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| Internal reference: |  |

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| Name of Child: |  | Date of Missing episode: |  |
| Children’s Home: |  | Time last seen & by whom: |  |
| Description of clothing at time of missing: |  | Time the home, bedroom & grounds were checked: |  |
| Time of missing episode reported to Police & by whom: |  | Police missing reference number: |  |
| Other related records: |  | Date and time of return: |  | |

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| What led to the missing episode: |
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| Date & time parent informed & by whom: |  | Date & time SW & Missing Person team informed & by whom |  |

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| Name of person completing section |  | Signature |  | Role / Position |  | 0Date |  |

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| Date | Time | Chronological account of actions taken: | Staff name & signature | |
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| **To be completed by manager once child has returned home** | | | |

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| Date of return: |  | Time of return: | |  | | Length of time missing: | |  | |
| Manager’s initial review and comments | | | | | | | | | |
|  | | | | | | | | | |
| Print Name & Role/Position |  | | Signature | |  | | Date | |  |
| Date of Return Home Interview: | | |  | | Person completing Return Home Interview | |  | | |

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| Please complete the body map and identify the area of an injury using a red mark: | Description of any physical injuries/marks: |
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|  |
| Description of child’s presentation (including whether they appear to be under influence of drugs/alcohol) |
|  |
| Medical treatment sought: |
|  |
| Medical treatment provided / offered: |
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| Circumstances and comments from Child on return home (incl. verbal feedback from Return Home Interview): | | | |
|  | | | |
| Child’s signature |  | Date |  |

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| Follow up actions (to be taken after Child returns home): |
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| Manager’s final review and sign off |
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| Print name |  | Signature |  | Role / Position | Registered Manager | Date |  |
| Print name |  | Signature |  | Role / Position | Reg 44 Visitor | Date |  |

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| **This section to be completed by Keyworker** | | | |
| **Action taken** | **Date** | **Time** | **Person completing action** |
| Safeguarding referral to SW and/or PM (**office hours**) |  |  |  |
| Safeguarding referral to MASH (**out of hours**) |  |  |  |
| HSW3 completed (if injured) |  |  |  |

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| **Agency updates** | **Named person** | **Date** | **Time** | **Person completing action** |
| Social Worker |  |  |  |  |
| IRO |  |  |  |  |
| LAC Nurse (if injured) |  |  |  |  |
| Missing team | Ws.missingpersonteam@sussex.pnn.police.uk |  |  |  |
| Police link worker |  |  |  |  |
| CAMHS link worker |  |  |  |  |
| Parent/Carer |  |  |  |  |
| Advocate |  |  |  |  |
| LADO |  |  |  |  |
| Youth Offending Service |  |  |  |  |
| Keyworker & staff team |  |  |  |  |

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| **Name of document reviewed & updated** | **Date updated** | **Date sent** | **Person completing the update** |
| Safety Plan |  |  |  |
| Support Plan |  |  |  |
| Missing Plan |  |  |  |
| Other: (please state) |  |  |  |