

CITY OF CORAL GABLES ADVISORY BOARD ON DISABILITY AFFAIRS
 CORAL GABLES YOUTH CENTER – CONFERENCE ROOM
 WEDNESDAY, February 6, 2019, 8:00 A.M.

- MEETING MINUTES -

MEMBERS	J	F	M	A	M	J	J	A	S	O	N	D	APPOINTED BY:
	19	19	19	19	19	19	19	19	19	19	19	19	
Blake Sando	*	P											Vince Lago
Shedrick Boren	*	E											Mayor Raul Fauli-Valdes
Mary Palacio-Pike	*	P											Patricia Keon
Richard Whittington	*	P											Frank C. Quesada
Marie-Ilene Whitehurst	*	P											Michael Mena

P – Present
E – Excused Absence
A – Absent
(-) – No Appointment
(*) – No Meeting

STAFF:

1. Raquel Elejabarrieta – Labor Relations & Risk Management
2. Eglys Hernandez – Labor Relations & Risk Management

STAFF GUEST:

Police Chief Edward Hudak

CITIZEN ADVISORS:

Bonnie Blaire
 Debbie Dietz

PUBLIC GUEST:

Mr. Jorge Fors
 Ms. Pilar Gomez
 Ms. Sheila Logue
 Ms. Phillipa (Pippa) Milne

CALL TO ORDER:

Meeting was called to order at 8:05am

MEETING ABSENCE:

Shedrick Boren

MEETING MINUTES APPROVAL:

December 5, 2019

Motion by: Marie-Ilene Whitehurst / 2nd: Dr. Richard Whittington / All approved unanimously

SECRETARY’S REPORT:

None

BOARD MEMBERS REPORTS:

None

NEW BUSINESS:

Police Chief Hudak – Police Services for individuals/residents with disabilities

Chief Hudak informed the Board of the various services provided by the Police Department for individuals/residents with disabilities. Chief Hudak stated the City of Coral Gables Police Department has been working alongside different entities to assist individuals with disabilities and has been involved with programs such as the CARD program. Chief Hudak stated Police Officers also receive training regarding best ways to identify and address situations which involve members of the community with disabilities. Chief Hudak advised Board regarding Standard Operating Procedure (SOP) – Situations Involving Persons with Autism (Exhibit 1) – which the City has in place. Chief Hudak stated City's efforts have been in the fore front for a very long time and City program has even been utilized by such entities as Miami-Dade County.

Mr. Sando asked Chief Hudak if there is a registry or system in place where parents of individuals with disabilities can register them so that the Police Department is aware of their disabilities when and if they have an interaction with them. Mr. Sando stated he supplied a picture of his son to the Police Department and when a call for assistance is made by his family, the officers are able to view the picture. Chief Hudak stated that at this time there is no system in place. Ms. Palacio expressed that perhaps a campaign can be conducted where the public can voluntarily provide pictures to Police Department to be utilized in certain circumstances. Ms. Dietz expressed her concern in regards to a formal registry format and stated that this subject should be further discussed. Ms. Dietz also stated that the current CARD program is not connected to any City of Coral Gables registry. Chief Hudak advised that it would be best for staff to conduct further research regarding this matter. Ms. Elejabarrieta also expressed it would be best to review further. Mr. Sando stated he would like to further explore the availability of a registry.

Dr. Whittington asked Chief Hudak if the condominiums where many of the residents have physical disabilities and are elderly or have dementia provide a registry of its residents to the Police Department. Chief Hudak stated the he believes best way to go about this is via the Fire Department which prior to Hurricane season does addresses this. Chief Hudak advised that Police and Fire work closely with each other.

Function of Board

Dr. Whittington stated concern regarding prior meeting minutes and comments made referring to Board focus. Ms. Blaire stated that she believes perhaps it would be best to go back and review ordinance which recites the mission of the Board. Ms. Elejabarrieta read the resolution setting forth the function of Board. Dr. Whittington stated that it may be best as the Board changes and new Board members are appointed that they be given a copy of the resolution. Ms. Blaire expressed the importance of reinforcing the core mission on an annual basis, particularly when composing the October annual report assuring it encompasses the Board's mission. It was agreed going forth, to incorporate this mission statement on the meeting agenda.

Discussion regarding implantation of Committee

Ms. Whitehurst stated that she believes due to the term limits and Board changing that it may be a good idea to create a committee in conjunction with the Board creating more structure and continuity. Ms. Whitehurst stated that this committee could be specifically regarding disability which can engage more with other entities and report back to this Board. Ms. Blaire advised that the City of Coral Gables Commission has authorized Citizen Advisors to be appointed to this Board and may be same which Ms. Whitehurst is speaking of. Ms. Blaire advised that there is no limit to how many Citizen Advisors can be appointed and these individuals are to have expertise or interest in services/programs for individuals with disabilities. Dr. Whittington mentioned other concern regarding sub committees could be possible issues with Sunshine Law. Ms. Blaire stated she would research and provide information as well as asked that staff conduct research in order to provide information to the Board. Ms. Elejabarrieta stated that she would review and would be placed on agenda for next meeting.

OLD BUSINESS:

Presentation/Discussion Business Inclusion Awards

Ms. Elejabarrieta provided a brief overall review of the progress being conducted regarding the First Business Inclusion Awards which the City would like to present in October 2019. However, due to lack of time, it was suggested the Board place this item on agenda for next meeting scheduled of March 6, 2019.

PUBLIC COMMENTS:

Ms. Milne advised the Board in regards to the status of Affordable Housing project. Ms. Milne stated she spoke with Commissioner Keon who expressed she would sponsor proposal regarding this project and will keep Board update. Ms. Elejabarrieta advised Ms. Milne going forth, in order for a member of the public to address an item with the Board, it has to be first presented as well as approved by a Board member and placed on the meeting agenda.

NEXT MEETING:

March, 6, 2019

ADJOURNMENT:

Meeting adjourned at 9:05am

EXHIBIT 1

CORAL GABLES POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE
SOP #130 – SITUATIONS INVOLVING PERSONS WITH AUTISM

- I. **GENERAL**
- II. **DEFINITIONS**
- III. **IDENTIFICATION OF INDIVIDUALS WITH AUTISM**
- IV. **PROCEDURES FOR INTERACTING WITH INDIVIDUALS WITH ASD**
- V. **INTERVIEWS, INTERROGATIONS, AND USE OF MIRANDA WARNING**
- VI. **TAKING PERSONS INTO CUSTODY**
- VII. **MISSING CHILDREN WITH SPECIAL NEEDS**
- VIII. **REFERENCES**

REVISION NO.: 1

STANDARD NO.: As Noted

DATE: 05/30/2018

REPLACES: ORIGINAL

OBJECTIVE: To establish a policy concerning Coral Gables Police Department's (CGPD) officer interactions with individuals with autism spectrum disorder (ASD) and to establish appropriate policies and procedures for interviewing victims, suspects, or defendants with autism spectrum disorder. In accordance with [City of Coral Gables City Commission Resolution No. 2016-87](#), as well as CGPD's longstanding commitment to the principles of inclusion for those with disabilities and special needs, CGPD officers will treat individuals with disabilities and special needs with dignity and respect in all circumstances. It is the purpose of this policy to provide officers with information about behaviors and characteristics of people with ASD so that they can recognize and appropriately interact with such individuals. People with ASD may be limited in their ability to effectively communicate and interact with law enforcement officers. These individuals may have a delayed reaction or response time. They may not have the capacity to make coherent decisions on their own and lack the judgment and decision-making skills needed to identify potentially risky situations, which can make them more vulnerable to becoming either a suspect or a victim. This lack of judgment can make interactions or enforcement action difficult and may result in inappropriate or counterproductive police actions if officers are not able to recognize and effectively interact with such persons.

POLICY: It is CGPD's policy that officers be familiar with strategies to recognize and properly react to situations involving persons with ASD. Officers will be prepared to identify and interact appropriately with individuals who have, or may have, ASD, in order to reduce harm to said individuals, to mitigate misunderstandings and prevent situations from escalating unnecessarily.

SCOPE: All Department personnel will be governed by the procedures set forth below.

I. **GENERAL:** The Center for Disease Control (CDC) estimates that one in 68 children have been identified with Autism Spectrum Disorder (ASD). The prevalence for boys is about 5 times higher than it is for girls, with 1 in every 42 boys having ASD, and 1 in every 189 girls having ASD. Therefore, it is highly likely that officers, in the course of the performance of their duties, may encounter individuals, to include, victims, suspects, witnesses or defendants, with ASD.

II. **DEFINITIONS:**

- A. **Autism:** A pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
- B. **Autism Spectrum Disorder (ASD):** The term autism spectrum disorder incorporates several previously separate diagnoses including Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), and Childhood Disintegrative Disorder.
- C. **Developmental Disability:** A disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

- D. Professional: For the purposes of this SOP, professional will refer to a psychiatrist, psychologist, mental health counselor, special education instructor, clinical social worker, or related professional, which a victim, suspect or defendant, diagnosed with autism or an autism spectrum disorder, or his or her parent or guardian, may request to be present during any interview(s).
- E. Qualified Professional: A Professional is deemed qualified pursuant to this SOP only if the Professional has experience treating, teaching, or assisting patients or clients who have been diagnosed with autism or an autism spectrum disorder or related developmental disability or is certified in special education with a concentration focused on persons with autism or an autism spectrum disorder.

III. IDENTIFICATION OF INDIVIDUALS WITH AUTISM:

- A. Identification: Because police officers are usually the first to respond to an emergency, it is critical that all officers have a working knowledge of ASD, and the wide variety of behaviors individuals with ASD can exhibit. Though there is nothing about how persons who have been diagnosed with ASD look that sets them apart, people with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The range of abilities of people with ASD can span from gifted to severely challenged.
- B. Potential Indicators: Although officers are not trained or expected to diagnose disabilities, they should be aware of the signs, characteristics, and behaviors that indicate a disability may exist and recognize that they may occur in various combinations and degrees of severity. Officers are advised that a person with autism might:
 - 1. Have an impaired sense of danger.
 - 2. Wander to bodies of water, traffic or other dangers.
 - 3. Be overwhelmed by police presence.
 - 4. Fear a person in uniform (ex. fire turnout gear) or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs).
 - 5. React with "fight" or "flight".
 - 6. Not respond to "stop" or other commands.
 - 7. Have delayed speech and language skills.
 - 8. Not respond to his/her name or verbal commands.
 - 9. Avoid eye contact.
 - 10. Engage in repetitive behavior (ex. rocking, stimming, hand flapping, spinning).
 - 11. Have sensory perception issues.
 - 12. Have epilepsy or seizure disorder.

NOTE: Officer's should be aware that pursuant to FS. 322.051(8)(c)(1), a person with a developmental disability may be in possession of an identification card or driver's license exhibiting a capital "D" for the person, indicating same. However, the absence of the letter "D" is not an indication that the victim, suspect or defendant, is not diagnosed with ASD or other developmental disability. Additionally, individuals with ASD may have The Wallet Card, a tool designed to assist those with ASD in communicating clearly with law enforcement.

C. Common Interactions: The following are some of the most common situations in which law enforcement may encounter persons with ASD:

1. Manipulation by criminals without disabilities: People with ASD are more likely to be manipulated into committing criminal activity. Their need for acceptance and connection to other people can lead them into performing acts that they do not comprehend are illegal.
2. Victimization: People with ASD are more likely to be victimized and subjected to violence. Officers should be aware of the relatively high rate of victimization within this population, take allegations of victimization seriously, and request assistance of support services that can aid crime victims in prosecuting their perpetrators.
3. Disruptive or suspicious behavior: People with ASD may be socially awkward, violate personal space of others, or inappropriately touch themselves or others in public since they may not understand or have been taught that such behavior is not acceptable or is against the law. Additional unusual behaviors may include picking up items in stores, e.g., perceived shoplifting, repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment. These situations can be misunderstood as criminal behavior rather than disability-related behavior in which the individual is attempting to communicate emotional distress.
4. Disturbances: Disturbances may develop due to a caregiver being unable to maintain control of the person who is engaging in self-destructive behavior.

NOTE: In situations where an individual is a danger to themselves or others, officers should consider involuntary commitment in accordance with [SOP #079 – MENTAL HEALTH INTERVENTION](#). However, if a caregiver or guardian is present, officers should consult with them concerning the appropriate course of conduct.
5. Wandering/Eloping: People with ASD sometimes evade their caregivers and may be found wandering aimlessly or engaged in repetitive or unusual behavior in public. When conducting a search, officers should be aware that people with ASD may be attracted to bodies of water, such as lakes or pools.
6. Seizures: People with ASD have a higher incidence of seizures, especially in response to stress, and may be encountered by law enforcement in response to a medical emergency. Symptoms of seizures vary depending on the type and can range from unconsciousness, convulsions, and/or muscle rigidity, to repeated non-purposeful movements, tremors, dilation of pupils, and/or biting of the tongue.

IV. PROCEDURES FOR INTERACTING WITH INDIVIDUALS WITH ASD:

- A. Use of De-escalation Techniques: Some people with ASD may become easily upset and may engage in self-destructive behaviors or become aggressive. Fear, including fear of law enforcement, frustration, and minor changes in their daily routines and surroundings may trigger such behavior. The mere presence of an officer can be a source of stress. Therefore, when interacting with individuals with ASD, officers should do the following:
1. Speak calmly.
 2. Repeat short, direct phrases in a calm voice.
 3. Allow for delayed responses (10-15 seconds) to your questions or commands.
 4. Use nonthreatening body language.

5. Keep hands at sides when possible.
6. Maintain a safe distance, providing the person with a zone of comfort that will also serve as a buffer for officer safety.
7. Consider use of pictures, written phrases/commands, sign language or computer images.
8. Eliminate, to the degree possible, loud sounds, bright lights, and other sources of overstimulation by turning off sirens and flashers, asking others to move away, or, if possible, moving the person to more quiet surroundings.
9. Keep canines in the police vehicle and preferably away from the area, and ensure that other dogs are removed. However, be aware that people who have a service animal may become highly distraught if that animal is removed from them.
10. Look for medical identification tags on wrists, neck, shoes, belt, or other apparel. Some persons, both verbal and non-verbal, carry wallet cards noting that they have an I/DD and that provide a contact name and telephone number of a family member, location where they live, or other contact information.
11. Call the contact person or caregiver, when such information is available, or a disability advocacy organization for specific advice on calming the person.
12. Be prepared for a potentially long encounter, as dealings with such individuals should not be rushed unless there is an emergency situation. Officers should inform their dispatcher or supervisor if a prolonged encounter is expected.
13. Be attentive to sensory impairments. People with I/DDs often have impairments that make it difficult for them to process incoming sensory information properly. Should an officer identify a sensory impairment, he or she should take the following precautions to avoid exacerbating the situation:
 - a. Do not touch the person. Unless the person is in an emergency situation, e.g., has been seriously injured or is in imminent danger, the officer should speak with the person quietly and in a nonthreatening manner to gain compliance.
 - b. Use soft gestures and avoid abrupt movements or actions.
 - c. Use direct, simple language and avoid slang.
 - d. Do not interpret odd behavior as belligerent. In a tense or even unfamiliar situation, these persons will tend to shut down and close off unwelcome stimuli, e.g., cover ears or eyes, lie down, shake or rock, repeat questions, sing, hum, make noises, or repeat information in a robotic way. This behavior is a protective mechanism for dealing with troubling or frightening situations. Do not stop the person from repetitive behavior unless it is harmful to him or her or others. Officers should not interpret the person's failure to respond to orders or questions as a lack of cooperation or a reason for increased force.
14. If the individual is holding and appears to be fascinated with an inanimate object, consider allowing subject to hold the item for the calming effect (if officer safety is not jeopardized by doing so).
15. Be aware of different forms of communication. Some people with an I/DD carry a book of universal communication icons. Pointing to one or more of these icons will allow these persons to communicate where they live, their mother's or father's name, address, or what they may want. Those with communication difficulties may also demonstrate limited speaking capabilities such as incorrectly using words like "You" when they mean "I."
16. Do not get frustrated or angry at antisocial behaviors and exercise patience.

17. Evaluate for injury: person may not ask for help or show any indications of pain, even though injury seems apparent. Be aware that the person may be having a seizure
18. REMEMBER: Each individual with ASD is unique and may act or react differently.

V. INTERVIEWS, INTERROGATIONS, AND USE OF MIRANDA WARNING:

A. Presence of a Qualified Professional: In any such case where an officer encounters an individuals who the officer knows or has reason to believe may have ASD, the officer will do the following;

1. Prior to conducting an interview of the individual, the officer will advise the individual, their parent or guardian, that the individual may elect to have a psychiatrist, psychologist, mental health counselor, special education instructor, clinical social worker, or related professional present at all times during the interview(s) of the individual.
2. If the victim, suspect or defendant, diagnosed with ASD, or his or her parent or guardian, requests a professional be present at all interviews, the interviewing officer or other individual designated by the interviewing officer, shall take the following steps:
3. Advise the individual making the request for a professional that all expenses related to the attendance of the professional at the interview shall be borne by the requesting individual.

NOTE: If the individual making the request for a professional is a victim, upon conviction of the offense in which the individual is a victim, the law requires that the defendant reimburse the victim for all expenses related to the attendance of the professional at the interview as part of restitution. However, individuals with ASD and their guardians/caregivers should be made aware that such restitution is not likely in most circumstances.

4. Ask the individual making the request for a professional, if they have a particular professional he or she would like to request or knows of a professional who may be requested. If so, obtain the professional's contact information and contact the professional for assistance. Alternatively, the individual making the request for a professional may contact the professional directly if that is his or her preference.
5. If the individual making the request, does not have or know of a particular professional to contact, the interviewing officer or designee may contact:
 - a. Any 'Qualified Professional' as defined above in SOP Section II.E.
 - b. Officers may also refer the individual or his or her parent or guardian to the following organizations for assistance if needed:
 - 1) University of Miami-Nova Southeastern University Center for Autism & Related Disabilities (UM-NSU CARD) at 1-800-928-8476 (1-800-9-AUTISM).
 - 2) Autism Speaks at 1-888-288-4762 (English) / 1-888-772-9050 (Spanish).
6. The interviewing officer or designee shall document all attempts to obtain a qualified professional for the interview.
7. If after all known sources for a qualified professional have been exhausted and a good faith effort has been made to locate a qualified professional and all attempts were unsuccessful, the interviewing officer may conduct an interview without a professional present.

- B. Crisis Intervention Team (CIT): Officers should contact CIT Members pursuant to [SOP #079 – MENTAL HEALTH INTERVENTION](#), Section II, for assistance during situations involving individuals with ASD.
- C. Supervisor Approval: Officers conducting interviews or interrogations of a person who is suspected of having ASD should consult with a supervisor to determine whether or not to proceed with the *Miranda* advisement and interrogation or interview.
- D. General Interview Tips: When interviewing a person with ASD, the officer should:
1. Be patient and give the person space.
 2. Use simple and concrete sentences.
 3. Give plenty of time for person to process and respond.
 4. Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate.
 5. Avoid quick movements and loud noises.
 6. Do not touch the person unless absolutely necessary.
 7. Use information from caregiver, if available, on how to best respond.
 8. Be cognizant of whether the individual needs to use the restroom, and unless doing so would hinder the investigation, allow restroom use at the earliest opportunity.
- E. Do's & Do Not's for Interviews of Individuals with ASD: When police officers interview suspects, victims, or witnesses with an I/DD, officers should observe the following in order to obtain valid information:
1. Do determine the individual's primary mode of communication and provide necessary accommodations.
 2. Do use simple, straightforward questions. However, avoid yes or no questions, as the individual may simply choose either yes or no in an effort to please the officer, rather than provide factual information.
 3. Do not interpret lack of eye contact and strange actions or responses as indications of deceit, deception, or evasion of questions.
 4. Do not suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions, recognizing that people with an I/DD are easily manipulated and may be highly suggestible.
- F. Recording Interviews: Interrogations of suspects with ASD should be recorded. If the interrogation is not recorded, the reason shall be documented.

VI. TAKING PERSONS INTO CUSTODY:

A. Minor Offenses: Taking custody of persons with an I/DD should be avoided whenever possible, as it is likely to initiate a severe anxiety response and further escalate the situation. Therefore, in minor offense situations, officers should explain the circumstances to the complainant and explore alternative means to remedy the situation. This normally will involve release of the person

B. to an authorized caregiver.

C. Serious Offenses: In more serious offense situations or where alternatives to arrest are not permissible, officers shall observe the following guidelines:

1. Contact a supervisor for advice.
2. Handcuff the prisoner with his or her hands in front, if safe to do so, or use other appropriate and approved restraining device(s).

NOTE: Officers should be aware that use of restraints may escalate panic and resistance.

3. In accordance with [SOP #037 - ARREST PROCEDURES](#), search the individual for weapons prior to transport.
4. Request the person's caregiver to accompany him or her and to assist in the calming and intervention process. If a caregiver is not readily available, request an individual appropriately trained in crisis intervention, if available.
5. Employ calming and reassuring language and de-escalation protocols provided in this policy.
6. Do not incarcerate the person in a holding facility, if possible and practical. If avoidable, do not incarcerate the person with others. Note during booking that the person has ASD and should be classified and assigned to the appropriate housing unit. No person with a disability shall be housed in a medical unit unless treatment is needed.
7. Until alternative arrangements can be made, put the person in a quiet room with subdued lighting with a caregiver, other responsible individual, or another officer who has experience in dealing with such persons.
8. Provide the person with any comfort items that may have been in his or her possession at the time of arrest, e.g., toys, blankets, foam or rubber objects, in accordance with agency policy and if safe to do so.

VII. MISSING CHILDREN WITH SPECIAL NEEDS:¹ The behaviors and actions of missing children with special needs are often much different than that of a missing non-affected child; therefore, finding and safely recovering these children often present a unique and difficult challenge. While the behaviors will differ from child-to-child, missing children with special needs may (1) run away or “bolt” from a safe environment; (2) exhibit a diminished sense of fear causing them to engage in high-risk behavior, e.g., seeking water or active roadways; (3) elude or hide from search teams; (4) seek small or tightly enclosed spaces concealing themselves from search teams; and (5) be unable to respond to search teams. While cases of missing children with special needs should be treated as critical incidents requiring elevated responses by law enforcement and first responders, children with ASD have an unusually high mortality rate and are especially at risk. Therefore, the response to a report of a missing child with special needs should include all of the actions outlined in [SOP #040 - MISSING PERSONS](#) in addition to the following:

- A. Responsibilities of Dispatch: When a call is received involving a missing child with special needs, the telecommunicator should obtain a full description of the child including gender, ethnicity, height, weight, hair color, and clothing worn, then ask the questions found in the [“Missing Children With Special Needs Lost-Person Questionnaire \(Appendix A\)”](#).
- B. Initial Response: First responders to reports of a missing child with special needs should notify their supervisor and initiate the following actions as additional resources arrive:
1. Identify hazards in the area where the child was last seen and request dispatch of personnel to those locations to search for the child, paying special attention to any bodies of water and specific locations of interest to the child such as his or her favorite places.
 2. Secure identified hazardous areas near where the child was last seen to prevent the child from entering those areas.
 3. Determine if the child was wearing or carrying a tracking device and, if so, immediately initiate tracking measures to locate the child.

NOTE: CGPD is enrolled with the SafetyNet Tracking Systems Program by LoJack. See [SOP#040-MISSING PERSONS](#) and [TRN-11.15 SafetyNet Training Presentation](#).

4. Determine if the child is frightened by aircraft, dogs, ATVs, or any other resources used to assist in searches. Search dogs at the onset of the initial response will better ensure successful tracking.
5. Determine if the child is sensitive to or frightened by noise and how he or she will typically react to noise.
6. Establish containment measures of the child's known routes using all appropriate means such as road, bike, and air patrol to prevent him or her from wandering farther away from the place last seen.
7. Contact The National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST or 1-800-843-5678 to request assistance from their search and rescue and search management experts.
8. Ensure that reverse 9-1-1 system services are being used.
9. Determine if all possible community notification programs have been used, included Endangered Missing Advisories and the media.

¹ Detailed information on missing children with special needs publications are available from NCMEC. These publications include *Missing Children with Special Needs addendum*, *Missing Children with Special Needs Lost-Person Questionnaire* and *Investigative Checklist for Law Enforcement when Responding to Missing Children with Special Needs*. Agency personnel are encouraged to be familiar with these publications.

- C. Investigative Measures: Investigators assigned to a case involving a missing child with special needs should do the following:
1. Contact the child's parent or guardian to further assess the child's special needs condition.
 2. If not already done so by the telecommunicator, obtain answers to the questions found in Appendix A.
- D. Search and Rescue Measures: The supervisor shall ensure all of the following are completed regarding search and rescue.
1. Immediately provide information to search and rescue personnel about the child's special needs condition and any information about the specific behaviors or interests that may assist in searching for the child.
 2. Preserve the place the child was last seen.
 3. Use personnel accustomed to the existing geography whether urban, suburban, or rural.
 4. Consider using NCMEC's Missing Children with Special Needs Lost-Person Questionnaire.
 5. Initiate search and rescue efforts with an emphasis on bodies of water, high-hazard areas, travel corridors, routes to favorite places, previous locations visited, and any other areas of interest suggested by those who know the child.
 6. Attempt to attract the child by using his or her favorite things such as playing a favorite song or driving a favorite type of vehicle into the search area.
 7. Use night search techniques, if appropriate, such as projected lights and patterns, especially spinning patterns, or other types of favorite visuals to attract the missing child. Exceptional care should be taken to identify and neutralize any hazards prior to the initiation of a night search.
 8. Extend search duration. Some children with special needs have unique behaviors that provide a protective effect, allowing the child to survive longer than what is considered to be a normal survival rate for a child.
- E. Recovery and Reunification Measures: The interaction between law enforcement and search and rescue personnel and a child with special needs at the time of recovery and subsequent reunification can be a traumatic experience. To deescalate and/or minimize any heightened emotions or anxieties the child may experience at the time of recovery, officers should do the following:
1. Check for any identification such as a medical bracelet or tracking device.

NOTE: CGPD is enrolled with the SafetyNet Tracking Systems Program by LoJack.
 2. Maintain a calm and relaxed environment.
 3. Contain the child in a passive way to keep him or her from running or bolting and avoid use of restraints whenever possible.
 4. Bring a parent or guardian immediately to the recovery site, whenever possible, and tell the child that person is on the way.
 5. Approach the child at his or her level, kneeling if necessary, and speak in a normal tone of voice using simple phrases.

6. Use a task-and-reward process to ease anxiety and enhance compliance using phrases such as, "First we are going to stay here, and then your father is going to come here."
7. Avoid assuming the child understands everything being said and done at the recovery scene.
8. Use communication aids, written instructions, drawings, or prompts if possible.
9. Use humor and familiar topics when possible. For instance if the child is wearing a shirt with a cartoon character on it, talk to the child about the character to help lessen any anxiety the child may be feeling and calm the child if upset.

VIII. REFERENCES:

- [Missing Children With Special Needs Lost-Person Questionnaire \(Appendix A\)](#)
- [SOP #037 – Arrest Procedures](#)
- [SOP #040 – Missing Persons](#)
- [SOP #079 – Mental Health Intervention](#)
- [TRN-11.15 SafetyNet Training Presentation](#)