

## Missing Child Fact Sheet

Information obtained and names, addresses, phone numbers of individuals contacted are documented by the caseworker in FSFN and specific efforts to locate are documented in JRSSR along with missing child information.

***MCR needs to be completed within 24hrs of child missing. All Efforts are due in FSFN within 24hrs of attempt.***

\_\_\_\_\_  
Name of Missing Child

\_\_\_\_\_  
DOB

**Episode**

**Date & PD initials**

**Return**

**Date & PD initials**

Date Child Ran \_\_\_\_\_

Date Child Recovered \_\_\_\_\_

Date PD/Sup Notified \_\_\_\_\_

MCR Specialist Notified \_\_\_\_\_

Law Enforcement Notified \_\_\_\_\_

Date MCR Resolved \_\_\_\_\_

MCR Specialist Notified \_\_\_\_\_

**\*Debriefing Completed** \_\_\_\_\_

(Copy of email)

(Copy of debriefing attached)

\*MCR Report Completed \_\_\_\_\_

Date Court Notified \_\_\_\_\_

(Copy of stamped Status)

\*Incident Report Completed \_\_\_\_\_

\*Parents Notified \_\_\_\_\_

Date Court Notified \_\_\_\_\_

\*GAL Notified \_\_\_\_\_

(Copy of stamped Status)

\*Parents Notified \_\_\_\_\_

\*AAL Notified \_\_\_\_\_

\*GAL Notified \_\_\_\_\_

\*Therapist Notified \_\_\_\_\_

\*AAL Notified \_\_\_\_\_

\*3<sup>rd</sup> Episode: Behavior

Assessment Referral: \_\_\_\_\_

(Copy Attached)

\*Therapist Notified \_\_\_\_\_

**New Photo Taken** \_\_\_\_\_

(Required if youth's appearance has changed. Need to note if no change in appearance. Attach copy of new photo please.)

Photo in FSFN \_\_\_\_\_

(Attach photo please)

Printout of FDLE Flyer \_\_\_\_\_

JRSSR Date: \_\_\_\_\_

Inspect the child's belongings to determine what items were missing \_\_\_\_\_

(Copy of note from FSFN who inspected items)

Other info: \_\_\_\_\_