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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) |  |  |  |