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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**MISSING CHILD STAFFING** |
| NAME OF CHILD | PERSON I.D. |
| DATE REPORTED MISSINGFROM:  | 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:  |