|  |  |  |
| --- | --- | --- |
| Policy # Amber Alert | Related Policies: | |
| *This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third-party civil claims against employees. A violation of this policy, if proven, can only form the basis for internal discipline and/or criminal charges.* | | |
| Applicable State Statutes: KRS 16.175, 16.175(6), 39F | | |
| KACP Accreditation Standard: 30.7 | | |
| Date Implemented: | | Revision Date: May 1, 2025 |

1. **POLICY**

This police department will promptly request AMBER Alert activation when it confirms the abduction of a child under the age of eighteen has occurred and the child is believed to be in danger of serious bodily harm or death.

1. **DEFINITIONS**
2. AMBER Alert - A partnership between local law enforcement, Kentucky State Police, Division of Emergency Management, Transportation Cabinet, the Kentucky Broadcasters Association. and the Kentucky Press Association. This partnership operates a system to notify the public when a child has been abducted and the “department” determines that public notification might aid in the recovery of the child.
3. Kentucky State Police – Referred to as the “department” in KRS 16.175. The agency responsible for activating an AMBER Alert upon request of the law enforcement agency investigating the abduction. 16.175(6) states that no law enforcement agency, other than the “department” shall activate the notification system specified in this section without the authority of the department.
4. **PROCEDURE**
5. The police department will comply with the provisions of :
6. KRS 16.175 – Abduction of children – Kentucky AMBER Alert System- Department to cooperate with other agencies
7. KRS 39F.180 - Reports of search and rescue missions – Immediate search for lost, missing, or overdue persons

.

1. U.S. Department of Justice Recommended Amber Alert Criteria:
   1. Law Enforcement officials have a reasonable belief that an abduction has occurred.
   2. Law Enforcement officials believe that the child is in imminent danger of serious bodily harm or death.
   3. The victim of the abduction is a child aged 17 years or younger.
   4. There is sufficient descriptive information of the child, captor, or captor’s vehicle to issue an alert.
2. When a child has been reported abducted, the Police Department shall respond and provide immediate assistance
3. All pertinent information should be gathered concerning the possible location of the child and the circumstances surrounding his/her disappearance. Preliminary Investigation should include, but is not limited to:
4. Whether there is a witness to or physical evidence of an abduction.
5. The age of the child.
6. Whether the child has been missing before; prior runaway episodes and locations, frequency; whether the circumstances are different this time.
7. The length of time the child has been missing; his/her actions before disappearance; whether the reporting party underestimates the time.
8. Whether the child is despondent; whether the child is experiencing academic, personal, or family problems; whether the child is physically or mentally disabled or has a known drug/alcohol problem.
9. Whether there is evidence of online enticement; whether blog, instant messaging, text messaging, and/or cell phone activity has continued or stopped.
10. Interview the person making the report, parents, other caregivers, witnesses, friends, and school staff.
11. Conduct an initial search (area of disappearance and the child’s home).
12. Secure any potential crime scene/evidence.
13. Whether the child is in imminent danger of serious bodily harm or death.
14. Based on the initial investigation, officers will determine if there is reasonable belief that an abduction has occurred and the criteria for an AMBER Alert activation has been met. The decision to request an AMBER Alert activation will be a collaboration with on the scene investigators, the chief of police, and emergency management. Officers shall:
15. Complete Kentucky Missing Persons Report. Obtain recent photo and any other pertinent information for entry into NCIC.
16. Complete Kentucky ENIBRS .
17. Complete KSP AMBER Alert activation request.
18. Enter the missing child into NCIC. Entry into NCIC should be made without delay, including any available information about the perpetrator, vehicles, or any other information that may help law enforcement apprehend the perpetrator and safely recover the child.
19. The local emergency management director should be notified of the abduction during the initial investigation stage, but must be notified within two hours of the initial response. Pursuant to KRS 39F.180.
20. Kentucky State Police will be contacted and the request for AMBER Alert activation will be forwarded for review. Prior to AMBER Alert activation, KSP will determine:
21. That the minor has actually been abducted or that all available evidence strongly indicates that the minor has been abducted;
22. That public notification is the most appropriate method of recovering the child in a safe and efficient manner; and
23. The geographic area in which the notification shall be made.
24. **Kentucky State Police is the only agency authorized to activate the AMBER Alert system (KRS 16.175(6)).**
25. AMBER Alert is activated per Kentucky State Police protocol.
26. In addition to the AMBER Alert system the police department will utilize every resource available to investigate and facilitate the safe return of all abducted children.

\*NOTE\* - Additional information that should be compiled for an AMBER Alert

1. Full name, nicknames, age, sex, race, height, weight, hair color, eye color, clothing the child was last observed wearing.
2. Location, date, and time the child was last seen
3. Recent photograph(s), preferably a close-up of the child’s face.
4. Medical issues the child has, i.e., needed for prescription drugs, allergies, or other pressing medical conditions.
5. Belongings in the child’s possession when he or she was last seen (book bags, backpacks, game cases, notebooks), jewelry, body piercing, or noticeable scars.
6. Abductor information: Name (if known), age, sex, race, height, weight, hair/eye color, clothing, dress, jewelry, body piercing, facial hair, glasses or other identifying information.
7. Abductor’s vehicle description, including year, make, model, color, license plate, distinctive insignia, personalization, or damage which sets it apart from others.
8. Direction of travel and last known location of vehicle or conveyance.

**Medical information for newborn infants**

Thank you for bringing your baby to a safe place. We want to assure you that we will give your baby the best possible care. Please help your baby by completing this form. The information that you provide will help make it easier to provide medical care to your child. You may not know all of the answers – that’s OK, but please give your baby as much information as you know. **This information will not be used to identify you, and we will not** **try to find you**.

**Providing this information is voluntary**.

What is the baby’s birth date? Was the baby premature?  Yes  No

Were there any problems with the pregnancy or delivery?  Yes  No If yes, what were they?

Were you physically abused during the pregnancy?  Yes  No If yes, please describe:

Where did you leave your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER FATHER**

|  |  |
| --- | --- |
| Does the baby's mother have any medical conditions such as:   Diabetes   Asthma   Allergies   Seizures   Cancer   Heart Disease   High Blood Pressure   Mental Illness   Sexually Transmitted Disease   Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did the mother do one of the following before or during the pregnancy:   Smoke   Use alcohol   Use drugs or medication  If yes, what kinds of drugs or medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the baby’s mother’s:  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hair Color\_\_\_\_\_\_\_\_\_\_\_  Body Build\_\_\_\_\_\_\_\_\_ | Does the baby’s father have any medical conditions such as:   Diabetes   Asthma   Allergies   Seizures   Cancer   Heart Disease   High Blood Pressure   Mental Illness   Sexually Transmitted Disease   Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did the father do one of the following before the pregnancy:   Smoke   Use alcohol   Use drugs or medication  If yes, what kinds of drugs or medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the baby’s father’s:  Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hair Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Body Build\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMPORTANT**

**If you decide that you want your baby back, call 1-877-597-2331. If you do not contact the Cabinet for Health and Family Services within 30 calendar days after leaving your newborn infant, the cabinet will proceed with involuntary termination of parental rights and place your baby for adoption.**

**NOTE TO PARENT**

**If this form is not completed at the time the infant is left at a safe place, you may complete and mail this form to:**

Division of Protection and Permanency

Department for Community Based Services

Cabinet for Health and Family Services

275 East Main Street, 3E-B

Frankfort, KY 40621

**You may write a note to your baby or the people who will adopt your child on this form.**