**Appendix 6: CHILD MISSING FROM HOME OR CARE NOTIFICATION FORM**

\*Note to Workers: this form is to be completed and sent to the people at the bottom of the form within the timescales outlined below. When the child is found, update the form accordingly and notify those who you have sent the form to.

**Please ensure that a copy of this form is uploaded to the Mosaic record for this child and a case note added to inform that it has been sent.**

|  |  |
| --- | --- |
| Childs Name |  |
| Mosaic ID |  |
| Date of Birth |  |
| Address |  |
| Date child reported missing |  |
| Missing from  | Home Care (delete as appropriate) |

On Day Three of the missing episode the form needs to be sent to:

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name (to be completed by worker) | Notified child missing (tick when completed) | Notified child found (tick when completed)  |
| Missing Coordinator |  |  |  |
| Head of Service |  |  |  |
| Head of Safeguarding, Review and Quality Assurance  |  |  |  |
| CPA/IRO (where relevant) |  |  |  |
| Designated Nurse (LAC nurse or CLCH Nurse depending on case status) |  |  |  |
| Designated Nurse (ICB) |  |  |  |

On Day Five of the missing episode the form needs to be additionally sent to:

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name (to be completed by worker) | Notified child missing (tick when completed) | Notified child found (tick when completed)  |
| Assistant Director of Children’s Social Services |  |  |  |