

California College and University Police Chiefs Association

The California College & University Police Chiefs Association is in the process collecting extensive data about California's higher education law enforcement and security departments. The information will be used to create various reports and tables, which will be available from CCUPCA via our website at www.ccupca.com

Thank you for your participation.

DEPARTMENT INFORMATION

Please indicate the type of institution:

Community College CSU UC Private College Private University

Institution Name: _____

Department Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Phone Number (_____) _____ Fax (_____) _____

1. Department's Web Address: _____

2. Name of Person In-Charge: _____ Title: _____

3. Who does the person in charge report to: _____

4. On a district wide basis, please indicate the following:

Total Student Population: _____ (Both full and part-time students)

Total Employee Population: _____ (Both full and part-time employees)

Total Number of Campuses: _____

Total Number of Centers: _____

5. Please indicate your department's law enforcement authority:

- Police – 830.2 State Colleges and Universities
- Police – 830.32 Community Colleges
- Police – 830.7 College or University that receives its police authority through a memorandum of understanding with the local Sheriff Department.
- Police – 830.1 Sheriff or Municipal officers working on contract for the district.
- Police – 832 Departments that have limited peace officer authority.
- In-House Security Security officers who are employed directly by the institution.
- Contract Security Security officers who are employed by a guard company.
- No Security An institution that does not have any security personnel.

6. Is the department POST certified? Yes No

12. Please indicate the type retirement system your department has.

<input type="checkbox"/> PERS – Public Safety	<input type="checkbox"/> PERS - Miscellaneous	<input type="checkbox"/> Private Plan (Please indicate below ↓)
<input type="checkbox"/> 2% @ 50 <input type="checkbox"/> 3% @ 50 <input type="checkbox"/> 3% @ 55	<input type="checkbox"/> 2% @ 50 <input type="checkbox"/> 2% @ 55	Please indicate the basic benefit factor:

Other type of retirement system: _____

13. Is your agency presently taking steps to move to PERS – Public Safety? No Yes

If yes, please indicate what option you plan to obtain: 2% @ 50
 3% @ 50
 3% @ 55

Please indicate any strategies that were/are helpful in off setting employer contributions associated with a transition to PERS – Public Safety:

Please indicate the name of any consultant; consulting firm, union or other that may have assisted with the process:

Name: _____ Contact Number: _____

14. Please indicate the type(s) of shift officers work - 8 Hour 10 Hour 12 Hour

Combination of shifts, examples _____

15. Do you provide 24-hour coverage? Yes No

16. Do your officers receive a uniform allowance? Yes No

If yes, how much per year? _____

17. Are your officers eligible for 4850 time? Yes No

PARKING ISSUES

18. Is your department responsible for parking enforcement? YES NO

19. Number of Parking Service Officers: Full-Time: _____ Part-Time: _____

20. Parking Permit Cost: Regular Semester - \$ _____ Summer - \$ _____
Daily Permit - \$ _____ Annual - \$ _____

21. Base parking fine for not having a parking permit? \$ _____

22. Do you issue parking permits for – Students Yes No Employees Yes No

SERVICES

23. Do you provide fingerprinting services for? Yes No

If yes, who - Employees Students Public

Do you have a livescan fingerprinting system in your department? Yes No

24. Are you responsible for the administration of the Emergency Operations Plan (EOP) for the institution? Yes No

25. Are you responsible for the administration of the OSHA safety plan for the institution? Yes No

26. Are you responsible for the administration of the HAZMAT plan for the institution? Yes No

27. Do you offer crime prevention training or programs for the institution? Yes No

Please list the titles or types of programs _____

MISCELLANEOUS

28. Do you have a bike patrol program? Yes No

29. Do you use alternative fuel vehicles for patrol? Yes No

If yes, please check all that apply - Electric CNG (Compressed Natural Gas)

30. Do you use electric carts? Yes No

If yes, what for? _____

31. Do you use Automatic External Defibrillators (AED)? Yes No

Any additional information: _____

Name of Person Completing Survey: _____

Contact Number: (____) _____ Email: _____