

**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 CHILD 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Taken/lured from care                      | <input type="checkbox"/> Parenting child who may be with them      |
| <input type="checkbox"/> Developmental disability or serious delays | <input type="checkbox"/> Severe emotional problems (e.g. suicidal) |
| <input type="checkbox"/> Physical or mental health condition        | <input type="checkbox"/> Severe alcohol or substance abuse problem |
| <input type="checkbox"/> Pregnant                                   | <input type="checkbox"/> 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: