



The San Bernardino County Sheriff's Department has developed this registration portal for the use by San Bernardino County residents to collect information (data, picture, and contact information) about individuals with special needs, e.g. people with autism, Alzheimer's patients etc. San Bernardino County residents should use this web page to register a person with special needs. So in cases where the special needs person is contacted by law enforcement, the system can assist in providing identification and emergency contact information to ensure their safe return home.

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Safe Return Tutorial



Creating an Account:

www.sbcounty.gov/sheriff/safereturn



The "Safe Return" Program is a participatory regional photo-based information system hosted by the Sheriff's Department, eventually to be accessible by all Law Enforcement within San Bernardino County. It is designed to assist Law Enforcement agencies during contacts with members of the community who have disabilities such as, but not limited to, Autism, Dementia, Alzheimer's, Down syndrome, deafness and other Developmental Disabilities.

The program is a voluntary program where the community can sign a dependent or loved one up online for the Safe Return program, thus providing Law Enforcement access to data with pertinent

information during critical times. The goal is to promote communication and to give field personnel immediate access to needed information about the individual (if enrolled), saving time and perhaps promoting accuracy and awareness of the individual during the contact.

The Safe Return Program will provide Law Enforcement with emergency contact information, detailed physical descriptions, physical address, a photograph of the individual, known routines, favorite attractions, or special needs of the individual. This information can assist Law Enforcement when contact is made in communicating with, locating a residence for, or handling an emergency involving an individual with special needs that could be missing. This information can be disseminated to all field units for broadcast information.

Sign up for Safe Return

Using the SIGN UP button create a user account. NOTE: if you are a facility or organization (i.e. Senior Living facility or group home) that will be entering and/or deleting participants, it is a good idea to use a facility "generic email" that all staff can utilize for entry and updates. Update information will be sent yearly from the Sheriff to the creator's email account. Facilities should refrain from using personal accounts, because if an employee email is used that is no longer employed at the facility, Inattention to update information could run the risk of a participant being deleted from the database.



Create a new account

Email

Password

Password must be:

- Minimum of 6 characters
- Requires at least 1 digit
- Requires at least 1 lower case letter
- Requires at least 1 upper case letter
- Requires at least 1 non-alpha numeric character

Please note the password requirements

Confirm password

Register

You are now ready to begin to register an individual into the system, and to update and/or delete those records regularly. Please keep your account information and password on file for future reference.



Step 1 of 9

Fill out the form below.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	-----------	-----------	----------	--------

Reason for Registration

Specific Disability or Diagnosis
Please select one.

Diagnosis

- Alzheimer's
- Dementia
- Autism
- Down Syndrome
- Developmental Disorders
- Mental Illness
- Other

In order to go to the next step, you must select the reason for registration. If the individual does not fall under these categories, please select OTHER. A prompt will appear allowing you to enter a specific disability or diagnosis.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	-----------	-----------	----------	--------

Participant's Information

First Name

Required

Middle Name

Last Name

Required

Date of Birth

Required

Enter the participant's information and take note of the REQUIRED fields highlighted in red.

Safe Return Tutorial



While entering the information for the participant you will be forced to verify the address as being a valid location.

Address

Required

Address line 2

Apt #, Unit, Space

City

Required

State

Required

Zip

Required

Phone Number

Required

Verify Address Location

Look at the map below after entering the participant's address. If the marker is in the correction location on the map, select "This is the correction location" from the drop down. If it is not in the correct location, review the entered address information. Fix the information if it is incorrect. If the map is still incorrect, select "This is NOT the correct location and I entered the address correctly" from the drop down.

Address Confirmation:

Refresh Map

Enter the participants address hit the REFRESH MAP button to receive a map of the address.

If the marker is in the correct location on the map, select "This is the correction location" from the drop down. If it is not in the correct location, review the entered address information. Fix the information if it is incorrect. If the map is still incorrect, select "This is NOT the correct location and I entered the address correctly" from the drop down

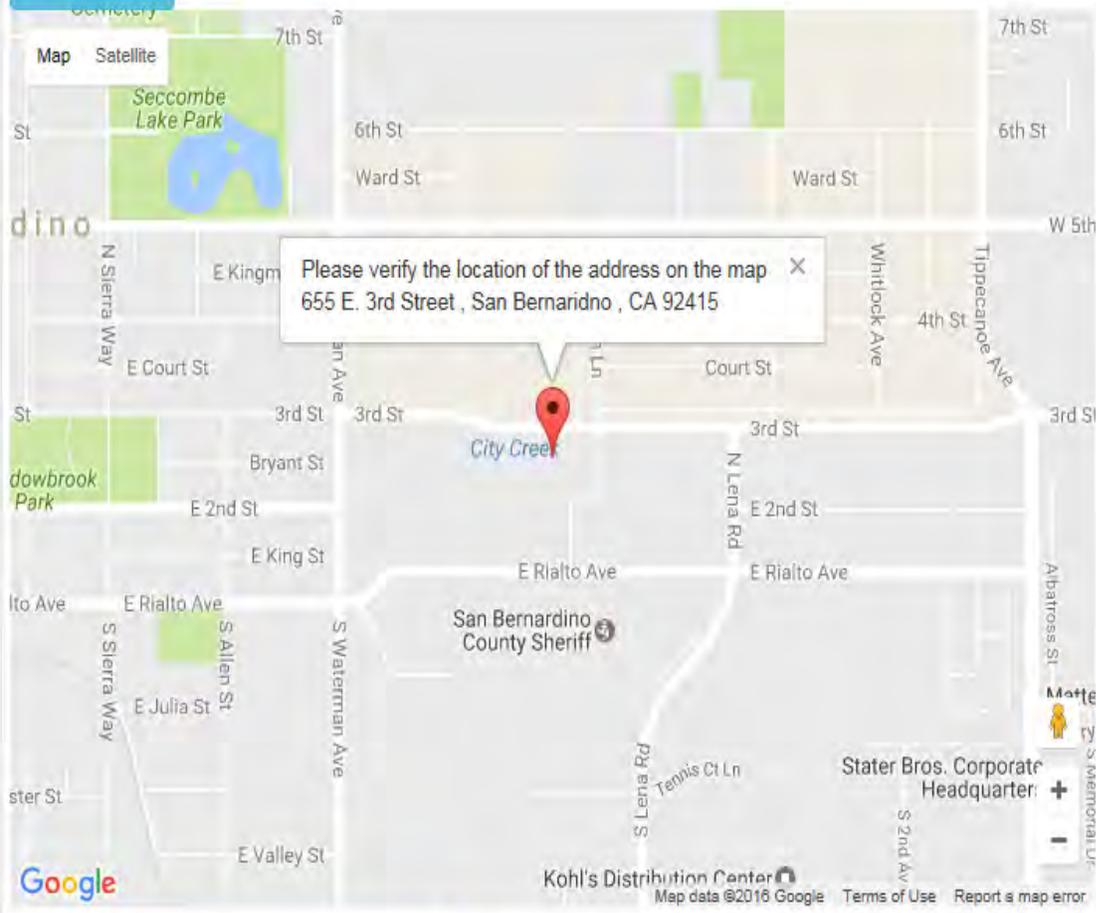
Safe Return Tutorial



Address Confirmation:

This is the correct location

Refresh Map



Continue to Step 3 - Physical Description



Step 3 of 9

Fill out the form below.

- Reason
- Information
- Description**
- Diagnosis
- Behaviors
- Caretaker
- Vehicles
- Review

Physical Description

Gender

Required

Ethnicity

Required

Hair Color

Required

Eye Color

Required

Height

Required

feet

Required

inches

Weight

Required

Using the drop downs provided, fill in all required fields within the Physical Description tab.



Distinguishing Features:

When completing this feature, you can place multiple variations of scars, marks, tattoos, etc. by using the drop downs provided.

Distiguishing Features (tattoos, birthmarks, piercings)

Select Mark, Scar or Tattoo Type
tattoo

Where on Body
arm

Location
lower

Position
right

Additional Details
Green Dragon with a Cross and the name "Monica"

+Add More Distinguishing Features

-remove brace leg lower left

By using the ADD MORE DISTIGUISHING FEATURES BUTTON, you can place multiple things in this area. NOTE: there has already been a leg brace added. Items can also be REMOVED at any time, by using the REMOVE link in the list.

To remove an item from the list, use the REMOVE tab next to the lists item.

Distiguishing Features (tattoos, birthmarks, piercings)

Select Mark, Scar or Tattoo Type Where on Body Location Position Additional Details

- - - -

+Add More Distinguishing Features

-remove tattoo arm lower right Green Dragon with a cross and the name Monica

-remove brace leg lower left



Upload a Picture:

See further instructions on uploading photos from the table of Content.

Upload a Photo (required) Photo Guidelines:

- Front facing picture
- Clearly visible eyes
- Image Only (.jpg & .gif)
- 2MB or smaller file size

Upload Picture

Upload Current Picture

[Continue to Step 4 - Additional Diagnosis](#)

You may place multiple diagnoses in this section. In some, a box will appear requiring additional information i.e. "Deformity." Anytime you use "OTHER" an explanation box will be provided for additional information

Additional Diagnosis

San Bernardino County Sheriff's Department

Home View My Participants Manage Add Participant Search Hello, jrutland@sbcasd.org! Log off

Step 4 of 9

Fill out the form below.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	-----------	-----------	----------	--------

Additional Diagnosis

Physical

<input type="checkbox"/> Deformity	<input type="checkbox"/> Brain damage	<input type="checkbox"/> Hearing impaired
<input checked="" type="checkbox"/> Vision impaired	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Parkinson
<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Other	

Additional Medical Diagnosis

<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hypoglycemic
<input type="checkbox"/> Hemophilic	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Other

Psychological

<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Hypomania/Manic
<input type="checkbox"/> Depression Disorder	<input checked="" type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Mood Disorder
<input type="checkbox"/> Bi-Polar (all-inclusive)	<input type="checkbox"/> Other	

[Continue to Step 5 - Behaviors](#)

Safe Return Tutorial



Behaviors

This section provides a place for noted behaviors and/or triggers that Law Enforcement should know about. Providing an area to place not only challenging behaviors or communication concerns, but also their “nickname” or “code words.” It provides an area to give additional insight for those known to walk away, such as where they may tend to go, likes, dislikes and/or calming techniques.

Step 5 of 9

Fill out the form below.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	------------------	-----------	----------	--------

Behaviors

Noted Behaviors

<input type="checkbox"/> Attracted to Water	<input type="checkbox"/> Combative	<input type="checkbox"/> Disrobes
<input type="checkbox"/> Drinks Alcohol	<input type="checkbox"/> Fear of Dogs	<input type="checkbox"/> Inability to Communicate effectively
<input type="checkbox"/> Light Sensitive	<input type="checkbox"/> Noise Sensitive	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Poor problem solving/reasoning skills	<input type="checkbox"/> Prefers Nudity	<input type="checkbox"/> Repeats Phrases
<input type="checkbox"/> Repetitive Rocking	<input type="checkbox"/> Tendency to Run	<input type="checkbox"/> Uniformed personnel sensitivity
<input type="checkbox"/> Unresponsive to Strangers	<input type="checkbox"/> Other	

Challenging Behaviors

<input type="checkbox"/> Social Vulnerabilities	<input type="checkbox"/> Head banging	<input type="checkbox"/> Spiting
<input type="checkbox"/> Hitting	<input type="checkbox"/> Biting	<input type="checkbox"/> Kicking
<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Screaming	<input type="checkbox"/> Inappropriate sexual behavior
<input type="checkbox"/> Other		

Communication Concerns

<input type="checkbox"/> Communication through pictures	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Non-Communicative
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Sign Language	
<input type="checkbox"/> Other		

Nicknames

Code Word

Are there any places the participant likes to go (park, restaurant, etc.)

What triggers behavior or condition (loud noises, alcohol, etc.)

Are there any calming and/or approach techniques that can be used

Please note. Multiple boxes for each category may be selected. The questions below are free form text. Be as descriptive as necessary.

Continue to Step 6 - Primary Caretaker Contact Information



Primary Caretaker Contact Information

Step 6 of 9
Fill out the form below.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	-----------	-----------	----------	--------

Primary Caretaker Contact Information

Name
Required

Address is the same as the participant's address.

Address
Required

Address line 2

City
Required

State
Required

Zip
Required

Email
Required

Phone Number
Required

Please be sure and provide a 24/7 number to your home, facility and/or a cellular number is provided. You may add additional caretakers/persons and numbers by using the Add Relationship tab

Additional Contact Numbers

Name	<input type="text"/>	Phone Number	<input type="text"/>	Relationship	<input type="text"/>
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[Continue to Step 7 - Vehicle Information](#)

Safe Return Tutorial



Vehicle Information

Step 7 of 9

Fill out the form below.

Reason Information Description Diagnosis Behaviors Caretaker **Vehicles** Review

Vehicle Information

Please add all vehicles the participant can access.

Make Model Year Color License Plate

[+Add Additional Vehicles](#)

[Continue to Step 8 - Review](#)

You may enter a vehicle or multiple vehicles by using the 'add additional vehicles' link. Or remove a vehicle by using the 'remove vehicle' link located within the list created.

Reason Information Description Diagnosis Behaviors Caretaker **Vehicles** Review

Vehicle Information

Please add all vehicles the participant can access.

[-Remove Vehicle](#)

-Remove Vehicle	Chevy	Fastback	1999	black	abc123
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[-Remove Vehicle](#)

Make Model Year Color License Plate

[+Add Additional Vehicles](#)

[Continue to Step 8 - Review](#)

Review/Submit

Review the information contained in each tab for accuracy and submit.

Home View My Participants Manage **Add Participant** Search Hello, jrutland@sbcasd.org! Log off

Step 8 of 9

Fill out the form below.

Reason Information Description Diagnosis Behaviors Caretaker **Vehicles** Review

Review

Please click the Submit button below

[Submit](#)

Safe Return Tutorial



Step 8 of 9

Fill out the form below.

Reason	Information	Description	Diagnosis	Behaviors	Caretaker	Vehicles	Review
--------	-------------	-------------	-----------	-----------	-----------	----------	--------

Review

The following information is missing from your form:

- Gender is required.
- Ethnicity is required.

Submit

Upon entry, if there is any missing required fields, the tabs with missing information will highlight and an indicator error message will be displayed.

Correct the errors and resubmit.

Safe Return Tutorial



Forgot your Password

From the home page, use the button:

Log in with an existing Safe Return account

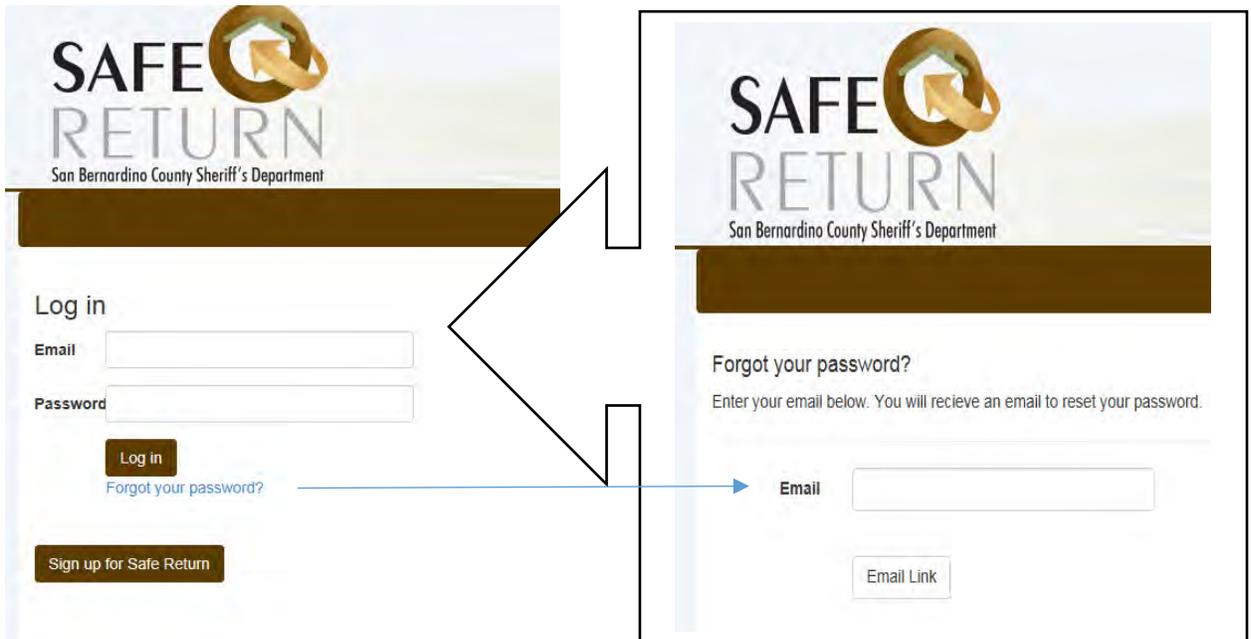
When a Law Enforcement officer comes in contact with an individual that appears to have special needs and/or is not able to communicate and we may not have a missing person's report on them yet. The field unit can search participants within the proximity of the contact, using geo file technology, to find information of where the individual may reside, a contact person, a photograph and additional information such as calming techniques, or communication ideas to make their experience pleasant and to get them returned home in a timely and safe manner.

When enrolling your loved one, please take the time to be thorough and to provide a good photo. You will not be able to enroll the individual without the pertinent information and a photograph. Once enrolled, please make sure to keep your user name and logon information to provide update information regularly with recent photos, conditions, and/or physical description changes. If you are not able to enroll online, you may bring the information into your local Police, Sheriff, or other partners for assistance.

Should you have any questions about the program, please feel free to contact San Bernardino County Sheriff Department, Public Affairs Division. 909-387-3700



When the log on screen appears, use the [Forgot your password?](#) link just under the Log in button, a prompt will appear to submit your email address.





Recovering a Password

An email will be sent to you with information for resetting your password. If you are not aware of the email account used, but you would like to make changes or update a record, you will need to contact us by using the contact us button on the home page.

Editing or Deleting a Registered Person

When logging in to the system with a known valid email address and using the **View my Participants** tab, all participants entered and administered under that email account will appear. Under each participant you may Review, Update, or delete the record by using the [links](#) provided.

Home View My Participants Manage Add Participant Search Hello, jrutland@sbcisd.org! Log off

Current Participants

Register Participant

Name John Doe DOB 05/05/1905 Review Data Update Data Delete Participant		Name Janie Doeman DOB 01/01/1955 Review Data Update Data Delete Participant	
Name glory boy DOB 01/01/1966 Review Data Update Data Delete Participant		Name john smith DOB 01/02/1955 Review Data Update Data Delete Participant	



Reviewing a Record

The individual record will appear and will allow you to move through each tab of information. You may also [update](#) the record from here as well.

Participant's Information

Registration Reason Dementia

First Name John

Middle Name

Last Name Doe

Date of Birth 5/5/1905

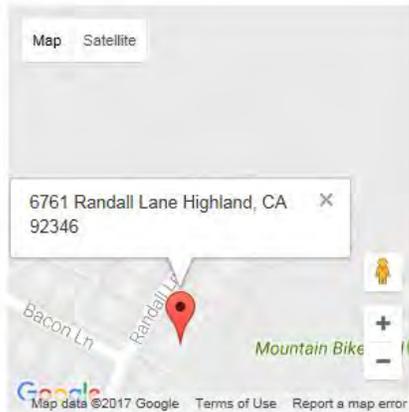
Address 6761 Randall Lane
Highland, CA 92346

Phone Number 909-555-1212

Address Confirmation Location is correct on map



Update Information



Physical Description

Gender Male

Ethnicity UNKNOWN

Hair Color BAL

Eye Color BLU



Updating Information

When using the [update information](#) link from the 'view my participants' page, it brings you to the screen to update each tab independently by going through each Step.



Simply move to the tab you wish to update, change the information and RESUBMIT in the review section.



Physical Description

Gender
Required

Ethnicity
Required

Hair Color
Required

Eye Color
Required

Height feet inches
Required *Required*

Weight lb
Required

Distiguishing Features (tattoos, birthmarks, piercings)

Select Mark, Scar or Tattoo Type	Where on Body	Location	Position	Additional Details
<input type="text" value="-"/> <input type="button" value="v"/>	<input type="text"/>			



Upload a Photo – Instructional Guide

Windows PC

How to Upload or Update a photo from a Windows PC using Internet Explorer:

When in the Description tab:

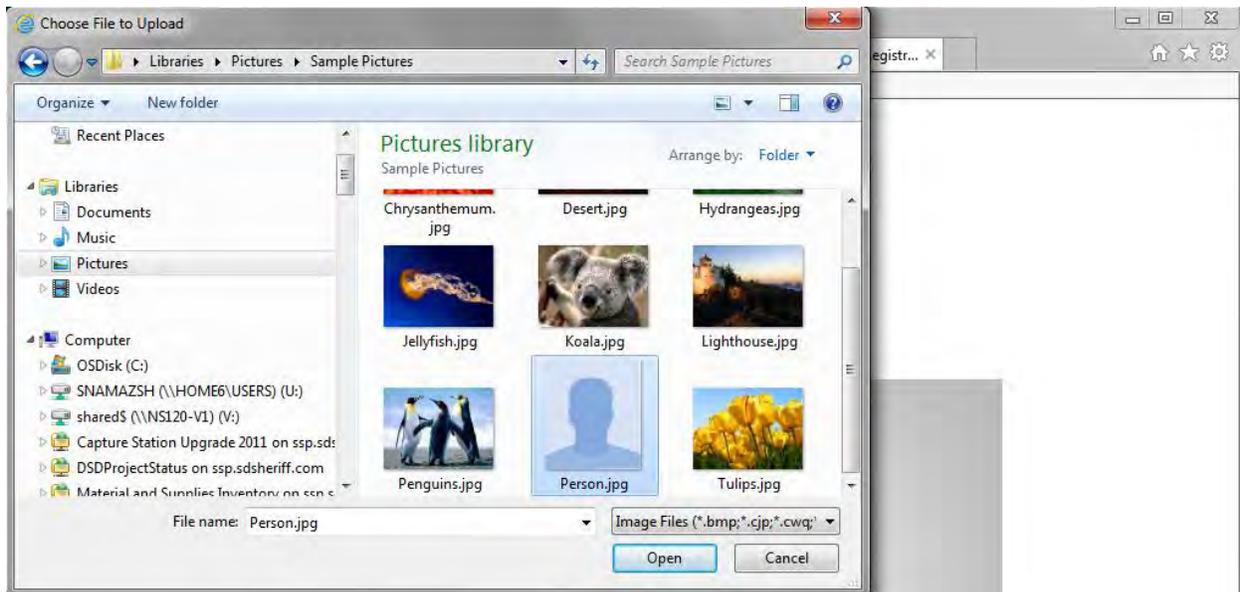
A screenshot of a web form for registration. It includes fields for Height (5 feet, inches), Weight (165 lb), and Distinguishing Features (tattoos, birthmarks, piercings). The Distinguishing Features section has dropdown menus for 'Select Mark, Scar or Tattoo Type', 'Where on Body', 'Location', and 'Position', along with an 'Additional Details' text box and a '+Add More Distinguishing Features' button. Below this is the 'Upload Picture' section with a 'Browse...' button. A blue arrow points from the 'Browse...' button to a blue instruction box. At the bottom left of the form is a 'Continue to Step 4 - Additional Diagnosis' button.

Use a digital camera to take a photo of the person you want to register, and then download the photo to a location on your hard drive. Make sure you remember where to find the file, or the name of the file saved to the PC.

If you already have a photo on the PC you can skip this step.

Click "Browse" or "choose File" to find your photo.

Safe Return Tutorial



A new dialog opens up to allow you to choose an image file from your computer. Navigate to the photo location where you saved the photo to, click the "OPEN" button.

The photo file name you chose appears in the box.

The PHOTO WILL NOT APPEAR or be uploaded until you proceed and complete the steps and SUBMIT.