

ASSESSMENT TEAM FINAL REPORT

To: South Carolina Law Enforcement Accreditation, Inc.
From: (Name of Team Leader), Assessment Team Leader
Date: (Actual date report is completed)
Subject: On-site Assessment Report for (Name of Agency)

1) Dates of the On-site Assessment: _____

2) Agency Profile:

This section should contain a brief description of the community and the agency assessed:

- History and type of community.
- Background on the jurisdiction and general area.
- Background or history of the agency.
- Major components reporting directly to the CEO (Organization Chart).
- Future issues facing the agency and its service environment.

3) Assessment Team:

Team Leader: _____

Team Member(s): _____

4) Standard Summary:

Total Standards in Compliance: _____

Total Standards in Non-compliance: _____

Total Standards Not Applicable: _____

TOTAL STANDARDS: _____

5) Standards / Non-compliance Discussion:

All standards found to be in compliance....._____.

The below listed standards are in Non-compliance (as follows):

(1.1) Non-compliance (Reason)

(1.2) Non-compliance (Reason)

6) Applied Discretion:

| Chapter (Ascending order) | Standard Number (Ascending order) | From/To Compliance to N/A | Assessor (Initials) |
|------------------------------|--------------------------------------|------------------------------|------------------------|
|------------------------------|--------------------------------------|------------------------------|------------------------|

7) Summary and Recommendations:

Briefly state the team’s overall conclusion, findings of compliance with all applicable standards and recommendations about whether or not the agency is ready for review by the Council. Note any significant team/agency conflicts.

8) Team Leader must sign the Final Report.

Signature – Team Leader

Print Name – Team Leader