*When a youth runs away or is identified as missing, caregiver must make a verbal notification immediately to WCHSA and Law Enforcement (LE), then complete page 1 (sections pertaining to runaway) and email this form to* *the child’s assigned caseworker* *and*

*[HSA-IncidentReports@washoecounty.gov](mailto:HSA-IncidentReports@washoecounty.gov) within 24 hours. If the child’s caseworker is out of the office, forward to their supervisor or other designee identified by the worker.*

*If it is after business hours please call – 1-833-900-7233 to make the immediate verbal notification.*

Section 1:

|  |  |
| --- | --- |
| Child: | Child Date of Birth and Age: |
| WCHSA Case Worker: | Foster Parent/Home: |
| Caseworker Phone: | Caregiver Phone #: |
| Caseworker Email: | Caregiver Address: |

|  |  |
| --- | --- |
| Date and Time of run/missing: |  |
| Address youth ran from: |  |
| Description of clothing/vehicle: |  |
| Law enforcement agency contacted: |  |
| LEA report number: |  |
| Names/phone numbers/addresses of places or people youth might run to: |  |

|  |  |
| --- | --- |
| Circumstances/Description of run/missing: |  |
| Attempts made to contact the child: |  |
| Description of the child’s physical features such as height, weight, sex, ethnicity, race, hair color, eye color: |  |
| Endangerment information, such as pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors: |  |
| Any changes to piercings, tattoos, hair, appearance, etc. the worker may not be aware of: |  |
| Youth phone number: |  |
| Social Media profile names and passwords: |  |
| Personal items taken: |  |
| Other nicknames the youth goes by: |  |
| Youth School Name: |  |
| Any gang affiliation: |  |

Name of Person Filling Out RUN/MISSING section of form:       Date:

***\*Attach a current photo of the child when submitting the form.***

*Note: Should you wish to request a Bed Hold, please follow procedures identified in the bed hold policy.*

*Complete section 2 upon a child’s return from a runaway incident and email the entire completed form to* [*HSA-IncidentReports@washoecounty.gov*](mailto:HSA-IncidentReports@washoecounty.gov) *within 24 hours.*

Section 2:

**Please report this information immediately (or as soon as possible) when child RETURNS:**

|  |  |
| --- | --- |
| Date and Time of Return: |  |
| Where was child located: |  |
| Any marks or injuries noted: |  |
| Has LEA runaway report been cancelled: |  |
| Medical Clearance necessary? If so, describe: |  |
| Current location of child: |  |

**\*** Please consult doctor or PLR regarding re-starting psychotropic medications.

**Please report this information as soon as possible (within 24 hours) when child RETURNS:**

|  |  |
| --- | --- |
| Circumstances/Description of return: | |
| Known information about where the child has been, what they’ve been doing, who they were with: |  |
| List any medications & dosages that were missed during term of runaway: |  |
| Any CSEC concerns identified: |  |
| Plan for follow up, consequences, or intervention: |  |
| Other Notes or Important Information: |  |

Name of person filling out RETURN section of form:

Date: