

April 22, 2005

Michael L. Young
Washington and Lee University
254 Elrod University Commons
Lexington, VA 24450

Dear Mr. Young:

As you know the Crime Commission is studying campus safety at Virginia's public and private colleges and universities pursuant to House Joint Resolution (HJR) 122. I am writing to request your assistance in providing the Crime Commission with additional information necessary to continue background work on the study of campus safety in the Commonwealth. In order to better understand the complexities and realities of your campus, I would like you to provide the following information:

- **Campus Safety Survey** included in this packet. The survey is divided into six (6) sections, including: campus profile, budget, personnel/training, operations, equipment and resource needs. You may wish to disseminate various parts of the survey to relevant department personnel with expertise in the subject area. Please have all persons sign and date the various survey sections and return all sections together. A checklist is attached for your completed survey submission to the Crime Commission.
- **Crime Log copies** for *July 1, 2002* to *June 30, 2004*. These records should list all crimes reported and their dispositions (i.e. arrest, referral, unfounded, etc.) for each day of this period. (See *CFR, Title 34, §668.46(f (1))).
- **University Organizational Chart** highlighting to whom the campus security/public safety department reports.

- **Dispatch Records Summary** for July 1, 2002 to June 30, 2004. This summary should include the total calls for service received by your dispatch center or equivalent. If possible, please numerically summarize these calls by category. In addition, please provide a summary of how many times your agency requested assistance from your local law enforcement agency in this two-year period.

I understand that your crime logs may be computerized and if that is the case, I would like you to submit it electronically. I ask that you provide the information requested no later than **May 23, 2005**. Should you have any questions, please call Ms. Barnes at (804) 225-4534. Please send copies of the materials to:

Christina Barnes, Legislative Policy Analyst
Virginia State Crime Commission
910 Capitol St., Suite 915
Richmond, VA 23219
cbarnes@leg.state.va.us

The Crime Commission is a criminal justice agency. The Code of Virginia, §30-156, authorizes the Virginia State Crime Commission to study, report and make recommendations on all areas of public safety and protection. Section 30-158(3) provides the Commission the power to “conduct studies and gather information and data in order to accomplish its purposes as set forth in §30-156 . . . and formulate its recommendations to the Governor and the General Assembly.”

Campus safety is an extremely important issue that affects students, parents, professors as well as the Commonwealth’s education system. The General Assembly of Virginia and the Virginia State Crime Commission thank you for your assistance in this important study effort.

Sincerely,

Kimberly J. Hamilton

cc: Senator Kenneth W. Stolle, Chairman
Delegate David B. Albo

* Code of Federal Regulation (CFR), Title 34, §668.46:

(f) Crime log. (1) An institution that maintains a campus police or a campus security department must maintain a written, easily understood daily crime log that records, by the date the crime was reported, any crime that occurred on campus, on a non-campus building or property, on public property, or within the patrol jurisdiction of the campus police or the campus security department and is reported to the campus police or the campus security department. This log must include--
(i) The nature, date, time, and general location of each crime; and
(ii) The disposition of the complaint, if known.

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.

- Campus Crime Logs** (*July 1, 2002- June 30, 2004*)
- University Organizational Chart**
- Dispatch Records Summary** (*July 1, 2002- June 30, 2004*)

Requested items from survey:

Section 2- Budget:

- Financial Attachments (*page 1*).
 - Security/ Public Safety Department's FY1999 budget
 - Security/ Public Safety Department's FY2004 budget
 - Security/ Public Safety Department's FY2005 budget
 - Security/ Public Safety Department's FY1999 actual expenditures
 - Security/ Public Safety Department's FY2004 actual expenditures
- Copy of Security Service Contract (*page 3, if applicable*).
- List of outsourced personnel from other state and local security agencies used in 2004; amount paid by officer name and department affiliation (*page 4, if applicable*).

Section 3- Personnel and Training

- List of additional, specialized and "in-house" security training that were provided for your officers in FY2004 (*page 9*).
- Copy of contractual obligation for time of service that your agency uses (*page 10, if applicable*).

Section 4- Operations

- Copy of ALL policy/procedure manuals (*page 5*).
- Copy of the most recent surveys (any and all) conducted by YOUR agency (*page 7*).
- Copy of the most recent university/college national accreditation questionnaire results (*page 8*).

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*).
- Copy of Agreement/MOU's [between any private organizations, local aid, municipalities, etc.].(*page 7, question 27*).

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. Please address any satellite operations applicable to your agency in the Addendum following Section 1.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@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 Security Agency: _____

3. Name and Official Title of the Head of Campus Security 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/centers/locations *(Please list the names and locations of these campuses.)*

Reminder: The remainder of this survey is designed for MAIN campus operations. If you have multiple campuses/centers/locations, you will be asked to fill out an addendum survey, at the end of this section, for each of those locations.

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.

	<u>September 30, 1999</u>	<u>September 30, 2004</u>
Undergraduate		
Full-time Undergraduate Students	_____ students	_____ students
Part-time Undergraduate Students	_____ students	_____ students
Graduate/Professional		
Full-time Graduate/Professional Students	_____ students	_____ students
Part-time Graduate/Professional Students	_____ students	_____ students

7. Please provide the number of non-student employees working on the main campus during Fall Semester 1999 and 2004.

	<u>Fall Semester 1999</u>	<u>Fall Semester 2004</u>
Faculty		
Full-time Faculty Employees	_____ employees	_____ employees
Part-time Faculty Employees	_____ employees	_____ employees
Non-Faculty Employees		
Full-time Non-Faculty Employees	_____ employees	_____ employees
Part-time Non-Faculty Employees	_____ employees	_____ employees

8. Please provide the number of persons living on the main campus in Fall Semester 1999 and 2004.
(If not applicable, please enter N/A.)

	<u>Fall Semester 1999</u>	<u>Fall Semester 2004</u>
Residence Halls		
Student Residents	_____ residents	_____ residents
Non-student Residents (i.e. spouses, dependents)	_____ residents	_____ residents
Other Housing (University/College owned and/or leased)		
Student Residents	_____ residents	_____ residents
Non-student Residents (i.e. spouses, dependents)	_____ residents	_____ residents

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. *(If not applicable, please enter N/A.)*

	1999	2004
Total Number of Buildings	_____ buildings	_____ buildings
Total Number of Buildings with Electronic Surveillance/Monitoring	_____ buildings	_____ buildings
Total Number of Residence Halls	_____ halls	_____ halls
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 health center/clinic
- 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-12d.)*
- No *(If NO, please go to question 13.)*

12a. Of these social fraternities, how many are: *(Please provide the number.)*

Greek _____
Non-Greek _____

12b. 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 and off campus

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

_____ Designated Living Areas

12d. Does your campus have social fraternities that are not recognized by the college/university? *(Please check one.)*

- Yes *(If YES, please provide the number as of Fall 2004.):* _____
- No *(If NO, please go to question 13.)*

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

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

13a. Of these social sororities, how many are characterized: *(Please provide the number.)*

Greek _____
Non-Greek _____

13b. 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 and off campus

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

_____ Designated Living Areas

13d. Does your campus have social sororities that are not recognized by the college/university? *(Please check one.)*

Yes *(If YES, please provide the number as of Fall 2004.): _____*

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

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 security 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 security 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 security 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 security during the basketball games.
(Provide the name(s) of the primary source.)

16. Please explain who the primary source of security is during other school sporting events.

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

Signature

Date

E-mail contact

ADDENDUM: SATELLITE CAMPUS PROFILE

This addendum requests information on your satellite campuses. For the purposes of this survey satellite campuses are defined as “locations outside of your main campus location or area where enrolled students may take classes.”

Please make enough copies of this addendum to address ALL of your satellite campuses

1. Name of Satellite Campus: _____
2. Location of the Satellite Campus: _____
3. Please provide the *headcount* of students enrolled on this satellite 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.

	<u>September 30, 1999</u>	<u>September 30, 2004</u>
Full-time Students	_____ students	_____ students
Part-time Students	_____ students	_____ students

4. Please provide the number of non-student employees working on this satellite campus for Fall Semester 1999 and 2004. *(Do not double-count)*

	<u>Fall Semester 1999</u>	<u>Fall Semester 2004</u>
Faculty		
Full-time Faculty Employees	_____ employees	_____ employees
Part-time Faculty Employees	_____ employees	_____ employees
Non-Faculty Employees		
Full-time Non-Faculty Employees	_____ employees	_____ employees
Part-time Non-Faculty Employees	_____ employees	_____ employees

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

	1999	2004
Total Number of Buildings	_____ buildings	_____ buildings
Total Number of Buildings with Electronic Surveillance/Monitoring	_____ buildings	_____ buildings
Total Number of Residence Halls	_____ halls	_____ halls

	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

6. What security services do you provide to this satellite campus? *(Please check one.)*
- Security personnel on-site 24 hours, 7 days a week
 - Security personnel on-site 24 hours, less than 7 days a week
 - Security personnel on-site less than 24 hours, 7 days a week
 - Security personnel on-site less than 24 hours, less than 7 days a week
 - No security personnel on-site *(If NO security personnel on-site, please go to question 8)*
 - Other *(please specify.)* _____

7. What is the average number of security personnel on this campus? *(Please enter N/A if not applicable.)*
- a. on weekdays during day-time classes? _____
 - b. on weekdays during evening classes? _____
 - c. on weekdays while no classes are being held? _____
 - d. on weekends during day-time classes? _____
 - e. on weekends during evening classes? _____
 - f. on weekends while no classes are being held? _____

8. Are there any unique security or public safety challenges on this satellite campus?
- Yes *(If YES, please go to questions 8a.)*
 - No *(If NO, please go to next questionnaire section.)*

8a. What are those challenges?

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. Please address any satellite operations applicable to your agency in the Addendum following Section 1.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@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 security officers
- Training of other personnel
- Facilities
- Day-to-day operations
- Equipment needs
- Maintenance
- Over-time



Please attach the following:

- **Security/ Public Safety Department's FY 1999 budget**
- **Security/ Public Safety Department's FY 2004 budget**
- **Security/ Public Safety Department's FY 2005 budget**
- **Security/ Public Safety Department's FY 1999 actual expenditures**
- **Security/ Public Safety Department's FY 2004 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 **FY 2005** (July1, 2004-June 30, 2005)?

\$ _____

4. What was the total college/university budget for the campus your agency served in **FY 2004** (July1, 2003-June 30, 2004)?

\$ _____

5. What was the total college/university budget for the campus your agency served in **FY 1999** (July1, 1998-June 30, 1999)?

\$ _____

PART 2: Security Department Operating Budget

6. Enter your department's budget information for FY1999, FY 2004, and FY 2005. *(Please round to whole dollars.)*

	FY 1999	FY 2004	FY 2005
A. Total Budget	\$	\$	\$

B. Source of Funds

<i>Primary Source (General Funds)</i>	\$	\$	\$
<i>Auxiliary Fees</i>	\$	\$	\$
<i>Athletics</i>	\$	\$	\$
<i>Student Housing/Residence Life</i>	\$	\$	\$
<i>Student Affairs</i>	\$	\$	\$
<i>State Grants</i>	\$	\$	\$
<i>Federal Grants</i>	\$	\$	\$
<i>Other (Please Specify)</i>	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$

PART 3: Security Department Expenditures

7. Enter your agency's expenditures for FY1999 and FY 2004.

	FY 1999	FY 2004
Gross salaries and wages (not including persons hired for special events .)	\$	\$
Employer contributions to employee benefits (not including persons hired for special events .)	\$	\$
Other operating expenditures (e.g., purchase of supplies, food and contractual services .)	\$	\$
Equipment (e.g., purchase of cars, radios, computers, etc., with a life expectancy of 5 years or more.)	\$	\$

If data are not available, provide estimates and mark with an asterisk.*

PART 4: Outsourcing

8. Are any 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.)



Please attach the following:

- **A Copy of the Security Service Contract**

9. Were any security services outsourced (i.e. contracted out) to a private security firm(s) for **FY 1999** (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 the external provider(s) for **FY 1999** and the yearly amount of the contract:

9b. Please explain the types of services outsourced to the private security firm(s) for **FY1999**?
(Please explain.)

10. Were any 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 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 security 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 **FY 1999**. *(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. Please address any satellite operations applicable to your agency in the Addendum following Section 1..

If you would prefer to complete Parts 1-2 (pages 5-7) electronically, please contact Christina Barnes.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@leg.state.va.us). We thank you for your assistance in this important study effort.

SECTION 3: PERSONNEL/TRAINING

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*).

	<u>Sworn</u>		<u>Non-Sworn</u>	
	Full-Time	Part-Time	Full-Time	Part-Time
<u>Administration</u> <i>(Director of Security, assistants, and all others working in an administrative capacity, including finance personnel and internal affairs.)</i>	_____	_____	_____	_____
<u>Field Operations</u> <i>(Security officers and all others providing direct service.)</i>	_____	_____	_____	_____
<u>Technical Support</u> <i>(Dispatchers, records clerks, data processors, and all others providing support services.)</i>	_____	_____	_____	_____
<u>Student Employees</u> <i>(interns, work study, etc.)</i>	_____	_____	_____	_____
<u>Other</u> <i>(Parking monitors, etc.)</i>	_____	_____	_____	_____
_____ <i>(Please specify.)</i>	_____	_____	_____	_____
_____ <i>(Please specify.)</i>	_____	_____	_____	_____
_____ <i>(Please specify.)</i>	_____	_____	_____	_____

FUNDED PERSONNEL ONLY- September 1, 2004

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).

	<u>Sworn</u>		<u>Non-Sworn</u>	
	Full-Time	Part-Time	Full-Time	Part-Time
<u>Administration</u> (Director of Security, assistants, and all others working in an administrative capacity, including finance personnel and internal affairs.)	_____	_____	_____	_____
<u>Field Operations</u> (Security officers and all others providing direct service.)	_____	_____	_____	_____
<u>Technical Support</u> (Dispatchers, records clerks, data processors, and others providing support services.)	_____	_____	_____	_____
<u>Student Employees</u> (interns, work study, etc.)	_____	_____	_____	_____
<u>Other</u> (Parking monitors, etc.)	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____

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.

	<u>Sworn</u>		<u>Non-Sworn</u>	
	Full-Time	Part-Time	Full-Time	Part-Time
<u>Administration</u>	_____	_____	_____	_____
<u>Security Officers</u>	_____	_____	_____	_____
<u>Technical Support</u>	_____	_____	_____	_____
<u>Student Workers/Volunteers</u>	_____	_____	_____	_____
<u>Interns</u>	_____	_____	_____	_____
<u>Other</u>	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____
_____ (Please specify.)	_____	_____	_____	_____

NOTE: If you would prefer to complete Parts 1-2 (pages 5-7) electronically, please contact Christina Barnes at cbarnes@leg.state.va.us

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 security 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:

- security/ public safety 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 security 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
- 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*)
- holiday pay
- special pay

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 security 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:

- security/ public safety 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 security 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
- 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*)
- holiday pay
- special pay

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 security 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 security 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
 - illness or death
- Column 7- The separated employee's next place of employment, if known
- Column 8- The separated employee's salary at the date of separation

PART 3: Staff Recruitment and Training

4. What is the primary source of training for your agency's new security officers? *(Please check all that apply.)*

- DCJS Licensed criminal justice academies
- DCJS Approved regional training academies
- On-the-job training
- Other *(Please specify.)* _____

5. Where is the primary source of training for your agency's new security officers? *(Please provide name and location.)*

Name of Training Agency: _____

Location (city, state): _____

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

_____hours

7. Does your agency require special conservator of the peace DCJS training? *(Please check one.)*

- Yes
- No
- Not applicable, do not have special conservators of the peace

8. Does your agency require DCJS training for armed security officers? *(Please check one.)*

- Yes
- No
- Not applicable, security officers are not armed

9. Do the officers undergo a formal Field Training Officers (FTO) program? *(Please check one.)*

- Yes *(If YES, please go to question 9a.)*
- No *(If NO, please go to question 10)*

9a. What is the length of the FTO training? *(Please provide the length in weeks.)*

_____weeks

10. Does your agency require a probationary period for new security officers before permanent status is granted? *(Please check one.)*

- Yes *(If YES, please go to question 10a.)*
- No *(If NO, please go to question 11.)*

10a. If yes, how long is the probationary period? *(Please provide the length in months.)*

_____months

11. Is there any other in-service and /or specialized security 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 11a.)
- No (If NO, please go to question 12.)

11a. 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.)

12. Does your agency provide any "in-house" training for its security officers? (Please check one.)

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

12a. 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 FY 2004. (Again, this number should only include training that is beyond DCJS requirements)***

13. Does your department have an educational *requirement* for hiring new security officers? (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 14.)

13a. What is your agency's formal educational *requirement* for new security officers? (Please check one.)

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

14. Does your department have an educational *preference* for hiring new security officers? (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 officers?
(Please check one.)

- | | |
|---|--|
| <input type="checkbox"/> Four-year college degree | <input type="checkbox"/> Some college, but no degree |
| <input type="checkbox"/> Two-year college degree | <input type="checkbox"/> High school diploma or GED |

15. Which of the following employment screening methods are employed in the selection process for security officers? *(Please check all that apply.)*

	Sworn security	Non-sworn security
Written aptitude test	<input type="checkbox"/>	<input type="checkbox"/>
Oral interview	<input type="checkbox"/>	<input type="checkbox"/>
Panel interview	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record check	<input type="checkbox"/>	<input type="checkbox"/>
Physical agility test	<input type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>
Psychological clinical interview	<input type="checkbox"/>	<input type="checkbox"/>
Medical exam	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph exam	<input type="checkbox"/>	<input type="checkbox"/>
Drug screening	<input type="checkbox"/>	<input type="checkbox"/>
Analytical problem-solving tests	<input type="checkbox"/>	<input type="checkbox"/>
Personal reference check	<input type="checkbox"/>	<input type="checkbox"/>
Credential check	<input type="checkbox"/>	<input type="checkbox"/>
Second language proficiency tests	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer/ neighbor check	<input type="checkbox"/>	<input type="checkbox"/>
Driving record check	<input type="checkbox"/>	<input type="checkbox"/>
Credit history check	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please explain.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

16. For security 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)

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

17. 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 17a-b.)
- No (If NO, please go to the next section of the survey.)

17a. Which of the following employees are subject to performance evaluation? (Please check all that apply.)

- Non-sworn security officers
- Sworn personnel
- Other non-sworn personnel
- No employees are evaluated

17b. How often are your agency's employees evaluated? (Please check the appropriate box.)

	Annually	Semi-Annually	Other (Please specify.)
Non-sworn security officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other sworn personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other non-sworn personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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. Please address any satellite operations applicable to your agency in the Addendum following Section 1.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@leg.state.va.us). We thank you for your assistance in this important study effort.

SECTION 4: OPERATIONS

1. How many shifts do your security 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 security officers for each shift for the most recent week with *typical* campus activity (exclude weeks with special events, breaks, etc.)

	1 st shift	2 nd shift	3 rd shift
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
- Medical Center/Student Health Clinic security
- Security for research laboratories
- Public service calls
- Other special event /locality security

(Please describe.) _____

b. Routine Functions

- Patrol
- Assist in joint criminal investigations
- Assist in traffic accident investigation
- Workers comp/personal injury reports
- Receiving calls for service
- Campus switchboard operation
- Traffic direction/control
- Parking enforcement
- Personal safety escorts
- Risk/Crisis management
- Emergency preparedness
- OSHA
- Parking coordination
- Fire safety coordination
- Other routine functions

(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.)*
- Not applicable, do not have residence halls *(Please go to question 7.)*

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
- 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.)*

	<u>Daily</u>	<u>Monthly</u>	<u>Semester</u>	<u>Annually</u>	<u>Upon Report</u>	<u>Other (Please explain)</u>
Campus lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Overgrown vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Access systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Door alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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.)*

- 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: Accreditation

12. Do you consider your agency to be accredited by an organization?

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

13. Please list the associations/organizations of which your agency is a member:

14. Does your agency intend to pursue accreditation by the Virginia Law Enforcement Professional Standards Commission (VLEPSC)? *(Please check one.)*

- Yes
- No

15. Does your agency intend to pursue accreditation by the International Association of Campus Law Enforcement Administrators (IACLEA)? *(Please check one.)*

- Yes
- No

PART 3: Policies/Programs

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

- Yes *(If YES, please go to questions 16a-16c.)*
- No *(If NO, please go to question 17.)*

PLEASE ATTACH A COPY OF ALL POLICY/PROCEDURE MANUALS.

16a. Which of the following areas does your agency's manual address? *(Please check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Patrol operations | <input type="checkbox"/> Investigation operations |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Training | <input type="checkbox"/> Code of conduct |
| <input type="checkbox"/> Use of force | <input type="checkbox"/> Jurisdiction |
| <input type="checkbox"/> Document routing | <input type="checkbox"/> Constitutional safeguards |
| <input type="checkbox"/> Administrative operation | <input type="checkbox"/> Other <i>(Please specify.)</i> _____ |

16b. Does your agency have *written* policy directives for the following activities/circumstances?
(Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Use of deadly force/firearm discharge | <input type="checkbox"/> Community policing plan |
| <input type="checkbox"/> Emergency preparedness | <input type="checkbox"/> Media relations |
| <input type="checkbox"/> Code of conduct and appearance | <input type="checkbox"/> Employee misconduct |
| <input type="checkbox"/> Handling domestic disturbances | <input type="checkbox"/> Writing/submitting reports |
| <input type="checkbox"/> Handling juveniles | <input type="checkbox"/> Parking enforcement |
| <input type="checkbox"/> Handling the mentally ill | <input type="checkbox"/> Handling the homeless |
| <input type="checkbox"/> Citizen complaints | <input type="checkbox"/> Employee counseling assistance |
| <input type="checkbox"/> Off-duty employment of officers | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> "Knock and announce" policy | <input type="checkbox"/> Terrorist attack |
| <input type="checkbox"/> Unnatural disaster | <input type="checkbox"/> Civil disturbance |
| <input type="checkbox"/> Hostage/barricade situation | <input type="checkbox"/> Bomb threat |
| <input type="checkbox"/> Administrative searches | |

16c. 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

17. 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

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

- Yes
- No

19. Does your agency operate special programs for the following? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Victim assistance | <input type="checkbox"/> Self-defense training |
| <input type="checkbox"/> Crime prevention education | <input type="checkbox"/> Alcohol education |
| <input type="checkbox"/> Bias-related (hate) crimes | <input type="checkbox"/> Drug education |
| <input type="checkbox"/> Student security patrol | <input type="checkbox"/> Cyber crime |
| <input type="checkbox"/> Date rape/Acquaintance rape prevention | <input type="checkbox"/> Stranger rape prevention |
| <input type="checkbox"/> New student/faculty/staff orientation | <input type="checkbox"/> Other (Please specify.) _____ |

20. Does your agency participate in the planning of future buildings and structures on campus?

(Please check one.)

- Yes
- No

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

- Yes
- No

22. Does your College/University have an active formal campus security advisory committee? *(Please check one.)*

- Yes *(If YES, please go to questions 22a-22c.)*
- No *(If NO, please go to question 23.)*
- Not applicable *(If N/A, please go to question 23.)*

22a. What is the title of the committee? *(Please provide the name.)*

22b. 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.)* _____

22c. Please provide the name and title of the person who is the Chair of the committee. *(Please list.)*

23. 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 23a-23c.)*
- No *(If NO, please go to question 24.)*

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

23a. Which of the following topics were included on the survey(s)? *(Please check all that apply.)*

- Satisfaction with security services
- Perception of crime problems
- Personal crime experiences
- Other *(Please specify.)* _____

23b. 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.)* _____

23c. 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.)* _____

24. 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.

25. 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 25a.)*
- No *(If NO, please go to question 26.)*

25a. If YES, briefly describe the other mechanisms used to solicit opinions. *(Please explain.)*

26. 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.)* _____

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

- Security department
- Administration (i.e., Dean of Students)
- P.R. office/ information services
- Other *(Please specify.)* _____

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

- Security department
- Administration (i.e., Dean of Students)
- P.R. office/ information services
- Other *(Please specify.)* _____

28. 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.)* _____

29. 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.)

	<u>Weekly</u>	<u>Monthly</u>	<u>Once per semester</u>	<u>Once per year</u>	<u>Never</u>	<u>As Needed</u>
Business groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth's Attorney Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty/staff organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraternity/sorority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International/ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Weekly</u>	<u>Monthly</u>	<u>Once per semester</u>	<u>Once per year</u>	<u>Never</u>	<u>As Needed</u>
Law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence life officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student judicial officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic department/Athletes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim/counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Has your University/College received any Homeland Security preparedness grants? *(Please check one.)*

- Yes *(If YES, please go to question 30a.)*
- No *(If NO, please go to next questionnaire section.)*
- Not applicable *(If N/A, please go to next questionnaire section.)*

30a. If yes, was the money allocated to your agency through its own grant? *(Please check one.)*

- Yes *(If YES, please go to question 30b-c.)*
- No *(If NO, please go to question 30d.)*

30b. If yes, what was the amount of money allocated to your agency?

\$ _____

30c. For what purposes was this money used for? *(Please explain.)*

30d. If no, to which department was the money allocated?

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. Please address any satellite operations applicable to your agency in the Addendum following Section 1.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@leg.state.va.us). We thank you for your assistance in this important study effort.

SECTION 5: EQUIPMENT PROFILE

This section of the survey is designed to determine the types of equipment used by sworn and non-sworn officers in your department.

PART 1: Weapons/Protective Gear

1. Are your agency's security officers armed while on duty? *(Please check one.)*

- Yes *(If YES, please go to question 1a.)*
 No *(If NO, please go to question 4.)*

1a. Are there occasions when a security 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 security officers working in field/patrol assignments? *(Please check one.)*

	<u>Primary Weapon</u>	<u>Backup Weapon</u>	<u>Primary and Backup Weapon</u>	<u>Not Authorized</u>
Semi-automatic sidearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revolver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of the following types of “less than lethal” weapons does your agency authorize for its sworn security officers AND/OR non-sworn security officers? *(Please check one.)*

	<u>Sworn Only</u>	<u>Non-Sworn Only</u>	<u>Both Sworn and Non-Sworn</u>	<u>Not Authorized</u>
Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepper Spray (Oleoresin capsium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tear Gas- Personal Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tear Gas- Large Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical/Pepper fog spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft projectile/Rubber bullet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Stun Gun/Taser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please specify.)</i>				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes *(If YES, please go to questions 5a-5d.)*
- No *(If NO, please go to question 5e.)*

5a. How does your agency provide protective body armor? *(Please check one.)*

- Supplies armor
- Cash allowance
- Does not provide armor assistance

5b. Are all officers required to wear protective body armor while on duty? *(Please check one.)*

- Yes
- No

5c. Do officers personally choose when to wear protective body armor? *(Please check one.)*

- Yes
- No

5d. Is a disclaimer required when an officer personally chooses to not wear protective body armor?

(Please check one.)

Yes

No

5e. Why does your agency not provide body armor to its officers?

Cost

Policy

Other *(Please specify.)* _____

6. What additional security equipment would you like to obtain for your agency? *(Please Explain.)*

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, GOLF CART, ETC) INCLUDE THE TYPE OF VEHICLE, YEAR, MILEAGE, MAKE, MARKED OR UNMARKED.

PART 3: Communications

8. Does a police or sheriff's department 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 department responds to E-911 calls from your campus?

9. How does the local police/dispatch 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. To what frequency does your agency intend to move? _____

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:

	<u>Video Surveillance</u>	<u># of Cameras/ Monitors</u>
Patrol Cars	<input type="checkbox"/>	_____
Residence Halls	<input type="checkbox"/>	_____
Academic Admin.Buildings	<input type="checkbox"/>	_____
Parking Lots/ Garages	<input type="checkbox"/>	_____
Mobile Surveillance	<input type="checkbox"/>	_____
Traffic Enforcement	<input type="checkbox"/>	_____
Other <i>(Please specify.)</i>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

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

	<u>Communications Equipment Employed</u>	<u># of Pieces of Equipment</u>
Portable Radios	<input type="checkbox"/>	_____
Mobile Vehicle Radios	<input type="checkbox"/>	_____
Cellular Phones	<input type="checkbox"/>	_____
Base Station Radios	<input type="checkbox"/>	_____

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.)

	<u>Computer Systems</u>	<u># of Specific Computer Systems</u>
Personal computer	<input type="checkbox"/>	_____
Portable Laptop computer	<input type="checkbox"/>	_____
Vehicle-mounted Laptop computer	<input type="checkbox"/>	_____
LAN system	<input type="checkbox"/>	_____
Portable Mobile Data Terminal	<input type="checkbox"/>	_____
Vehicle-mounted Mobile Data Terminal	<input type="checkbox"/>	_____
Portable Mobile Data Computer	<input type="checkbox"/>	_____
Vehicle-mounted Mobile Data Computer	<input type="checkbox"/>	_____
Hand-held digital terminal	<input type="checkbox"/>	_____
Other <i>(Please specify.)</i>	<input type="checkbox"/>	_____

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

- Dispatch (CAD)
- 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.)*

- | | |
|--|---|
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Stolen property |
| <input type="checkbox"/> Arrests | <input type="checkbox"/> Summonses |
| <input type="checkbox"/> Calls for service | <input type="checkbox"/> Traffic accidents |
| <input type="checkbox"/> Citizen complaints | <input type="checkbox"/> Traffic citations |
| <input type="checkbox"/> Criminal histories | <input type="checkbox"/> Traffic stops |
| <input type="checkbox"/> Department inventory | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Drivers license registration | <input type="checkbox"/> Use- of- force incidents |
| <input type="checkbox"/> Evidence | <input type="checkbox"/> Vehicle registration |
| <input type="checkbox"/> Incident reports | <input type="checkbox"/> Warrants |
| <input type="checkbox"/> Linked files (crime analysis) | <input type="checkbox"/> 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. Do security officers in your agency have direct access to information via computers in their vehicles? *(Please check one.)*

- Yes *(If YES, please go to question 22a.)*
- No *(If NO, please go to question 23.)*

22a. Which of the following are available to security 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

PART 6: *Equipment Plans*

23. Does your agency formulate long-range equipment plans (3-5 years)? *(Please check one.)*

- Yes *(If YES, please go to question 23a.)*
- No *(If NO, please go to next questionnaire section; you are finished with this section.)*

23a. 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

Date

E-mail contact

SECTION 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. Please address any satellite operations applicable to your agency in the Addendum following Section 1.

Please return ALL survey sections together by May 23, 2005. If you have any questions, contact Christina Barnes, Legislative Policy Analyst, at (804) 225-4534 or via e-mail, (cbarnes@leg.state.va.us). We thank you for your assistance in this important study effort.

SECTION 6: ADMINISTRATIVE RELATIONS AND RESOURCES

1. Under what authority do your security officers operate? *(Please check one.)*

- Special Conservator of the Peace
- Proprietary
- Contract

2. Is the authority granted to your security officers sufficient to protect your campus community? *(Please check one.)*

- Yes *(If YES, please go to question 3.)*
- No *(If NO, please go to question 2a.)*

2a. If NO, please explain how the authority granted to your security officers is not sufficient to protect your campus community:

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.)*

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. Is the **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 parking area more sufficient. *(Please explain.)*

6. Are the **facilities** 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 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.)*
- Not applicable; Storage maintained by local police *(If N/A, please go to question 8.)*

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 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.)*

Not applicable; Do not carry firearms *(If N/A, please go to question 11.)*

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

11. Is your agency's **inter-departmental operability** 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 communications equipment more sufficient. *(Please explain.)*

12. Is your agency's **intra-departmental operability** 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 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. If NO, 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 campus administration receive an annual report from your agency?
(Please check one.)

- Yes
- No

17. Does your campus administration inquire as to the nature of your agency's workload on an annual basis?
(Please check one.)

- Yes
- No

18. 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 18a.)*
- No *(If NO, please go to question 19.)*

18a. 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.

19. Is your agency eligible to apply for grant funds? *(Please check one.)*

- Yes *(If YES, please go to question 21.)*
- No *(If NO, please go to question 19a.)*

19a. Is your eligibility to apply for grant funding limited by: *(Please check all that apply and then go to question 22.)*

- Priority
- Status
- Other *(Please specify.)* _____

20. For what type of grants is your agency eligible to apply? *(Please explain.)*

21. Please list the grants and award amount your agency has received since September 1999?

Grant

Award Amount

<u>Grant</u>	<u>Award Amount</u>

22. Is your agency currently planning any new security programs and/or policies? *(Please check one.)*

Yes *(If YES, please go to question 22a.)*

No *(If NO, please go to question 23.)*

22a. Please use the space below to discuss/describe any new security policies/programs that your department is currently planning. *(Please explain.)*

23. Does your agency serve more than one geographical location used for educational purposes?

Yes *(If YES, please go to question 23a.)*

No *(If NO, please go to question 24.)*

23a. Please use the space below to discuss/describe any unique problems or concerns with being responsible for satellite campuses. *(Please explain.)*

24. What situations and/or events place the greatest strain on your resources? *(Please explain.)*

25. Do you have working relationships with any of the following agencies? *(Please check all that apply.)*

Alcoholic Beverage Control

Commonwealth's Attorney

Court Services

Local Law Enforcement

State Law Enforcement

Federal Law Enforcement

Local Government

Victim Witness

Other *(Please list all.)* _____

26. Is the support/working relationship with local law enforcement and other local criminal justice agencies sufficient to accomplish your mission? *(Please explain.)*

27. Does your agency have a memorandum or agreement of understanding between private organizations, local aid, municipalities, other agencies, etc.? *(Please explain and **attach agreement**)*

28. Please explain any unique problems or concerns for your agency and/or campus that this survey has not addressed: *(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