LAW ENFORCEMENT MANAGEMENT INFORMATION

FOR VIRGINIA SHERIFFS’ INSTITUTE

University of Lynchburg

Center for Community Development and Social Justice

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PURPOSE: This survey is designed to provide useful information to the Virginia Sheriffs’ Institute and to management, mid-management, and program personnel in local governments throughout the Commonwealth of Virginia.

INSTRUCTIONS :

Please complete this survey by August 15, 2018 to ensure that this information be collected, completed and the results of the survey published in a timely manner. If the answers to survey items are not readily available, please provide reasonable estimates and mark them with an asterisk (\*).

Although you are not required to respond to this voluntary survey, we need your participation to make the results comprehensive and accurate.

Thank you for your cooperation.

Name of agency reporting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Office: Sheriff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I: AGENCY INFORMATION**

DATA SUPPLIED BY:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which category below best describes your Office’s function(s)? (Circle all that apply)

a. Full Service Law Enforcement

b. Jail Services

c. Court Services

2. What is the current size of the population served by your Office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How many total fulltime sworn employees are employed by your Office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II: EMPLOYEES**

3. How many Deputies left from your Office between July 1, 2017 – June 30, 2018? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3a. How many of those Deputies retired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3b. How many of those Deputies were lost to other agencies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How many new Deputies were hired by your Office between July 1, 2017 – June 30, 2018? \_\_\_\_\_\_\_\_

5a. What is your total number of SWORN Employees? \_\_\_\_\_\_\_\_\_

5b. *During the pay period ending June 30, 2018*, please look at the **SWORN employees** and breakdown by **RACE/ETHNICITY** and **SEX**. If counts are not available from records, please provide estimates and indicate each with an asterisk (\*).

White (not Hispanic), Male Sworn? \_\_\_\_\_\_\_\_ White (not Hispanic), Female Sworn? \_\_\_\_\_\_\_\_\_\_\_\_

Black (not Hispanic), Male Sworn? \_\_\_\_\_\_\_\_ Black (not Hispanic), Female Sworn? \_\_\_\_\_\_\_\_\_\_\_\_

Hispanic, Male Sworn? \_\_\_\_\_\_\_\_ Hispanic, Female Sworn? \_\_\_\_\_\_\_\_\_\_\_\_

Other, Male Sworn? \_\_\_\_\_\_\_\_ Other, Female Sworn? \_\_\_\_\_\_\_\_\_\_\_\_

5c. *During the pay period ending June 30, 2018*, please look at the **SWORN employees** and breakdown by AGE. If counts are not available from records, please provide estimates and indicate each with an asterisk (\*).

Age 21-29: \_\_\_\_\_\_\_\_

Age 30-39: \_\_\_\_\_\_\_\_

Age 40-49: \_\_\_\_\_\_\_\_

Age 50+: \_\_\_\_\_\_\_\_

**SECTION III: OPERATIONS**

1. Mark an (X) beside all functions for which your agency had a PRIMARY responsibility. Do not include functions which your agency preforms only upon request such as aiding another agency in an emergency
   1. \_\_\_\_\_ Traffic enforcement, direction and control k. \_\_\_\_\_ Search and rescue
   2. \_\_\_\_\_ Accident investigation l. \_\_\_\_ Telephone/radio dispatch
   3. \_\_\_\_\_ Patrol and first response to incidents m. \_\_\_\_\_Court security
   4. \_\_\_\_\_ Emergency medical services n. \_\_\_\_\_ Jail operations; capacity \_\_\_\_\_
   5. \_\_\_\_\_ Property crime investigations o. \_\_\_\_\_ Servicing civil process
   6. \_\_\_\_\_ Death investigations p. \_\_\_\_\_ Training operations

(murder, suicide, unknown origin) q. \_\_\_\_\_ Polygraph

* 1. \_\_\_\_\_ Narcotics and vice enforcement r. \_\_\_\_\_ In-house marijuana analysis
  2. \_\_\_\_\_ Robbery. Rape, and serious assault s. \_\_\_\_\_ Animal control

investigations

i. \_\_\_\_\_ Other criminal investigations t. \_\_\_\_\_ Conceal Carry Permit

j.\_\_\_\_\_ Fingerprint processing u. \_\_\_\_\_ Other- (specify)\_\_\_\_\_\_\_\_\_\_\_\_

1. On average, how many Deputies are on patrol per shift? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the total number of calls for service received by your Office for the 12- month period ending June 30, 2018? (#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What percentage (approximately) of these calls involved a person with a mental health issue. \_\_\_\_\_\_%

8a. Of the total number of calls received, how many required that a Deputy be **dispatched** for service? (#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8b. Of the total number of calls received, how many were requests for **back-up,** requiring that a Deputy be dispatched for service? (#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8c. Of the total number of calls received, how many were calls requiring cooperation from other law enforcement agencies? (#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_

9. Does your Office have a dedicated traffic unit(s)? Yes No

10a. How many traffic accidents did your Deputies respond to for the 12-month period ending June 30, 2018? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10b. What percent of these accidents utilized the services of the Virginia State Police? \_\_\_\_\_\_\_\_\_\_

(approximately)

11. Does your Office currently have someone assigned to work exclusively with victims? Yes No

11a. If yes, is this person a Deputy? Yes No

12. Does your Office provide School Resource Officers (SROs)? Yes No

12a. If yes, how many SROs do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

12b. Do any of your SROs serve more than one school? Yes No

12c. Where are your SROs assigned? (check all that apply)

\_\_\_ High School \_\_\_Middle School \_\_\_ Elementary School

12d. How many schools do you have without a SRO assigned?

13. Does your Office have a Spanish-speaking Deputy? Yes No

If Yes, How many? \_\_\_\_\_\_

14. Does your Office provide in-house counseling services to your Deputies? Yes No

15. Does your Office investigate crimes involving social media? Yes No

15a. If yes, circle all that apply. Bullying Child Pornography Child Soliciting

15b. If yes, do other Virginia Law Enforcement Offices assist in these investigations? Yes No

16. Are you confiscating more prescription drugs than in previous years? Yes No

16a. What is the most commonly confiscated drug by your Office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16b. Does your Office provide drug drop-off boxes for the community? Yes No

17. During the fiscal year ending June 30, 2018, did your Office participate in a **multi-agency** drug enforcement task force? Yes No

18. Has your Office utilized the Opioid Overdose Drug during the last year? Yes No

19. During the fiscal year ending June 30, 2018, did your agency receive any of the following from any drug asset forfeiture program? (Mark all that apply)

\_\_\_\_\_ Monies, how much $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Real property -----------------------------> Identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Vehicles ------------------------------------> Identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Are there gangs operating within the jurisdiction of your Office? Yes No

20a.Does your Office have a criminal problem with gangs? Yes No

20b. Does your Office have a dedicated gang unit? Yes No

**SECTION IV: EQUIPMENT**

21. Does your Office supply protective body armor to Deputies? Yes No

21a. Does your Office require deputies to wear protective body armor?

Yes, all of the time Yes, but only during field operations No

22. Does your Office currently use body cameras? Yes No

22a. Do you have a written policy related to body cameras? Yes No

23. Does your Office provide Deputies an in-house exercise facility? Yes No

24. Does your Office provide Deputies an in-house training classroom(s)? Yes No

25. Which of the following types of non-lethal weapons are your Deputies authorized to use? (Circle all that apply)

a. Electronic devices (e.g., taser, stun gun) d. Pepper spray

b. Chemical agents (e.g., tear gas, mace) e. Other- (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Impact devices (soft projectile, rubber bullet, sidearm baton)

26. Does your Office allow Deputies to take marked or unmarked vehicles home? Yes No

26a. Is residency in your jurisdiction a condition for Deputies taking marked or unmarked vehicles home? Yes No

**SECTION V: EXPENDITURES**

27. What was your Office’s total operating budget for the fiscal year that ended June 30, 2018?

(Dollar amount including overtime) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. How much did your Office pay for overtime during that period? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. How much did your Office pay for training during that period? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30. What are your three most needed areas for Deputy training (beyond basic academy)?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Completed Survey To:**

**Brianna Egan/ Kimberly McCabe**

**Fax: 434-847-3604**

**Email:** [**egan\_b@lynchburg.edu**](mailto:egan_b@lynchburg.edu)

**Thank you for your time and assistance in completing this survey.**