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| BREAKAWAY |

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| MISSING CHILD POLICY – Appendix Form  CHILD GOES MISSING FROM CARE OF BREAKAWAY |

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| Regulation 12 - 2 (a) (i), 34 - 4 (a) (b), 5 (a) (b), 6, 40 - 4 (b)  of the Children’s Homes Regulations 2015  The Children’s Act 1989 & 2004 |

**Appendix:**

**CHILD GOES MISSING FROM CARE OF BREAKAWAY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME OF CHILD |  | D.O.B. | |  | | |
| DATE |  | TIME | |  | | |
|  | | | | | | |
| DETAILS OF EVENTS PRIOR TO GOING MISSING: | | | | | | |
| WHAT ACTION WAS TAKEN (search, additional staff called on duty to assist, details of c/yp given to?) | | | | | | |
| HAVE THE FOLLOWING BEEN INFORMED | | | | | Please **√** | |
| PARENTS/CARERS | | | | | YES |  |
| MANAGER/ASSISTANT MANAGER | | | | | YES |  |
| POLICE | | | | | YES |  |
| SOCIAL WORKER | | | | | YES |  |
| EDT (IF OUT OF HOURS) | | | | | YES/NA |  |
| HAVE DETAILS BEEN PUT ON ICS | | | | | YES |  |
|  | | | | | | |
| DETAIL FURTHER ACTION | | | | | | |
| NAME OF PERSON COMPLETING FORM | | |  | | | |
| SIGNATURE | | |  | | | |
| DATE | | |  | | | |