

NEW JERSEY LAW ENFORCEMENT ACCREDITATION PROGRAM

DEPARTMENT PROFILE

Department _____

Address _____

Phone _____

Chief (CEO) _____

Phone _____

E-mail _____

Accreditation Manager _____

Phone _____

E-Mail _____

ACCREDITED STATUS

Is or has your department ever been accredited by the national accreditation program?

_____ Yes _____ No Year(s) _____

AGENCY SIZE

Authorized Sworn _____ *Full Time* _____ *Part Time*

Authorized Civilian _____ *Full time* _____ *Part Time*

(Include dispatch, crossing guards, etc.)

Auxiliary Officers If the agency utilizes auxiliary officers, indicate the number and briefly describe their duties.

Volunteers If the agency utilizes volunteers, indicate their number and briefly describe their duties.

GEOGRAPHIC AREA OF RESPONSIBILITY: Indicate political subdivisions or municipalities where your agency provides law enforcement services. Regional agencies should indicate all political subdivisions that rely on the agency for law enforcement services.

Square mileage of service area: _____ Population: _____

Indicate any property located within the confines of another political subdivision for which your agency has law enforcement responsibility (airports, storage facilities, garages, schools, colleges, etc.)

If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the services provided and the name(s) of recipients.

PERSONNEL FUNCTIONS

Which department or office handles the agency personnel function?

Department/Office _____

Address _____

Contact Person _____

Phone _____

WORKFORCE: Indicate the number of sworn employees for each category.

	<i>Administration</i>	<i>Patrol</i>	<i>Investigation</i>
Ranks above Captain	_____	_____	_____
Captain	_____	_____	_____
Lieutenant	_____	_____	_____
Sergeant	_____	_____	_____
Other Supervisory Rank	_____	_____	_____
Officer	_____	_____	_____
Other Sworn	_____	_____	_____
Crossing guard	_____	_____	_____
Civilian	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

PATROL ALLOCATION: Indicate the shift hours and number assigned.

	<i>Patrol</i>	<i>Fixed Post</i>	<i>Criminal Investigation</i>
Shift _____	_____	_____	_____
Shift _____	_____	_____	_____
Shift _____	_____	_____	_____

Briefly describe any overlap or “power” shift.

INVESTIGATIONS:

Does the agency routinely use uniformed patrol officers to conduct follow-up investigations of criminal cases? If so, describe when (most felonies, most misdemeanors, non-criminal incidents, etc.)

List current narcotics or vice task force participation (include agencies involved.)

COMMUNICATIONS

Does the agency operate its own communications center? Yes _____ No _____

If YES above, where is the center located? _____

If NO above, who manages and operates the communications center, and where is it located? _____

SUBSTATIONS OR OTHER FACILITIES

List the address and type of any facilities used by your agency other than those already provided (substations, training facilities, task force offices, etc.)

TRAINING

What academy provides basic training for recruits?

Academy name: _____

Address: _____

HOLDING FACILITIES

Does your agency contain a holding cell area as defined in Chapter 72 of the *Standards Manual*? _____ Yes _____ No

If yes, what is the maximum capacity of the holding cell area? _____

Do you process (photograph, fingerprint, etc.) defendants at your facility?
_____ Yes _____ No

Do you use a central booking station for processing, detention and/or transporting to jail facilities? _____ Yes _____ No

If yes, which booking station do you use (*please include name and address*):

Does your facility contain a temporary holding area as defined in Chapter 72 of the *Standards Manual*? Yes No

If yes, describe the temporary holding area: _____

VEHICLES

Please list the type and number of vehicles utilized by your agency (*including bicycles motorcycles, helicopters, etc*): _____

ATTACHMENTS

Please enclose the following documents when submitting this survey:

- a. Copy of Agency Annual Report (if produced);
- b. Agency Organizational Chart;
- c. Agency Personnel Roster; and
- d. Detail Map of Service Area.

Please return to: New Jersey State Association of Chiefs of Police
 Accreditation Program
 One Greentree Centre, Suite 201
 Marlton, NJ 08053