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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **MISSING CHILD STAFFING** | | | | | | |
| NAME OF CHILD | | | | | | PERSON I.D. |
| DATE REPORTED MISSING  FROM: | | | AGE | REPORTED MISSING FROM | | |
| LAW ENFORCEMENT REPORT NUMBER | | | | | WA STATE PATROL MISSING CH ILD REPORT NUMBER | |
| This form is to be completed and used in staffings with your supervisor on a weekly basis for the first 30 days the child is missing. The form is to be reviewed monthly after the first 30 days if the child continues to be missing. | | | | | | |
| VULNERABILITIES: Please check any vulnerabilities that affect this child:  Taken/lured from care  Parenting child who may be with them  Developmental disability or serious delays  Severe emotional problems (e.g. suicidal)  Physical or mental health condition  Severe alcohol or substance abuse problem  Pregnant  Other | | | | | | |
| **In developing search strategies, the following people/agencies involved in the youth’s life participated in a staffing or were contacted for ideas on locating the youth (Must be staffed within 3 business days):** | | | | | | |
| Date Participated in staffing (within 3 days) | Date Contacted after initial staffing | People and Agencies Contacted | | | | |
|  |  | Caregiver | | | | |
|  |  | School | | | | |
|  |  | Friends | | | | |
|  |  | Relatives or Mentors | | | | |
|  |  | Therapist or Counselor | | | | |
|  |  | Attorney/CASA/GAL | | | | |
|  |  | Legal Parent | | | | |
|  |  | Other involved agencies  (i.e. JRA, Mental Health, DDD): | | | | |
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| **SEARCH STRATEGIES:**  Strategy #1:    Strategy Updates  Strategy Updates | | | | | | |
| Strategy #2:    Strategy Updates  Strategy Updates  Strategy #3:    Strategy Updates  Strategy Updates | | | | | | |
| **Upon Child’s Return to Care Notify:**  **Immediately:**  Police  Missing Children Clearinghouse  Caregiver  Legal Parent  **Next Business Day:**  School  Agencies  CASA/GAL/Attorney  Other: | | | | | | |