

**NEW JERSEY LAW ENFORCEMENT ACCREDITATION PROGRAM
DEPARTMENT PROFILE**

Agency _____
Address _____
City _____ **Zip** _____ **County** _____

Chief (CEO) _____
Chief (CEO) Telephone _____
Chief (CEO) email _____
Accreditation Manager (AM) _____
AM Telephone _____
AM email _____

ACCREDITED STATUS:

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

YES **NO** If yes, what year(s) _____

AGENCY SIZE

Authorized Sworn Personnel
(Include SLEO) _____ Full Time _____ Part Time

Authorized Non-Sworn personnel
(Include communications, crossing guards, etc.) _____ Full Time _____ Part Time

Does the agency utilize Special Law Enforcement Officers? **YES** **NO**

If yes, type? SLEO Class I SLEO Class II Both

Briefly describe SLEO duties:

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PERSONNEL FUNCTIONS:

Which department or office within the agency handles the agency personnel function?

Department / Office _____

Address _____

Contact Person _____

Contact Person Telephone _____

Contact Person Email _____

WORKFORCE:

Indicate the number of employees for each category.

	Administration	Patrol	Investigations
Ranks above Captain	_____	_____	_____
Captain	_____	_____	_____
Lieutenant	_____	_____	_____
Sergeant	_____	_____	_____
Other supervisory rank	_____	_____	_____
Office/Detective	_____	_____	_____
Other Sworn (SLEO, Aux., Etc.)	_____	_____	_____
Civilian	_____	_____	_____
Adult School Crossing Guards	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

Comments on above workforce (if any):

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PATROL ALLOCATION:

Describe your method of allocating officers to the patrol function. List any fixed shifts, walking beats, overlapping shifts, power shifts, etc.

CRIMINAL INVESTIGATIONS:

Does the agency routinely use uniformed patrol officers to conduct follow-up investigations of criminal cases? If so, describe under what circumstances (e.g., crimes, offenses only, non-criminal matters, etc.)

List any current multi-jurisdictional task force participation (include agencies involved.)

COMMUNICATIONS:

Does the agency operate its own communications center?	YES	NO
PSAP	PDSP	BOTH

If YES above, where is the center located?

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

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SUBSTATIONS OR OTHER FACILITIES:

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

TRAINING:

What academy provides basic training for recruits? (If more than one, list all)

HOLDING FACILITIES:

Does your agency contain a detention facility (i.e. temporary detention, holding facility, jail facility, etc.)? YES NO

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

Do you process (photograph, fingerprint) arrestees at your facility? YES NO

Do you use a central booking facility for processing, detention and/or transporting to jail facilities (e.g. county or state facility)? YES NO

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

Explain (if necessary)

VEHICLES:

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

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COMMENTS (if necessary to explain the agency's operation)

ATTACHMENTS:

Please enclose the following documents when submitting this survey:

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

Please return to:

**New Jersey State Association of Chiefs of Police
Law Enforcement Accreditation Program
11,000 Lincoln Drive West, Suite 12
Marlton, NJ 08053**