weaponless Control Technique
Refers to agency-approved defensive tactics, escort techniques, control holds, restraint methods, takedowns, ground control techniques, and other physical control methods not involving a weapon. – *New Edition 3*

Whistleblower
A person who informs on a person or organization engaged in improper or illicit activity.

Written Directive
Any written, electronic, or digital document issued by an authorized individual that establishes policy, procedure, rules, regulations, guidelines, or operational instructions.

Year
This is a period of time that is equal to a calendar year but may start on a different day.

Addendum B – Guiding Principles

Standards

Exceed Standard Requirements

Accreditation standards establish minimum requirements. An agency may elect to exceed a standard's requirements through its written directives, policies, procedures, or practices. When an agency adopts requirements that exceed the minimum standard, compliance will be assessed based upon the agency's established directive and actual practice.

For example, if a standard requires an annual review and the agency's written directive requires a monthly review, the agency must demonstrate that monthly reviews were conducted as required by its directive. Failure to comply with the agency's established requirements may result in a finding of non-compliance, even though the agency's practice exceeds the minimum accreditation standard.

Agencies may exceed accreditation standards; however, they are expected to comply with, and provide proof of compliance with, the requirements established in their own written directives.

Not Applicable by Function [N/A by Function]

A standard may be designated **Not Applicable by Function (N/A by Function)** only when the function, activity, or service addressed by the standard is not performed by the agency and is not performed by any other entity on behalf of the agency.

An agency remains responsible for compliance with standards governing functions that are performed on its behalf by another entity, regardless of whether the function is provided through a contract, interlocal agreement, regional organization, governmental agency, or other arrangement. Delegating a function to another entity does not relieve the agency of its responsibility to demonstrate compliance with applicable accreditation requirements.

For purposes of accreditation, an agency is accountable for functions that are:

- Performed directly by agency personnel;
- Delegated to another governmental agency or organization;
- Provided through a contractor, vendor, or service agreement; or
- Traditionally performed by another entity on the agency's behalf, such as communications, recruitment, selection, promotion, training, detention, records management, or similar services.

Examples

- A law enforcement agency that utilizes a regional communications center for dispatch services is responsible for demonstrating compliance with applicable communications standards because the function is being performed on the agency's behalf.
- An agency that sends recruits to a state or regional training academy remains responsible for compliance with applicable training standards.
- An agency may designate an informant-related standard as N/A by Function if it does not utilize informants and no other entity utilizes informants on the agency's behalf.

If an agency occasionally performs a function governed by a standard, the agency's practices must comply with applicable accreditation requirements whenever that function is performed. Examples of occasional performance may include temporary prisoner detention, periodic in-service training conducted by the agency, or limited law enforcement functions performed during mutual aid or staffing shortages.

Exception

Local laws, ordinances, rules, regulations, court orders, or collective bargaining agreements that prohibit or restrict compliance with a specific standard shall take precedence over accreditation requirements. In such cases, the agency shall:

- Maintain an accreditation file for the applicable standard;
- Adopt a written directive when required by the standard;
- Provide documentation demonstrating the legal, regulatory, or contractual prohibition or limitation; and
- Submit any required waiver request and supporting documentation to the KAC.

It is highly recommended that the agency's Accreditation Manager consult with the KLEAP Program Director before designating a Standard as N/A by Function.

A standard is not N/A by Function simply because another entity performs the function. A standard is only N/A by Function when the function is not performed by the agency and is not performed by any other entity on the agency's behalf.

All Personnel vs. Sworn or Civilian Personnel Only

Unless otherwise indicated, standards related to personnel matters apply to all agency employees. Some standards indicate applicability to sworn or to civilian personnel. Where that differentiation is not made, the standard applies to all agency personnel.

Personnel Applicability and Classification

Unless otherwise specified, standards related to personnel matters apply to all agency personnel. When a standard is intended to apply only to sworn personnel, civilian personnel, reserve personnel, volunteers, or another specific classification, the standard will expressly state that limitation. In the absence of such a distinction, the standard applies to all agency personnel.

For accreditation purposes, agencies are not required to modify their organizational structure, position titles, or personnel classifications to align with terminology used within this manual. Compliance will be assessed using the Glossary definitions contained in this manual and compared to the agency's actual duties, responsibilities, and authority assigned to personnel.

The distinction between sworn and civilian personnel is based upon the authority to execute a full-custody arrest, as defined in this manual, and not solely upon the taking of an oath of office, the wearing of a uniform, or the performance of quasi-law enforcement functions. Personnel who perform duties such as detention, transportation of detainees, court security, communications, or other support functions are not considered sworn personnel unless they possess the authority to execute a full-custody arrest.

Personnel classifications for accreditation purposes are determined by an individual's actual authority and assigned responsibilities, rather than by job title, organizational designation, or local terminology.

Agency Held Accountable for Functions Governed by Standards

An agency can be held accountable for functions governed by standards if the KLEAP determines that an agency of its size and type should perform the function. Ordinarily, this matter is resolved before self-assessment, but agencies should be aware of this guiding principle.

Written Directives

What is a Written Directive

A written directive is any official written document that establishes binding requirements, procedures, responsibilities, or expectations for agency personnel. Written directives may include policies, procedures, rules, regulations, plans, general orders, special orders, training directives, collective bargaining agreements, memoranda of understanding, or other formally adopted documents.

When a standard requires a written directive, the agency may utilize any format or document type that is consistent with its established directive system, provided the document addresses all required elements of the standard.

Written Directive System

Agencies are not required to develop a separate written directive for each accreditation standard. A single policy, procedure, plan, order, or other directive may address multiple standards. The accreditation process is intended to promote accountability and operational effectiveness, not the creation of unnecessary documents.

A written directive may be cited as proof of compliance for multiple standards when the directive contains the required elements of each applicable standard.

During the assessment process, the assessment team shall evaluate not only the existence of a written directive but also whether the directive adequately addresses the requirements of the applicable standard. Assessors may review additional documentation, conduct interviews, or observe agency operations to verify compliance when questions arise regarding the implementation or effectiveness of a written directive.

Functional Compliance

The existence of a written directive creates a presumption that the agency operates in accordance with the directive. Consistent with the integrity expected of participating agencies, the Kansas Accreditation Council generally presumes functional compliance with an agency's written directives unless evidence demonstrates otherwise.

However, an agency must be able to demonstrate compliance when requested through documentation, observation, interviews, inspections, reports, records, or other appropriate proofs of compliance. When agency practices are inconsistent with a written directive, the agency may be found non-compliant regardless of the existence of the directive.

Accreditation is based not only on having written directives, but on implementing and adhering to those directives in practice. Written directives establish the agency's expectations; compliance is demonstrated through the agency's actions.

Assessment Teams

Assessment Teams are authorized to evaluate compliance using any appropriate source of information and are not limited to the agency's submitted proofs of compliance. Assessors may review additional documents, conduct interviews, make observations, and verify information through sources within or outside the agency when necessary to determine compliance.

Assessment Teams are responsible for verifying compliance with every applicable accreditation standard and ensuring that the agency has demonstrated compliance with all required elements of each standard.

Compliance with accreditation standards shall be interpreted and assessed in a manner that is both reasonable and achievable. Assessments should consider the agency's size, structure, responsibilities, and operational environment while ensuring that the intent and requirements of the standard are met.

Guiding Principles

- Assessment Teams may utilize documentation, observations, interviews, inspections, and other relevant sources to verify compliance.
- Compliance determinations are based on the totality of available information, not solely on the proofs of compliance submitted by the agency.
- Every applicable standard must be evaluated during the assessment process.
- Standards are intended to promote professional operations through requirements that are reasonable, practical, and achievable for agencies of the applicable size and type.

Addendum C – Standard Elements

Standard Elements

The KLEAP Standards establish **what** an agency is required to accomplish while generally allowing the agency flexibility to determine **how** compliance will be achieved. Unless specifically prescribed by a standard, agencies may develop policies, procedures, practices, and operational methods that best fit their size, organization, resources, mission, and operational needs.

Each KLEAP Edition 3 Standard consists of several components designed to clearly communicate the standard's purpose, requirements, applicability, and supporting guidance.

1. **Standard Number and Title**

Example

> **17.1.1 Victim-Witness Assistance: [O]**
> **A written directive describes** the agency's role in providing or facilitating victim/witness assistance.

Standard Number

Each KLEAP Standard is assigned a unique number that identifies its location within the Standards Manual.

- The first digit(s) identify the applicable **Chapter**.
- The second digit(s) identify the applicable **Section** within the Chapter.
- The third digit(s) identify the **order of the Standard** within the Section.

For example, Standard 17.1.1 is located in Chapter 17, Section 1, and is the first standard within that section.

Standard Title

Each KLEAP Standard is assigned a title intended to identify the primary topic, function, or operational area governed by the standard. The title serves as a reference point to assist agencies in locating and understanding the purpose of the standard.

2. Standard Compliance Level

Example

17.1.1 Victim-Witness Assistance: [O]
A written directive describes the agency's role in providing or facilitating victim/witness assistance.

Standard Leve of Compliance

Each standard is assigned one of the following compliance levels:

- **[M] Mandatory**
- **[O] Other than Mandatory**

Participating agencies shall comply with all applicable Mandatory Standards. Agencies may elect to opt out of compliance with up to 25% of applicable Other Than Mandatory Standards.

When determining whether a standard should be designated as Mandatory, the KLEAP considers factors including:

- Life, health, and safety concerns;
- Essential operational or administrative requirements;
- Constitutional requirements; and
- Matters governed by applicable federal, state, or local law.

Agencies are encouraged to comply with as many Other Than Mandatory Standards as possible. Exceeding the minimum accreditation threshold provides flexibility should questions or deficiencies arise during the assessment process.

3. Standard Tag(s)

Example

1.2.6 Biased Policing: [M] **[TS] [KSA] [DT] [TRG]**

A written directive shall include, at a minimum include:

a. A clear definition of racial or other biased policing;
b. A prohibition against any biased policing;
c. Documented (1) **initial** and (2) **annual training for officers** regarding racial or other biased policing, including (3) recognizing and avoiding improper profiling based on actual or perceived race, ethnicity, national origin, limited English proficiency, religion, gender, gender identity, sexual orientation, or disability;
d. A requirement for a (1) **documented annual administrative review** including (2) a review of agency practices, (3) complaints, and (4) community concerns related to biased policing. The administrative review shall include any (5) recommendations or actions resulting from the review, such as updates or changes to policies, procedures, or training;
e. **Procedures** for corrective measures if an investigation reveals biased policing occurred; and
f. A requirement to submit an **annual report** to the Office of the Attorney General by July 31, even if no complaints were received.

Standard Tags

Color-coded tags may appear immediately following the compliance level designation. Tags assist agencies in identifying special requirements, documentation expectations, or assessment considerations associated with a standard.

The following tags are utilized throughout the KLEAP Standards Manual:

- **[TS] – Time Sensitive.** One or more requirements must be completed within a specified timeframe. Time-sensitive requirements are displayed in **red bold text**.
- **[OBS] – Observable.** Compliance will be verified through on-site observation during the assessment process.
- **[KSA] – Kansas Statute Applicable.** A Kansas statute specifically requires the agency to adopt a written directive related to the standard.
- **[DT] – Data Table Required.** An associated statistical data table within the accreditation tracker must be completed.
- **[TRG] – Training Requirement.** The standard contains one or more training requirements. Training-related requirements are displayed in **pink bold text**.

Tags are intended to highlight unique compliance considerations and do not replace the requirements contained within the standard statement or required elements.

4. Standard Statement

Non-Bulleted Standard

Example

17.1.1 Victim-Witness Assistance: [O]
A written directive describes the agency's role in providing or facilitating victim/witness assistance.

Bulleted Standard and Bullets

Example

1.1.1 Oath of Office and Employment: [M]
A written directive requires at a minimum:

a. All personnel subscribe in writing to an oath of office or employment;
b. Execution of the oath prior to entering upon the duties of the office or employment;
c. The oath affirms support for the (1) Constitution of the United States and the (2) Constitution of the State of Kansas; and
d. Retention of the oath by the agency.

Standard Statement

The standard statement establishes the agency's compliance obligation and identifies the requirements necessary to achieve compliance. The standard statement may consist of a single declarative sentence or may include additional lettered subsections containing required elements, referred to as bullets.

Both the standard statement and any associated bullets are binding and shall be considered when determining compliance.

Many standards require the adoption, implementation, or maintenance of a written directive. Written directive requirements are displayed in **gold bold text** to enhance visibility and assist agencies in identifying written directive related requirements.

Compliance Determination

Compliance is based upon the agency's ability to demonstrate that all applicable required elements have been addressed. Proof of compliance must correspond to the required elements contained within the standard statement.

5. Subcomponent Numbering

Edition 3 introduces subcomponent numbering to clearly identify required elements within a standard statement and to clearly identify multiple requirements within a single bullet. Each required element must be addressed when determining compliance.

Example

6.3.2 Authorized Weapons and Ammunition: [M]
The agency maintains (1) a current list of authorized weapons and ammunition and, at a minimum, includes:
a. Weapons for on-duty use;
b. Ammunition for on-duty use;
c. Weapons for off-duty use; and
d. Ammunition for off-duty use, when applicable.

Example

1.1.1 Oath of Office and Employment: [M]
A written directive requires at a minimum:

a. All personnel subscribe in writing to an oath of office or employment;
b. Execution of the oath prior to entering upon the duties of the office or employment;
c. The oath affirms support for the (1) Constitution of the United States and the (2) Constitution of the State of Kansas; and
d. Retention of the oath by the agency.

Required elements are the individual compliance requirements contained within the standard statement. Required elements may appear:

- Within the standard statement itself;
- Within bulleted subsections (a., b., c., etc.); or
- Within numbered subcomponents ((1), (2), (3), etc.).

6. e.g. Examples

Example

16.1.1 Public Information: [M]
A written directive establishes and, at a minimum, addresses:

a. An approval or authorization process for the release of public information *(e.g., routine information releases, significant incidents, major events, joint operations, on-scene media inquiries, etc.);* and
b. Methods for releasing public information *(e.g., press releases, press conferences, media briefings, official agency websites, official agency social media platforms, public meetings, etc.).*

Performance-Based Standards

Edition 3 introduces a performance-based standards format. The intent is to move away from prescriptive, checklist-style standards and toward standards that emphasize performance, accountability, outcomes, and agency flexibility. This approach allows agencies to develop policies, procedures, and practices that best fit their operational environment while still meeting accreditation requirements.

Examples (e.g.)

Examples identified by **"e.g."** are provided to clarify the intent, scope, and application of a requirement. Examples are intended to illustrate common methods, activities, processes, or circumstances that may satisfy the requirement.

Unless specifically stated otherwise, examples are provided for guidance purposes and do not create additional required elements beyond the standard statement.

Agencies should evaluate the examples provided and address those that are applicable to their operations. Agencies may also address situations, methods, or practices not specifically identified in the examples when those practices fulfill the intent of the standard.

Compliance Considerations

When examples are included within a standard:

- Compliance is assessed based upon the standard statement and required elements, not the individual examples.
- The agency's written directive should reasonably address the scope and intent illustrated by any applicable examples.
- Agencies are not required to address every example listed when a particular example is not relevant to the agency's operations.
- Agencies may use alternative approaches not specifically listed in the examples, provided the intent of the standard is met.
- Proofs of compliance may demonstrate compliance through any applicable example or alternative method that satisfies the standard and the agency's written directive.

7. Standard Guidance
Example

1.1.1 Oath of Office and Employment: [M]
A written directive requires at a minimum:

a. All personnel subscribe in writing to an oath of office or employment;
b. Execution of the oath prior to entering upon the duties of the office or employment;
c. The oath affirms support for the (1) Constitution of the United States and the (2) Constitution of the State of Kansas; and
d. Retention of the oath by the agency.

Guidance

This standard applies to all newly hired personnel, including sworn and non-sworn employees, hired after the agency's implementation of this requirement. Agencies are not expected to retroactively obtain oaths from personnel hired prior to the implementation of the requirement unless otherwise required by law or agency policy.

Agency procedures should identify:
- Personnel required to execute an oath of office or employment;
- When the oath must be executed;
- The content of the oath;
- The individual authorized to administer the oath, when applicable; and
- How the oath will be retained by the agency.

The oath should be executed before the employee begins performing official duties associated with the position.

The oath should affirm support for:
- The Constitution of the United States; and
- The Constitution of the State of Kansas.

Agencies may include additional language related to faithful performance of duties, compliance with applicable laws, ethical conduct, public service responsibilities, or other agency-specific requirements.

Agencies should maintain documentation demonstrating compliance with the oath requirement in the employee's personnel file or other designated records retention system.

Agencies may require personnel to execute a new oath upon promotion, appointment to a new office, reappointment, recommissioning, or other circumstances established by agency policy or law.

Documentation demonstrating compliance may include:
- Signed oath forms;
- Personnel files;
- Employment records;
- Appointment records;
- Commission records;
- Human resource records;
- New hire checklists;
- Personnel onboarding records; and
- Other records demonstrating compliance with agency procedures.

Proofs of compliance should consist of records demonstrating newly hired personnel executed the required oath prior to assuming the duties of their office or employment and that the agency retained the oath. The written directive itself does not constitute proof of compliance.

Legal and Regulatory References

- K.S.A. 75-4308 Oath required for public officers and employees.
- K.S.A. 75-4309 Same; falsifying oaths or affirmations.
- K.S.A. 75-4310 Oath required for public officers and employees; administering; filing.
- K.S.A. 75-4312 Same; persons required to take oath; time for filing; penalty.
- K.S.A. 54-101 Officers authorized to administer oaths.
- K.S.A. 54-102 Procedures for administration of oaths.
- K.S.A. 54-103 Persons having conscientious scruples may affirm.
- K.S.A. 54-104 Form of commencement and conclusion of oaths.
- K.S.A. 54-105 Falsifying oaths or affirmations.
- K.S.A. 54-106 Form of oath to be taken by officer.
- K.A.R. 106-3-6 Oath required for certification.

Nature of Standard Guidance

Standard Guidance is intended to explain and support the standard statement and required elements. Guidance is informational and educational in nature and does not, by itself, create additional compliance requirements.

Agencies retain the flexibility to determine how compliance will be achieved based upon their operational structure, resources, mission, and community needs. Alternative methods of compliance may be used provided all applicable requirements of the standard are met.

Suggested Proofs of Compliance

Suggested proofs of compliance are provided as examples of documentation that may demonstrate compliance with a standard. Agencies are not limited to the examples provided and may submit alternative documentation that adequately demonstrates compliance.

Proofs of compliance should clearly demonstrate that the agency has met all applicable required elements of the standard.

When a standard requires a written directive, the written directive must address all applicable requirements of the standard. **Proofs of compliance must then demonstrate that the agency is operating in accordance with its written directive. Compliance is measured not only by the existence of a compliant written directive, but also by the agency's adherence to the requirements established within that directive**.

An agency may establish requirements that exceed the minimum requirements of a KLEAP standard. When this occurs, proofs of compliance must demonstrate compliance with the agency's adopted directive, including any requirements that exceed the accreditation standard. Failure to follow the agency's written directive may result in a finding of non-compliance, even when the directive exceeds the minimum requirements of the standard.

Proofs of compliance should clearly demonstrate that the agency has met all applicable required elements of the standard and has complied with its own established policies, procedures, plans, orders, or other written directives.

Legal and Regulatory References

Legal and Regulatory References are included to assist agencies in identifying laws, regulations, court decisions, professional standards, and other authorities that may affect compliance with a standard.

These references are provided as a resource and are not intended to be exhaustive. Agencies remain responsible for identifying and complying with all applicable federal, state, local, tribal, contractual, regulatory, and judicial requirements.

Types of Standards

Many KLEAP standards require agencies to establish a written directive. The standards generally identify **what** must be addressed while allowing the agency flexibility in determining **how** to document and implement the requirement.

When a standard requires a written directive, the agency may use any document type that is consistent with its established directive system, provided the document addresses all required elements of the standard.

1. **Written Directive Standards**
   Some standards specifically require a **written directive**.

   A written directive is a broad statement of agency philosophy, principles, values, or expectations that establishes organizational direction and provides a framework for decision-making.

   Written directives generally:

   - Define agency intent and objectives;
   - Establish guiding principles;
   - Assign broad responsibilities; and
   - Serve as the foundation for procedures, practices, and operations.

   Written directives typically answer the question:

   "What is the agency's position or expectation?"

   Unless otherwise specified by the standard, agencies retain discretion in determining how written directives are implemented operationally.

2. **Plan Standards**
   Some standards specifically require a **plan**.

   A plan is a documented strategy designed to achieve a desired objective or guide agency response to anticipated, unusual, or contingency events.

   Plans generally:

   - Identify responsibilities;
   - Establish response strategies;
   - Coordinate personnel and resources;
   - Outline operational priorities; and
   - Provide direction during planned or emergency situations.

   Plans often address functions such as:

- Critical incidents;
- Emergency operations;
- Continuity of operations;
- Natural disasters;
- Civil disturbances;
- Active threats; or
- Other significant events.

Plans typically answer the question:

"How will the agency prepare for or respond to a specific event or situation?"

Plans are often utilized when the operational information necessary to achieve compliance may be sensitive in nature or unsuitable for public release. While agency policies are generally considered public records, plans frequently contain tactical, security-related, emergency response, continuity of operations, or other sensitive information that may warrant limited distribution or protection from public disclosure as permitted by law.

When a standard requires a plan, the agency may satisfy the requirement through a standalone plan or may elect to incorporate the required elements into a policy, provided all requirements of the standard are addressed. Agencies are not prohibited from using a policy when a standard calls for a plan; however, agencies should carefully consider whether public disclosure of the policy could compromise operational effectiveness, safety, security, or emergency preparedness.

Compliance Consideration

When a standard requires a plan, compliance is based upon the agency's ability to demonstrate that:

- The plan addresses all required elements of the standard;
- The plan is current and available to affected personnel; and
- Agency operations are consistent with the provisions of the plan.

3. **Procedure Standards**

Some standards specifically require **procedures**.

A procedure is a written description of the steps, actions, responsibilities, or processes used to carry out a particular activity or function.

Procedures generally:

- Describe how tasks are performed;
- Establish operational expectations;
- Promote consistency;
- Assign responsibilities; and
- Provide direction for agency personnel.

Procedures may be mandatory or discretionary depending upon their wording.

Procedures typically answer the question:

"How is the task to be performed?"

Whenever the term procedure appears within a standard statement, it identifies a specific requirement that the agency's written directive include operational guidance addressing the topic identified by the standard.

Examples

Written Directive Standard

1.1.2 Code of Ethics: [M]
A written directive requires at a minimum:

a. All agency personnel abide by a code or canon of ethics; and
b. That the code or canon of ethics is formally adopted by the agency.

Plan Standard

11.1.1 Critical Incident Planning: [M] [TRG]
The agency maintains **written plans** for responding to critical incidents and, at a minimum, addresses:

a. Disasters *(e.g., natural disasters, man-made disasters, etc.);*
b. Civil disturbances; *(e.g., assemblies, demonstrations, protests, riots, or other events involving actual or potential public disorder);*
c. Bomb-related incidents *(e.g., bomb threats, suspicious devices, etc.);*
d. Hostage-related incidents
e. Barricaded persons;
f. Other critical incidents identified by the agency as reasonably foreseeable; and
g. **Annual familiarization with the agency's Critical Incident Plan** by personnel with responsibilities under the plan.

Procedure Standard

1.1.3 Consular Notification and Access: [M]
A written directive establishes procedures to ensure compliance with consular notification and access obligations, in accordance with applicable international treaties, when a foreign national is arrested or detained. The directive includes, at a minimum:

a. Determination of consular notification eligibility *(e.g., citizenship status, arrest or detention status, mandatory notification countries, etc.);*
b. Consular notification requirements *(e.g., notification of rights, mandatory notifications, notification procedures, etc.);*
c. Consular access requirements *(e.g., communication, visitation, other consular access permitted by law, etc.);* and
d. Documentation requirements *(e.g., notifications, communications, visitation, access provided, date, time, method of notification, individual or consular office contacted, etc.).*

Gaining Compliance with Standards

Agencies document their achievement of compliance with the standards during the self-assessment process. During this time, agencies should ask themselves whether they comply with all applicable mandatory standards. If an agency determines that it is not in compliance with a particular mandatory standard, it must take appropriate action to bring its agency into compliance. If an agency is prohibited from complying by state statute, case law, court order, or other compelling reasons, the Kansas Accreditation Council may consider the agency's request for a waiver. It should be noted that granting waivers will be a rare event, they will only be granted in the most exceptional circumstances. Waivers are only provisionally granted by the KAC, pending the on-site assessment by KLEAP Assessors, who are instructed to confirm the agencies' representations about the Waiver request and report their findings to the KLEAP Manager. Any Waiver granted is good for one (1) accreditation cycle only.

When the agency completes its self-assessment, the KLEAP Director will review all required paperwork and determine if the agency is ready for the on-site assessment to be scheduled.

The Kansas Accreditation Council - View of the Standards:

1. Standards are designed to reflect the best professional practices in all areas of law enforcement to include management, administration, operations, and support services.

2. Standards are designed to reflect "**what**" an agency must do, leaving "**how**" up to the agency.

3. Standards are designed so that compliance is attainable. Compliance may not be easily obtained for some agencies, although the standards are not considered to be an unreasonable burden for any well-managed law enforcement agency.

4. Candidate agencies should realize that every accreditation process is a test for the standards and process as well. The KAC relies heavily upon the critique surveys completed by the agency and the assessment team after each on-site assessment. These surveys are used as a tool for the KAC to reevaluate the standards and the ongoing accreditation process.

5. New or revised standards reflecting current practices may be developed; these standards are developed with input from the agencies, assessors, and law enforcement professional partners.

Standards Interpretation

The KLEAP Director is available for providing informal interpretations of the standards. In the majority of cases, an interpretation issue can be resolved by a call to the KLEAP Director. As soon as it becomes evident standards interpretation issues cannot be resolved by KLEAP staff, it is important to seek a formal interpretation from the Kansas Accreditation Council (KAC) during their regularly scheduled meetings.

Addendum D – File Construction & Sharing

File Construction & Sharing
Step-by-Step instructions, with detailed illustrations, for KLEAP electronic accreditation file construction and file sharing is accessible in the **Mastering KLEAP File Construction via Adobe Acrobat Pro** training modules posted on the KLEAP Website.

Agencies needing assistance in file construction are highly encouraged to reach out to one of the trained File Construction Subject Matter Experts (SMEs). Their contact information is available on the KLEAP Website.

Initial Accreditation
For the initial accreditation 3-year assessment period, the Accreditation Manager should emphasize, through documentation, those "systems" the agency uses for organization, management, operations, and support services. This will allow Assessors to make objective judgments concerning the relative effectiveness of agency systems or how well the agency is likely to perform in certain areas, particularly when agency procedures may be relatively new. For initial accreditation only 1-year worth of proofs is required in the file as denoted in the KLEAP Accreditation Tracker.

Reaccreditation
Reaccreditation is a 4-year period. Files will contain 4 years' worth of proofs. The Accreditation Manager should build files that focus on the "performance" of the agency. This is particularly true for any standards identified during the previous assessment as having compliance issues. Preparation of appropriate documentation for ALL time sensitive reports or activities is the key to a successful reaccreditation assessment. Agencies are highly encouraged to utilize the KLEAP Accreditation Tracker to help manage all aspects of the accreditation process.

Reaccreditation Filing Building
1. It is highly recommended the agency save their initial accreditation files.
2. A copy of each file may be used to start file building the agency's Reaccreditation files.

3. Initial accreditation proofs, labeled as YR1, should remain in the file. Reaccreditation files will include 4-years' worth proofs. *(See table below)*
4. Written Directive(s) only need to be replaced if they are revised.

Initial Accreditation *(3-year period)*		Extensions may be granted during initial accreditation only!	
Accreditation Period	Label Proofs		
Year 1 – 3	YR1		
1st Reaccreditation *(4-year period)*		**Your goal is to have 4-years' worth of proofs in your accreditation file.**	
Accreditation Period	Label Proofs	Adding Proofs	Current Proofs in File Should Be:
1st Year Reaccreditation	YR2	Add YR2	YR1, YR2
2nd Year Reaccreditation	YR3	Add YR3	YR1, YR2, YR3
3rd Year Reaccreditation	YR4	Add YR4	YR1, YR2, YR3, YR4
4th Year Reaccreditation	YR5	Add YR5, delete YR1	YR2, YR3, YR4, YR5
2nd Reaccreditation *(4-year period)*		**You must always have 4-years' worth of proofs in your accreditation file.**	
Accreditation Period	Label Proofs	Adding Proofs	Current Proofs in File Should Be:
1st Year Reaccreditation	YR6	Add YR6, delete YR2	YR3, YR4, YR5, YR6
2nd Year Reaccreditation	YR7	Add YR7, delete YR3	YR4, YR5, YR6, YR7
3rd Year Reaccreditation	YR8	Add YR8, delete YR4	YR5, YR6, YR7, YR8
4th Year Reaccreditation	YR9	Add YR9, delete YR5	YR6, YR7, YR8, YR9

***Annually, the Agency's Accreditation Manager will receive a list of standards selected for remote file review by the KLEAP Program Director, or designee.**

Guidelines for Proving Compliance with Standards
Regarding file maintenance issues, there are two types of standards:

- Time Sensitive
- Non-Time Sensitive

Time Sensitive Standards require an activity or action to occur during a specified time interval or upon the occurrence of an incident. These standards require documentation such as a review, analysis, report, evaluation, training, or other activities listed in the standards or your agency directives. **If your agency's written directive exceeds the requirement of the standard, you must provide proofs in compliance with your agency's written directive**.

Guidelines for file maintenance minimums are provided in the KLEAP Accreditation Tracker and the chart below. The chart states minimums only and assumes that the proofs offered in the file adequately address the intent of the standard or standard bullet being reviewed. As with the proofs of compliance, the key to adequate compliance depends on the quality of the information being offered for review. minimum

Frequency Required by DIRECTIVE and/or KLEAP STANDARD	*Recommended MINIMUM in File for EACH YEAR*	*Recommended TOTAL MINIMUM in File*
Per Incident	1	4
Daily	2	8
Weekly	2	8
Monthly	2	8
Quarterly	2	8
Semi-Annual	1	4
Annual	1	4
Biennial	1	2*
Quadrennial	1*	1 or 2

*May not be applicable if not enough time has elapsed. (Example: new standard or bullet of a new standard and time required is not sufficient for reporting requirements.)

Proofs of compliance should consist of records, reports, forms, logs, correspondence, acknowledgments, inspections, reviews, audits, meeting minutes, photographs, or other documentation generated through implementation of the agency's written directives. Except where specifically authorized, the written directive itself does not constitute proof of compliance.

Proofs should document the actual activity, event, review, inspection, audit, training, or process required by the standard. Whenever possible, agencies should provide the original record or documentation created as a result of completing the required activity.

Memoranda, emails, letters, affidavits, or other statements indicating that an activity occurred generally do not constitute acceptable proof of compliance when the actual documentation generated by the activity is reasonably available.

For example:

• An evidence audit should be documented by the completed audit report, checklist, inventory records, or other documentation generated during the audit, rather than a memorandum stating that the audit was completed.

• A line or staff inspection should be documented by the completed inspection report, checklist, or inspection records, rather than an email stating that the inspection occurred.

• A review of goals and objectives should be documented by the review itself, meeting minutes, revision records, or updated goals and objectives, rather than a memorandum indicating the review was conducted.

• Training should be documented by attendance records, rosters, lesson plans, certificates, training records, or other documentation generated through the training process, rather than a statement that training was provided.

Agencies should submit the most direct and contemporaneous documentation available to demonstrate compliance. Secondary documentation, such as explanatory memoranda or emails, may be used to provide context or clarification but generally should not be relied upon as the primary proof of compliance when the original documentation exists.

Assessment team members should evaluate whether the submitted proof demonstrates that the required activity actually occurred, rather than merely documenting that someone stated it occurred.

Addendum E – Standard Numbers by Compliance Level & Tags

10 Other Than Mandatory	32 [TS]	15 [OBS]	6 [KSA]	10 [DT]	17 [TRG]
2.1.1	1.2.6	7.1.1	1.2.2	1.2.6	1.2.6
2.9.1	2.6.1	8.3.1	1.2.6	3.4.1	6.3.3
2.10.1	2.7.1	15.2.1	8.3.7	4.1.4	7.2.1
2.10.2	2.10.1	15.4.1	8.3.8	5.1.3	7.2.2
3.4.2	2.10.2	15.4.2	8.3.9	5.2.1	7.3.1
4.1.4	3.1.1	15.6.2	9.2.2	6.2.1	8.2.7
5.1.5	3.5.1	15.6.3		8.2.4	8.3.6
9.2.3	4.1.1	18.1.2		12.1.1	11.1.1
17.1.1	4.1.2	18.1.3		20.1.3	11.1.2
22.1.6	4.1.3	18.1.5		20.1.4	11.2.1
	4.1.4	18.2.1			14.2.1
	6.2.1	18.2.2			15.6.3
	6.2.2	19.1.3			15.9.1
	6.2.3	20.2.2			23.1.3
	8.2.2	22.1.2			23.1.6
	8.2.3				23.3.1
	8.2.4				24.2.1
	11.1.2				
	14.1.3				
	15.3.1				
	15.3.2				
	16.2.1				
	17.1.2				
	18.2.2				
	20.1.3				
	20.1.5				
	22.1.5				
	22.1.6				
	22.1.8				
	23.1.1				
	23.1.4				
	23.4.1				

Addendum F – Evidence Quality Control Inspections

Per Incident Audit

An accounting of each "high-risk" category in the amount of 75% of the category total or (100) items, whichever is less; and in addition, 25% of the total or fifty (50) items, whichever is less, of the all other in-custody/evidentiary items in the possession of an agency.

Evidence Category	*# of items to be reviewed*
HIGH-RISK ITEMS	
**Drugs*	75% of the total *or* 100 items whichever is less
**Guns*	75% of the total *or* 100 items whichever is less
**Money*	75% of the total *or* 100 items whichever is less
**High-Valued/Sensitive*	75% of the total *or* 100 items whichever is less
GENERAL EVIDENCE	
All other items	25% of the total *or* 50 items whichever is less

An error rate that exceeds 10% will require a complete inventory of high-risk items.

Unannounced Annual Inventory

An accounting of each "high-risk" category in the amount of 10% of the category total or (15) items, whichever is less; and in addition, 25% of the total or fifty (50) items, whichever is less, of the all other in-custody/evidentiary items in the possession of an agency.

Evidence Category	*# of items to be reviewed*
HIGH-RISK ITEMS	
Drugs	10% of the total *or* 15 items whichever is less
Guns	10% of the total *or* 15 items whichever is less
Money	10% of the total *or* 15 items whichever is less
High-Valued/Sensitive	10% of the total *or* 15 items whichever is less
GENERAL EVIDENCE	
All other items	25% of the total *or* 50 items whichever is less

Addendum G – Statistical Data Tables

Purpose

The collection and analysis of statistical data is an important component of the accreditation process. Statistical data enables agencies to evaluate the effectiveness of policies, procedures, training, supervision, and operational practices. Data analysis supports informed decision-making, identifies trends or emerging issues, promotes accountability, and assists agencies in measuring organizational performance over time.

KLEAP Statistical Data Tables are designed to provide standardized reporting methods that facilitate consistency among participating agencies while supporting performance-based accreditation standards.

Assessment Requirements

The status and completeness of all required Statistical Data Tables shall be reviewed as part of the agency's Annual Report of Compliance and may be reviewed during the remote file review process.

All required Statistical Data Tables are available in the **KLEAP Accreditation Tracker** and shall be maintained current throughout the accreditation cycle.

Data Retention Requirements

- **Initial Accreditation**: Agencies shall provide a minimum of one (1) year of statistical data.
- **Reaccreditation:** Agencies shall provide four (4) years of statistical data.

When historical data is unavailable the agency shall provide an explanation within the applicable table.

Race and Ethnicity Reporting Categories

Unless otherwise specified, the following race and ethnicity categories shall be utilized:

- White Non-Hispanic
- Black Non-Hispanic
- Hispanic-Latino – any Race
- Other – includes:
    - American Indians,
    - Alaskan Natives,
    - Asians,
    - Native Hawaiians,
    - Other Pacific Islanders, and
    - Persons of two or more races.

Required Statistical Data Tables

The following tables are required for agencies when applicable to their operations.

1. Biased Policing: [KLEAP 1.2.6]

Traffic Contacts
Includes complaints alleging bias related to traffic stops, regardless of whether a warning, citation, or arrest resulted.

Field Contacts
Includes complaints alleging bias related to citizen contacts, field interviews, investigative stops, consensual contacts, or similar interactions.

Asset Forfeiture
Includes complaints alleging bias related to criminal or civil asset forfeiture activities.

2. Formal Grievances: [KLEAP 3.4.1]

Includes all formally submitted employee grievances relating to employment conditions, wages, benefits, assignments, discipline, promotions, workplace issues, or similar employment matters.

3. Population & Demographics: [KLEAP 4.1.4]

This table assists agencies in assessing workforce composition and service delivery within the context of the communities they serve.

Agencies are encouraged to utilize information available through the United States Census Bureau and other reliable governmental sources.

4. Agency Breakdown of Sworn Positions: [KLEAP 4.1.4]

This table documents the agency's authorized and filled sworn positions by classification or assignment. Only full-time sworn personnel assigned to law enforcement functions shall be included.

5. Personnel Actions: [KLEAP 5.1.3]

This table tracks disciplinary actions and personnel outcomes.

Suspension
Any disciplinary action resulting in lost work hours, suspension from duty, or reduction of pay.

Demotion
Any disciplinary action resulting in a reduction in rank, position, authority, or assignment.

Resignation in Lieu of Termination
An employee resignation submitted while disciplinary action or termination proceedings are pending.

Termination

A disciplinary discharge or separation initiated by the agency.

Other
Verbal counseling, written counseling, letters of reprimand, warnings, or other disciplinary actions not otherwise categorized.

Total
Total number of personnel actions reported during the reporting period.

6. Complaints and Internal Affairs Investigations: [KLEAP 5.2.1 a]

External/Citizen Complaint
Complaints submitted by members of the public or organizations external to the agency.

Internal/Directed Complaint
Complaints initiated by agency personnel, supervisors, administrators, or through agency review processes.

Sustained
Investigation determined the allegation was supported by sufficient evidence.

Not Sustained
Investigation determined insufficient evidence exists to prove or disprove the allegation.

Unfounded
Investigation determined the alleged conduct or incident did not occur.

Exonerated
Investigation determined the incident occurred, but personnel actions were lawful, proper, and within policy.

7. Use of Force: [KLEAP 6.2.1]

This table is intended to assist agencies in evaluating use of force practices, training effectiveness, risk management concerns, and policy compliance.

Firearms
Total displays and discharges of firearms by agency personnel, excluding training, recreational shooting, hunting, and animal euthanasia.

> **Firearm Discharge**
> Actual discharge of a firearm by agency personnel.
>
> **Firearm Display**
> Pointing or presenting a firearm as a force option.

Electronic Control Weapons (ECW)
Combined displays and discharges of Electronic Control Weapons.

ECW Display
Pointing or presenting an Electronic Control Weapon.

ECW Discharge
Actual deployment of an Electronic Control Weapon.

Baton
Actual use of a baton or similar impact weapon.

Chemical Agent/OC
Deployment of chemical agents, including OC, CS, CN, or similar products.

Weaponless Force
Physical force techniques such as takedowns, pressure points, strikes, control holds, and joint manipulations.

Canine
Total canine deployments and canine bites.

Total Uses of Force
Total reportable force incidents excluding injury counts.

Officer Injury or Death
Force incidents resulting in officer injury or death.

Use of Force Arrests
Custodial arrests involving a reportable use of force.

Non-Fatal Suspect Injuries
Suspect injuries resulting from reportable force incidents.

Fatal Suspect Injuries
Suspect deaths resulting from reportable force incidents.

Total Custodial Arrests
Total custodial arrests made by the agency.

Use of Force Complaints
Complaints alleging improper or excessive use of force.

8. Vehicle Pursuits: [KLEAP 8.2.4]

This table assists agencies in evaluating pursuit practices, risks, and policy compliance.

- Pursuits
- Forcible Stopping Techniques Used
- Terminated by Agency
- Policy Compliant

- Policy Non-Compliant
- Collisions
- Officer Injuries
- Suspect Injuries
- Third-Party Injuries
- Reason Initiated

Only the most serious violation or offense that initiated the pursuit shall be counted.

- Traffic Offense
- Misdemeanor Offense
- Felony or Serious Crime

9. Traffic Contacts: [KLEAP 12.1.1]

Warnings
Documented traffic contacts resulting in verbal or written warnings.

Citations
Traffic contacts resulting in the issuance of a citation or summons.

10. KIBRS Reporting: [KLEAP 20.1.3]

This table tracks agency compliance and participation in Kansas Incident-Based Reporting System (KIBRS) reporting requirements and related data submissions.

11. Calls for Service: [KLEAP 20.1.4]

Includes all criminal, civil, administrative, and service-related incidents reported to or generated by the law enforcement agency during the reporting period.

Addendum H – Transition Policy

The Kansas Accreditation Council is committed to excellence in maintaining standards that ensure the highest level of professionalism and conducts periodic reviews and evaluations of the KLEAP Standards.

Upon approval of Standard revisions via the release of an updated Edition (i.e., Edition 2 – Edition 2.1) agencies will have a one (1) year "Transition Period" to become compliant with revised or new standards.

Upon the release of a "new" Edition Manual (i.e. Edition 1 – Edition 2 – Edition 3) agencies may complete their current accreditation process under the Standard Manual Edition they began the process on. Upon the start of their next reaccreditation process they must come into compliance with the most current Standards Manual Edition released.

Agencies may NOT interchange standards from one edition to another. Agencies must notify the KLEAP Director of their Edition choice at least 90 days prior to their scheduled assessment. Only the standards in the selected edition will be used to assess the agency.

All new agencies signing their Agency Participation Agreement on or after the date of the new manual edition being published will be required to use the newer edition exclusively.

The KAC is authorized to grant exceptions and/or extensions to this transition policy on a case-by-case basis.

- **KLEAP Edition 1 Standards Manual – Approved July 2022 – 167 Standards**
- **KLEAP Edition 2 Standards Manual – Approved August 22, 2024 – 173 Standards**
- **KLEAP Edition 2.1 Standards Manual – Approved June 9, 2025 – 173 Standards**
- **KLEAP Edition 3 Standards Manual – Approved September 24, 2026 – 175 Standards**

To view a comprehensive breakdown of the changes from each Edition Manual agencies shall refer to the **KLEAP Edition Change Crosswalk** on the KLEAP Website - Manuals.