Form CJ-44SO OMB No. 1121-0240: Approval Expires XX/XX/202X



2020 Law Enforcement Management and Adminstrative Statistics (LEMAS) SURVEY

SHerIFFS’ OFFICES

**In correspondence about this survey, please refer to the Agency ID number at the top left of this box. (Please correct any error in name and mailing address in the box below. If the label is correct, please check the box in the bottom right hand corner.)**

Agency ID:

Password:

Name:

Title:

Agency:

**The label is correct**

**INFORMATION SUPPLIED BY**

**NAME TITLE**

**TELEPHONE** Area Code Number Extension **FAX** Area Code Number

**EMAIL ADDRESS**

**Completion and Return Instructions**

* Unless otherwise noted, please answer all questions using June 30, 2020 as a reference.
* **Please do not leave any items blank.** If the answer to a question is none or zero, write “0” in the space provided. When exact numeric answers are not available, please provide estimates.
* Use an **X** when marking an answer in a response circle or box.
* There are four ways to submit this survey:
  + Online at [**https://TBD**](https://TBD)Please use the Agency ID and Password listed above to access the survey on the secure, encrypted website. This method allows for the ability to save partial data and return at a later time. If you or another staff member needs to access the survey multiple times, please only “submit” the survey once it is complete.
  + Mail the survey to RTI International (RTI) in the enclosed postage-paid envelope
  + Fax each page of the survey to XXX-XXX-XXXX (toll-free)
  + Scan and email the survey to **TBD@rti.org**
* **Please submit your completed questionnaire by** **November 23, 2020.**
* If you have questions about the survey, items on the questionnaire, or how to submit completed responses, please contact the Survey Team at RTI by email at **TBD@rti.org** or call the Help Line at XXX-XXX-XXXX (toll free). The Help Line is available from 9:00 a.m. to 5:00 p.m. (EST). When communicating about the survey, please reference your Agency ID.
* If you have general comments or suggestions for improving the survey, please contact Shelley S. Hyland, LEMAS Program Manager, Bureau of Justice Statistics, by phone at 202-616-1706 or by email at [Shelley.Hyland@usdoj.gov](mailto:Shelley.Hyland@usdoj.gov).
* Please retain a copy of your completed survey for one year. Questionnaires completed through the online option can be printed for your records.

**Burden Statement**

Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (34 U.S.C. § 10132), authorizes this information collection. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

**Section I: Personnel**

*Unless otherwise noted, please answer all questions using June 30, 2020, as a reference.*

**1. Enter the number of full-time and part-time *paid* agency employees for the pay period that included June 30, 2020.** *Count employees who are regularly scheduled to work less than 35 hours per week as part-time. If none, enter '0'.*

|  |  |  |
| --- | --- | --- |
|  | **Full-time** | **Part-time** |
| a. Sworn deputies with general arrest powers (e.g., road deputies) |  |  |
| b. Deputies with limited or no arrest powers (e.g., jail/correctional deputies) |  |  |
| c. Non-sworn/civilian personnel |  |  |
| **d. Total paid employees *(sum of rows a-c)*** |  |  |

**2. Enter the number of full-time sworn deputy vacancies for the pay period that included June 30, 2020.**

|  |  |
| --- | --- |
|  | Number of full-time sworn deputy vacancies |

**3. Enter the number of full-time personnel according to their primary job responsibility for the pay period that included June 30, 2020.** *Count each full-time staff person ONLY once. If a person performed more than one function, enter that person’s count in the job category in which s/he spent most of her/his time. If none, enter ‘0’.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Sworn deputies with general arrest powers** | **Deputies with limited or no arrest powers** | **Non-sworn/ civilian personnel** |
| **a. Administration** – Sheriff, assistants and other personnel who work in administrative capacity. *Include finance, human resources and internal affairs.* |  |  |  |
| **b. Total operations** – Road deputies, detectives, inspectors, supervisors, and other personnel providing direct law enforcement services. *Include traffic, patrol, investigations, and special operations.* |  |  |  |
| **1. Deputies –** Road deputies, traffic, patrol, SROs, etc. |  |  |  |
| **2. Detectives/investigators** |  |  |  |
| **3. All other operations personnel** – Inspectors, supervisors, special operations, and other personnel providing direct law enforcement services. |  |  |  |
| **c. Jail-related duties** – Correctional deputies, guards, and other support personnel who primarily work in a jail system. |  |  |  |
| **d. Court related duties** – Bailiffs, security guards, etc. |  |  |  |
| **e. Civil process duties –** Process servers, real estate administrators, etc. |  |  |  |
| **f. Other support personnel –** Dispatchers, records clerks, crime analysts, crime lab technicians, and other personnel providing support services other than administrative. *Include communications, crime lab, fleet management, and training.* |  |  |  |
| **1. Dispatchers** |  |  |  |
| **2. All other support personnel** |  |  |  |
| **g. Other** (e.g., crossing guards, parking enforcement, etc.) |  |  |  |

**4.** **Enter the number of full-time sworn deputies by race, Hispanic origin and sex for the pay period that included June 30, 2020.** *If none, enter ‘0’.*

|  |  |  |
| --- | --- | --- |
|  | **Male** | **Female** |
| 1. White, non-Hispanic |  |  |
| 1. Black or African American, non-Hispanic |  |  |
| 1. Hispanic or Latino |  |  |
| 1. American Indian or Alaska Native, non-Hispanic |  |  |
| 1. Asian, non-Hispanic |  |  |
| 1. Native Hawaiian or other Pacific Islander, non-Hispanic |  |  |
| 1. Two or more races |  |  |
| 1. Not known |  |  |
| 1. **Total full-time sworn deputies *(sum of rows a-h)*** |  |  |

**5. Enter the sex, race and Hispanic origin of the Sheriff for the pay period that included June 30, 2020.**

**a.** **Sex**

Male

Female

1. **Hispanic Origin**

Spanish, Hispanic, or Latino

Not Spanish, Hispanic, or Latino

1. **Race** (*select all that apply*)

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

Other (please specify):

**6. Enter the number of full-time sworn deputies by race, Hispanic origin and sex who held the following supervisory positions for the pay period that included June 30, 2020.** *If a position did not exist in your agency, select ‘N/A’. If none, enter ‘0’.*

|  |  |  |
| --- | --- | --- |
|  | **Intermediate supervisor** (below sheriff and above sergeant or first-line supervisor) | **Sergeant or equivalent  first-line supervisor** |
|  | N/A | N/A |
| 1. White, non-Hispanic |  |  |
| 1. Black or African American, non-Hispanic |  |  |
| 1. Hispanic or Latino |  |  |
| 1. American Indian or Alaska Native, non-Hispanic |  |  |
| 1. Asian, non-Hispanic |  |  |
| 1. Native Hawaiian or other Pacific Islander, non-Hispanic |  |  |
| 1. Two or more races |  |  |
| 1. Not known |  |  |
| 1. **Total full-time sworn deputies *(sum of rows a-h)*** |  |  |
| 1. Male |  |  |
| 1. Female |  |  |
| 1. **Total full-time sworn deputies *(sum of rows j and k)*** |  |  |

**7. Enter the number of full-time agency personnel who were bi- or multilingual as of June 30, 2020**. *Full-time employees are those regularly scheduled for 35 or more hours per week. If none, enter ‘0’.*

|  |  |
| --- | --- |
|  | **Bilingual or Multilingual Full-Time Personnel** |
| a. Sworn with general arrest powers (e.g., road deputies) |  |
| b. Deputies with limited or no arrest powers (e.g., jail/correctional deputies) |  |
| c. Non-sworn/civilian personnel |  |

**8. As of June 30, 2020, how did your agency address the following problems/tasks?** *Mark the most appropriate choice for each problem/task listed below.* *Consider FULL-TIME sworn deputies with general arrest powers and FULL-TIME non-sworn/civilian personnel. Mark ONLY ONE choice per row.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of problem/task** | **(1)**  **Agency had a specialized unit with personnel assigned full-time to address this problem/task** | **Agency DID NOT HAVE a specialized unit**  **with full-time personnel** | | | **(5)**  **Agency’s jurisdiction did not have this problem (N/A)** |
| **(2)**  **Agency had designated personnel to address this problem/task** | **(3)**  **Agency addressed this problem/task, but did not have designated personnel** | **(4)**  **Agency did not formally address this problem/task** |
| 1. Agency standards/accreditation |  |  |  |  |  |
| 1. Bias/hate crime |  |  |  |  |  |
| 1. Bomb/explosive disposal |  |  |  |  |  |
| 1. Child abuse/endangerment |  |  |  |  |  |
| 1. Community Policing |  |  |  |  |  |
| 1. Crime analysis |  |  |  |  |  |
| 1. Cybercrime |  |  |  |  |  |
| 1. Domestic violence |  |  |  |  |  |
| 1. Firearms |  |  |  |  |  |
| 1. Gangs |  |  |  |  |  |
| 1. Homelessness |  |  |  |  |  |
| 1. Human trafficking |  |  |  |  |  |
| 1. Impaired drivers (DUI/DWI) |  |  |  |  |  |
| 1. Internal affairs |  |  |  |  |  |
| 1. Juvenile crimes |  |  |  |  |  |
| 1. Mental health/crisis intervention |  |  |  |  |  |
| 1. Methamphetamine labs |  |  |  |  |  |
| 1. Missing children |  |  |  |  |  |
| 1. Opioids |  |  |  |  |  |
| 1. Parking enforcement |  |  |  |  |  |
| 1. Public relations |  |  |  |  |  |
| 1. Research and planning |  |  |  |  |  |
| 1. School safety |  |  |  |  |  |
| 1. Sexual assault |  |  |  |  |  |
| 1. Special operations (e.g. SWAT) |  |  |  |  |  |
| 1. Terrorism/homeland security |  |  |  |  |  |
| 1. Traffic enforcement |  |  |  |  |  |
| 1. Victim assistance |  |  |  |  |  |

**Section II: Budget**

**9a. Enter your agency's total operating budget for the fiscal year that included June 30, 2020.** *If the budget is not available, provide an estimate and check the box below. Include jail administration costs. DO NOT include building construction costs or major equipment purchases.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  | , |  | , |  | , |  | .00 |

**Please mark here if this figure is an estimate**

**9b. Does your agency operate a jail?**

Yes

No 🡪 ***If no, SKIP to #9d***

**9c. How much of the above total operating budget was for jail administration?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  | , |  | , |  | , |  | .00 |
|  |  |  |  |  |  |  |  |  |

**Please mark here if this figure is an estimate**

**9d. Please indicate the start and end dates of your agency’s fiscal year that included June 30, 2020:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start: | |  | | **/** | |  | | **/** | |  | |
|  | | MM | | **/** | | DD | | **/** | | Y Y Y Y | |
|  | |  | |  | |  | |  | |  | |
| End: |  | | **/** | |  | | **/** | |  | |
|  | MM | | **/** | | DD | | **/** | | Y Y Y Y | |

**10. Enter the total estimated value of money, goods, and property received by your agency from an asset forfeiture program during the fiscal year that included June 30, 2020.** *If data are not available, provide an estimate and check the box below. Include federal, state and local funds.**If no money, goods or property were received, enter '0'.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  | , |  | , |  | , |  | .00 |

**Please mark here if this figure is an estimate**

**Section III: Service Area**

**11. Enter the total square mileage of your agency’s service area.**

|  |  |
| --- | --- |
|  | Square miles |

**12. Enter the total resident population for your agency’s service area.** *Only count the residential population for which your agency has primary responsibility for providing law enforcement services.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | , |  | , |  | Number of residents for which your agency  has primary law enforcement responsibility |

**Section IV: Community Policing**

**13. During the fiscal year including June 30, 2020, did your agency have an informal problem-solving partnership or formal written agreement with any of the following?”**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a.Academic/university staff |  |  |
| b.Advocacy groups |  |  |
| c.Business groups |  |  |
| d.Federal law enforcement agencies |  |  |
| e.Law enforcement organizations (e.g., IACP, National Police Foundation) |  |  |
| f.Neighborhood associations |  |  |
| g.Non-law enforcement government agencies |  |  |
| h.State or local law enforcement agencies |  |  |
| i.Victim service providers |  |  |
| j.Other (please specify): |  |  |
|  | | | |

**14. During the fiscal year including June 30, 2020, did your agency solicit feedback from the community for any of the following?** *Include informal (e.g., via social media, community listening sessions) and formal (e.g., via a community survey or advisory council) feedback received.*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Allocating resources to neighborhoods |  |  |
| 1. Assessing community trust |  |  |
| 1. Evaluating deputy or agency performance |  |  |
| 1. Informing agency policies and procedures |  |  |
| 1. Prioritizing crime/disorder problems |  |  |
| 1. Training development |  |  |

**15. During the fiscal year including June 30, 2020, which of the following did your agency do?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Maintain a written community policing plan |  |  |
| b. Conduct a citizen police academy |  |  |
| c. Conduct citizen range days |  |  |
| d. Work with a Community Advisory Committee |  |  |
| e. Other (please specify): |  |  |
|  | | |

**Section V: Selection and Training**

**16a. Indicate your agency's minimum education requirement** **which new sworn personnel recruits must have at hiring or within two years of hiring.** *Mark ONLY ONE response.*

|  |  |
| --- | --- |
|  | Four-year college degree required |
|  | Two-year college degree required |
|  | Some college, but no degree required  *Total credit hours required:* |
|  | High school diploma or equivalent required |
|  | No formal education requirement 🡪 ***SKIP to #17*** |

**16b.** **Does your agency consider military service as an exemption to this minimum education requirement?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**17. Which of the following screening techniques are used by your agency in selecting new sworn deputy recruits?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Background check** | **Yes** | **No** |  |
| a. Credit history check |  |  |  |
| b. Criminal history check |  |  |  |
| c. Driving record check |  |  |  |
| d. Social media check |  |  |  |
| **Personal attributes** | **Yes** | **No** |  |
| e. Cognitive ability assessment (e.g., writing, reading comprehension, analytical skills) |  |  |  |
| f. Interpersonal skills assessment |  |  |  |
| g. Personality/Psychological inventory |  |  |  |
| h. Psychological interview |  |  |  |
| i. Polygraph exam |  |  |  |
| **Physical attributes** | **Yes** | **No** |  |
| j. Drug test |  |  |  |
| k. Medical exam |  |  |  |
| l. Vision test |  |  |  |
| m. Physical agility/fitness test |  |  | **🡪 If no, *SKIP to #18*** |
| n. *(If yes to #17m)* Does your agency have different standards based on sex? |  |  |  |

**18. How many total hours of academy training and field training (e.g., with FTO) are required of your agency’s new (non-lateral) sworn deputy recruits?** *Include law enforcement training ONLY. If no training of that type is required, enter ‘0’.*

|  |  |  |
| --- | --- | --- |
|  | **Academy training hours** | **Field training hours** |
| a. State mandated hours |  |  |
| b. Additional training hours |  |  |
| **c. Total hours of training *(sum of rows a and b)*** |  |  |

**19. What is the minimum annual number of in-service hours of training that is required for your agency’s full-time sworn deputies?** *Include law enforcement training ONLY. If no training of that type is required, enter ‘0’.*

|  |  |
| --- | --- |
|  | **Minimum annual hours**  **per deputy** |
| a. State mandated hours |  |
| b. Additional training hours |  |
| **c. Total hours of training *(sum of rows a and b)*** |  |

**Section VI: Hiring and Retention**

**20a. How many full-time sworn deputies were hired by your agency during the fiscal year including June 30, 2020?** *Include all full-time**sworn personnel hired whether they are currently employed by the agency or not.*

|  |  |
| --- | --- |
|  | Number of full-time sworn deputies hired |

**🡪 *If 0, SKIP to #24a on page 10.***

**20b. *(If at least one new hire)* How many of those hires were:**

|  |  |
| --- | --- |
|  | **Number of Full-Time Sworn Deputies Hired** |
| a. Entry-level hires (non-lateral) |  |
| b. Lateral transfers/hires |  |
| c. Other new hires |  |

**🡪 *If #20b, row a (entry-level hires) is 0, SKIP to #24a on page 10.***

**21. Based on the most recent class of entry-level sworn deputies hired, on average, how many weeks pass from the time they submit their application to the time they are offered employment?** *DO NOT include basic academy training.*

|  |  |
| --- | --- |
|  | Average number of weeks until hire |

**22. Which of the following types of applicants for entry-level sworn deputy hires were targeted through special recruitment efforts during the fiscal year including June 30, 2020?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. 4-year college graduates |  |  |
| 1. Military veterans |  |  |
| 1. Multi-lingual speaking |  |  |
| 1. People with prior law enforcement experience |  |  |
| 1. Racial/ethnic minorities |  |  |
| 1. Women |  |  |
| 1. Other **(**please specify): |  |  |
|  | | |

**23. Did your agency offer any of the following incentives for entry-level sworn deputy hires during the fiscal year including June 30, 2020?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Employment signing bonus |  |  |
| 1. Free or reimbursed academy training |  |  |
| 1. Salary paid during academy training |  |  |
| 1. Training academy graduation bonus |  |  |
| 1. Relocation assistance (e.g., moving, travel costs) |  |  |
| 1. Other (please specify): |  |  |
|  | | |

**24a. How many full-time sworn deputies separated from your agency during the fiscal year including June 30, 2020?** *DO NOT include sworn deputy recruits who separated prior to completing academy training. If none,   
enter ‘0’.*

|  |  |
| --- | --- |
|  | Number of full-time sworn deputies separated |

**🡪 *If 0, SKIP to #25***

**24b. *(If at least one separation)* How many of those separations were:**

|  |  |
| --- | --- |
|  | **Number of Full-Time Sworn Deputies Separated** |
| a. Probationary rejections |  |
| b. Dismissals |  |
| c. Medical/disability retirements |  |
| d. Non-medical retirements |  |
| e. Resignations |  |
| f. Other/unknown |  |

**25. Which of the following best describes your agency's exit interview policy used to assess full-time sworn deputies' reasons for departure?** *Mark ONLY ONE response.*

Exit interviews conducted with deputies selected by the agency

Exit interviews conducted with deputies if they request one

Exit interviews conducted based on other policy

Exit interviews typically not conducted

**26. Enter the base annual salary schedule for the following full-time sworn positions as of June 30, 2020.** *If a position does not exist on a full-time basis in your agency, select 'N/A.' In cases where there is not a range in salary, please enter the same salary for minimum and maximum.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Base ANNUAL Salary** | |  |
|  | **Minimum** | **Maximum** | **N/A** |
| a. Sheriff | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | |  |
| b. Sergeant or equivalent first-line supervisor | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | |  |
| c. Entry-level deputy (post-academy) | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | $ |  | , |  | .00 | |  |

**27. Did your agency authorize or provide any of the following special pay for sworn deputies during the fiscal year including June 30, 2020?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Bilingual ability pay |  |  |
| b. Education incentive pay |  |  |
| c. Hazardous duty pay |  |  |
| d. Merit/performance pay |  |  |
| e. Military service pay |  |  |
| f. Residential incentive pay |  |  |
| g. Shift differential pay |  |  |
| h. Special skills proficiency pay |  |  |

**28. Did your agency offer the following benefits to increase retention among full-time sworn deputies during the fiscal year including June 30, 2020?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. College tuition reimbursement |  |  |
| 1. Employee Assistance Program |  |  |
| 1. Enhanced medical benefits |  |  |
| 1. Enhanced retirement benefits |  |  |
| 1. Extra overtime opportunities |  |  |
| 1. Flexible hours to attend college |  |  |
| 1. Free or financial allowance for uniforms |  |  |
| 1. Housing allowance or mortgage discount program |  |  |
| 1. Increased pay at specific service milestones |  |  |
| 1. Job sharing or time splits |  |  |
| 1. On-duty time allowance for fitness maintenance |  |  |
| 1. Paid maternity leave |  |  |
| 1. Paid paternity leave |  |  |
| 1. Peer support program |  |  |
| 1. Relaxed residency requirements |  |  |
| 1. Take home vehicle |  |  |
| 1. Other **(**please specify): |  |  |
|  | | |

**29. What is the standard shift length for sworn patrol/road deputies in your agency?**

|  |  |
| --- | --- |
|  | Hours per Day |

**Section VII: Equipment and Operations**

**30. As of June 30, 2020, which of the following types of weapons or actions were authorized for use by your agency’s full-time sworn deputies?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Firearms** | **On duty** | | **Off duty** | |
| **Authorized** | **Not authorized** | **Authorized** | **Not authorized** |
| 1. Handgun |  |  |  |  |
| 1. Shotgun or manual rifle |  |  |  |  |
| 1. Semi-automatic rifle (e.g., AR-15) |  |  |  |  |
| 1. Fully automatic rifle (e.g., M-16) |  |  |  |  |
| **Less-lethal** | **On duty** | | **Off duty** | |
| **Authorized** | **Not authorized** | **Authorized** | **Not authorized** |
| 1. Open hand techniques |  |  |  |  |
| 1. Closed hand techniques |  |  |  |  |
| 1. Takedown techniques (e.g., straight arm bar) |  |  |  |  |
| 1. Hold or neck restraint (e.g., carotid hold) |  |  |  |  |
| 1. Leg hobble or other restraints (not including handcuffs) |  |  |  |  |
| 1. OC spray/foam |  |  |  |  |
| 1. Chemical agent projectile (e.g., CS/tear gas, OC pellets) |  |  |  |  |
| 1. Baton |  |  |  |  |
| 1. Blunt force projectile (e.g., bean bag, rubber bullets) |  |  |  |  |
| 1. Conducted energy device (e.g., Taser, stun gun, Stinger) |  |  |  |  |
| 1. Other (please specify): |  |  |  |  |
|  | | | | |

**31. As of June 30, 2020, how many of the following types of video cameras were operated by your agency on a regular basis?** *If none, enter ‘0’.*

|  |  |
| --- | --- |
|  | **Total Number** |
| 1. Fixed-site surveillance in public areas |  |
| 1. Mobile surveillance |  |
| 1. On aerial drones |  |
| 1. In patrol cars |  |
| 1. On deputies (e.g., body-worn cameras) |  |
| 1. On weapons |  |

**32a. As of June 30, 2020, how many handlers and K-9s did your agency employ?** *If none, enter ‘0’.*

|  |  |
| --- | --- |
|  | Handlers |
|  | K-9s |

**🡪 *If your agency did not have any K-9s, SKIP to #33.***

**32b. *(If at least one K-9)* What types of activities did your K-9s engage in?**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Yes** | **No** |
| 1. Bomb/explosive detecting |  |  |
| 1. Cadaver |  |  |
| 1. Drug detecting |  |  |
| 1. Person trailing |  |  |
| 1. General enforcement (e.g., patrol, traffic enforcement, crowd control, etc.) |  |  |
| 1. Other (please specify): |  |  |
|  | | |

**Section VIII: Technology**

**33.** **As of June 30, 2020, did your agency maintain a website?**

Yes

No

**34. As of June 30, 2020, did your agency use social media to communicate with the public?**

Yes

No

**35. As of June 30, 2020, did your agency use any of the following on a regular basis?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Computer aided dispatch (CAD) |  |  |
| 1. Record management system (RMS) |  |  |
| 1. Automated Fingerprint Identification System (AFIS) or Next Generation Identification (NGI) |  |  |
| 1. Geographic information systems (GIS) |  |  |
| 1. Facial recognition |  |  |
| 1. Infrared (thermal) imagers |  |  |
| 1. License plate readers (LPR) |  |  |
| 1. Tire deflation devices |  |  |
| 1. Gunshot detection (e.g., ShotSpotter) |  |  |
| 1. Firearm tracing (e.g., eTrace) |  |  |
| 1. Ballistic imaging (e.g., NIBIN, IBIS) |  |  |

**36. As of June 30, 2020, did your agency use data for any of the following activities?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Budget allocation |  |  |
| b. Hot spot analysis |  |  |
| c. Intelligence analysis |  |  |
| d. Patrol allocation |  |  |
| e. Predictive policing (i.e., using computer models to predict where crime will occur) |  |  |
| f. Social network analysis |  |  |
| g. Targeted enforcement |  |  |

**Section IX: Policies and Procedures**

**37. Does your agency have written policy or procedural directives on the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deputy conduct** | | **Yes** | **No** |
| 1. Code of conduct and appearance | |  |  |
| 1. Maximum work hours allowed per day. Please specify: |  |  |  |
| 1. Off-duty conduct | |  |  |
| 1. Firearm discharge | |  |  |
| 1. Use of deadly force | |  |  |
| 1. Use of less-lethal force | |  |  |
| **Dealing with special populations/situations** | | **Yes** | **No** |
| 1. Domestic disputes | |  |  |
| 1. Homeless persons | |  |  |
| 1. Juveniles | |  |  |
| 1. Mentally ill persons | |  |  |
| 1. Persons with intellectual or developmental disabilities | |  |  |
| **Procedural** | | **Yes** | **No** |
| 1. Active shooter | |  |  |
| 1. Body-worn cameras | |  |  |
| 1. Civilian complaints | |  |  |
| 1. Checking on immigration status by deputies | |  |  |
| 1. Detaining federal immigration violators | |  |  |
| 1. In-custody deaths | |  |  |
| 1. Mass demonstrations | |  |  |
| 1. Motor vehicle stops | |  |  |
| 1. Prisoner transport | |  |  |
| 1. Racial profiling or unbiased policing | |  |  |
| 1. Reporting use of force | |  |  |
| 1. Social media use | |  |  |
| 1. Stop and frisk | |  |  |
| 1. Strip searches | |  |  |
| 1. Vehicle pursuits | |  |  |

**38. Under what circumstances are your full-time sworn deputies instructed to check immigration status?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. During a street/pedestrian stop |  |  |
| b. During a traffic stop |  |  |
| c. After arrest for a misdemeanor offense |  |  |
| d. After arrest for a felony offense |  |  |
| e. Only when suspected of a federal immigration violation |  |  |

🡪 ***If you answered “No” to all rows on #38,* *SKIP to #40***

**39. *(If yes to at least one row on #38)* Do your full-time sworn deputies verify immigration status with the Department of Homeland Security?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | 🡪 ***SKIP to #41*** |
|  | No |  |

**40. *(If no to all rows on #38)* What are the reasons your full-time sworn deputies do not regularly check immigration status?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Prohibited by departmental policy |  |  |
| b. Prohibited by local or state legislation |  |  |
| c. Unable to verify status while in the field |  |  |
| d. Concerned about victims not reporting to police |  |  |
| e. Concerned that deputies will be perceived as using racial profiling. |  |  |
| f. Concerned about losing the public’s trust |  |  |
| g. Other (please specify): |  |  |
|  | | |

**41. As of June 30, 2020, did your agency have an operational computerized Early Warning System or Early Intervention System for monitoring or responding to problematic deputy behavior?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**42. Enter the number of citizen complaints received during the fiscal year including June 30, 2020, by current disposition status.** *If none, enter ‘0’.*

|  |  |  |
| --- | --- | --- |
|  | **All complaints** | **Use of force complaints** |
| **a. Sustained**  (sufficient evidence to justify disciplinary action against the deputy or deputies) |  |  |
| **b. Other disposition**  (e.g., unfounded, exonerated, not sustained, withdrawn) |  |  |
| **c. Pending**  (final disposition of the allegation has not been made) |  |  |
| **d**. **Total complaints received**  ***(sum of rows a-c)*** |  |  |

**43. Is there a civilian complaint review board or agency in your jurisdiction that reviews complaints against deputies in your agency?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**44. As of June 30, 2020, did your agency require another law enforcement agency to conduct an investigation in the following situations?** *ONLY include investigations conducted by another law enforcement or criminal investigative body. DO NOT include civilian reviews.*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Discharge of a firearm at or in the direction of a person |  |  |
| b. Use of force resulting in a subject sustaining serious bodily injury |  |  |
| c. Use of force resulting in a subject’s death |  |  |
| d. In-custody death not due to use of force (e.g., suicide, intoxication or accident) |  |  |

**Thank You!**

Thank you for participating in this survey.

Please retain a copy for your records as project staff may call to clarify responses.

Submit this form using one of the following four methods:

**E-mail:** TBD@rti.org

**Fax:** xxx-xxx-xxxx (toll-free)

**Mail:** Use the enclosed postage-paid envelope,

or mail to:

RTI International

ATTN: Data Capture

(XXXXXX.XXX.XXX.XXX)

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