Section 30-156 of the Code of Virginia authorizes the Virginia State Crime Commission to study and make recommendations on all areas of public safety and protection in the Commonwealth. The 2004 Session of the Virginia General Assembly enacted House Joint Resolution 122 (HJR 122) requesting the Virginia State Crime Commission conduct a comprehensive study of crime and crime prevention on Virginia’s public and private college campuses. As part of this study, the Commission is surveying all college and university police departments to collect opinions and information on issues related to crime and crime prevention on college campuses.

The survey is divided into six (6) sections, including:
1. Campus profile;
2. Budget;
3. Personnel/training;
4. Operations;
5. Equipment; and,
6. Administrative relations/resources

Reminders

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
Checklist

The following is a reminder list of attachments that should be included along with the other six sections of the survey. Please take the time to review and initial this list to ensure that each item is included. If applicable, the requested items may be submitted in electronic format on a 3 ½” disk or CD.

Section 2- Budget:

☐ List of outsourced personnel from other state and local law enforcement agencies used in 2004; amount paid by officer name and department affiliation (page 4).

☐ Financial Attachments – (page 1).
  ☐ Police Department’s FY1999 budget
  ☐ Police Department’s FY2004 budget
  ☐ Police Department’s FY2005 budget
  ☐ Police Department’s FY1999 actual expenditures
  ☐ Police Department’s FY2004 actual expenditures

Section 3- Personnel and Training

☐ List of additional, specialized and “in-house” law enforcement training that were provided for your officers in FY2004 (page 8).

☐ Copy of contractual obligation for time of service that your agency uses (page 10 if applicable).

Section 4- Operations

☐ Copies of each mutual aid agreement(s) (page 5 if applicable).

☐ Copies of each concurrent jurisdiction agreement(s) (page 6 if applicable.)

☐ Copy of ALL policy/procedure manuals (page 8).

☐ Copy of the most recent surveys (any and all) conducted by YOUR agency (page 11).

☐ Copy of the most recent university/college national accreditation questionnaire results (page 12).

Section 5- Equipment

☐ Fleet List: Include ALL vehicles (cars, vans, motorcycles, scooters, bicycles, etc.) AND their descriptions including type, year, mileage, make, marked/unmarked (page 3).

Section 6: Administrative Relations and Resources

☐ List of program/new initiative requests for the past 5 years, including whether it was funded, and to what degree. Include the amount of funds available for program/new initiatives across the college or university (page 5).
SECTION 1
Campus Profile

REMINDERS:

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
SECTION 1: CAMPUS PROFILE

1. Name of College/University: _____________________________________________

2. Name of Campus Policing Agency: _______________________________________

3. Name and Official Title of the Head of Campus Policing Agency:
   a. Name: ________________________________
   b. Title: _________________________________

4. Name and Official Title of the Person to which the Agency Head reports to:
   (Be as specific as possible. For example, “Vice President of Administration”)
   a. Name: ___________________________________
   b. Title: ___________________________________

5. Which of the following describes your college/university? (Please check one.)
   □ Single campus
   □ Multiple campuses; if so, how many: _________

Reminder: The remainder of this survey is designed for MAIN campus operations where officers are assigned on a daily basis. Satellite operations will be addressed in section 6.

6. Please provide the headcount of students enrolled on the main campus as of September 30, 1999 and 2004. Headcount is defined as individual students who have paid regular student fees and were registered for academic courses for the Fall 1999 and 2004 semesters.

<table>
<thead>
<tr>
<th></th>
<th>September 30, 1999</th>
<th>September 30, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Undergraduate Students</td>
<td>________ students</td>
<td>________ students</td>
</tr>
<tr>
<td>Part-time Undergraduate Students</td>
<td>________ students</td>
<td>________ students</td>
</tr>
<tr>
<td><strong>Graduate/Professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Graduate/Professional Students</td>
<td>________ students</td>
<td>________ students</td>
</tr>
<tr>
<td>Part-time Graduate/Professional Students</td>
<td>________ students</td>
<td>________ students</td>
</tr>
</tbody>
</table>
7. Please provide the number of non-student employees working on the main campus for Fall Semester 1999 and 2004.

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester 1999</th>
<th>Fall Semester 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees</td>
<td>________ employees</td>
<td>________ employees</td>
</tr>
<tr>
<td>Part-time Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees</td>
<td>________ employees</td>
<td>________ employees</td>
</tr>
<tr>
<td><strong>Non-Faculty Employees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Non-Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees</td>
<td>________ employees</td>
<td>________ employees</td>
</tr>
<tr>
<td>Part-time Non-Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees</td>
<td>________ employees</td>
<td>________ employees</td>
</tr>
</tbody>
</table>

8. Please provide the number of persons living on the main campus in Fall Semester 1999 and 2004.

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester 1999</th>
<th>Fall Semester 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residence Halls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>________ residents</td>
<td>________ residents</td>
</tr>
<tr>
<td>Non-student Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. spouses, dependents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>________ residents</td>
<td>________ residents</td>
</tr>
<tr>
<td><strong>Other Housing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(University/College owned and/or leased)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>________ residents</td>
<td>________ residents</td>
</tr>
<tr>
<td>Non-student Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. spouses, dependents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>________ residents</td>
<td>________ residents</td>
</tr>
</tbody>
</table>

9. Is your main campus, by policy, defined as an alcohol-free campus? (Please check one.)

☐ Yes
☐ No

10. Please provide information on the following physical characteristics of the main campus served by your agency in Fall of 1999 and 2004.

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Buildings</td>
<td>_______ buildings</td>
<td>_______ buildings</td>
</tr>
<tr>
<td>Total Number of Buildings with Electronic Surveillance/Monitoring</td>
<td>_______ buildings</td>
<td>_______ buildings</td>
</tr>
<tr>
<td>Total Number of Residence Halls</td>
<td>_______ halls</td>
<td>_______ halls</td>
</tr>
</tbody>
</table>
1999 | 2004
--- | ---
**Total Number of Apartment/Family Complexes** | ______ complexes | ______ complexes
**Land Area (Acres)** | ______ acres | ______ acres
**Miles of Roads** | ______ miles | ______ miles
**Number of Parking Lots** | ______ lots | ______ lots
**Number of Parking Decks** | ______ decks | ______ decks

11. Which of the following impact your agency’s operations and are currently present on your main campus? *(Please check all that apply.)*

- College/university hospital
- Fraternities and/or sororities
- Football stadium
- Basketball arena
- Multi-purpose arts/entertainment center
- Historic/tourist attractions
- Close proximity to a major interstate *(less than 3 miles)*
- Research laboratories/facilities
- Summer sports camps
- Special events *(summer conferences, weddings, other outside rentals, etc.)*
- VIP protection
- Business complex owned/leased by University/College Foundation
- Other *(Please explain.)* ________________________________

**Questions 12-16, seek additional information regarding some of the campus entities impacting your agency’s operations and workload.**

12. Does your college/university have social fraternities? *(Please check one.)*

- Yes *(If YES, please go to questions 12a-12c.)*
- No *(If NO, please go to question 13.)*

12a. Which of the following describes the location of the fraternities at your college/university? *(Please check one.)*

- All fraternities are off campus
- All fraternities are on campus
- There are fraternities both on an off campus
12b. How many social fraternities are authorized by the college/university for the 2004/05 school year? (Please provide the number as of Fall 2004.)

_________ Fraternities

12c. How many fraternity houses are on and/or off your college/university campus for the 2004/05 school year? (Please provide the number as of Fall 2004.)

_________ On-Campus Fraternity Houses

_________ Off-campus Fraternity Houses

13. Does your college/university have social sororities? (Please check one.)

☐ Yes (If YES, please go to questions 13a-13c.)
☐ No (If NO, please go to question 14.)

13a. Which of the following describes the location of the sororities at your college/university? (Please check one.)

☐ All sororities are off campus
☐ All sororities are on campus
☐ There are sororities both on an off campus

13b. How many social sororities are authorized by the college/university for the 2004/05 school year? (Please provide the number as of Fall 2004.)

_________ Sororities

13c. How many sorority houses are on and/or off your college/university campus for the 2004/05 school year? (Please provide the number as of Fall 2004.)

_________ On-Campus Sorority Houses

_________ Off-Campus Sorority Houses

14. Does your college or university have a football team? (Please check one.)

☐ Yes (If YES, please go to questions 14a-14d.)
☐ No (If NO, please go to question 15.)

14a. Is the football stadium on the main campus or off campus? (Please check one.)

☐ Stadium is on campus
☐ Stadium is off campus

14b. What is the capacity of the football stadium? (Please provide the number of seats.)

__ __ __, __ __ __ Seat Capacity
14c. Is your department the primary source of law enforcement during football games at the stadium? (Please check one.)

☐ Yes  (If YES, please go to question 15.)

☐ No   (If NO, please go to question 14D.)

14d. Please explain who is the primary source of law enforcement during the football games. (Provide the name(s) of the primary source.)

15. Does your college or university have a basketball team? (Please check one.)

☐ Yes  (If YES, please go to questions 15a-15d.)

☐ No   (If NO, please go to question 16.)

15a. Is the basketball arena on the main campus or off campus? (Please check one.)

☐ Arena is on campus

☐ Arena is off campus

15b. What is the capacity of the basketball arena? (Please provide the number of seats.)

__ __ __, __ __ __  Seat Capacity

15c. Is your department the primary source of law enforcement during basketball games at the arena? (Please check one.)

☐ Yes  (If YES, please go to question 16.)

☐ No   (If NO, please go to question 15d.)

15d. Please explain who is the primary source of law enforcement during the basketball games. (Provide the name(s) of the primary source.)

16. Does your college or university have a hospital on the main campus? (Please check one.)

☐ Yes  (If YES, please go to questions 16a.)

☐ No   (If NO, please go to next questionnaire section.)

16a. Is your hospital a regional trauma center? (Please check one.)

☐ Yes

☐ No

Name of Individual Completing this Section of the Survey (Please Print)

________________________________________________________

Signature

________________________________________________________

Date

________________________________________________________

E-mail contact
SECTION 2

Budget

REMINDERS:

*Please sign and date the signature page at the end of this section.*

*Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.*

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
SECTION 2: BUDGETARY

1. Does your agency have a stand-alone budget separate from other college/university departments? (Please check one.)
   ☐ Yes
   ☐ No

2. Which of the following areas does your agency’s budget allocate specific funding? (Please check all that apply.)
   ☐ Training of officers
   ☐ Training of security
   ☐ Training of other personnel
   ☐ Equipment needs
   ☐ Facilities
   ☐ Maintenance
   ☐ Day-to-day operations
   ☐ Over-time

Please attach the following:

• Police Department’s FY1999 budget
• Police Department’s FY2004 budget
• Police Department’s FY2005 budget
• Police Department’s FY1999 actual expenditures
• Police Department’s FY2004 actual expenditures

PART I: Total University/College Budget

NOTE: Questions 3-5 ask questions regarding the total college/university budget. The total budget provided should include those funds for educational and general programs and auxiliary enterprises. Educational and general programs include funds for: instruction, research, public services, academic support, student services, institutional support and operations and maintenance.

3. What is the total college/university budget for the campus your agency serves in FY2005 (July 1, 2004-June 30, 2005)?
   $_____________________

4. What was the total college/university budget for the campus your agency served in FY2004 (July 1, 2003-June 30, 2004)?
   $_____________________

5. What was the total college/university budget for the campus your agency served in FY1999 (July 1, 1998-June 30, 1999)?
   $_____________________

____  ____  ____
**PART 2: Police Department Operating Budget**

6. Enter your department’s budget information for FY1999, FY2004, and FY2005. *(Please round to whole dollars.)*

<table>
<thead>
<tr>
<th></th>
<th>FY1999</th>
<th>FY2004</th>
<th>FY2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Total Budget</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>B. Source of Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Source (General Funds)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Auxiliary Fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Athletics</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Student Housing/Residence Life</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>State Grants</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Federal Grants</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>______________________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>______________________</td>
<td>$</td>
<td>$</td>
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<td>______________________</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>______________________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**PART 3: Police Department Expenditures**


<table>
<thead>
<tr>
<th></th>
<th>FY1999</th>
<th>FY2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross salaries and wages (not including persons hired for special events.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Employer contributions to employee benefits (not including persons hired for special events.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other operating expenditures (e.g., purchase of supplies, food and contractual services.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Equipment (e.g., purchase of cars, radios, computers, etc., with a life expectancy of 5 years or more.)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*If data are not available, provide estimates and mark with an asterisk*. 
PART 4:  Outsourcing

8. Are any police or security services outsourced (i.e. contracted out) to a private security firm(s) for FY 2005 (July 1, 2004 – June 30, 2005)?
   ☐ Yes (If YES, please go to questions 8a-8b.)
   ☐ No (If NO, please go to question 9.)

8a. List the agency name(s) of external provider(s) for FY 2005 and the yearly amount of the contract:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

8b. Please explain the types of services outsourced to private security firm(s) for FY 2005?
   (Please explain.)

9. Were any police or security services outsourced (i.e. contracted out) to a private security firm(s) for FY1999 (July 1, 1998 – June 30, 1999)?
   ☐ Yes (If YES, please go to questions 9a-9b.)
   ☐ No (If NO, please go to question 10.)

9a. List the agency name(s) of external provider(s) for FY1999 and the yearly amount of the contract:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

9b. Please explain the types of services outsourced to private security firm(s) for FY 1999?
   (Please explain.)

10. Were any police or security services outsourced (i.e. contracted out) to other state or local law enforcement agencies for FY 2004 (July 1, 2003 – June 30, 2004)?
    ☐ Yes (If YES, please go to questions 10a-10b.)
    ☐ No (If NO, please go to question 11.)

10a. List the state and local agency name(s) of the external provider(s) for FY 2004:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

____  ____  ____
10b. Please explain the types of services outsourced to other state and local law enforcement agencies for FY 2004? *(Please explain.)*

11. Were any police or security services outsourced (i.e. contracted out) to other state or local law enforcement agencies for FY 1999 (July 1, 1998 – June 30, 1999)?
   - Yes *(If YES, please go to questions 11a-11b.)*
   - No *(If NO, please go to question 12.)*

11a. List the state and local agency name(s) of the external provider(s) for FY 1999:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

11b. Please explain the types of services outsourced to other state and local law enforcement agencies for FY 1999? *(Please explain.)*

12. Were any special events personnel (not full-time or regular part-time officers) hired in FY 2004? *(Please check one.)*
   - Yes
   - No

**NOTE:** Please attach a list of each special events officer hired for FY 2004, the amount paid to each officer and the agency from which the persons were hired.

**PART 5: Overtime**

13. Enter total overtime hours worked, total overtime monetary payment and total compensatory hours earned by full-time sworn personnel who worked overtime during FY 2004.
   *(If data are not available, provide estimates and mark with an asterisk*.**)
   
   a. Total overtime hours worked: __________ hours
   
   b. Total overtime monetary payment: $ __________
   
   c. Total overtime compensatory hours earned: __________ hours
14. Enter total overtime hours worked, total overtime monetary payment and total compensatory hours earned by full-time sworn personnel who worked overtime during FY1999. (If data are not available, provide estimates and mark with an asterisk*.)

   a. Total overtime hours worked: __________ hours
   b. Total overtime monetary payment: $___________
   c. Total overtime compensatory hours earned: _________ hours

__________________________________________________________________
Name of Individual Completing this Section of the Survey
(Please Print)

__________________________________________________________________
Signature

__________________________________________________________________
Date

__________________________________________________________________
E-mail contact
SECTION 3

Personnel/Training

REMINDERS:

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
This section of the survey is designed to determine differences in overall staffing levels from September 1999 to September 2004. Questions for 1999 will be briefer than those for the current year.

**FUNDED PERSONNEL ONLY- September 1, 1999**

1. What was the total number of full-time and part-time employees, funded by all sources working in your department as of **September 1, 1999**?

   ______________ Employees

1a. Of the number of employees working in the department on **September 1, 1999**, how many were working in the following capacities? **DO NOT DOUBLE-COUNT.** List employee in area of primary responsibility. (Part-time includes those persons working less than 40 hours per week or those working hourly without benefits).

<table>
<thead>
<tr>
<th></th>
<th>Sworn</th>
<th>Non-Sworn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Chief of Police, assistants, and all others working in an administrative capacity, including finance personnel and internal affairs.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Police officers, detectives, inspectors, supervisors, and all others providing direct service, including traffic, patrol, investigations and special operations.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Dispatchers, records clerks, data processors, and all others providing support services.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(interns, work study, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Parking monitors, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please specify.)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please specify.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please specify.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____   _____   _____   _____
2. What was the total number of full-time and part-time employees, funded by all sources working in your department as of September 1, 2004?

_________________________ Employees

2a. Of the number of employees working in the department on September 1, 2004, how many were working in the following capacities? DO NOT DOUBLE-COUNT – List employee in area of primary responsibility. (Part-time includes those persons working less than 40 hours per week or those working hourly without benefits).

<table>
<thead>
<tr>
<th></th>
<th>Sworn Full-Time</th>
<th>Sworn Part-Time</th>
<th>Non-Sworn Full-Time</th>
<th>Non-Sworn Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Chief of Police, assistants, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all others working in an administrative capacity, including finance personnel and internal affairs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Police officers, detectives, inspectors, supervisors, and all others providing direct service, including traffic, patrol, investigations and special operations.)</td>
<td></td>
<td></td>
<td></td>
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<td>Technical Support</td>
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<td>(Dispatchers, records clerks, data processors, and others providing support services.)</td>
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<td>Student Employees</td>
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<td>(interns, work study, etc.)</td>
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<td>Other</td>
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<td>(Parking monitors, etc.)</td>
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UNPAID PERSONNEL ONLY- September 1, 2004

3. What was the total number of UNPAID full-time and part-time personnel (i.e., auxiliary and other trained personnel), working in your department as of **September 1, 2004**?

______________ Volunteers/Unpaid Personnel

3a. Of the number of employees/volunteers working in the department on **September 1, 2004**, how many were working in the following capacities? **DO NOT DOUBLE-COUNT.** List employee/volunteer in area of primary responsibility.

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<td>Field Operations</td>
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<td>Technical Support</td>
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<td>Security Officers</td>
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<td>Student Workers/Volunteers</td>
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<td>Interns</td>
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<td>Other</td>
<td>______</td>
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</table>

*Please specify.*

(Please specify.)

(Please specify.)

(Please specify.)
PART 1: Current Staff and Salaries

This section of the survey is designed to seek information on each full-time employee working in your department as of September 1, 2004, including those funded by sources other than the police department budget. A description of the information required in each column follows. Please complete the information for each employee.

SCHEDULE A - Full-time Staff Information Sheets

Column 1- The last name of the employee

Column 2- The official job title of the employee as of September 1, 2004

Column 3- The education level of the employee as of September 1, 2004

Column 4- The salary of the employee as of September 1, 2004 reported in whole dollars

Column 5- The source of funds from which the employee’s salary is paid.

If the salary is paid by multiple sources, please note each of the sources. Examples of fund sources include:

- police department funds
- athletic department funds
- housing/residence life funds
- parking services funds
- state grant funds (specify the agency funding the grant)
- federal grant funds (specify the agency funding the grant)

Column 6- The month, day and year the employee was hired by the police department

Column 7- The employee’s starting salary

Column 8- Whether the employee is a sworn or non-sworn employee

Columns 9-23 These columns list a variety of possible employee benefits. For each employee, check the box for those benefits that the employee was receiving as of September 1, 2004.

Eligible benefits include:

- tuition assistance (partial financial assistance to employee/family for approved classes)
- tuition reimbursement (reimbursement for approved classes upon successful completion of classes)
- uniform cleaning
- take home patrol cars
- education incentive pay (higher salaries for more advanced degrees)
- hazardous duty pay
- special skills proficiency pay
- merit/performance pay
- shift pay differential
- health insurance
- dental insurance
- eye insurance
- annual leave (vacation leave)
- sick leave
- disability leave
- retirement (i.e., VRS benefits)
<table>
<thead>
<tr>
<th>Last Name</th>
<th>Current Title</th>
<th>Education Level</th>
<th>Salary as of Sept. 1, 2004</th>
<th>Source of Salary (i.e., Police Dept., Grant Funding, or other University Department)</th>
<th>Hiring Date</th>
<th>Starting Salary</th>
<th>Sworn (S)/ Non-Sworn (NS)</th>
<th>Benefits Offered</th>
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</tbody>
</table>

*Tuition Assistance includes both tuition waivers and/or reimbursement programs for academic classes.
SCHEDULE B - Part-time Staff Information Sheets

This section of the survey is designed to seek information on each part-time employee working in your department as of September 1, 2004, including those funded by sources other than the police department budget. A description of the information required in each column follows. Please complete the information for each employee.

| Column 1- | The last name of the employee |
| Column 2- | The official job title of the employee as of September 1, 2004 |
| Column 3- | The education level of the employee as of September 1, 2004 |
| Column 4- | The hourly rate for the employee as of September 1, 2004 |
| Column 5- | The average number of hours per week that the employee was hired to work |
| Column 6- | The source of funds from which the employee’s salary is paid |

If the salary is paid by multiple sources, please note each of the sources. Examples of fund sources include:
- police department funds
- athletic department funds
- housing/residence life funds
- parking services funds
- state grant funds (specify the agency funding the grant)
- federal grant funds (specify the agency funding the grant)

| Column 7- | The month, day and year the employee was hired by the police department |
| Column 8- | The employee’s starting hourly rate |
| Column 9- | Whether the employee is a sworn or non-sworn employee |

Columns 10-23 These columns list a variety of possible employee benefits. (For each employee, check the box for those benefits that the employee was receiving as of September 1, 2004.)

Eligible benefits include:
- tuition assistance *(partial financial assistance to employee/family for approved classes)*
- tuition reimbursement *(reimbursement for approved classes upon successful completion of classes)*
- uniform cleaning
- take home patrol cars
- education incentive pay *(higher salaries for more advanced degrees)*
- hazardous duty pay
- special skills proficiency pay
- merit/performance pay
- shift pay differential
- health insurance
- dental insurance
- eye insurance
- annual leave *(vacation leave)*
- sick leave
- disability leave
- retirement *(i.e., VRS benefits)*
### Part-time Staff

**Benefits Offered**

(Please check all that apply for each employee)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Current Title</th>
<th>Education Level</th>
<th>Hourly Rate as of Sept. 1, 2004</th>
<th>Avg. Hours per week</th>
<th>Source of Salary (i.e., Police Dept., Grant Funding, or other University Department)</th>
<th>Hiring Date</th>
<th>Starting Hourly Rate</th>
<th>Sworn (S)/Non-Sworn (NS)</th>
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</table>

*Tuition Assistance includes both tuition waivers and/or reimbursement programs for academic classes*
PART 2: Staff Separations

This section of the survey is designed to seek information on each employee that has separated from your agency from July 1, 1999 to September 1, 2004, including those funded by sources other than the police department budget. A description of the information required in each column follows. Please complete the information for each employee.

Column 1- Last name of the separated employee
Column 2- The official job title of the employee whose employment was separated between July 1, 1999 to September 1, 2004
Column 3- The date the employee was hired by the police department (month/day/year)
Column 4- The date the employee separated from the department (month/day/year)
Column 5- The separated employee’s status with the department (full-time or part-time)
Column 6- The reason for the employee’s separation from the department, if known; examples of reasons include:
  • retirement
  • family relocation
  • better salary with another department
  • better/additional benefits offered by another department
Column 7- The separated employee’s next place of employment, if known
Column 8- The separated employee’s salary at the date of separation
<table>
<thead>
<tr>
<th>Title</th>
<th>Date of Hire</th>
<th>Date of Separation</th>
<th>Status of Employment (Full or Part-time)</th>
<th>Reason for Separation</th>
<th>Next Employer (If Known)</th>
<th>Salary at Separation</th>
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</table>
PART 3: Staff Recruitment and Training

4. Where is the primary source of academy training for your agency’s new officer recruits?
   Name of Academy: __________________________________
   Location (city, state):_________________________________

5. What is the length of the basic training program? (Please provide the length in hours.)
   ____________ hours

6. Do the officers undergo a formal Field Training Officers (FTO) program? (Please check one.)
   □ Yes (If YES, please go to question 6a.)
   □ No (If NO, please go to question 7)

6a. What is the length of the FTO training? (Please provide the length in weeks.)
   ____________________ weeks

7. Does your agency require a probationary period for new officer recruits before permanent status is granted? (Please check one.)
   □ Yes (If YES, please go to question 7a.)
   □ No (If NO, please go to question 8)

7a. If yes, how long is the probationary period? (Please provide the length in months.)
   ____________________ months

8. Is there any other in-service and /or specialized law enforcement training that your agency requires for its officers, beyond DCJS requirements (AED, bike patrol, etc.)? (Please check one.)
   □ Yes (If YES, please go to question 8a.)
   □ No (If NO, please go to question 9)

8a. If yes, please describe the additional required training, beyond DCJS, that your agency’s officers are mandated to receive as a condition of employment. (Please explain.)

9. Does your agency provide any “in-house” training for its officers? (Please check one.)
   □ Yes (If YES, please go to question 9a.)
   □ No (If NO, please go to question 10.)
9a. What are the total number of “in-house” training hours that your agency provided to its officers in FY2004?

______________________ hours

* PLEASE ATTACH A LIST OF ADDITIONAL, SPECIALIZED AND “IN-HOUSE” LAW ENFORCEMENT TRAINING THAT WERE PROVIDED FOR YOUR OFFICERS IN FY2004. (Again, this number should only include training that is beyond DCJS requirements)*

10. Does your agency provide state-certified instructors to the academies? (Please check one.)
   □ Yes
   □ No

11. Does your department have an educational **requirement** for hiring new sworn police officer recruits? (Please check one.)
   □ Yes (If YES, please go to question 11a.)
   □ No (If NO, please go to question 12.)

11a. What is your agency’s formal educational **requirement** for new officer recruits? (Please check one.)
   □ Four-year college degree
   □ Some college, but no degree
   □ Two-year college degree
   □ High school diploma or GED

12. Does your department have an educational **preference** for hiring new sworn police officer recruits? (Please check one.)
   □ Yes (If YES, please go to question 12a.)
   □ No (If NO, please go to question 13.)

12a. What is your agency’s formal educational **preference** for new officer recruits? (Please check one.)
   □ Four-year college degree
   □ Some college, but no degree
   □ Two-year college degree
   □ High school diploma or GED

13. Does your department have an educational **requirement** for hiring new security officer recruits? (Please check one.)
   □ Yes (If YES, please go to question 13a.)
   □ No (If NO, please go to question 14.)
   □ Not Applicable; do not have security officers (If N/A, please go to question 15.)

13a. What is your agency’s formal educational requirement for new security officer recruits? (Please check one.)
   □ Four-year college degree
   □ Some college, but no degree
   □ Two-year college degree
   □ High school diploma or GED

14. Does your department have an educational **preference** for hiring new security officer recruits? (Please check one.)
   □ Yes (If YES, please go to question 14a.)
   □ No (If NO, please go to question 15.)
14a. What is your agency’s formal educational preference for new security officer recruits? (Please check one.)

- Four-year college degree
- Some college, but no degree
- Two-year college degree
- High school diploma or GED

15. Which of the following employment screening methods are employed in the selection process for both sworn police officers and non-sworn security officers? (Please check all that apply.)

<table>
<thead>
<tr>
<th>Written aptitude test</th>
<th>Sworn police</th>
<th>Non-sworn security</th>
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</thead>
<tbody>
<tr>
<td>Oral interview</td>
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<td>Panel interview</td>
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<td>Criminal record check</td>
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<td>Physical agility test</td>
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<td>Psychological screening</td>
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<td>Psychological clinical interview</td>
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<td>Medical exam</td>
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<td>Polygraph exam</td>
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<td>Drug screening</td>
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<td>Analytical problem-solving tests</td>
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<td>Personal reference check</td>
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<td>Credential check</td>
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<td>Second language proficiency tests</td>
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<td>Volunteer/neighbor check</td>
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<td>Driving record check</td>
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<td>Credit history check</td>
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<td>Other (Please explain.)</td>
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</table>

16. For sworn officers: Is there a minimum contractual obligation for time of service once hired?
   - Yes (If YES, please go to question 16a.)
   - No (If NO, please go to question 17.)

16a. What is the length of the contractual obligation? _______________ year(s)

17. For all other personnel (sworn and non-sworn): Is there a minimum contractual obligation for time of service once hired?
   - Yes (If YES, please go to question 17a.)
   - No (If NO, please go to question 18.)
17a. What is the length of the contractual obligation? _______________________ year(s)

PLEASE ATTACH A COPY OF THE CONTRACTUAL OBLIGATION FOR TIME OF SERVICE THAT YOUR AGENCY USES.

18. Does your agency have a written policy that defines the performance evaluation system for its employees? (Please check one.)
   - ☐ Yes (If YES, please go to questions 18a-18b.)
   - ☐ No (If NO, please go to the next section of the survey.)

18a. Which of the following employees are subject to performance evaluation? (Please check all that apply.)
   - ☐ Sworn police officers
   - ☐ Non-sworn security officers
   - ☐ Other sworn personnel
   - ☐ Other non-sworn personnel
   - ☐ No employees are evaluated

18b. How often are your agency’s employees evaluated? (Please check the appropriate box.)

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<th>Annually</th>
<th>Semi-Annually</th>
<th>Other (Please specify.)</th>
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<tbody>
<tr>
<td>Sworn police officers</td>
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<td>Non-sworn security officers</td>
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<td>Other sworn personnel</td>
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<tr>
<td>Other non-sworn personnel</td>
<td>☐</td>
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</tbody>
</table>

Name of Individual Completing this Section of the Survey (Please Print) __________________________

Signature _____________________________________________________________________________

Date _________________________________________________________________________________

E-mail contact ________________________________________________________________________
SECTION 4

Operations

REMINDERS:

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
SECTION 4: OPERATIONS

1. How many shifts do your sworn officers staff?  *(Please check one and list hours of each shift.)*

   - 2 shifts-
     - 1st shift hours
     - 2nd shift hours
   - 3 shifts-
     - 1st shift hours
     - 2nd shift hours
     - 3rd shift hours

2. Enter the number of sworn patrol officers for each shift for the most recent week with typical campus activity (exclude weeks with special events, breaks, etc.)

   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday
   - Sunday

* Please enter N/A if a particular shift does not apply to your agency’s operations.

3. Enter the functions that your agency performs on a regular basis and/or has primary responsibility for performing as needed.  *(Please check all that apply.)*

   **a. Security Functions**
   - Central alarm monitoring
   - Access control
   - Key control
   - Identification cards
   - Building lockup/unlock
   - Securing residence halls
   - Securing academic buildings
   - Securing property/evidence items
   - Stadium/Arena/Coliseum event security
   - Hospital/Medical Center security
   - Security for research laboratories
   - Other special event /locality security

   *(Please describe.)* _______________________________
   _______________________________

   **b. Routine Functions**
   - Patrol
   - Criminal investigation
   - Traffic accident investigation
   - Workers comp/personal injury reports
   - Receiving calls for service
   - Campus switchboard operation
   - Fingerprint processing
   - Traffic direction/control
   - Parking enforcement
   - Personal safety escorts
   - Dispatching calls for service
   - Fire inspection
   - Fire prevention education
   - Emergency fire services
   - Risk management
   - Other routine functions

   *(Please describe.)* _______________________________
c. Special Enforcements or Operations
- Search and Rescue
- Joint Task Force participation *(Please specify task forces.)*
- Animal control
- Emergency medical services (EMS)
- Tactical response (SWAT)
- Other *(Please describe.)*

**PART 1: Residence Hall and Building Security**

4. Are your residence halls secured? *(Please check one.)*
   - Yes, all are secured *(If YES, please go to questions 4a-4f.)*
   - Yes, some are secured *(If YES, please go to questions 4a-4f.)*
   - No, none are secured *(If NO, please go to questions 5.)*

4a. How many residence halls are electronically secured (i.e., card key access)? *(Please provide the number.)*
   _____ Halls

4b. How many residence halls are secured with traditional lock and key? *(Please provide the number.)*
   _____ Halls

4c. How many residence halls are secured with both lock/key and electronic access? *(Please provide the number.)*
   _____ Halls

4d. How many residence halls are secured at all times (24 hours)? *(Please provide the number.)*
   _____ Halls

4e. How many residence halls have a guard present at all times (24 hours)? *(Please provide the number.)*
   _____ Halls

4f. How many residence halls have a guard present only during certain times (i.e., evenings, etc.)? *(Please provide the number.)*
   _____ Halls

5. Who is responsible for securing the residence halls? *(Please check all that apply)*
   - Residence life personnel
   - Security officers
   - Police officers
   - Other *(Please specify.)*
6. Do any residence halls have security alarm services? (Please check one.)
   ☐ Yes (If YES, please go to questions 6a-6b.)
   ☐ No (If NO, please go to question 7.)

6a. How many residence halls have security alarm services? (Please provide the number.)
   ______ Halls

6b. Who is responsible for monitoring the residence hall security alarm services? (Please provide the name of the department, agency or company.)
   ____________________________________________________________

7. Do any other campus buildings have security alarm systems? (Please check one.)
   ☐ Yes (If YES, please go to questions 7a-7b.)
   ☐ No (If NO, please go to question 8.)

7a. How many other campus buildings have security alarm systems? (Please provide the number.)
   ______ Buildings

7b. Who is responsible for monitoring the security alarm systems of other campus buildings? (Please provide the name of the department, agency or company.)
   ____________________________________________________________

8. Does your agency conduct routine assessments/inspections of campus building maintenance and vegetation deficiencies that could pose security risks (i.e. campus lighting, overgrown vegetation, broken locks/doors, etc.)? (Please check one.)
   ☐ Yes (If YES, please go to questions 8a and 8b.)
   ☐ No (If NO, please go to question 8c.)

8a. If your department is responsible for identification of security deficiencies in any of the following areas, please indicate how often the department conducts the assessments/inspections. (Please check all that apply.)

   Campus lighting  Daily  ☐  Monthly  ☐  Semester  ☐  Annually  ☐  Upon Report  ☐  Other (Please explain)  ☐
   Overgrown vegetation  ☐  ☐  ☐  ☐  ☐  ☐
   Access systems  ☐  ☐  ☐  ☐  ☐  ☐
   Door alarms  ☐  ☐  ☐  ☐  ☐  ☐

   ____________  ____________  ____________
8b. Are there any other areas where your department conducts assessments and inspections to identify security deficiencies on campus? (Please explain and go to question 9.)

8c. If your department is not responsible for conducting routine assessments/inspections of campus building maintenance and vegetation deficiencies that could pose security risks, who is responsible for the assessments/inspections? (Please explain.)

9. Does your agency have a system for reporting security deficiencies (i.e., lights, locks, vegetation)?
(Please check one.)
☐ Yes (If YES, please go to question 9a.)
☐ No (If NO, please go to question 10.)

9a. Briefly explain this reporting system:

10. Is there a campus escort service? (Please check one.)
☐ Yes (If YES, please go to questions 10a-10b.)
☐ No (If NO, please go to question 11.)

10a. Which of the following entities conducts this service? (Please check all that apply.)
☐ Police
☐ Security
☐ Students
☐ Other (Please explain.) 

10b. Briefly describe how the escort service is conducted including the hours of operation, mode of transport, if any, and how calls for services are identified. (Please explain.)
11. Is there a campus transit/bus system? (Please check one.)
   [ ] Yes (If YES, please go to question 11a.)
   [ ] No (If NO, please go to question 12.)

11a. What are the hours of operation? (Please provide the opening and closing hours for each.)
   Weekdays: _____________
   Weekends: _____________
   Other (please explain): _____________

PART 2: Relationship with other Law Enforcement Agencies

12. Did your department conduct any joint investigations with other law enforcement agencies from July 1, 2002 to June 30, 2004? (Please check one.)
   [ ] Yes (If YES, please go to question 12a.)
   [ ] No (If NO, please go to question 13.)

12a. If YES, please list the agencies your department worked with jointly from July 1, 2002 to June 30, 2004.
   a. ___________________________  b. ___________________________
      Name of Agency             Name of Agency
   c. ___________________________  d. ___________________________
      Name of Agency             Name of Agency

Mutual Aid Agreements

13. Does your agency currently have a mutual aid agreement(s) with another jurisdiction(s)? (Please check one.)
   [ ] Yes (If YES, please go to questions 13a-13d.)
   [ ] No (If NO, please go to question 14.)

13a. Please list the name(s) of the jurisdiction(s) that your department has a mutual aid agreement with and whether the agreement is verbal or in writing. (Please check one and provide the name of the jurisdiction.)

   Name of jurisdiction: ___________________________  □ Verbal agreement
   □ Written agreement

   Name of jurisdiction: ___________________________  □ Verbal agreement
   □ Written agreement

   Name of jurisdiction: ___________________________  □ Verbal agreement
   □ Written agreement

   Name of jurisdiction: ___________________________  □ Verbal agreement
   □ Written agreement

**NOTE: PLEASE ATTACH A COPY OF EACH MUTUAL AID AGREEMENT**
13b. Has this agreement(s) been approved by the Board of Visitors?  
☐ Yes  
☐ No

13c. Has this agreement(s) been reviewed by legal counsel from the college/university?  
☐ Yes  
☐ No

13d. If your mutual aid agreement(s) are verbal, please describe the law enforcement activities covered by the mutual aid agreement.  
(Please provide a listing of the areas for mutual support and aid.)

14. Is your agency currently working towards a mutual aid agreement(s) with another jurisdiction(s)?  
(Please check one.)

☐ Yes (If YES, please go to question 14a.)  
☐ No  (If NO, please go to question 15.)

14a. Please list the name(s) of the jurisdiction(s) with which your department is working towards a mutual aid agreement(s)?  
(Please provide the name of the jurisdiction.)

Name of Jurisdiction

Name of Jurisdiction

Concurrent Jurisdiction

15. Does your agency currently have concurrent jurisdiction, where boundaries were expanded by court order, with any of its surrounding localities?  
(Please check one.)

☐ Yes (If YES, please go to questions 15a-15b.)  
☐ No (If NO, please go to question 16.)

15a. Please list the name(s) of the jurisdiction/department(s) with which your agency has concurrent jurisdiction and when the agreement was approved.  
Include only those by COURT ORDER.

Name of jurisdiction/department: _____________________________ Date: _______________

Name of jurisdiction/department: _____________________________ Date: _______________

Name of jurisdiction/department: _____________________________ Date: _______________

NOTE: PLEASE ATTACH A COPY OF EACH CONCURRENT JURISDICTION AGREEMENT
15b. Has this agreement(s) been approved by the local Commonwealth’s Attorney? (Please check one.)
- Yes
- No

16. Is your agency currently working towards any concurrent jurisdiction agreements? (Please check one.)
- Yes (If YES, please go to question 16a.)
- No (If NO, please go to question 17.)

16a. Please list the name(s) of the jurisdiction(s) with which your department is working towards a concurrent jurisdiction agreement(s)? (Please provide the name of the jurisdiction.)

___________________________________________
Name of Jurisdiction
___________________________________________
Name of Jurisdiction

17. Has your agency attempted to obtain concurrent jurisdiction in the past but was denied? (Please check one.)
- Yes (If YES, please go to questions 17a- 17b.)
- No (If NO, please go to question 18.)

17a. What was the date of the denial and the other jurisdiction/department involved? (Please provide month/year and locality name.)

____________________
Month/Year

____________________
Jurisdiction/department

17b. Please explain why the concurrent jurisdiction agreement was denied and by whom. (Please explain.)

PART 3: Accreditation

18. Is your agency accredited by the Virginia Law Enforcement Professional Standards Commission (VLEPSC)? (Please check one.)
- Yes (If YES, please go to question 18a.)
- No (If NO, please go to question 18b.)

18a. When did your agency become state accredited? (Please provide the month and year.)

____________________
Month/Year
18b. If NO, which of the following best describes your agency’s current accreditation status with the VLEPSC? (Please check one.)

- Commission review phase
- On-site assessment phase
- Self-assessment phase
- Application phase
- None of the above

19. Is your agency accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? (Please check one.)

- Yes (If YES, please go to question 19a.)
- No (If NO, please go to question 19b.)

19a. When did your agency become nationally accredited? (Please provide the month and year.)

______________ Month/Year

19b. If NO, which of the following best describes your agency’s current accreditation status with the CALEA? (Please check one.)

- Commission review phase
- On-site assessment phase
- Self-assessment phase
- Application phase
- None of the above

PART 4: Policies/Programs

20. Does your agency have a written policy/procedures manual? (Please check one.)

- Yes (If YES, please go to questions 20a-20c.)
- No (If NO, please go to question 21.)

PLEASE ATTACH A COPY OF ALL POLICY/PROCEDURE MANUALS.

20a. Which of the following areas does your agency’s manual address? (Please check all that apply.)

- Patrol operations
- Investigation operations
- Communications
- Equipment
- Training
- Code of conduct
- Use of force
- Jurisdiction
- Document routing
- Constitutional safeguards
- Administrative operation
20b. Does your agency have written policy directives for the following activities/circumstances? (Please check all that apply.)

☐ Use of deadly force/firearm discharge
☐ Community policing plan
☐ Emergency preparedness
☐ Media relations
☐ Code of conduct and appearance
☐ Employee misconduct
☐ Handling domestic disturbances
☐ Writing/submitting reports
☐ Handling juveniles
☐ Parking enforcement
☐ Handling the mentally ill
☐ Handling the homeless
☐ Citizen complaints
☐ Pursuit driving
☐ Off-duty employment of officers
☐ Employee counseling assistance
☐ "Knock and announce" policy
☐ Natural disaster
☐ Unnatural disaster
☐ Terrorist attack
☐ Mass arrests
☐ Civil disturbance
☐ Handling the mentally ill
☐ Bomb threat
☐ Handling the homeless

20c. Which of the following reviewed your agency’s policy and procedures manual? (Please check all that apply.)

☐ University/College legal counsel
☐ University/College administrators
☐ Commonwealth’s Attorney
☐ Other (Please specify.) ____________________________________________
☐ Manual not reviewed outside of department

21. Which of the following best describes your agency’s written policy for pursuit driving? (Please check one.)

☐ Discouragement (i.e., discourages all pursuits.)
☐ Judgmental (i.e., leaves pursuit decisions to officer’s discretion)
☐ Restrictive (i.e., restricts decisions of officers to specific criteria such as type of offense, speed, other)
☐ Other (Please specify.) ____________________________________________
☐ No written pursuit driving policy

22. Does your agency have a written protocol for dealing with victims of sexual assault? (Please check one.)

☐ Yes
☐ No
23. Does your agency operate special programs for the following? *(Please check all that apply.)*

- [ ] Victim assistance
- [ ] Self-defense training
- [ ] Crime prevention education
- [ ] Alcohol education
- [ ] Bias-related (hate) crimes
- [ ] Drug education
- [ ] Student security patrol
- [ ] Cyber crime
- [ ] Date rape prevention
- [ ] Student security patrol
- [ ] Stranger rape prevention
- [ ] New student/faculty/staff orientation
- [ ] Community policing
- [ ] Other unique programs *(Please specify.)*

_______________________________________
_______________________________________
________________________________________

24. Does your agency participate in the planning of future buildings and structures on campus? *(Please check one.)*

- [ ] Yes
- [ ] No

25. Does your agency participate in evaluations of building renovations? *(Please check one.)*

- [ ] Yes
- [ ] No

26. Who is in charge of administrative (non-criminal) investigations of citizen complaints pertaining to police use of excessive force? *(Please check all that apply.)*

- [ ] Chief of Police
- [ ] Other sworn agency personnel
- [ ] Other non-sworn agency personnel
- [ ] College/University attorney
- [ ] State/District Attorney or Prosecutor
- [ ] Civilian complaint review board
- [ ] Other *(Please specify.)*

27. Does your College/University have a formal campus security advisory committee? *(Please check one.)*

- [ ] Yes *(If YES, please go to questions 27a-27c.)*
- [ ] No *(If NO, please go to question 28.)*

27a. What is the title of the committee? *(Please provide the name.)*

________________________________________
27b. Which of the following entities sits on the advisory committee? *(Please check all that apply.)*
- Students
- Faculty
- Student health personnel
- Residence life personnel
- Campus security personnel
- Senior administrators
- Other *(Please specify.)* ________________________________

27c. Please provide the name and title of the person who is the Chair of the committee. *(Please list.)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
</table>

28. Did your agency conduct or sponsor any surveys to assist your department in developing operational plans during the 2003-2004 academic year? *(Please check one.)*

- Yes *(If YES, please go to questions 28a-28c.)*
- No *(If NO, please go to question 29.)*

**NOTE:** PLEASE ATTACH A COPY OF THE MOST RECENT SURVEYS CONDUCTED BY YOUR AGENCY.

28a. Which of the following topics were included on the survey(s)? *(Please check all that apply.)*
- Satisfaction with police services
- Perception of crime problems
- Personal crime experiences
- Other *(please specify.)* ________________________________

28b. Which of the following groups were solicited for their opinions on the surveys? *(Please check all that apply.)*
- Students
- Faculty
- Staff
- Victims of campus crime
- Other *(Please specify.)* ________________________________

28c. Did your agency use the survey information for any of the following purposes? *(Please check all that apply.)*
- Allocating resources
- Evaluating program effectiveness
- Evaluating agency performance
- Evaluating officer performance
- Officer training development
- Inclusion in annual report
- Other *(Please specify.)* ________________________________
29. As part of the 10-year accreditation process, does your University/College survey students regarding campus safety? *(Please check one.)*

☐ Yes
☐ No

NOTE: PLEASE ATTACH A COPY OF THE SURVEY RESULTS.

30. Besides surveys, were any other mechanisms used to solicit the opinions of students, faculty and/or staff during the 2003-2004 academic year? *(Please check one.)*

☐ Yes *(If YES, please go to question 30a.)*
☐ No *(If NO, please go to question 31.)*

30a. If YES, briefly describe the other mechanisms used to solicit opinions. *(Please explain.)*

31. In accordance with the Campus Security Act, which of the following mechanism(s) for issuing timely notices of threats does your agency utilize? *(Please check all that apply.)*

☐ E-mail/Web postings
☐ Flyers/postings
☐ Mailings
☐ Telephone messages/announcements
☐ Campus paper
☐ Other *(Please specify.)*

32. Who issues press releases regarding security issues? *(Please check all that apply.)*

☐ Police department
☐ Administration (i.e., Dean of Students)
☐ P.R. office/ information services
☐ Other *(Please specify.)*
33. Which of the following preparedness activities was your agency involved with during the 2003-2004 academic year? (Please check all that apply.)
- Officer training/awareness in Homeland Security, WMD, etc.
- Dissemination of information to increase citizen preparedness
- Campus meetings on homeland security
- Formal intelligence-sharing agreements (e.g., MOUs) with other law enforcement agencies
- Involvement in Joint Terrorism Task Force (JTTF)
- Meetings with administrative-level campus staff regarding emergency preparation plans
- Emergency preparedness exercises (i.e., HAZMAT drills, etc.)
- Partnership with culturally diverse campus groups
- Other (Please specify.) ________________________________

34. Please select the category that best describes the frequency of meetings between your agency and the following groups regarding crime-related problems during the 2003-2004 academic year.
(Please select only one category per row.)

<table>
<thead>
<tr>
<th></th>
<th>Weekly</th>
<th>Monthly</th>
<th>Once per semester</th>
<th>Once per year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business groups</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Commonwealth’s Attorney Office</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community Advisory Board</td>
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<tr>
<td>Domestic violence groups</td>
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<tr>
<td>Faculty/staff organizations</td>
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<tr>
<td>Fraternity/sorority groups</td>
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<tr>
<td>International/ethnic groups</td>
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<tr>
<td>Local public groups</td>
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<tr>
<td>Law enforcement agencies</td>
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<tr>
<td>Neighborhood associations</td>
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<td>Residence life officials</td>
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<tr>
<td>Student judicial officers</td>
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<tr>
<td>Student organizations</td>
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<tr>
<td>Athletic department/Athletes</td>
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<tr>
<td>Victim/counseling services</td>
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<tr>
<td>Other: __________________________</td>
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</tbody>
</table>
35. Has your University/College received any Homeland Security preparedness grants? *(Please check one.)*
   ☐ Yes *(If YES, please go to question 35a.)*
   ☐ No *(If NO, please go to next questionnaire section.)*
   ☐ Not applicable *(If N/A, please go to next questionnaire section.)*

35a. If yes, was the money allocated to your agency? *(Please check one.)*
   ☐ Yes *(If YES, please go to next questionnaire section.)*
   ☐ No *(If NO, please go to question 35b.)*

35b. If no, which department was the money allocated to?

________________________________________________________

Name of Individual Completing this Section of the Survey *(Please Print)*

________________________________________________________

Signature

________________________________________________________

Date

________________________________________________________

E-mail contact
SECTION 5

Equipment

REMINDERS:

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
PART 1: Weapons/Protective Gear

1. Are your agency’s patrol officers armed while on duty? (Please check one.)
   - Yes (If YES, please go to question 1a.)
   - No (If NO, please go to question 2.)

1a. Are there occasions when a patrol officer is not armed when on-duty? (Please check one.)
   - Yes (Please explain.)____________________________________________
   - No

2. Does your agency purchase and issue any firearms to its personnel for patrol duty? (Please check one.)
   - Yes (If YES, please go to question 2a.)
   - No (If NO, please go to question 3.)

   2a. Please list the firearms your agency issues to personnel for patrol duty. (Please list.)

3. Which of the following types of firearms does your agency authorize for its sworn officers working in field/patrol assignments? (Please check one.)

<table>
<thead>
<tr>
<th>Type of Firearm</th>
<th>Primary Weapon</th>
<th>Backup Weapon</th>
<th>Primary and Backup Weapon</th>
<th>Not Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-automatic sidearm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Revolver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rifle</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shotgun</td>
<td>☐</td>
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</tr>
</tbody>
</table>
4. Which of the following types of “less than lethal” weapons does your agency authorize for its sworn officers AND non-sworn security officers? *(Please check one.)*

<table>
<thead>
<tr>
<th>Weapon Type</th>
<th>Sworn Only</th>
<th>Non-Sworn Only</th>
<th>Both Sworn and Non-Sworn</th>
<th>Not Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baton</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pepper Spray (Oleoresin capsium)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Tear Gas- Personal Use</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tear Gas- Large Volume</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Chemical/Pepper fog spray</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Soft projectile/Rubber bullet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical Stun Gun/Taser</td>
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<tr>
<td>Other <em>(Please specify.</em>)</td>
<td></td>
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</tr>
</tbody>
</table>

5. Were any animals maintained by your agency for use in activities related to law enforcement between September 1, 1999 and September 1, 2004? *(Please check one.)*

- Yes *(Please specify.)* _________________________________
- No

6. Does your agency require that any officer wear protective body armor while on duty? *(Please check one.)*

- Yes *(If YES, please go to questions 6a-6d.)*
- No *(If NO, please go to question 6e.)*

6a. How does your agency provide protective body armor? *(Please check one.)*

- Supplies armor
- Cash Allowance
- Does not provide armor assistance
6b. Are all officers required to wear protective body armor while on duty? *(Please check one.)*
   - ☐ Yes
   - ☐ No

6c. Do officers personally choose when and when not to wear protective body armor? *(Please check one.)*
   - ☐ Yes
   - ☐ No

6d. Is a disclaimer required when an officer personally chooses to not wear protective body armor? *(Please check one.)*
   - ☐ Yes
   - ☐ No

6e. Why does your agency not provide body armor to its officers?
   - ☐ Cost
   - ☐ Policy
   - ☐ Other *(Please specify.)* _______________________________________________________________________

---

**PART 2: Patrol Vehicles**

7. Is your fleet adequate to support field demands?
   - ☐ Yes *(If YES, please go to question 8.)*
   - ☐ No *(If NO, please go to question 7a.)*

7a. Please explain why your fleet is not able to support field demands:

---

**PLEASE ATTACH YOUR FLEET LIST INCLUDING ALL VEHICLES (CAR, VAN, MOTORCYCLE, SCOOTER, BICYCLE, ETC) INCLUDE THE TYPE OF VEHICLE, YEAR, MILEAGE, MAKE, MARKED OR UNMARKED.**
**PART 3: Communications**

8. Does a locality respond to E-911 calls from your campus?
   - Yes  *(If YES, please go to question 8a.)*
   - No  *(If NO, please go to question 9.)*

8a. Which locality responds to E-911 calls from your campus? ______________________________

9. How does the local police department notify your department of an E-911 emergency? *(Please explain.)*

10. Does your agency have emergency phones (e.g., blue lights) on campus? *(Please check one.)*
   - Yes  *(If YES, please go to questions 10a-10b.)*
   - No  *(If NO, please go to question 11.)*

10a. How many emergency phones are on your main campus? *(Please provide the number.)*
     __________ Emergency Phones

10b. How often are the emergency phones checked for proper operation? *(Please check one.)*
   - Weekly
   - Monthly
   - Each Semester
   - Annually
   - When notified of a problem
   - Other *(Please specify.)* ______________________________

11. Does your agency have a direct on-campus phone number for emergencies/assistance? *(Please check one.)*
   - Yes
   - No

12. What radio frequency does your agency currently utilize? _________________

13. Does your agency have plans to upgrade/change its current frequency? *(Please check one.)*
   - Yes  *(If YES, please go to questions 13a-13b.)*
   - No  *(If NO, please go to question 14.)*
13a. What is the frequency your agency intends to move to? ___________________
13b. When do you expect to move to that frequency? _________________________

14. Does your agency have a 24-hour two-way radio capability providing continuous communication between officers and the communications center? (Please check one.)
   □ Yes
   □ No

15. Does your agency have two-way radio capability for officers to talk to concurrent police jurisdictions while in the field? (Please check one.)
   □ Yes
   □ No

16. Does your agency have a written plan that addresses communication accessibility during an unusual occurrence? (Please check one.)
   □ Yes
   □ No

17. Are your agency’s communication area and radio system equipped with a back-up power source? (Please check one.)
   □ Yes (If YES, please go to question 17a.)
   □ No (If NO, please go to question 18.)

17a. Which of the following provides a back-up power source for your communications system? (Please check all that apply.)
   □ Battery System
   □ Back-up Generator
   □ Other (Please specify.) ________________________________

PART 4: Surveillance Technology

18. Does your agency use video cameras/monitoring? (Please check one.)
   □ Yes (If YES, please go to question 18a.)
   □ No (If NO, please go to question 19.)
18a. Please indicate the areas where your agency uses video cameras/monitoring:

<table>
<thead>
<tr>
<th>Video Surveillance</th>
<th># of Cameras/ Monitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrol Cars</td>
<td>☐</td>
</tr>
<tr>
<td>Residence Halls</td>
<td>☐</td>
</tr>
<tr>
<td>Academic Admin. Buildings</td>
<td>☐</td>
</tr>
<tr>
<td>Parking Lots/ Garages</td>
<td>☐</td>
</tr>
<tr>
<td>Mobile Surveillance</td>
<td>☐</td>
</tr>
<tr>
<td>Traffic Enforcement</td>
<td>☐</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>☐</td>
</tr>
</tbody>
</table>

19. Which of the following communications equipment does your department utilize? (Please check all that apply.)

<table>
<thead>
<tr>
<th>Communications Equipment Employed</th>
<th># of Pieces of Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Radios</td>
<td>☐</td>
</tr>
<tr>
<td>Mobile Vehicle Radios</td>
<td>☐</td>
</tr>
<tr>
<td>Cellular Phones</td>
<td>☐</td>
</tr>
<tr>
<td>Base Station Radios</td>
<td>☐</td>
</tr>
</tbody>
</table>

**PART 5: Computer Technology**

20. Does your agency use computers? (Please check one.)
   - ☐ Yes   (If YES, please go to questions 20a-20c.)
   - ☐ No    (If NO, please go to question 21.)
20a. Which computer systems listed below were used by your agency as of September 1, 2004?  
(Please check all that apply and provide the number of units available in the department.)

<table>
<thead>
<tr>
<th>Computer Systems</th>
<th># of specific Computer Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal computer</td>
<td></td>
</tr>
<tr>
<td>Portable Laptop computer</td>
<td></td>
</tr>
<tr>
<td>Vehicle-mounted Laptop computer</td>
<td></td>
</tr>
<tr>
<td>LAN system</td>
<td></td>
</tr>
<tr>
<td>Portable Mobile Data Terminal</td>
<td></td>
</tr>
<tr>
<td>Vehicle-mounted Mobile Data Terminal</td>
<td></td>
</tr>
<tr>
<td>Portable Mobile Data Computer</td>
<td></td>
</tr>
<tr>
<td>Vehicle-mounted Mobile Data Computer</td>
<td></td>
</tr>
<tr>
<td>Hand-held digital terminal</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td></td>
</tr>
</tbody>
</table>

20b. For which of the following purposes does your agency use computers?  (Please check all that apply.)

- [ ] Dispatch (CAD)
- [ ] Fingerprint ID (AFIS)
- [ ] Crime investigations
- [ ] Crime mapping/analyses
- [ ] In-field communications
- [ ] In-field report writing
- [ ] Inter-agency information sharing
- [ ] Internet access
- [ ] Manpower allocation
- [ ] Fleet management
- [ ] Budgeting
- [ ] Record-keeping
- [ ] Research/statistics
- [ ] Resource allocation
- [ ] Other (Please specify.)
20c. Which of the following records were maintained in an electronic format by your department as of September 1, 2004? (Please check all that apply.)

- [ ] Alarms
- [ ] Arrests
- [ ] Calls for service
- [ ] Citizen complaints
- [ ] Criminal histories
- [ ] Department inventory
- [ ] Drivers license registration
- [ ] Evidence
- [ ] Fingerprints
- [ ] Incident reports
- [ ] Linked files (crime analysis)
- [ ] Stolen property
- [ ] Summons
- [ ] Traffic accidents
- [ ] Traffic citations
- [ ] Traffic stops
- [ ] Payroll
- [ ] UCR- Incident- based
- [ ] Use- of- force incidents
- [ ] Vehicle registration
- [ ] Warrants
- [ ] Personnel

21. Does your agency have an official on-line site or home page on the Internet? (Please check one.)
   - [ ] Yes (If YES, please go to question 21a.)
   - [ ] No (If NO, please go to question 22.)

21a. Which of the following is accomplished through use of your on-line site? (Please check all that apply.)

- [ ] Receiving reports of crime
- [ ] Receiving anonymous tips
- [ ] Receiving general questions/inquiries
- [ ] Receiving citizen feedback (complaints, commendations, etc.)
- [ ] Providing crime prevention/safety tips
- [ ] Providing important phone numbers (crisis hotlines, city services, etc.)
- [ ] Providing campus crime statistics
- [ ] Providing campus' Annual Security Report/other Clery Act reporting requirements
- [ ] Providing information about campus police/security services
- [ ] Other (Please specify.) _____________________________

22. Does your agency utilize a terminal with access to a remote AFIS site? (Please check one.)
   - [ ] Yes
   - [ ] No

23. Do patrol officers in your agency have direct access to information via computers in their vehicles? (Please check one.)
   - [ ] Yes (If YES, please go to question 23a.)
   - [ ] No (If NO, please go to question 24.)
23a. Which of the following are available to officers via direct computer access in their vehicles?  
(Please check all that apply.)
- Calls for service/Dispatch records
- Criminal history records
- Driving records
- Motor vehicle records
- Linked files for crime analysis

PART 6: Equipment Plans

24. Does your agency formulate long-range equipment plans (3-5 years)?  
(Please check one.)
- Yes  (If YES, please go to question 24a.)
- No   (If NO, please go to next questionnaire section; you are finished with this section.)

24A. How often are these long-range plans evaluated?  
(Please provide the time frame for evaluation.)

Name of Individual Completing this Section of the Survey  
(Please Print)  
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________  
Signature  
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________  
E-mail contact
REMINDERS:

Please sign and date the signature page at the end of this section.

Please fill out this survey for MAIN campus operations where officers are assigned on a daily basis. Section 6 will address any satellite operations applicable to your agency.

Please return ALL survey sections together by January 10, 2004. If you have any questions, contact Stephen Bowman, Staff Attorney, at (804) 225-4534 or via e-mail, (Sbowman@leg.state.va.us). We thank you for your assistance in this important study effort.
SECTION 6: ADMINISTRATIVE RELATIONS AND RESOURCES

1. Is there a management study/workload analysis which identifies your agency’s needs? (Please check one.)
   □ Yes
   □ No

2. Is the number of sworn officers hired by your agency adequate for the campus? (Please check one.)
   □ Yes  (If YES, please go to question 3.)
   □ No  (If NO, please go to questions 2a-2b.)

2a. If NO, how many additional sworn officers would be sufficient? (Please provide the number of officers.)
   _______ Sworn Officers

2b. What functions would the additional sworn officers perform? (Please explain.)

3. Is the number of security officers hired by your agency adequate for the campus? (Please check one.)
   □ Yes  (If YES, please go to question 4.)
   □ No  (If NO, please go to questions 3a-3b.)
   □ Not Applicable/Do not have security officers (If N/A, please go to question 4.)

3a. If NO, how many additional security officers would be sufficient? (Please provide the number of officers.)
   _______ Security Officers

3b. What functions would the additional security officers perform? (Please explain.)
4. Is the number of support staff (i.e., administrative) hired by your agency adequate? *(Please check one.)*
   - Yes  *(If YES, please go to question 5.)*
   - No   *(If NO, please go to questions 4a-4b.)*

4a. If NO, how many additional support staff would be sufficient? *(Please provide the number of staff in FTEs.)*
   ______ Support Staff (FTEs)

4b. What functions would the additional support staff perform? *(Please explain.)*

5. Are the facilities/parking for your agency sufficient? *(Please check one.)*
   - Yes  *(If YES, please go to question 6.)*
   - No   *(If NO, please go to question 5a.)*

5a. If NO, please discuss changes that would make your facilities/parking area more sufficient. *(Please explain.)*

6. Are facilities/buildings for your agency adequate? *(Please check one.)*
   - Yes  *(If YES, please go to question 7.)*
   - No   *(If NO, please go to question 6a.)*

6a. If NO, please discuss changes that would make your facilities/buildings area more sufficient. *(Please explain.)*

7. Is your property/evidence/storage area sufficient for your agency’s needs? *(Please check one.)*
   - Yes  *(If YES, please go to question 8.)*
   - No   *(If NO, please go to question 7a.)*

7a. If NO, please discuss changes that would make your property/evidence/storage area more sufficient. *(Please explain.)*
8. Is your agency’s technology sufficient for your agency’s needs? (Please check one.)
   - Yes (If YES, please go to question 9.)
   - No (If NO, please go to question 8a.)

8a. If NO, please discuss changes that would make your technology more sufficient. (Please explain.)

9. Is your agency’s equipment sufficient for your agency’s needs? (Please check one.)
   - Yes (If YES, please go to question 10.)
   - No (If NO, please go to question 9a.)

9a. If NO, please discuss changes that would make your equipment more sufficient. (Please explain.)

10. Is your agency’s firearms equipment/training/range access sufficient for your agency’s needs? (Please check one.)
    - Yes (If YES, please go to question 11.)
    - No (If NO, please go to question 10a.)

10a. If NO, please discuss changes that would make your firearms equipment/training/range access more sufficient. (Please explain.)

11. Is your agency’s inter-departmental operability of communications equipment sufficient for your agency’s needs? (Please check one.)
    - Yes (If YES, please go to question 12.)
    - No (If NO, please go to question 11a.)

11a. If NO, please discuss changes that would make your inter-departmental operability of communications equipment more sufficient. (Please explain.)

12. Is your agency’s intra-departmental operability of communications equipment sufficient for your agency’s needs? (Please check one.)
    - Yes (If YES, please go to question 13.)
    - No (If NO, please go to question 12a.)
12a. If NO, please discuss changes that would make your intra-departmental operability of communications equipment more sufficient. (Please explain.)

13. Is your agency’s communications equipment sufficient for your agency’s needs? (Please check one.)
   □ Yes (If YES, please go to question 14.)
   □ No (If NO, please go to question 13a.)

13a. What additional communications equipment is needed. (Please explain.)
   □ CADD system
   □ Logger recorder
   □ Additional radio frequencies
   □ Additional mobile radios in cars
   □ IBR system upgrades
   □ Talk Groups
   □ Other (Please explain.) _____________________________________________________________________

14. Does your agency have a formalized planning process to identify resource goals? (Please check one.)
   □ Yes (If YES, please go to question 14a.)
   □ No (If NO, please go to question 15.)

14a. Are your resource goals included in the university’s or college’s annual goals? (Please check one.)
   □ Yes
   □ No

15. Does your university or college ask you for an annual needs assessment regarding your resources? (Please check one.)
   □ Yes
   □ No

16. Does your agency have any pending requests to your university or college for additional funds besides the annual budget (i.e., for equipment improvement, new initiatives)? (Please check one.)
   □ Yes (If YES, please go to question 16a.)
   □ No (If NO, please go to question 17.)

16a. Please describe your open requests?
NOTE: PLEASE ATTACH PROGRAM/NEW INITIATIVE REQUESTS FOR THE PAST 5 YEARS, INCLUDING WHETHER IT WAS FUNDED, AND TO WHAT DEGREE. ALSO INCLUDE THE AMOUNT OF FUNDS AVAILABLE FOR PROGRAM/NEW INITIATIVES ACROSS THE COLLEGE OR UNIVERSITY.

17. Is your agency currently planning any new security programs and/or policies? (Please check one.)
   ☐ Yes (If YES, please go to question 17a.)
   ☐ No (If NO, please go to question 18.)

17a. Please use the space below to discuss/describe any new security policies/programs that your department is currently planning. (Please explain.)

18. Is your agency responsible for university/college satellite campuses?
   ☐ Yes (If YES, please go to question 18a.)
   ☐ No (If NO, please go to question 19.)

18a. Please use the space below to discuss/describe any unique problems or concerns with being responsible for satellite campuses. (Please explain.)

19. What situations and/or events place the greatest strain on your resources? (Please explain.)
20. If there is anything that this survey has not addressed that is a unique problem or concern for your agency and/or campus please explain the problem/concerns. *(Please use additional sheets and attach to back of survey, if necessary.)*

Name of Individual Completing this Section of the Survey (Please Print)

________________________________________________________

Signature

________________________________________________________

Date

________________________________________________________

E-mail contact