

CALIFORNIA HIGHWAY PATROL

GENERAL ORDER 6.11

REVISED OCTOBER 2024

**COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.,
ACCREDITATION**

1. PURPOSE. The purpose of this General Order (GO) is to establish policy and reporting procedures associated with the Commission on Accreditation for Law Enforcement Agencies, Inc., (CALEA) accreditation process. The purpose of CALEA is to improve the delivery of public safety services by maintaining a body of standards developed by public safety practitioners, establishing and administering an accreditation process, and recognizing professional excellence. The Department participates in the CALEA Advanced Law Enforcement accreditation program.

2. GENERAL.
 - a. The CALEA was created in 1979 as a credentialing authority through the joint efforts of the following major law enforcement executive associations:
 - (1) International Association of Chiefs of Police.
 - (2) National Organization of Black Law Enforcement Executives.
 - (3) National Sheriffs' Association.
 - (4) Police Executive Research Forum.

 - b. The CALEA accreditation process is a proven modern management model that promotes the efficient use of resources and seeks to improve service delivery.

 - c. The accreditation program provides law enforcement agencies an opportunity to demonstrate adherence to an established set of professional standards that:
 - (1) Require an agency to develop a comprehensive and uniform set of written directives as a method of evaluating administrative and operational goals, while also providing direction to agency personnel.

 - (2) Provide the necessary reports and analyses needed for fact-based, informed management decisions.

- (3) Strengthen an agency's accountability, both within the agency and the community, through a body of standards that clearly define authority, performance, and responsibilities.
- (4) Can limit an agency's liability and risk exposure by demonstrating that internationally recognized standards have been met and verified by a trained team of independent assessors.
- (5) Facilitate an agency's pursuit of professional excellence.
- (6) Provide agencies with a continuing flow of information about exemplary policies, procedures, and projects, as distributed by CALEA.
- (7) Facilitate agencies' efforts to increase transparency and public trust.
- (8) Promote communication between various departmental offices and Divisions.

3. **POLICY.** As a requirement of accreditation, the Department shall familiarize its employees with the accreditation process. As such, commanders shall ensure all departmental employees, including nonuniformed personnel, are familiar with the CALEA accreditation process within 30 days of hire. The Academy shall ensure cadets are familiar with the CALEA accreditation process prior to graduation.

a. Familiarization with the CALEA accreditation process should be accomplished by:

- (1) Viewing the informational video available on the CHP Intranet site: <https://chp2go.sharepoint.com/:u:/r/sites/Starpoint/Organization/SitePages/Office-of-Accreditation.aspx?csf=1&web=1&e=7a6pYT>
- (2) Reviewing the content of this GO.
- (3) Ongoing discussions with employees regarding the CALEA accreditation process.
- (4) Completion of the nonuniform orientation course facilitated by the Organizational Development Section.

4. **PROCESS.** Accreditation requires an in-depth review of every aspect of the Department's organization, management, operations, and administration. The primary focus of the accreditation process is demonstrating compliance with the standards established by CALEA.

a. Accreditation Process. The CALEA accreditation process consists of the following five phases:

- (1) Enrollment.
- (2) Self-Assessment.
- (3) Site-Based Assessment.
- (4) Commission Review and Decision.
- (5) Maintaining Compliance and Reaccreditation.

NOTE: The Department completed the enrollment and self-assessment phases of the accreditation process. The site-based assessment and commission review and decision phases occur every four years. The Department continuously undertakes efforts to maintain compliance and reaccreditation.

b. Maintaining Compliance and Reaccreditation. To maintain compliance and reaccreditation, CALEA conducts an annual web-based assessment and a quadrennial site-based assessment of the Department.

- (1) The annual web-based assessment is an ongoing review of the Department's accreditation files and is conducted by CALEA personnel known as Compliance Services Members (CSM). Annually, prior to the Department's accreditation anniversary date, the CSM conducts a web-based assessment to review reports, analyses, statistical data, and verify compliance with CALEA standards.
- (2) On the Department's fourth year of the accreditation anniversary cycle, CALEA conducts a web-based assessment and a site-based assessment. The site-based assessment includes a CALEA Assessment Team visiting CHP commands and facilities including CHP Headquarters, field commands, communications centers, and the CHP Academy. These visits also include the review of CHP policies, ride-alongs, and interviews with agency personnel.

5. RESPONSIBILITIES.

a. Accreditation Unit. The Accreditation Unit (AU) Staff Services Manager II (SSM II) serves as the departmental accreditation manager. The accreditation manager has overall responsibility for maintaining the CALEA accreditation program and coordinates efforts with the appropriate Offices of Primary Interest (OPIs). The AU provides information, guidance, and training to departmental personnel as needed, and coordinates all activities related to the site-based assessment. The AU SSM II

shall notify CALEA, in writing, as soon as possible whenever there is a change in the CHP Commissioner or Accreditation Manager.

b. Office of Primary Interest. The AU is responsible for all applicable CALEA standards. However, certain standards pertain to subjects that are technical in nature and require the assistance of OPIs. The AU assigns the standards to the appropriate OPIs to analyze and provide applicable written directives and current proofs of compliance. Additionally, OPIs are responsible for completing reports, analyses, assessment tables, and updating departmental policy to comply with CALEA standards, when necessary. All OPIs shall have a reliable system for ensuring that periodic reports, analyses, and other activities mandated by applicable accreditation standards are accomplished during the reaccreditation period.

(1) Assigned OPIs shall provide annual updates for their respective CALEA files to the AU. Refer to paragraph 7. of this GO for reporting procedures.

(a) Accreditation documents are due to the AU by June 30th of each year.

NOTE: During years in which a site-based assessment occurs (e.g., 2024, 2028), accreditation documents are due to the AU by February 1st.

c. All Commands. The AU is responsible for achieving and maintaining accreditation with CALEA. To achieve this, OPIs will be required to provide documentation and statistical data to the AU, as needed, to demonstrate compliance with CALEA standards and reaccreditation. As such, the AU or CHP Headquarters OPIs may contact commands directly to request specific documentation and data. If contacted, commands shall make every effort to provide the requested information in a timely manner. Under no circumstance shall documentation or data be altered or manipulated. Confidential or sensitive information (e.g., policy, arrestee, and employee identifying information) will be redacted by the AU (Annex B).

6. DEFINITIONS.

a. Proof of Compliance. A proof of compliance is used to demonstrate the Department is complying with a standard and its written directives governing that standard. A proof of compliance is most commonly referred to as a “proof” and can take the form of a directive, written documentation, interview, photograph, or observation. When identifying or developing proofs of compliance, it is important to ensure:

(1) Directives, documentation, interviews, or observations are relevant and appropriate to the standard being addressed.

(2) Information does not conflict with another standard statement or departmental directive.

(3) Proofs presented show continued compliance throughout the assessment period or for the time period the standard is applicable to the Department.

b. Written Directive. A written directive is any written document used to guide or affect the performance or conduct of agency employees. A written directive is an official or authoritative instruction and can take many forms; examples include departmental policies, plans and procedures, rules and regulations, general orders, special orders, legal statutes (e.g., California Vehicle Code, Government Code), standard operating procedures, memorandums, and instructional material.

c. Written Documentation. Written documentation is one of the methods used to demonstrate the Department's continued proof of compliance with a standard throughout the assessment period. Examples of written documentation include reports, analyses, evaluations, inspections, tests, surveys, incident detail reports, training rosters, Communications Network messages, shift briefing materials, job descriptions, classification and hiring materials, contracts, correspondence, forms, news articles, performance reviews, and memorandums.

d. Analysis. An analysis is a systematic, structured process for dissecting an event into its basic parts to identify any patterns or trends. Analyses should reveal patterns or trends that could be predictive or could indicate program effectiveness, training needs, equipment upgrade needs, and/or policy modification needs.

e. Review. A review is an examination or study that is less formal than an analysis.

f. Time-Sensitive Standard. Time-Sensitive Standards require an activity or action to occur during a specified time interval or upon incident. These standards require an event such as review, analysis, report, evaluation, training, and other activities listed in the standard or written directive (i.e., review or analyze per incident, monthly, quarterly, annually, or triennially). For time-sensitive standards that require a frequency of monthly, quarterly, or semi-annually, two proofs are required to be submitted for each assessment year; all other time-sensitive standards require one proof for each assessment year.

g. Multiple Requirement Standard. Multiple requirements, commonly referred to as "bulleted" standards, are expressed with a list of alphanumeric-designated subcomponents (Annex A). A standard with multiple requirements may contain the same proof per year only if the content sufficiently satisfies each bullet. If this is not the case, each bullet will require different proofs of compliance for each assessment year.

h. Activity Required. These standards require that a specific activity occur, such as a report, review, analysis, inspection, test, survey, audit and/or inventory. The activity may or may not require a written directive.

i. Assessment Table. Located in each CALEA Assessment Report are standardized assessment tables for the collection of statistical data relevant to the Law Enforcement accreditation program. Agencies are asked to collect the data appropriate for their assessment period and provide it to CALEA prior to each assessment to be included in the Department's annual assessment report.PROCEDURES. Accreditation maintenance is a shared responsibility throughout the Department. All personnel will participate in the accreditation process indirectly simply by adhering to departmental policies and procedures. Assigned OPIs will participate in the accreditation process directly by reviewing and revising policies as needed, submitting the appropriate written directives and proofs of compliance, and ensuring all relevant CALEA documentation is appropriately forwarded to the AU. Compliance with CALEA standards will be reviewed on a continuous basis by the AU.

a. At the beginning of each CALEA assessment year, the AU will host a CALEA OPI Training to provide assigned OPIs detailed guidelines for submitting CALEA documentation.

b. Upon completion of the annual CALEA OPI Training, the AU will notify OPIs of their assigned CALEA standards and Assessment Tables, provide each OPI access to the applicable folders in SharePoint, and provide each OPI the CALEA Accreditation Standard Worksheet (Annex D).

c. Each OPI will review and update their assigned files annually by:

(1) Providing the most current and applicable written directives.

(a) For standards that require a written directive, the assigned OPI shall indicate on the CALEA Standard Worksheet if there has been a change to the written directive previously provided.

1 If updated, the OPI shall list the specific manual, chapter, page, and paragraph that was revised and is in compliance with the standard (Annex D).

2 If a standard has multiple requirements, the updated written directive for each component of the standard shall be clearly listed on the CALEA Standard Worksheet (Annexes C and D).

(b) The following is a specific example of a written directive that demonstrates proof of compliance:

1 The CALEA Standard 26.3.4, Informing Complainant: Current copy of Highway Patrol Manual 10.4, Citizens' Complaint Investigations (Annex C).

(2) Providing updated proofs of compliance.

(a) All standards require a proof of compliance.

(b) Each assigned OPI shall submit applicable proofs of compliance for each assigned standard.

1 If a standard has multiple requirements, a proof of compliance shall be provided for each item unless directed otherwise by the AU.

(c) The following is a specific example of written documentation that demonstrates proof of compliance:

1 The CALEA Standard 26.3.4, Informing Complainant: Scanned copy of complaint receipt correspondence, signed, and dated within the current assessment year (Annex B).

(3) Providing statistical data for Assessment Tables.

(a) Only for an OPI that is assigned an Assessment Table.

(b) The OPI shall collect the applicable statistical data and complete each assigned Assessment Table.

(4) Completing a CALEA Standard Worksheet for each assigned standard.

(5) Uploading documents to SharePoint.

(a) The following documentation shall be uploaded to the corresponding folder within SharePoint:

1 The written directive, proof of compliance, and OPI Standard Worksheet for each assigned standard.

2 The completed Assessment Table.

(b) The SharePoint link will be provided to OPIs via e-mail at the beginning of each assessment cycle year.

(6) Notifying the AU as each CALEA standard and Assessment Table is completed.

(a) Once all of the necessary documents for an assigned standard and Assessment Table are uploaded to SharePoint, the OPI shall notify the AU, via e-mail, at CHP-Accreditation@chp.ca.gov.

OFFICE OF THE COMMISSIONER

ANNEXES A, B, C, D

OPI: 063

ANNEX A

EXAMPLE STANDARD 26.3.4

26.3.4

(M M M M) Informing Complainant

The agency has a written directive regarding complainant notification, that includes:

- a. verification that the complaint has been received;*
- b. a schedule for status notification to the complainant; and*
- c. notification the investigation has concluded.*

Commentary


The verification, usually in the form of a receipt, furnished to persons initiating complaints alleging misconduct on the part of the agency or an agency employee may contain a description of the investigative process. The status of investigations should be communicated to the complainant, although the degree of specificity of the notice is left to the discretion of the agency. This standard does not apply to anonymous complaints. (M M M M)

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ANNEX B

EXAMPLE STANDARD 26.3.4
BULLET A – WRITTEN DOCUMENTATION

State of California-Transportation Agency GAVIN NEWSOM, Governor

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL 

[REDACTED]
[REDACTED] (TT/TDD)
[REDACTED] (Voice)

September 12, 2023

File No.: [REDACTED]

[REDACTED]


Dear [REDACTED],

On September 11, 2023, the California Highway Patrol (CHP), Office of Internal Affairs (OIA) received electronic communication from you in which you expressed your dissatisfaction with Officer [REDACTED] of this command. Specifically, you questioned the validity of a traffic citation issued to you by Officer [REDACTED] and claimed Officer [REDACTED] addressed your gender improperly. I would like to briefly apprise you of my actions in this matter.

In accordance with Departmental policy, an internal investigation has been initiated to review the circumstances surrounding your concerns. The investigation will attempt to determine what, if any, improprieties exist. During the course of the investigation, you will be contacted by the assigned investigator, [REDACTED] to discuss and clarify your concerns. At the conclusion of the investigation, you will be notified in writing of the findings.

Included with this correspondence is a CHP 240B, Civilians' Complaint Investigation form. The front of the form contains important information regarding the Department's civilian complaint policy, as well as advisements we are required by statute to provide to all potential complainants. Please sign and return the 240B form within five business days. Should you have any questions, please feel free to contact this office at [REDACTED] during normal business hours.

Sincerely,
[REDACTED]
[REDACTED]
Commander



Safety, Service, and Security *An Internationally Accredited Agency*

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ANNEX C

EXAMPLE STANDARD 26.3.4 BULLET A – WRITTEN DIRECTIVE

appropriate sections of the CHP 240A and continue with step 'e'. Otherwise, refer to step 'h' below.

- * e. All complainants shall be acknowledged by correspondence within five (5) business days of the Department's notification of the complaint. As an exception, interim correspondence is not required if the complainant originally contacted the Department in person and the requisite information normally contained in an interim letter was provided at that time. Interim correspondence should include a brief summary of the allegations, which command will conduct the investigation, notification that an investigator will contact the complainant as a part of the investigation, and that the investigation findings will be provided in writing. Such correspondence is normally prepared for the signature of the Area or Division commander, as appropriate. Sample letters are contained in Annex C. If the complaint is against an employee who was assigned to another command at the time of the alleged event, the following applies:
- (1) Provide initial correspondence to the complainant, advising that the complaint has been received and is being forwarded to the appropriate command for action. A sample of such correspondence is contained in Annex C.
 - (2) The complaint shall then be forwarded via telephone, fax, e-mail, or memorandum to the proper command. If utilizing a memorandum, the forwarding command shall include a CHP 240 with all available information completed, as well as a copy of the interim response sent to the complainant and any correspondence received from the complainant. A copy of the forwarding memorandum shall also be sent to the next higher command level. If the complaint is forwarded by telephone, fax, or e-mail, the name and rank of the person to whom the complaint was sent, as well as the date, shall be annotated on the CHP 240A.
- f. The CHP 240B or CHP 240D, as appropriate, must be provided to all potential complainants. The method of providing the CHP 240B or CHP 240D will depend on how the complaint was received and local policy/procedure. For instance, if the complaint was received in person, the CHP 240B or CHP 240D may be provided to the complainant at that time. If the complaint was received by letter or via telephone, the proper form may be mailed with the interim correspondence as described above.
- (1) If the complaint involves a departmental peace officer, the complainant shall be requested to sign the advisory statement on the CHP 240B. In either case, the complainant shall be requested to return the CHP 240B or CHP 240D within ten (10) business days. When the CHP 240B or CHP 240D is mailed to the complainant, a return envelope shall be provided to facilitate the return of the form to the command.
 - (2) The Department is also obligated to provide each complainant with a copy of his/her allegations. This may be accomplished simultaneously with issuance of the

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ANNEX D

EXAMPLE STANDARD 26.3.4
OFFICE OF PRIMARY INTEREST CALEA STANDARD WORKSHEET



CALEA Law Enforcement Accreditation
Standard Worksheet
2025 Compliance Year

Standard No.:

Assigned OPI:

*** Documentation is due to Accreditation Unit by June 30, 2025 ***

WRITTEN DIRECTIVE/ PROOF – INSTRUCTIONS

Have any policies associated with this standard been revised since July 3, 2024? Yes No
(If yes, please upload most recent policy to file share)

1. Upload Written Directives (WD)/scanned copy of proof(s) of compliance (i.e., completed CHP 215, CHP A415, CHP 202, CAD Log, Photos, CHP 555, etc.) to CHP-CALEA SharePoint.
2. Briefly list all documentation being submitted as written directive/ proof of compliance using the naming protocol below for the standard.
3. **File Naming Protocol:** File names for WD's uploaded to CHP-CALEA SharePoint should include **bullet** (if applicable), **WD**, and **brief description**.

Example: WD.HPM 10.3 Ch.5 Oath

Bulleted Example: A.WD.HPM 10.3 Ch.5 Oath

4. **File Naming Protocol:** File names for documents uploaded to CHP-CALEA SharePoint should include **bullet** (if applicable), **proof**, **year**, and **brief description**.

Example: Proof.2025.Oath

Bulleted Example: A.Proof.2025. Oath

Title/Description
A.WD.HPM 10.3, Ch. 5, STD 689
A.Proof.2025.Oath
B.WD.HPM 10.3, Ch. 30, Oath
B.Proof.2025.Code of Honor

PREPARED BY:	EXT:	DATE:

*Notify Accreditation Unit by e-mail (CHP-Accreditation) after all documents are uploaded to CHP-CALEA SharePoint. For any questions, contact Accreditation Unit at (916) 843-3370.

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