

Form CJ-38

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx

2022 CENSUS OF STATE AND LOCAL LAW ENFORCEMENT AGENCIES

U.S. Department of Justice, Bureau of Justice Statistics



Acting as collection agent: RTI International

Please use this form to provide information on behalf of the following agency:

[XXXXXXXXXXXXXXXXXX]

If the agency name printed above is incorrect, please call us at 1-800-845-7883.

Submit this form using one of the following four methods:

- Online: <https://bjslecs.org/CSLLEA2022>

Agency ID:

Password:

- E-mail: csllea@rti.org

- Fax: 1-866-354-4989 (toll-free)

- Mail: Use the enclosed postage-paid envelope

Important:

If any of the following conditions applied to your agency as of June 30, 2022, you do not need to complete the entire questionnaire. Mark [X] the appropriate box below and return the survey using the return instructions in the box above.

- ☐ Agency no longer in existence

Enter date agency ceased operations:

Month	Day	Year					

- ☐ Agency contracted or outsourced all law enforcement services to the following agency

Enter the name of the agency providing contractual services:

- ☐ Agency employed only part-time officers and the total combined hours worked for these officers averaged less than 35 hours per week
- ☐ All the officers in the agency were unpaid volunteers
- ☐ All the officers in the agency were paid via fee-for-service and not salary
- ☐ Agency was private (i.e., not operated with funds from a state, local, special district, or tribal government)
- ☐ Agency was operated by the Federal government

Indicate who completed this form:

Name:

Last Name	First Name	MI
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Title:

Phone:

Area Code	Number	Extension
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Fax:

Area Code	Number
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E-mail:

Agency
Website:

NCIC-ORI:
9-digit

- Please retain a copy of your completed survey. Questionnaires completed online can be printed for your records.
- If you have any questions, call RTI toll-free at 1-800-845-7883, or send an e-mail to csllea@rti.org. When corresponding about this survey, please refer to the Agency ID number above.
- If you have any general comments or suggestions for improving the survey, please contact Elizabeth Davis of the Bureau of Justice Statistics by phone at 1-202-305-2667 or by e-mail at Elizabeth.Davis@usdoj.gov.

Burden Statement

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 32 minutes 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 USC 10132), authorizes this information collection. Although this survey is voluntary, we urgently need your cooperation to make the results comprehensive, accurate, and timely. We greatly

appreciate your assistance.

INSTRUCTIONS

Please do not leave any items blank.

- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- Use an X when marking an answer in a box.

VERIFY AGENCY HEAD CONTACT INFORMATION

The contact information at right is on file for the head of this agency:

Is this information correct?

- ☐ Yes
- ☐ No → *Provide correct information*

Agency Head Name: <<AgencyHeadName>>
 Agency Head Title: <<AgencyHeadTitle>>
 Agency Address: <<Address1>>
 <<Address2>>
 <<City>>, <<State>> <<Zip>>

New Agency Head Information

Name
Title
Address

SURVEY QUESTIONS

1. Who operates this agency? Mark [X] only one.

- ☐ County or parish government
- ☐ Regional government
- ☐ Municipal (city, town or township) government
- ☐ Tribal government
- ☐ School district (K-12)
- ☐ 2-year college
- ☐ 4-year college or university
- ☐ State government → *Go to Question 2 on the next page.*
- ☐ Special district or authority (Specify):

→ *Go to Question 2 on the next page.*

Go to SURVEY INSTRUCTION Box on the next page.

2. A **multi-agency system** is a formal organizational structure where a parent or primary agency oversees subordinate law enforcement agencies or components. In a multi-agency system, sub-agencies or sub-components typically address a specific jurisdiction or special law enforcement function. *For example*, a state-level Department of Public Safety may oversee multiple sub-agencies or sub-components such as narcotics enforcement, state bureau of investigation, intelligence, etc.

NOT included are contractual law enforcement arrangements voluntarily agreed to by individual agencies and not required by state or local law.

Is your agency part of a multi-agency system?

- ☐ Yes → Go to Question 2a
- ☐ No → Go to SURVEY INSTRUCTION BOX

2a. Is your agency the parent or primary agency of the system?

- ☐ Yes → Please provide the name(s) of the sub-agencies or sub-components within the system that your agency oversees:

- ☐ No → Please provide the name of the parent or primary agency that oversees your sub-agency or sub-component:

→

SURVEY INSTRUCTION BOX

For the rest of this survey, report for **only** the agency to which this survey request is addressed.

- If your agency oversees sub-agencies or sub-components, those sub-agencies or sub-components should complete their own survey.
- If your agency is a sub-agency or sub-component of a larger agency, please respond only for your sub-agency or sub-component.

For campus law enforcement agencies only, report for all campuses served by the agency to which this survey request is addressed.

3. **Enter your agency's total operating budget for the fiscal or calendar year that included June 30, 2022 and your agency's total operating budget for the PREVIOUS fiscal or calendar year that included June 30, 2021.** *If not available, provide an estimate and mark [X] the estimate checkbox. Include jails administered by your agency. Exclude building construction costs and major equipment purchases*

2022\$

If estimate, check here: ☐

2021 \$

If estimate, check here: ☐

4. During 2022, did your agency perform any of these functions on a regular basis or have primary responsibility for performing when needed? Mark [X] Yes or No for each function.

A. Patrol and response functions	Yes	No
1. Arrest of criminal suspects	<input type="checkbox"/>	<input type="checkbox"/>
2. Dispatching of calls for service	<input type="checkbox"/>	<input type="checkbox"/>
3. First response to criminal incidents	<input type="checkbox"/>	<input type="checkbox"/>
4. Responding to citizen-initiated requests for service	<input type="checkbox"/>	<input type="checkbox"/>
5. Routine patrol services	<input type="checkbox"/>	<input type="checkbox"/>
6. Special events/crowd control	<input type="checkbox"/>	<input type="checkbox"/>
B. Criminal investigation for:	Yes	No
1. Arson	<input type="checkbox"/>	<input type="checkbox"/>
2. Cybercrime	<input type="checkbox"/>	<input type="checkbox"/>
3. Homicide	<input type="checkbox"/>	<input type="checkbox"/>
C. Traffic and vehicle-related functions	Yes	No
1. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial vehicle enforcement	<input type="checkbox"/>	<input type="checkbox"/>
3. Traffic law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
D. Detention-related functions	Yes	No
1. Booking and release of inmates	<input type="checkbox"/>	<input type="checkbox"/>
2. Detainee or inmate transport	<input type="checkbox"/>	<input type="checkbox"/>
3. Operating a temporary holding cell (not for overnight detention)	<input type="checkbox"/>	<input type="checkbox"/>
4. Operating an overnight lockup or temporary holding facility <u>separate</u> from a jail	<input type="checkbox"/>	<input type="checkbox"/>
5. Operating 1 or more jails	<input type="checkbox"/>	<input type="checkbox"/>
E. Court-related functions	Yes	No
1. Apprehension of fugitives	<input type="checkbox"/>	<input type="checkbox"/>
2. Enforcing child support orders	<input type="checkbox"/>	<input type="checkbox"/>
3. Enforcing protection orders	<input type="checkbox"/>	<input type="checkbox"/>
4. Executing arrest warrants	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing court security	<input type="checkbox"/>	<input type="checkbox"/>
6. Serving eviction notices	<input type="checkbox"/>	<input type="checkbox"/>
7. Serving process (i.e., legal notification)	<input type="checkbox"/>	<input type="checkbox"/>
F. Forensic services	Yes	No
1. Digital evidence examination	<input type="checkbox"/>	<input type="checkbox"/>
2. Firearms examinations (other than NIBIN)	<input type="checkbox"/>	<input type="checkbox"/>
F. Forensic services (continued)	Yes	No

3. Footwear or tire tread examination	<input type="checkbox"/>	<input type="checkbox"/>
4. Forensic crime scene investigation	<input type="checkbox"/>	<input type="checkbox"/>
5. Latent fingerprint examination	<input type="checkbox"/>	<input type="checkbox"/>
6. Operating a forensic crime lab	<input type="checkbox"/>	<input type="checkbox"/>
G. Special public safety functions	Yes	No
1. Animal control	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency management	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency medical services	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire services	<input type="checkbox"/>	<input type="checkbox"/>
5. Responding to mental health calls	<input type="checkbox"/>	<input type="checkbox"/>
6. School crossing services	<input type="checkbox"/>	<input type="checkbox"/>
H. Task force participation for:	Yes	No
1. Anti-terrorism	<input type="checkbox"/>	<input type="checkbox"/>
2. Auto theft	<input type="checkbox"/>	<input type="checkbox"/>
3. Drug trafficking	<input type="checkbox"/>	<input type="checkbox"/>
4. DUI	<input type="checkbox"/>	<input type="checkbox"/>
5. Gangs	<input type="checkbox"/>	<input type="checkbox"/>
6. Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>
7. Opioid abuse	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (<i>Specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>
I. Specialized functions	Yes	No
1. Bomb/explosives disposal	<input type="checkbox"/>	<input type="checkbox"/>
2. Canine/K-9	<input type="checkbox"/>	<input type="checkbox"/>
3. Crime analysis	<input type="checkbox"/>	<input type="checkbox"/>
4. Firearm background checks	<input type="checkbox"/>	<input type="checkbox"/>
5. Operating a basic training academy	<input type="checkbox"/>	<input type="checkbox"/>
6. Providing direct victim assistance or programs	<input type="checkbox"/>	<input type="checkbox"/>
7. Providing law enforcement services to or on tribal lands	<input type="checkbox"/>	<input type="checkbox"/>
8. School Resource Officers (SROs)	<input type="checkbox"/>	<input type="checkbox"/>
9. Search and rescue	<input type="checkbox"/>	<input type="checkbox"/>
10. Tactical operations (SWAT)	<input type="checkbox"/>	<input type="checkbox"/>
11. Underwater recovery	<input type="checkbox"/>	<input type="checkbox"/>
12. Other (<i>Specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>

5. Enter the number of full-time and part-time ***paid*** agency employees for the pay period that included June 30, 2022. Count employees who were regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.

Full-Time	Part-Time
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a. Sworn officers with general arrest powers		
b. Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)		
c. Non-sworn/civilian personnel		
d. Total employees (Sum of rows a-c)		

6. Enter the number of **full-time** personnel by sex for the pay period that included June 30, 2022. Each total should match the number reported in the same colored cell in Question 4. If none, enter 0.

	Male	Female	Total
a. Sworn officers with general arrest powers			
b. Officers with limited or no arrest powers (e.g., jail or court officers in some agencies)			
c. Non-sworn/civilian personnel			

7. Enter the number of **full-time sworn** officers by race and Hispanic origin for the pay period that included June 30, 2022. The total reported in 7i should match the number reported in the same colored cell in Questions 5 and 6. If none, enter 0.

	Number
a. White, non-Hispanic	
b. Black or African American, non-Hispanic	
c. Hispanic or Latino	
d. American Indian or Alaska Native, non-Hispanic	
e. Asian, non-Hispanic	
f. Native Hawaiian or Other Pacific Islander, non-Hispanic	
g. Two or more races	
h. Not known	
i. Total full-time sworn officers (Sum of rows a-h)	

8. Enter the number of full-time and part-time **paid** agency employees primarily assigned to work in **any public K-12 school** for the last pay period of the 2021-2022 school year. Count employees who were regularly scheduled to work less than 35 hours per week as part-time. If none, enter 0.

	Full-Time	Part-Time
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a. Sworn officers with general arrest powers		
b. Non-sworn/civilian personnel		
c. Total employees (Sum of rows a-b)		

Thank You!

Thank you for participating in this survey. Please retain a copy for your records. If you have any questions about this survey, please contact the CSLLEA team at 1-800-845-7883 or csllea@rti.org.