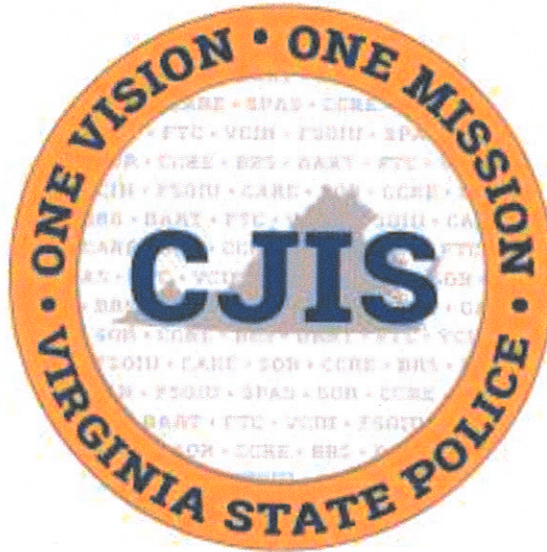


Commonwealth of Virginia
DEPARTMENT OF STATE POLICE



Virginia Critical Operation for a Disappeared Child
Initiative (CODI) Alert Program

APPROVED BY:

Gary T. Settle
Colonel Gary T. Settle

DATE:

9-20-24

Revision Date: 9/9/2024

Manual Distribution List

Superintendent's Office

Superintendent

Deputy Superintendent

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BASS Deputy Directors

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Criminal Justice Information Services Division

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Virginia Critical Operation for a Disappeared Child Initiative Alert Program

1. Purpose

- a. The Virginia Critical Operation for a Disappeared Child Initiative (CODI) Alert Program is an alert system designed to efficiently inform the public of information regarding a missing child whose disappearance poses a credible threat, as determined by a law enforcement investigation. The Virginia State Police has established the following standards and procedures by which a law-enforcement agency shall verify that a child is critically missing and submit an alert request.

2. Definitions

- a. "Missing or endangered child" means a child (i) who is 17 years of age or younger or is currently enrolled in a secondary school in the Commonwealth, regardless of age; (ii) whose whereabouts are unknown; and (iii) whose disappearance is under suspicious circumstances or poses a credible threat as determined by law enforcement to the safety and health of the child and under such other circumstances as deemed appropriate by the Virginia State Police.
- b. "Critical Operation for a Disappeared Child Initiative Alert" or "Codi Alert" means the notice of a missing or endangered child provided to the public by the media or other methods under a CODI Agreement.

- c. "Critical Operation for a Disappeared Child Initiative Agreement" or "CODI Agreement" means the voluntary agreement between law-enforcement officials and members of the media whereby a child will be declared missing or endangered and the public will be notified, and includes all other incidental conditions of the partnership as found appropriate by the Virginia State Police.
- d. "Critical Operation for a Disappeared Child Initiative Alert Program" or "CODI Alert Program" or "Program" means the procedures and CODI Agreements to aid in the identification and location of missing or endangered children.
- e. "Media" means print, radio, television, and internet-based communication systems or other methods of communicating information to the public.

3. Criteria for Activation of the Alert

Each law enforcement agency shall investigate the matter to verify the disappearance, and eliminate alternative explanations where evidence is lacking. Information must be established to meet the definition of a missing or endangered child. Also, sufficient information must be available to disseminate to the public to assist in locating the missing child, to include a vehicle if there is one, in order to activate the alert.

- a. Elements for a missing or endangered child
 - i. Any person 17 years of age or younger or is currently enrolled in a secondary school in the Commonwealth;
 - ii. Whose whereabouts are unknown, and;
 - iii. Whose disappearance is under suspicious circumstances or poses a credible threat as determined by law enforcement to the safety and health of the child, or;
 - iv. Based on any other circumstances as deemed appropriate by the Virginia State Police.

4. Alert Components

- a. Virginia Criminal Information Network (VCIN)
 - i. VCIN is a telecommunication system which provides 24-hour access to Virginia law enforcement agencies to enter and query criminal justice information, including information concerning missing persons.
- b. Virginia Missing Persons Clearinghouse (VMPC)
 - i. The Clearinghouse is operated by the Virginia State Police and provides the public with information regarding missing persons through the Virginia

Missing Persons website. Additionally, the VMPC utilizes Everbridge software; a public notification and warning platform capable of disseminating messages to the media and other partners.

5. Activation Procedure for Investigating Law Enforcement Agency

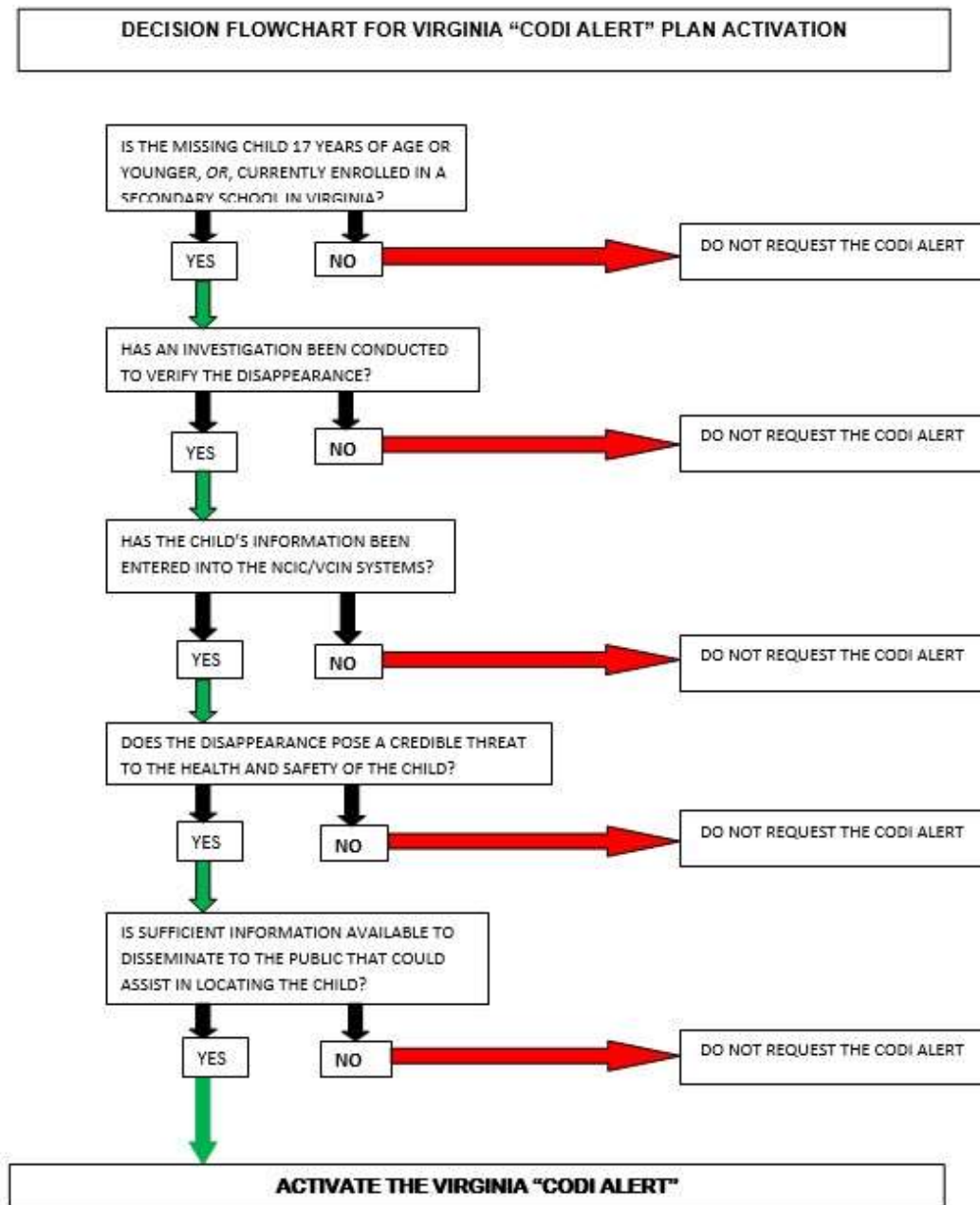
- a. Enter the missing child into the Virginia Criminal Information Network (VCIN) and the National Crime Information Center (NCIC) missing person files.
- b. Complete the SP-183 (*Virginia Missing Children Information Clearinghouse Report* – Obtain a form at: <https://vsp.virginia.gov/services/forms/#Missing>) and email it to the Virginia Missing Persons Clearinghouse at vamissing@vsp.virginia.gov.
- c. Complete the Virginia CODI Alert Activation Request Form (Obtain a form at <https://vsp.virginia.gov/law-enforcement-users-guides/>).
 - i. Should you have any questions or concerns about whether your situation is appropriate for a CODI Alert, you may contact the duty sergeant at 804-674-2026.
 - ii. Attach a current photograph of the missing child.
 - iii. Attach the completed SP-183.
 - iv. Designate a department point of contact who is available to discuss the Alert request and provide their contact information (name and telephone number).
- d. Email the CODI Alert Activation Request Form, the SP-183, the agency point of contact, and any photographs or supplemental information to the duty sergeant at dutysgthq@vsp.virginia.gov.
 - i. Contact the duty sergeant at 804-674-2026 to confirm receipt of the packet information, or if you have any difficulties transmitting information.
- e. As additional information becomes available, including photographs, the investigating law enforcement agency shall contact the duty sergeant immediately with updates so the information can be disseminated appropriately.

6. Cancellation Procedure

- a. Upon locating a child who is the subject of a CODI Alert, the investigating law enforcement agency shall immediately notify the Virginia State Police duty sergeant at dutysgthq@vsp.virginia.gov to cancel the request.

- b. Contact the duty sergeant by telephone to confirm receipt of the cancellation request at 804-674-2026.
- 7. Contact Information (Fax, Email)
 - a. Virginia Missing Persons Clearinghouse Coordinator
 - i. Telephone: 804-674-2026
 - ii. Email: vamissing@vsp.virginia.gov
 - b. Duty Sergeant
 - i. Telephone: 804-674-2026
 - ii. Email: dutysgthq@vsp.virginia.gov

8. Activation Process Flowchart



9. Forms

a. SP-183

SP-183 (Rev. 08/08/2024)

VIRGINIA MISSING CHILDREN INFORMATION CLEARINGHOUSE REPORT (UNDER 21 ONLY)

*INVESTIGATING OFFICER: []		*DATE/TIME REPORTED TO LAW ENFORCEMENT: []	
*ORIGINATING AGENCY CASE NUMBER: []		*DATE ENTERED VCM/NCIC: []	
VIC #.: []			
*PART 1			
*AGENCY SUBMITTING REPORT: []		ORI NO.: []	
*TELEPHONE # OF INVESTIGATING AGENCY (ACCESSIBLE 24 HOURS): []		AREA CODE ([]) [] - []	
*LAST NAME: []	FIRST NAME: []	MIDDLE NAME: []	SUFFIX: []
*SEX: []	*RACE: []		
*PLACE OF BIRTH: []	*DATE OF BIRTH: []	DATE OF EMANCIPATION IF UNDER 18 **: []	
*HEIGHT: [] FT. [] IN.	*WEIGHT: [] LBS.	*EYE COLOR: [] BLACK [] BLUE [] MAROON [] GREEN [] BROWN [] GRAY [] HAZEL [] UNKNOWN [] MULTICOLOR [] PINK	*HAIR COLOR: [] BLACK [] BLOND [] WHITE [] SANDY [] BROWN [] GRAY [] RED [] []
COMPLEXION: [] FAIR/LIGHT [] BLACK [] MEDIUM [] ALBINO [] DARK [] OLIVE [] DARK BROWN [] RUDDY [] SALLOW [] YELLOW [] MED. BROWN [] LT. BROWN		SCARS, MARKS, BRACES, TATTOOS, PIERCINGS: []	
GLASSES: [] YES [] NO	CONTACTS: [] YES [] NO	SOCIAL SECURITY NUMBER: []	
OPERATOR'S LICENSE NUMBER: []	Q.I. STATE: []	Q.I. EXPIRATION DATE: []	DENTAL RECORDS: [] YES [] NO
*DATE OF LAST CONTACT: []		*MEDICATION REQUIRED: [] YES [] NO	
*MEDICATION TYPE: []			
*PHOTO AVAILABLE: [] YES [] NO	*DATE OF PHOTO: []	*PHOTO SENT TO THE STATE POLICE: [] YES [] NO	
*NAME OF SCHOOL LAST ATTENDED: []		*CODE NUMBER OF SCHOOL LAST ATTENDED: []	
COUNTY/CITY CODE OF BIRTH: (MANDATORY IF POB IS VA) []	MOTHER'S MAIDEN NAME (IF PLACE OF BIRTH IS VA): LAST: [] FIRST: [] MIDDLE: []		
LAST SEEN IN COMPANY OF: NAME(S): []		SEX: []	RACE: []
(1) []		[]	[]
(2) []		[]	[]
*NAME OF CHILD'S PARENTS OR LEGAL GUARDIAN: NAME: []			
ADDRESS/CITY/STATE/ZIP: []		PHONE: []	
MISCELLANEOUS DATA: (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, jewelry, etc.) [] [] [] []			
VEHICLE INFORMATION:			
LICENSE PLATE NUMBER: []	STATE: []	YEAR OF EXP: []	LIC. TYPE: []
VIN: []			
VEHICLE YEAR: []	MAKE: []	MODEL: []	STYLE: []
COLOR: []			

* MANDATORY DATA ELEMENTS

Page 1 of 2

PART 2**CHECK APPLICABLE CONDITION:**1. ☐ **DISABILITY:**

Child missing is under proven physical/mental disability thereby subjecting herself/himself or others to personal or immediate danger.

Are you requesting a Missing Person with Autism Alert activation? YES ☐ NO ☐

If yes, contact the VSP Duty Sergeant at 804-674-2026.

2. ☐ **ENDANGERED:**

Child missing under circumstances indicating his/her physical safety is in danger.

Are you requesting an Amber Alert activation? YES ☐ NO ☐

If yes, contact the VSP Duty Sergeant at 804-674-2026.

3. ☐ **INVOLUNTARY:**

Child missing under circumstances indicating the disappearance was not voluntary.

Are you requesting an Amber Alert activation? YES ☐ NO ☐

If yes, contact the VSP Duty Sergeant at 804-674-2026.

4. ☐ **JUVENILE:**

Child under 18 years of age who is missing and DOES NOT meet the criteria set forth in #1, 2, or 3.

This category should not include children under the age of 12.

5. ☐ **MISSING YOUNG ADULT:**

A person at least 18 years old who has not reached 21 years of age and is missing and does not meet the criteria set forth in #1, #2, or #3. Young adult entered as Missing Person Other (Message Key EMG).

***PART 3**

I certify the person described in Part 1 is missing and that the information I have furnished is true and correct to the best of my knowledge and belief.

SIGNATURE DATE RELATIONSHIP

PART 4

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in this report and have the legal right to sign this authorization and consent.

SIGNATURE DATE RELATIONSHIP

Virginia Missing Children Information Clearinghouse
Virginia State Police
Criminal Justice Information Services Division
P. O. Box 27472
Richmond, Virginia 23261-7472

***PLEASE ATTACH A CURRENT PHOTOGRAPH
OF THE MISSING CHILD TO THIS FORM***

CLEARED VCIN/CIC DATE: _____

DISTRIBUTION:

VIRGINIA MISSING CHILDREN CLEARINGHOUSE

LOCAL SCHOOL DIVISION SUPERINTENDENT – 1

REGISTRAR OF VITAL RECORDS – 1

P. O. BOX 1000, RICHMOND, VIRGINIA 23208-1000

MAILED ORIGINAL

DATE: _____

DATE: _____

DATE: _____

BY: _____

MAILED "LOCATED" COPY

DATE: _____

DATE: _____



DATE: _____

BY: _____

*** MANDATORY DATA ELEMENTS**

Page 2 of 2

b. Alert Activation and Checklist

 <div style="display: inline-block; text-align: center;">Virginia State Police Critical Operation for a Disappeared Child Initiative (CODI) Alert Activation Form</div> 
IMPORTANT Do NOT request the Alert Activation if the answer is NO to ANY of the following questions. Contact VSP Duty Sergeant before sending this form or if you need assistance call 804.674.2026
ALERT CRITERIA: (Please mark the box if the answer is yes) <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="width: 30px; text-align: center;"><input type="checkbox"/></div><div>Is the person 17 years of age or younger or currently enrolled in a secondary school in the Commonwealth, regardless of age?</div></div><div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="width: 30px; text-align: center;"><input type="checkbox"/></div><div>Are the person's whereabouts unknown?</div></div><div style="display: flex; align-items: flex-start; margin-top: 10px;"><div style="width: 30px; text-align: center;"><input type="checkbox"/></div><div>Is the disappearance under suspicious circumstances or poses a credible threat as determined by law enforcement to the safety and health of the child and under such other circumstances as deemed appropriate by the Virginia State Police?</div></div></div> <div style="text-align: right; margin-top: 10px;">NCIC #: <input style="width: 150px;" type="text"/></div>
DISAPPEARANCE/ABDUCTION INFORMATION Date/Time: <input style="width: 150px;" type="text"/> Last seen at (address): <input style="width: 250px;" type="text"/> Brief Summary: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
VICTIM INFORMATION Name: <input style="width: 150px;" type="text"/> Age: <input style="width: 40px;" type="text"/> Hair: <input style="width: 40px;" type="text"/> Eyes: <input style="width: 40px;" type="text"/> Glasses?: <input style="width: 50px;" type="text"/> Race: <input style="width: 50px;" type="text"/> Sex: <input style="width: 50px;" type="text"/> Height: <input style="width: 50px;" type="text"/> Weight: <input style="width: 50px;" type="text"/> Last seen wearing: <input style="width: 250px;" type="text"/> Scars/Birthmarks, etc.: <input style="width: 250px;" type="text"/> Indicate any developmental disability, intellectual disability, mental illness and/or medical conditions: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
SUSPECT INFORMATION Name: <input style="width: 150px;" type="text"/> Age: <input style="width: 40px;" type="text"/> Hair: <input style="width: 40px;" type="text"/> Eyes: <input style="width: 40px;" type="text"/> Glasses?: <input style="width: 50px;" type="text"/> Race: <input style="width: 50px;" type="text"/> Sex: <input style="width: 50px;" type="text"/> Height: <input style="width: 50px;" type="text"/> Weight: <input style="width: 50px;" type="text"/> Scars/Tattoos: <input style="width: 250px;" type="text"/> Last seen wearing: <input style="width: 250px;" type="text"/>
VEHICLE INFORMATION Make: <input style="width: 50px;" type="text"/> Model: <input style="width: 50px;" type="text"/> Year: <input style="width: 50px;" type="text"/> Color: <input style="width: 50px;" type="text"/> License Plate #: <input style="width: 50px;" type="text"/> State: <input style="width: 50px;" type="text"/> Unique Markings: <input style="width: 250px;" type="text"/> Direction of Travel: <input style="width: 250px;" type="text"/> <small>NOTE: Use additional sheets if more than one suspect or victim</small>
REPORTING AGENCY INFORMATION Reporting Agency: <input style="width: 250px;" type="text"/> Agency Contact Number: <input style="width: 100px;" type="text"/> Department Contact: <input style="width: 250px;" type="text"/> Cell phone number: <input style="width: 100px;" type="text"/> Phone number for media inquiries: <input style="width: 250px;" type="text"/> Date of request: <input style="width: 100px;" type="text"/>

Email this form to the VSP Duty Sergeant at dutysgthq@vsp.virginia.gov

IMMEDIATELY NOTIFY VSP (804) 674-2026 WITH UPDATES OR WHEN AN ALERT CAN BE CANCELLED



Virginia State Police
Critical Operation for a Disappeared Child
Initiative (CODI) Alert Activation Form



Activation

- ☐ Investigate the matter to verify the disappearance, confirming they are critically missing and eliminate alternative explanations.
- ☐ Enter the missing child into the Virginia Criminal Information Network (VCIN) and the National Crime Information Center (NCIC) missing person files.
- ☐ Complete the SP-183 (Virginia Missing Children Information Clearinghouse Report) and email it to the Virginia Missing Persons Clearinghouse at vamissing@vsp.virginia.gov.
- ☐ Complete the Virginia CODI Alert Activation Request Form.
 - Attach a current photograph of the missing or endangered child.
 - Attach the completed SP-183.
 - Designate a department contact with information who is available to discuss the alert request (include a name and telephone number).
 - Provide sufficient information to disseminate to the public to assist in locating the missing adult.
- ☐ Email the Virginia CODI Alert Activation Request Form, the SP-183 and any photographs to the duty sergeant at dutysgthq@vsp.virginia.gov.
- ☐ Contact the duty sergeant at 804-674-2026 to confirm receipt of the packet information or if you should have any difficulties transmitting information.

Update/Cancel Alert

- ☐ Updated alert information needs to be sent to dutysgthq@vsp.virginia.gov.
- ☐ Immediately notify the duty sergeant at dutysgthq@vsp.virginia.gov with the cancellation request.
- ☐ Contact the duty sergeant by phone to confirm the receipt of the cancellation request.

Contact the Duty Sergeant by phone if you have questions Call 804-674-2026.

10. Virginia State Police Internal Handling Procedures

- a. Upon receiving a request from a law enforcement agency to activate a CODI Alert, the duty sergeant will review the information to ensure the criteria is met.
- b. The duty sergeant will notify the VCIN First Sergeant, or designee, who will evaluate the request and determine if a CODI Alert should be activated. The reviewing supervisor will notify the duty sergeant of the decision.
- c. The duty sergeant shall enter all Alert requests into the Front Desk application.
- d. While CODI Alerts are ongoing, the file shall be kept in a centralized location and updated frequently. Duty sergeants are to maintain periodic communication with the investigating agency to monitor the status of active Alerts.
- e. Once the CODI Alert has been cancelled, duty sergeants will update the Front Desk entry, and forward a copy of the following paperwork to the Virginia Missing Persons Clearinghouse for record retention:
 - i. Activation Form
 - ii. SP-183
 - iii. After Action Report
 - iv. Any other notes/documentation pertaining to the alert