# FLORIDA DEPARTMENT OF EDUCATION

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Just Read, Florida!

March 4, 2003

**M E M O R A N D U M**

**TO:** Missing Children Contacts

**FROM:** Garnet L. Dukes, Jr.

**SUBJECT:** Missing Children Program

The Missing Children Program is an initiative that enlists the cooperation of numerous local and state agencies in pursuing investigations of reported missing children. Section 937.023, Florida Statutes, and Rule 6A-6.083, Florida Administrative Code, prescribe the roles of the Florida Department of Education (DOE) and individual school districts in this effort.

Each month, the Florida Department of Law Enforcement (FDLE) provides the DOE with a data tape comprising the names of children who have been reported missing to local law enforcement agencies and entered in the Florida Crime Information Center (FCIC) data base. The DOE then makes this data available for school districts to access through the Northwest Regional Data Center (NWRDC).

School districts are responsible for comparing this information with their own student data base records to establish any matches between the names of children reported as missing and names of students in the district. Districts then report possible matches (using the ESE 092 form) both to the local law enforcement agency which originated the case and (via copy) to the DOE. If the originating law enforcement agency is outside the jurisdiction of the district (county), the district should contact the nearest local law enforcement agency and request their assistance in notifying the originating agency. Please discard all previous versions of the form and use only the current form that contains the **REQUIRED** message key field. Codes for this field include “EMJD”, “EMJE”, “EMJI”, “EMJP”, “EMJR”, and “EMJV” and are provided on the tape by the originating law enforcement agency. As the children in question are identified and located, the originating law enforcement agency can then remove the solved cases from the FCIC data base.

**GARNET L. DUKES. JR.**
*Bureau Chief*
*Accountability, Research, and Measurement*

The Missing Children Program depends on accurate and timely processing of data in order to be effective. We encourage your staff to work with law enforcement personnel to close these cases. Occasionally missing children are located, making the program worthwhile. If you have questions or suggestions, please contact Becky Sims of the Florida Department of Education at (850) 487-2280, SunCom 277-2280, or FDLE at (850) 488-5224, SunCom 278-5224.

A copy of the completed ESE 092 should be returned to:

Education Accountability Reports Services
Florida Department of Education
325 West Gaines Street, Room 852
Tallahassee, Florida 32399-0400

GLD/bs

Attachment

Return this form within 72 hours after possible location of a child to:

Education Accountability Reports Services
Florida Department of Education
325 West Gaines Street, Room 852
Tallahassee, Florida 32399-0400
(850) 487-2280, SunCom 277-2280
FAX: (850) 922-8041, SunCom 292-8041

FLORIDA DEPARTMENT OF EDUCATION
EDUCATION INFORMATION AND ACCOUNTABILITY SERVICES

# NOTIFICATION OF THE SUSPECTED LOCATION OF A MISSING CHILD

| |
|---|
| 1. Case Number: |
| 2. State Control Number: |
| 3. District Number: |
| 4. District Name: |

| 5. Student Name: | | | 6. Florida Student Number Identifier: | 7. Sex: | 8. Racial/Ethnic Category: | |
|---|---|---|---|---|---|---|
| Last | First | MI | | ☐ M<br>☐ F | ☐ White, Non-Hispanic<br>☐ Hispanic<br>☐ American Indian/ Alaskan Native | ☐ Black, Non-Hispanic<br>☐ Asian/Pacific Islander<br>☐ Multiracial |

| 9. Date of Birth: | 10. Current Home Address: |
|---|---|
| Century/Year/Month/Day | Street, City, Zip code |

| 11. Current School: | | 12. Current School Street Address: |
|---|---|---|
| Number | Name | Street, City, Zip Code |

| 13. Originating Agency Number: | 14. Law Enforcement Agency Notified: | |
|---|---|---|
| | Name | Date Reported (Month/Day/Century/Year) |
| | | |

| 15. Person Completing This Form: | | | | | 16. Date Completed: |
|---|---|---|---|---|---|
| Last Name | First Name | MI | Title | Telephone Number | Month/Day/Century/Year |
| | | | | ( ) - | |

| 17. Message Key: |
|---|

(Instructions on Reverse Side)

# NOTIFICATION OF THE SUSPECTED LOCATION OF A MISSING CHILD

INSTRUCTIONS

| Item | | |
|---|---|---|
| 1. | Case Number: | Enter the “Case Number” assigned to the child as found in item 14 of format 6193 of the magnetic tape. |
| 2. | State Control Number: | Enter the “State Control Number” assigned to the child as found in item 2 of format 6193 of the magnetic tape. |
| 3. | District Number: | Record your two-digit district number. |
| 4. | District Name: | Enter your district name. |
| 5. | Student Name: | Record the last name, first name, and middle initial of the child as found in item 3 of the magnetic tape. |
| 6. | Florida Student Number Identifier: | Enter the unique state student number assigned by a school district. |
| 7. | Sex: | Place an “X” in the appropriate box, M for male or F for female to identify the sex of the child. |
| 8. | Race: | Indicate the racial identification of the child as found in the school district data file. |
| 9. | Date of Birth: | Record the birth date found in item 7 of the magnetic tape and in the school district data file for the child as CC/YY/MM/DD. |
| 10. | Current Home Address: | Enter the child’s current street, city, and zip code as of the time of location. |
| 11. | Current School: | Enter the current school number and name in which the child is enrolled. |
| 12. | Current School Street Address: | Enter the street, city, and zip code of the current school. |
| 13. | Originating Agency Number: | Record the originating agency number found in item 13 of the magnetic tape. |
| 14. | Law Enforcement Agency Notified: | Enter the name of the law enforcement agency to whom the district reported the possible location of the missing child. Enter the MM/DD/CC/YY. |
| 15. | Person Completing This Form: | Enter the last name, first name, and middle initial, title, and telephone number of the person completing this report. |
| 16. | Date Completed: | Enter the MM/DD/CC/YY on which this form was completed for mailing. |
| 17. | Message Key: | Enter the message key in item 1 of format 6193 of the magnetic tape. |