



# Notification Checklist for Absconders/Runaways/Escapees – Part A

Click link for instructions: <https://files.dcs.tn.gov/forms/07051.doc>

Adjudication (Check one): Delinquent      Dependent & Neglect      Unruly      Probation      Aftercare

Does an Endangered Child Alert need to be issued? Yes      No

|  |  |   |  |  |  |                     |  |
|--|--|---|--|--|--|---------------------|--|
| Date Submitted:  |  | Checklist completed by:                                 |  |  |  |                     |  |
| <b>▪ BASIC INFORMATION ON CHILD/YOUTH:</b>   |  |   |  |  |  |                     |  |
| Child/youth's Name:  |  |   |  | Child/Youth's SSN:   |  |                     |  |
| Person ID No:  |  | Date of Birth:  |  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | Race:               |  |
| Height:      Ft      in  |  | Weight lbs:   |  | Hair Color:  |  | Eye Color:          |  |
| Region/Home County:  |  |   |  | County Placed in Custody:  |  |                     |  |
| CANS Current risk level  |  |   | CANS Community Risk Score, if delinquent |  |  |                     |  |
| Name of Placement:   |  |   |  | Temporary Placement  |  | Permanent Placement |  |
| Date Placed:   |  | Ph. No.   |  | Address of Placement:  |  |                     |  |
| Date of Custody:   |  | Committing Offenses (if delinquent) or Pending Charges? |  |  |  |                     |  |
| <b>▪ RUNAWAY INFORMATION:</b>  |  |   |  |  |  |                     |  |
| Date of Runaway:   |  |   |  | Time of Runaway:   |  |                     |  |
| City and County from which child/youth escaped/absconded:                                  |  |   |  |  |  |                     |  |
| Place and location from which child/youth escaped/absconded:                               |  |   |  |  |  |                     |  |
| Child/youth: Alone   |  | With Others   |  | Names of Others:   |  |                     |  |
| Why did child/youth run?   |  |   |  | Child/youth last seen wearing?                                     |  |                     |  |
| Suspected whereabouts of child/youth:  |  |   |  |  |  |                     |  |
| Could the youth be in the company of a known perpetrator or a threat to himself or others? |  |   |  |  |  | Yes      No         |  |
| Actions taken to recover child/youth/prevent runaway/escape:                               |  |   |  |  |  |                     |  |
| Was youth wearing an ankle monitor? Yes      No  |  |   |  |  |  |                     |  |
| Current Status in System: Active      Dead Battery      Tamper Strap                       |  |   |  |  |  |                     |  |
| Does this child have a medical condition that places them in imminent danger?              |  |   |  |  |  | Yes      No         |  |
| List Serious Medical Condition(s) that may place child/youth and community at added risk:  |  |   |  |  |  |                     |  |
| List Current Medications:  |  |   |  |  |  |                     |  |
| <b>▪ NOTIFICATION INFORMATION:</b>   |  |   |  |  |  |                     |  |
| Date Law Enforcement Notified:   |  |   | Complaint Number:                        |  |  | County Filed:       |  |
| Name of Police Department:   |  |   |  | Assigned Detective:  |  |                     |  |



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|   |                      |                         |  |
|---|----------------------|-------------------------|--|
| Date youth listed as a Wanted/Missing Person in NCIC:   |                      | NCIC number (M#):       |  |
| Date Runaway/Escape petition filed in Juvenile Court:   |                      | Name of Juvenile Court: |  |
| Document(s) Filed in Juvenile Court: Petition   |                      | Attachment Arrest Order |  |
| Date Absconder Unit Notified:   | Date NCMEC Notified: |                         |  |
| Is there a reason to suspect youth is at risk of human/sex trafficking? Yes No  |                      |                         |  |
| If Yes, report this incident to the DCS Child Abuse Hotline at 877-237-0004 or on the DCS Internet site at <a href="http://www.tn.gov/youth">www.tn.gov/youth</a>                     |                      |                         |  |
| Date of Referral:   | Referral Number:     |                         |  |
| <b>▪ HISTORICAL INFORMATION/RISK FACTORS:</b>   |                      |                         |  |
| Does youth use drugs? If so, list:  |                      |                         |  |
| History youth has of violence against people:   |                      |                         |  |
| Does youth identify as lesbian, gay, bisexual, transgender, and intersex? If so, please identify:   |                      |                         |  |
| Identifying marks or changes in appearance related to gender identity (Example: tattoos, marks, facial scarring, visible birth marks, black eye, type of clothing, hair style, etc.): |                      |                         |  |
| Social media sites and user names:  |                      |                         |  |
| Names and numbers of friends/relatives who contacted child/youth within last seven (7) days:  |                      |                         |  |
| Family Member Name/Associates   | Address              | Phone Number            |  |
|   |                      |                         |  |
|   |                      |                         |  |
|   |                      |                         |  |
| Number of prior runaways this calendar year:  |                      |                         |  |
| Child/youth cell phone number:  |                      |                         |  |
| JSW or FSW:   |                      | Phone Number:           |  |
| Team Leader:  |                      | Phone Number:           |  |
| Team Coordinator:   |                      | Phone Number:           |  |

Once form is completed, immediately forward by e-mail to the specific Program Area designees below:

- [ei DCS.AbsconderUnit@tn.gov](mailto:ei.DCS.AbsconderUnit@tn.gov)- include a current photograph of youth
- FSW or JSW with Case Management Responsibility
- Team Leader and Team Coordinator



# Notification Checklist for Absconders/Runaways/Escapees – Part A

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- Regional Administrator or Juvenile Justice Statewide Director as applicable
- Regional Absconder Representative
- Director of Network Development
- Regional Health Nurse if imminent health issues exist
- Executive Director of Network Development and Child Programs or Juvenile Justice
- Deputy Commissioner of Child Programs or Juvenile Justice
- Commissioner

### **Additional Requirements:**

1. FSW/JSW, YDC workers, Contract Providers follow all directives in the [Protocol for Reporting Runaways, Absconders and Escapees](#).
2. FSW/JSW follow steps in the [Family Service Worker/Juvenile Service Worker Absconder Checklist](#).
3. FSW/JSW prepares a packet that includes the following and uploads these documents in TFACTS and forwards by e-mail to the Regional Absconder Representative and assigned Absconder Investigator.
  - This form, CS-0705, fully completed
  - Current photograph
  - Commitment/adjudicatory order