



FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Statewide Missing Child Staffing Form

Date of Staffing: _____

Staffing Participants

Participant	Title	Email/Phone Number

Child Information

Child Name: _____ DOB: _____ Race: _____ Sex: _____

Nicknames/Aliases: _____ Cell Phone Number: _____

Social Media Usernames: _____

School/Grade: _____

Primary CWP: _____ CWP Supervisor: _____

Individual Completing Efforts/Staffings, if Different from Primary CWP: _____

Type of Most Recent Placement: _____ Length of Time in Placement: _____

Number of Placements: _____ Can the child return to current placement? _____

Placement Options Upon Return: _____

If a placement change is required following recovery, ensure that MDT staffing requirements have been met per 39.4022 F.S.

Endangerment Information

Please include as much information on each risk factor as is known.

Medical or mental health diagnoses?

On medication?

Self-harm concerns?

Pregnancy?



If indicators are present per Chapter 65C-43, F.A.C., ensure that the Human Trafficking Screening Tool is completed as required.

Other concerns?

Date Missing: _____ LE Agency: _____ Detective Assigned: _____
Companion Information (if applicable): _____
Frequented Locations/Individuals: _____

[illegible][illegible]



Tasks to Complete

Task	Responsible Party	Completion Date