



TEXAS POLICE CHIEFS ASSOCIATION FOUNDATION LAW ENFORCEMENT RECOGNITION PROGRAM *ANNUAL REPORT*

Agency:

Year Report Filed:

Current Chief Executive Officer:

Contact Number:

Current Program Manager:

Contact Number:

Current Sworn Strength Authorized:

Current Sworn Actual:

Current Non-Sworn Authorized:

Non-Sworn Actual:

Please answer the following questions regarding your department operations since your Recognition Award Date or your last Annual Report. An annual report is not necessary during your fourth year after the Recognition Award. Updated Proofs of Compliance for all Best Practices must be prepared during the fourth year (prior to the expiration of your current Recognition Award) and an On-Site Review completed for renewal of Recognized status.

I. Policy or Organizational Changes

Since your previous report or on-site:

1. Did you make any changes in your Deadly Force policy? ☐ Yes ☐ No
2. Did you make any changes in your Vehicle Pursuit policy? ☐ Yes ☐ No
3. Did you make any changes in any other departmental written directive used as a Proof of compliance with a BBP? ☐ Yes ☐ No
4. Have you made any changes to your organizational structure? ☐ Yes ☐ No

If so, please explain and attach a copy of the policy revisions.

5. Has your Chief Executive officer changed? ☐ Yes ☐ No
6. Has your Program Manager changed? ☐ Yes ☐ No
7. If your CEO has changed, has the new chief written a letter to the TPCAF indicating their understanding of the existing contract with the Recognition Program? ☐ Yes ☐ No

II. Administration

Since your previous report or on-site:

1. If you promoted any new Supervisors, was Supervisor Training conducted? ☐ Yes ☐ No ☐ NA
 2. Has every member of the Department received an annual Performance Evaluation? ☐ Yes ☐ No
 3. Was there a Review conducted of the agency's Emergency Operations Plan? (Required every two years.) ☐ Yes ☐ No
- If you answered No to any of the above, please explain:

III. Performance Activities

Since your previous report or on-site:

1. Have all sworn members of your department qualified at least once with all firearms they are authorized to carry? ☐ Yes ☐ No
2. Have all of the sworn officers in the department received annual training on the use of deadly force and the use of the firearms they are authorized to carry? ☐ Yes ☐ No
3. Have all sworn officer's firearms been inspected? ☐ Yes ☐ No
4. Have all employees and volunteers received the required training necessary for TCOLE requirements? ☐ Yes ☐ No
5. If you have an Emergency Response Team, was training conducted according to the schedule indicated in your Written Directives? ☐ Yes ☐ No ☐ NA
6. If you have Crisis Negotiators, was training provided according to the schedule indicated in your Written Directives? ☐ Yes ☐ No ☐ NA
7. If your agency uses a Confidential or Narcotics Buy Fund, was it audited to ensure proper operation at least every six months? ☐ Yes ☐ No ☐ NA
8. Was agency Special Use equipment inspected at least quarterly? ☐ Yes ☐ No ☐ NA
9. If you have an Emergency Response Team, was their equipment inspected at least quarterly? ☐ Yes ☐ No ☐ NA
10. If you are responsible for Courtroom Security, was the Fire Evacuation Plan discussed with Court employees? ☐ Yes ☐ No ☐ NA
11. Did the department conduct at least two Property Room Inspections during the year? ☐ Yes ☐ No

12. Did the department conduct an inventory of the Property Room? ☐ Yes ☐ No

13. Did you conduct training and have all officers qualify with less than lethal weapons that they are authorized to carry this year? (Required every two years) ☐ Yes ☐ No

14. Has your agency completed its required Racial Profiling Report and submitted it to your governing body? ☐ Yes ☐ No

If you answered No to any of the above questions, please explain:

IV. Facility Modifications

Since your previous report or on-site:

1. Have you changed facilities? ☐ Yes ☐ No

2. Have you made any physical changes to your:

Property Room? ☐ Yes ☐ No ☐ NA

Communications Center? ☐ Yes ☐ No ☐ NA

Holding Facility? ☐ Yes ☐ No ☐ NA

If you answered Yes to any of the above questions, please explain and describe the actions taken to maintain compliance with Best Practices in those areas.

V. Unusual Events

1. Have there been any negative media reports that a reasonable person could perceive as affecting the agency's compliance with Recognition standards? ☐ Yes ☐ No

2. Have any events occurred that a reasonable person could perceive as negatively affecting the agency's compliance with Recognition standards? ☐ Yes ☐ No

If you answered Yes to any of the above questions, please explain.

VI. Required Reports

In addition to the above status report, Recognized Agencies are required to submit copies of the below required reports and proof of the annual Property Room inventory. Please indicate if these reports are attached or submitted as additional attachments.

Annual Analysis of Use of Force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Analysis of Pursuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Analysis of Accidents and Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Property Room Inventory (dated)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered No to any of the above questions, please explain:

VI. Other Issues

Is your agency currently in compliance with all applicable Standards? ☐ Yes ☐ No

If No, please explain:

Does your agency review the Vincible Training provided by TPCA? ☐ Yes ☐ No

During the past year, have there been any instance where you feel your agency was not in compliance with applicable standards? ☐ Yes ☐ No

If Yes, please explain:

VII. Certification

I hereby certify that this agency can demonstrate ongoing compliance with all applicable Recognition Program Standards except as indicated above.

Chief Executive Officer Signature: _____

Date: _____

Prepared By: