

## Missing or Abducted Child Report

Complete the Missing or Abducted Child Report no later than 24 hours of the incident. Provide the completed report to the Child and Family Programming Director (CFPD) within 24 hours.

Child's Name:	Gender:	Reach Dane Program:
Parent/Guardian:	Phone:	Address:
Date of Incident (Day/Month/Year):		Supervising Teacher:
Classroom staff at time of incident:		Time of incident:
Brief Description: <hr/> <hr/> <hr/>		
When did you check attendance and tracking forms? _____ _____ Who did you ask concerning the whereabouts of the child? _____ Where did you search for the child? _____ Who did you contact as the on-site supervisor/executive management team member? _____		
When you called <u>911</u> the following information you provided included: <input type="checkbox"/> Address and phone # of where child was last seen. <input type="checkbox"/> Child's name, age, height, weight, DOB, hair & eye color. <input type="checkbox"/> Clothing that child was wearing that day. <input type="checkbox"/> Time the child was noticed missing. <input type="checkbox"/> If abduction is suspected, were there suspicious people or vehicles near the facility? <input type="checkbox"/> Is there a family situation that may indicate abduction?		
Who spoke to law enforcement when they arrived? _____ What was the name of the law enforcement person you dealt with? _____ Is there a court order on file for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Amber Alert activated if abduction was suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of parent/guardian/emergency contact notified: _____ If child was found while law enforcement was enroute, were parents/guardians notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Missing or Abducted Child Report completed within 24 hours and given to the CFPD? <input type="checkbox"/> Yes <input type="checkbox"/> No If there is a police report, was one secured for agency files? <input type="checkbox"/> Yes <input type="checkbox"/> No Date, time and method of notifying State Child Care Licensing? _____ What steps will be taken in the future to prevent this from happening? _____ _____		
Name, Title & Signature and of Person Completing Form:		Date
Immediate Supervisor:	Date	Site Director:
Child and Family Programming Director:		Date
Executive Director:		Date