CACP/CSOC

**Professional Standards**

**AGENCY APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Department Name: |       | Phone Number: |       |
| **Street Address:** |       |
| County: |       | Zip: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **D****epartment Chief Executive Officer:** |       | **Title:** |       |
| **Project Coordinator or Manager:** |       | **Title:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # Sworn Officers: |      | **# Non-Sworn Personnel:** |      | **# Reserve Officers:** |      |
| **Total Personnel:** |      | **Annual Budget:** |      | **Square Miles Served:** |      |
| **Population of City:** |       | **Seasonal Population increase to:** |       | **When:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accredited by CALEA (The Commission on Accreditation for Law Enforcement Agencies?** | **Yes** **[ ]**  | **Date:** |  | **No** **[ ]**  |
| **Current CACP – CSOC Accreditation?** | **Yes [ ]**  | **Date:** |  | **No [ ]**  |
| **This is a CALEA recognition application?** | **Yes [ ]**  | **Date:** |  | **No [ ]**  |

**The General Information Questionnaire** is designed to provide the body of information about your department for staff use and the inspectors that conduct the assessment of your department. The data produced will also be utilized to provide a general profile of law enforcement in Colorado for planning and problem solving purposes.

**Agreement:**

With this application we agree to comply with the Professional Standards adopted by CACP-CSOC. The inspection will be conducted by professional law enforcement personnel and we agree to them having access to our department for this purpose. The commitment our department must make in working with the CACP-CSOC toward inspection is understood and accepted. We understand we are responsible for all per diem expenses of each assessor. We understand our application fee must accompany this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fee Amount - Circle One |  |  |  |  |
| 1 – 9 Employees $200 |  | Signature |  | (Date) |
| 10 – 19 Employees $250 |  |       |
| 20 – 49 Employees $450 |  | (Typed Name and Title) |
| 50 – 74 Employees $550 |  |  |
| 75+ Employees $650 |  |       |
| CALEA Recognition $200 |  | (Email) |
|  |  |       |
|  |  | (Phone Number(s) |

|  |
| --- |
| OFFICIAL USE ONLY |
|  |
| Fee |  |  |
| Date Received |  |  |
| Acknowledgement Date |  |  |
|  |  |  |

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**CACP/CSOC**

**Professional Standards**

**AGENCY**

**GENERAL INFORMATION QUESTIONNAIRE**

FUNCTIONAL PROFILE

Please indicate, by checking the appropriate box, whether or not your department performs any of the following functions or activities in carrying out its responsibilities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | PLEASE MARK | [YES] | [NO] | [OTHER] |
| 1. | Has your department entered into a contractual agreement to provide law enforcement services to another jurisdiction through an IGA or MOU? (If yes, provide copy of agreement.) | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 2. | Has your department entered into a contractual agreement to receive law enforcement services from another jurisdiction through an IGA or MOU? (If yes, provide copy of agreement.) | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 3. | Is there a collective bargaining agreement in effect? (If yes, provide copy of agreement.) | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 4. | Does your department recruit its own entry-level personnel? | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 5. | Does your department: | [YES] | [NO] | [OTHER] |
|  | 1. Have a Traffic Unit or component?
 | [ ]  | [ ]  | [ ]  |
|  | 1. Employ non-sworn traffic direction and control personnel?
 | [ ]  | [ ]  | [ ]  |
|  | 1. Employ non-sworn traffic accident investigation Personnel?
 | [ ]  | [ ]  | [ ]  |
|  | 1. School Resource Officer program?
 | [ ]  | [ ]  | [ ]  |
|  | 1. Emergency response units (i.e. SWAT/ERT)
 | [ ]  | [ ]  | [ ]  |
|  | 1. Employ adult school crossing guards?
 | [ ]  | [ ]  | [ ]  |
|  | 1. Enforce Municipal Codes for dogs, weeds, junk vehicles, trash etc.?
 | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 6. | Does your department have a "holding facility" (i.e. a facility holding prisoners for 48 hours or less)? | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| 7. | Does your department provide security for courtrooms? | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| AGENCY PROFILE |  |  |  |
| 8. | Annual Report |  | [YES] | [NO] |
|  | 1. Does your department publish an annual report?
 |  | [ ]  | [ ]  |
|  | 1. Is it available via agency website?
 |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 9-1. | Uniformed Patrol Operations  |  |  |
|  | Please provide the following information: |       % of total personnel assigned to patrol. |
|  | Types of Patrol: |  | [YES] | [NO] |
|  | a. All 1 officer cars |  | [ ]  | [ ]  |
|  | b. All 2 officer cars |  | [ ]  | [ ]  |
|  | c. Combination of 1 and 2 officer cars |  | [ ]  | [ ]  |
|  | d. Foot Patrol |  | [ ]  | [ ]  |
|  | e. K-9 Units |  | [ ]  | [ ]  |
|  | f. Equestrian Units |  | [ ]  | [ ]  |
|  | g. Motorcycle Patrol |  | [ ]  | [ ]  |
|  | h. Directed Patrol |  | [ ]  | [ ]  |
|  | i. Bicycle Patrol |  | [ ]  | [ ]  |
|  | j. Other |  | [ ]  | [ ]  |
|  | Comments:       |
| 9-2. | Describe how the Patrol Function is staffed by schedules and number of personnel. |
|  |       |
| 9-3. | Patrol "Systems" |
|  | Briefly describe the "Systems" used to determine: (1) Patrol manpower needs, and (2) Patrol beat boundaries. |
|  |       |
| 10-1. | Investigative Operations |
|  | If the department has an investigative unit, please provide the following information: | [YES] | [NO] |
|  | Do you have an Investigations Unit? | [ ]  | [ ]  |
|  | 1. If yes,      % of total personnel assigned.
 |  |  |
|  | 1. Does your agency support a staff member to a regional or county wide drug task force?
 | [ ]  | [ ]  |
|  | 1. Does the department routinely use uniformed officers to conduct follow-up investigations?
 | [ ]  | [ ]  |
|  | 1. Does agency have a separate juvenile crimes investigations division?
 | [ ]  | [ ]  |
|  | 1. Does your agency have separate person(s) and property crimes investigation unit?
 | [ ]  | [ ]  |
|  | 1. Does agency have a separate vice investigations unit?
 | [ ]  | [ ]  |
|  | 1. Does your agency have a separate forensic lab unit?
 | [ ]  | [ ]  |
|  | 1. Does your agency have a separate intelligence unit?
 | [ ]  | [ ]  |
|  | 1. Does your agency have a separate unit dedicated to computer crimes?
 | [ ]  | [ ]  |
|  |  | [YES] | [NO] |
|  | Does your agency provide other specialized investigative services? If yes, please explain. | [ ]  | [ ]  |
|  |       |
| 10-2. | Organization of Investigations |
|  | Briefly describe the organization of the investigative unit: reports to; organized by crime specialty or not; how are personnel assigned; hours of work; and other aspects that will provide basic information. |
|  |       |
| 10-3. | Solvability Factors | [YES] | [NO] |
|  | Does your department routinely employ “Solvability Factors" in deciding case assignments and/or case priorities? | [ ]  | [ ]  |
|  | If yes, briefly describe how solvability factors are employed. |  |  |
|  |       |
| 11-1. | Administration |  | [YES] | [NO] |
|  | Are administrative rules available via electronic media (i.e. web page, CD, etc.) ? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 11-2. | Rules and Regulations |  |  |  |
|  | Does your department have a manual of rules and regulations? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 11-3. | Written Directive System |  |  |  |
|  | Does your department have a written directive system? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 11-4. | Administrative Units |  |  |  |
|  | Does your department have a formal unit (i.e., one or more persons assigned full time for the following activities)? |  | [YES] | [NO] |
|  | a. Planning/Research |  | [ ]  | [ ]  |
|  | b. Inspections |  | [ ]  | [ ]  |
|  | c. Intelligence |  | [ ]  | [ ]  |
|  | d. Internal Investigations |  | [ ]  | [ ]  |
|  | e. Public Information |  | [ ]  | [ ]  |
|  | f. Police-Community Relations |  | [ ]  | [ ]  |
|  | g. Data Processing |  | [ ]  | [ ]  |
|  |  |  |
| 11-5. | What other "formal" administrative units does the department have? |  |
|  |       |  |  |
|  |       |  |  |
|  |       |  |  |
|  |       |  |  |
| 11-6. |      % of total personnel assigned to administration. |  |  |
| 12. | Evidence and Property |  | [YES] | [NO] |
|  | Does your department operate and maintain its own evidence and property storage? |  | [ ]  | [ ]  |
|  | Does your agency provide evidence storage for other agencies? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 13. | Communications Center |  | [YES] | [NO] |
|  | Does your department manage and operate its own communications center? |  | [ ]  | [ ]  |
|  | If no, who manages the department's communications or is it a shared facility?Please explain below: |
|  |       |
| 14. | Records |  | [YES] | [NO] |
|  | Does your department operate and maintain its own Records Section? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 15. | Civil Process |  | [YES] | [NO] |
|  | Does your department have responsibility for civil process service? |  | [ ]  | [ ]  |
|  |  |  |  |  |
| 16. | Code Enforcement |  |  |  |
|  | If you answered question 5-h "yes", please complete the following questions.  | [YES] | [NO] |
|  | Do you enforce: |  |  |  |
|  | Animal Control? |  | [ ]  | [ ]  |
|  | Weed Abatement? |  | [ ]  | [ ]  |
|  | Trash Abatement? |  | [ ]  | [ ]  |
|  | Inoperable Vehicles? |  | [ ]  | [ ]  |
|  | Sign Ordinances? |  | [ ]  | [ ]  |
|  | Other |       | [ ]  | [ ]  |
|  | Number of personnel assigned: |      |  |  |
|  | a. Are these personnel: |  | [YES] | [NO] |
|  | Sworn |  | [ ]  | [ ]  |
|  | Non-Sworn |  | [ ]  | [ ]  |
|  | b. Briefly describe their work schedules. |  |  |  |
|  |       |
|  |  |  | [YES] | [NO] |
|  | c. Is a procedural or policy manual available? |  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| 17. | Relations with the Fire Suppression Agency |  |  |
|  | Please indicate the relationship between your department and the fire suppression agency, or agencies in your service area. | [YES] | [NO] |
|  | 1. Is your department a separate service?
 | [ ]  | [ ]  |
|  | 1. If "no," is the department part of Department of Public Safety, reporting to a Director?
 | [ ]  | [ ]  |
|  | 1. Are department personnel cross-trained and used for law enforcement and fire suppression purposes?
 | [ ]  | [ ]  |
|  | If "yes," please describe the nature and scope of the program below. |
|  |       |
| 18. | Please describe any unique characteristics of your community that causes special problems, i.e., ski resort, prison location, etc. or any unique problems your department may have that is in need of solutions. (Other than budget.)  |
|  |       |