**APQ**

****The purpose of the Agency Profile Questionnaire (APQ) is to assist the WILEAG Executive Director and On-Site assessors by providing a snapshot of your community and agency. Please take a moment to complete the APQ. Do not hesitate to contact me with any questions or concerns.

 Katie Wrightsman

WILEAG Executive Director

Email: executive.director@wileag.info

**AGENCY INFORMATION**

Agency Name:

Agency Address:

Chief / Sheriff (CEO):

CEO Contact #:

CEO Email:

Accreditation Manager (AM):

AM Contact #:

AM Email:

Agency Size - Full time Employees: Total Sworn Civilian

Agency Size – Part time Employees: Total Sworn Civilian

**COMMUNITY INFORMATION**

Community Population:

Square Miles of Service Area:

Does the population of your service area change seasonally?

If yes, explain:

**NOT APPLICABLE BY FUNCTION – check all that apply to your agency as NAF**

[ ] **1.2.5 Locker Room Privacy**

[ ] **1.8.1 Contractual Services**

[ ] **2.4.7 Secondary Employment**

[ ] **2.7.1 Part-time Officers**

[ ] **2.7.2 Criteria/Selection Process for Part-time Officers**

[ ] **2.7.3 Training for Newly Hired Part-time Officers**

[ ] **2.7.4 Field Training for Part-time Officers**

[ ] **2.7.5 In-Service Training for Part-time Officers**

[ ] **2.7.6 Weapons/Use-of-Force Training for Part-time Officers**

[ ] **2.7.7 Liability Protection of Part-time Officers**

[ ] **2.8.1 Auxiliary Personnel**

[ ] **2.8.2 Reserve Police Officers**

[ ] **3.2.4 Pre-Employment Polygraph Exams**

[ ] **6.1.2 Special Purpose Vehicles, Drones/UAVs, or Animals**

[ ] **6.1.9 Mobile Video Recorders**

[ ] **6.10 Body Cameras**

[ ] **6.1.13 Naloxone Use**

[ ] **6.2.6.2 The use of a Drug Recognition Expert (DRE), if the agency uses such expertise**

[ ] **6.3.5 Informants**

[ ] **6.5.2 Event Deconfliction Systems**

[ ] **6.6.8 School Resource Officers**

[ ] **7.2.1 Processing and Temporary Detention Areas**

[ ] **9.1.1 Accountability and Responsibility**

[ ] **9.1.13 First Aid instruction**

[ ] **11.2.7 Drug Drop-Off Program**

[ ] **12.1.5 Certified Instructors**

[ ] **13.1.3 Tactical Teams Selection and Training**

[ ] **13.1.4 Specialized Equipment**

[ ] **13.1.5 Hostage Negotiator Selection and Training**

[ ] **13.1.6 Search and Rescue Teams**

**ADMINISTRATION**

What is your agency’s total authorized budget for the most recent fiscal year?

Does your agency have a written directive system?

Does your agency have an electronic written directive (hyperlink) system?

What file system does your agency use? (Paper, homegrown electronic, PowerDMS, etc.)

[ ] Provide a copy of your agency organizational chart or a list / order of your organization’s functions – Word format is sufficient.

[ ] I confirm our agency is using the 6th edition standards.

[ ] I acknowledge “Year 1” is XXX date to XXX date, “Year 2” is XXX date to XXX date, “Year 3” is XXX date to XXX date and NOT a rolling calendar.

**MOCK ON-SITE ASSESSMENT DATE:**

**ON-SITE ASSESSMENT DATE:**