



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

April 25, 2017

ALL COUNTY INFORMATION NOTICE NO. I-13-17

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL FOSTER CARE MANAGERS  
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: PROMISING PRACTICES FOR YOUTH WHO ARE MISSING OR RUN AWAY FROM FOSTER CARE

REFERENCE: PUBLIC LAW (PL) 113-183; 42 UNITED STATES CODE SECTION 5772; SENATE BILL (SB) 794; WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 16501.35 AND 16501.45; ALL COUNTY LETTERS (ACL) [16-15](#), [16-49](#) AND [16-85](#).

The purpose of this All County Information Notice (ACIN) is to provide additional information and promising practices to locate and respond to youth (i.e. minors and Non-Minor Dependents (NMDs)) who run away or go missing from foster care. Youth in the child welfare system are disproportionately vulnerable to Commercial Sexual Exploitation (CSE) and those who leave care are at an increased risk of victimization.

The ACL 16-15 provided instructions regarding the policies and procedures counties are required to develop to locate and respond to youth who run away or go missing from foster care, as required by Preventing Sex Trafficking and Strengthening Families Act, PL 113-183, codified via SB 794 (Chapter 425, Statutes of 2015). As a reminder, this legislation requires the title IV-E agency, child welfare and probation department, to demonstrate it has:

- Developed and implemented protocols (i.e. policies and procedures) to locate any child/NMD who has gone missing from foster care.
- Specifically, the protocols must include provisions to:
  - Locate any child/NMD missing from foster care;
  - Determine the factors that lead to the child/NMD being absent from foster care and to the extent possible, address those factors in subsequent placements; and

- Determine the child's/NMD's experiences while absent from care, including whether the child/NMD is a sex trafficking victim. For any child who has been determined to be at risk of or has been a victim of sex trafficking, the agency must provide appropriate services.

The ACLs 16-15 and 16-85 outline all other SB 794 requirements relating to children who go missing or runaway from care, including new reporting and documentation requirements.

### Forms

The forms included in this notice, developed in consultation with advocates and the Commercially Sexually Exploited Children (CSEC) Action Team's Advisory Board, comprised of survivors of child sex trafficking, may be utilized to improve service delivery and internal processes. These forms are optional for use at the county's discretion.

Although these forms are optional, counties may find the creation and use of standardized forms, such as the ones included in this letter, extremely useful. Standardized forms have the ability to improve consistency and accuracy of information and save time among staff members without added stress. In an effort to create uniformity and ease implementation, the California Department of Social Services, in consultation with stakeholders, has created example forms for counties to use as is or adapted to reflect county-specific protocols and pre-existing agreements. Counties that already use analogous forms and processes are encouraged to compare local forms with these sample documents and make changes deemed necessary by the county to support the work of Social Workers (SW)/Probation Officers (PO). The optional forms, attached to this ACIN, can be grouped into two categories: "Runaway Prevention and Return to Care" and "Understanding and Responding to Why the Child Left Care."

### **Runaway Prevention and Return to Care**

*Forms: Safety and Support Plan, Special Incident Report*

When a youth leaves care without permission, he or she is often running from or to something. Many youth have underlying needs that must be addressed or may be unmet or inadequately met in the current placement. Risk factors that increase the likelihood of a youth running away include a history of running away or attempting to run away, preoccupation with running away, being 13 years or older, placement instability, substance abuse, youth being upset or overly preoccupied with visitation issues, problematic ties to the community associated with run risk (e.g. gang affiliation, romantic relationships), history of juvenile delinquency, psychological factors (e.g. impulsivity, poor judgment and insight, easily influenced, thrill seeking), etc.<sup>1</sup> The SW/PO should decide if and when a *Safety and Support Plan* is appropriate for a youth. The Safety and Support Plan is an optional tool used to identify strategies and supports that will help the youth feel comfortable and empowered to stay in their foster care placement; when she/he otherwise feels like leaving. The presence of single risk factor may not cause significant concern, but the presence of

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<sup>1</sup> [http://www.nrcpfc.org/fostering\\_connections/index.html](http://www.nrcpfc.org/fostering_connections/index.html)

numerous risk factors may be considered significant and result in the creation of a *Safety and Support Plan* in county using such a strategy to engage youth. The SW/PO have a responsibility to determine what factors prompt a youth to leave care and must respond to those needs in making subsequent placement and services decisions.

Data shows most children/youth run to friends, family (parents and siblings), “boyfriends/girlfriends,” or the streets (Pergamit & Ernst, 2011)<sup>2</sup>. It is important to have relationships with family and/or friends so that if necessary, they may be contacted. It is also important to be familiar with the youth’s hangouts, as well as record this information in the case file and Child Welfare Services/Case Management System (CWS/CMS). When possible, SW/PO should know the youth’s social media information so they can try to contact them through those means, consistent with confidentiality provisions and county protocols, if the youth goes missing or runs away. Such information will help the SW/PO, caregivers, other trusted adults, and the youth work together to ensure their needs are adequately met, so that the youth feels safe and empowered to stay in care. Working collaboratively with the child/youth to create a *Safety and Support Plan* that includes the aforementioned information will support the child to stay in care.

In addition to the youth’s foster parent/caregiver, the SW/PO should maintain and strengthen relationships with the youth’s biological parents or other relatives. Since youth often leave care to stay with biological family, including parents, siblings, and extended relatives, these relationships can help in locating the missing youth or point to potential placement options.

For those youth who have a history of repeatedly leaving care or placement, the *Safety and Support Plan* should include the information the youth needs to take care of his or her health and safety, including but not limited to: locations of youth shelters, where to access medical and mental health care, where to get meals and attend to hygiene, and information about and encouraging the youth to continue attending school. This harm reduction approach ensures the youth knows they are cared about and that their health and safety is considered important, and supports the development of trusting relationships.

If or when the youth does leave care, use the information gathered in the development of the *Safety and Support Plan* to try to locate and return the youth to care. The SW/PO should follow the procedure detailed in their county runaway protocols including making a report to law enforcement and the National Center for Missing and Exploited Children (NCMEC), and any required *Special Incident Report* with the help of the child’s caregiver and adult advocates, as appropriate. Regardless of whether the county adopts the sample *Special Incident Report*, SW/POs must collect information for case management and reporting purposes, consistent with ACLs 16-15 and 16-85.

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<sup>2</sup> Pergamit, M. & Ernst, M. (2011). Running Away from Foster Care: Youths’ Knowledge and Access of Services. Retrieved from <https://www.1800runaway.org/wp-content/uploads/2015/05/Part-C-Youth-in-Foster-Care.pdf>

### **Understanding and Responding to Reasons the Child Left Care**

*Forms: Missing/Runaway Youth Debriefing Form, updated Run Prevention Plan, Special Incident Report-Runaway Addendum*

Engaging the youth immediately upon return is critical. Youth need to feel welcome, supported, and cared about. They may have immediate needs (e.g., food, water, medical care) that must be met. The *Missing/Runaway Child Debriefing Form* and *Special Incident Report-Runaway Addendum* were created to assist the SW/POs in determining why the youth went missing, and what happened while away from care including how they met their own needs, and whether the youth was a sex trafficking victim or otherwise exploited while away. To the extent possible, the SW/PO should work to address those factors in subsequent placements.

A debriefing interview should ideally be conducted by an adult of the youth's choosing, whenever possible. However, when the interview is not conducted by the SW/PO, all information obtained should be shared with the SW/PO, to ensure that information collected is consistent with the formal debriefing information.

When completing the *Missing/Runaway Child Debriefing Form*, the SW/PO or other adult should: 1) show genuine feelings of happiness and relief to see the youth, 2) ask about his/her immediate needs (e.g., Are you hungry? Are you hurt? Do you want to see a doctor?) and 3) focus on meeting the youth's immediate and long-term needs. Youth may feel shame about something that happened while they were away or fear punishment. Keep the dialogue open-ended, and use or establish your relationship with the youth to build trust and encourage them to open up to you. The SW/PO/Other Adult should use the questions that need to be answered on the debrief form and *Special Incident Report* as a guide, but keep the conversation natural. When the SW/PO does not conduct the debrief interview, the information gathered should be shared with the SW/PO to inform treatment needs, determine the appropriate placement and services. Additionally, the SW/PO should ensure that a screening for CSE using an evidence-based screening tool is conducted, either by conducting one themselves or requesting the substitute care provider/other adult conduct one.

If using the *Missing/Runaway Youth Debriefing Form* to talk to the youth about the runaway/missing incident, the main focus is to identify and address the youth's needs. The second focus is to gather information to:

- Add to and improve the Safety and Support Plan, if used by the county, in collaboration with the youth;
- Make necessary changes to placement or services based on information collected in the debriefing.
- Complete the Special Incident Report-Runaway Addendum, if used by the county, with the assistance of caregiver or placement staff;

- Make appropriate documentation in CWS/CMS, per ACL 16-49 and ACL 16-74.

Information gathered through this process should be gathered for purposes of determining treatment needs, developing case plans to support the youth, and reporting required data to the state on children who run away from foster care for federal reporting purposes. Unless otherwise required by law, the information disclosed by the youth should not be used to implicate him or her in a criminal matter or for any purpose other than tailoring services for the youth. If during the debriefing, if it is revealed the youth was a victim or is at risk of CSE the SW/PO shall document this information in the CWS/CMS. Detailed information regarding documentation of CSEC in CWS/CMS can be found in ACL 16-49 and ACL 16-74.

The SW/PO shall also determine appropriate services for the youth receiving child welfare services identified as victims or at risk of CSE, consistent with the protocols developed by the county (WIC section 16501.35(a)(3)).

Upon receiving information that a youth receiving child welfare services is a victim of CSE, the SW/PO must immediately make a report to law enforcement (Penal Code section 11166(j)(2)). Finally, the SW/PO shall also determine appropriate services for the youth (WIC section 16501.35(a)(3)). Refer to ACL 16-85 for more information on CSEC requirements for SWs/POs.

Additionally, once a youth returns to care, the SW/PO should ensure the law enforcement agency that received the initial missing persons report is notified so that information in National Crime Information Center can be updated. Similarly, the SW/PO must also notify NCMEC to indicate the youth has returned to care so efforts to locate the youth can be ceased.

#### Additional Protocol Topic Areas to Consider

##### **Refusal to Return**

If a youth makes contact with the child welfare or probation department yet refuses to reveal their whereabouts or return to care, staff should consider the following activities:

- Assess safety and service needs;
- Develop or update a Safety and Support Plan, if applicable;
- When applicable, consult with, or refer to, Runaway/AWOL Liaisons; and
- Consult with supervisor and/or County Counsel.

##### **Out-of-County/State**

When the SW/PO learns that a youth under its care and supervision is in custody or residing in another county within California, the agency with placement and care responsibility (i.e. the child welfare agency or the probation department) is responsible for

picking up the youth or arranging for the youth's safe return. It is important to note, warrants issued by Juvenile Court are not enforceable outside of California. However, law enforcement agencies in other states may honor the warrant. The SW/PO should contact the out-of-state law enforcement agency, request that they honor the California warrant, and arrange transportation for the youth's return. If the state in which the youth is located is a member of the Interstate Compact for Juveniles (ICJ), counties should follow ICJ procedures, to ensure the youth's safe return to the county of jurisdiction. Additional information on ICJ procedures and compact administrator directory can be found at <http://juvenilecompact.org/>.

### **Personal Property**

During a dependent youth's absence, SW/PO should take steps to safeguard the youth's belongings (e.g. completing a Personal Property and Medication Inventory and storing the youth's property). The storage of personal property should be consistent with the county's retention policy. If the youth location remains unknown at the end of the retention period, the SW/PO should seek a court order before the disposal of the youth's property. Regardless of authority, there are some items that are irreplaceable, such as photos, and these items should be kept in perpetuity.

If you have any questions or need additional guidance regarding the information in this notice, contact the Child and Youth Permanency Branch at (916) 651-7464 or at [concurrentplanningpolicy@dss.ca.gov](mailto:concurrentplanningpolicy@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

VALERIE EARLEY, Branch Chief  
Child and Youth Permanency Branch  
Children and Family Services Division

c: County Welfare Directors Association  
Chief Probation Officers of California  
Judicial Council of California

### Special Incident Report

CWS/CMS Referral #:	CWS/CMS Case #:	Today's Date:
Mother's Name:		DOB:
Address:		Mother's Phone #:
Father's Name:		DOB:
Address:		Fathers Phone #:
Child's Name:		DOB:
Address:		Child's Phone #:
Current Caregiver/Facility Name:		Caregiver/Facility Phone#:
Caregiver/Facility Address:		Relationship to Child:
Assigned SW Name:		FAX # :
Assigned SW Phone:		Service Component:
Secondary Assignment (if applicable):		

<b>Type of Incident</b> (select all that apply):			<b>Date of Incident:</b>	
<input type="checkbox"/> Suspected Abduction	<input type="checkbox"/> Child has Run Away	<input type="checkbox"/> Hospitalization/ER Visit	<input type="checkbox"/> Aggressive Act	
<input type="checkbox"/> Injury-Self	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Mental Health Issue	<input type="checkbox"/> Victim of Sex-trafficking	
<input type="checkbox"/> Injury- Other	<input type="checkbox"/> Alleged Abuse	<input type="checkbox"/> Other (Specify)		
Date -Social Worker became aware of incident, abduction or runaway status:			Known or suspected location of the child:	
<b>Description of Incident:</b> include location at time of incident; witnesses; medical care sought (if applicable); state of mind of the child (frightened, agitated, distraught, etc.)				
<b>Describe Actions Taken:</b> By Caregiver to resolve the crisis or to mitigate the circumstances surrounding the incident:				
<b>Describe Actions Taken:</b> By Assigned Social Worker to resolve the crisis or to mitigate the circumstances surrounding the incident:				
<b>Describe Actions Taken:</b> By Other Personnel (i.e. Social Workers with secondary assignment, Supervisor, and/or Regional Manager:				
<b>Current Status of the Child:</b>				

<b>Child's Identifying Information</b>				
Weight:	Eye Color:	Hair Color:	Ethnicity:	
Scars/Tattoos (and where located):				
Other identifying information:				
Does the child have a medical condition requiring monitoring or medication? Explain:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child on psychotropic medication? Explain:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child a danger to self or others? Explain:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child in danger? Explain:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photo Attached?		Date taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Placement Type at Time of Incident		
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Foster Family Agency Foster	<input type="checkbox"/> Group Home
<input type="checkbox"/> Relative Caregiver/NREFM	<input type="checkbox"/> Home Family Maintenance	<input type="checkbox"/> Overnight/Weekend/Extended Visit
<input type="checkbox"/> Non-relative Legal Guardian	<input type="checkbox"/> Other (please specify):	

<b>ICWA Eligibility:</b>	<input type="checkbox"/> Child not ICWA Eligible	<input type="checkbox"/> Child may be ICWA Eligible	<input type="checkbox"/> Child is confirmed ICWA Eligible
Tribe Name (list all):			

Law Enforcement Information	
Date Police Report Made:	Agency:
Report Number:	Made by Whom:

Court Information			
JV-Number:	Dependency Date:		Next Hearing Date:
Child placed with parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dependency Reason:  <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Substance <input type="checkbox"/> Abuse Neglect
Child placed out of home? With Whom:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Service Component:		Court Status of Parents (criminal, family law, etc.):	

Assigned Social Worker's Efforts to Locate the Child (For Suspected Abductions and Suspected Runaways)		
Party Contacted	Date Contacted	Results
<input type="checkbox"/> Parent(s)/Legal Guardian(s)		
<input type="checkbox"/> Relatives/Siblings/NREFMs		
<input type="checkbox"/> Former Out-of-Home Caregivers		
<input type="checkbox"/> Child's Friends		
<input type="checkbox"/> Former Social Workers		
<input type="checkbox"/> Child's Former/Current School		
<input type="checkbox"/> CWS/CMS		
<input type="checkbox"/> Law Enforcement		
<input type="checkbox"/> Other		

Suspect's Information			
Name:		Relationship to Child:	
DOB:	SSN:	Driver's License Number:	State:
Does the suspect have a criminal history or history of violence? Explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Give information on abductor (motive, mode of travel, automobile year, make, model and license plate number, direction headed and any known previous incidences of violence, abuse or molestation):			

Other Actions Taken by Assigned Social Worker (as applicable)
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Notified Child's Attorney	Date:
Notified Parents'/Legal Guardians' Attorney(s)	Date:
W&IC 340 Warrant Requested/Issued Warrant #:	Date:
W&IC 339 Warrant Requested/Issued (if Abducted) Warrant #:	Date:
Foster Care Eligibility Notified	Date:
Placement Ended	Date:
Warrant(s) Recalled	Date:
Reported missing Victim/at risk of CSE to Law Enforcement	Date:
Reported Victim/at risk of CSE to NCMEC	Date:

Attachments for Abducted/Runaway Children (check if attached)	
Most Recent Court Report/Minute Order	Recent Photograph (from last 6 mos.)
Certified W&IC 340 Protective Custody Warrant	Certified W&IC 339 Warrant (if abducted)

Signatures		
Assigned Social Worker Signature:	Date:	Telephone:
Supervisor Signature:	Date:	Telephone:
Regional Manager Signature:	Date:	Telephone:
Deputy Director Signature:	Date:	Telephone:

## Substitute Care Provider Incident Report

CWS/CMS Referral #:	CWS/CMS Case #:	Today's Date:
Child's Name:	JV#:	Service Component:
Child's Address:	Child's DOB:	
Caregiver/Facility Name:	Relationship to Child:	Child's Telephone:
Caregiver/Facility Address:	Telephone:	
Assigned SW Name:	Assigned SW Telephone:	Assigned SW Fax:

### Instructions to Caregivers:

1. Notify the child's assigned social worker via phone or in person as soon as is reasonably possible, but no later than 24 hours after the incident occurred.
2. Submit a written copy of the incident report to the assigned social worker within 48 hours of the incident. Attach additional papers as necessary.
3. Retain a copy for the child's records.

Type of Incident (select all that apply):	Date of Incident:
<input type="checkbox"/> Runaway <input type="checkbox"/> Suspected Abduction <input type="checkbox"/> Hospitalization/ ER visit <input type="checkbox"/> Injury- Self <input type="checkbox"/> Suspected or Confirmed <input type="checkbox"/> Serious Illness <input type="checkbox"/> Alleged Abuse <input type="checkbox"/> Injury- Other Victim of Sex-trafficking <input type="checkbox"/> Mental Health Issue <input type="checkbox"/> Other (specify): <input type="checkbox"/> Aggressive Act	

Child(ren) Involved:			
Name:	Age:	Gender:	Relationship:
Adults Involved:			
Name:	Age:	Gender:	Relationship:

<b>Describe the Incident (date, time, location, nature of incident, what occurred before and after the incident, and any other pertinent information, including attempts made to encourage the youth to stay in placement - attach additional documentation as necessary):</b>

<b>Action Taken (Give actions that were taken to prevent or resolve the incident and to mitigate the circumstances surrounding the incident):</b>

<b>Medical Care Sought/Administered (if applicable - include any follow up treatment that is needed)</b>

Law Enforcement Information (if applicable):		
Report Number:	Date Made:	Agency:

<b>Suspect's Information (if abduction is suspected, or if an accomplice to the runaway child):</b>
---

Name:		Relationship to Child:			
DOB:		SSN:		Driver's License Number:	
State:					
Height:	Ft.	Weight:	Lbs.	Hair Color:	Eye Color:
Does the subject have a criminal history or history of violence? Explain below:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Unknown	
Give Information on the abductor (motivation, description of car, and where you suspect abductor may be going):					
<b>Description of Child (if Runaway or Abduction):</b>					
Height:	Ft.	In.	Weight:	Lbs.	Eye Color:
				Hair Color/Style:	Race:
Scars/Tattoos (and where located):					
Clothing Worn:					
<b>Signatures:</b>					
Caregiver Signature:				Date:	
Assigned Caseworker Signature:				Date:	

### Special Incident Report-Runaway Addendum

**Instructions:** This form should be completed once a missing child has been located and the child's immediate needs have been met. The information reported below should include information obtained from the debriefing interview with the child, results of screening for commercial sexual exploitation or sex trafficking, and information obtained from collaterals (e.g., information from the caregiver or staff at placement regarding what the youth was doing prior to running away).

Date addendum completed or updated: \_\_\_\_\_

Date & time missing: FROM \_\_\_\_\_ TO \_\_\_\_\_

Type of absence:

\_\_\_\_\_ Abducted

\_\_\_\_\_ Whereabouts unknown

\_\_\_\_\_ Whereabouts unknown, periodic contact with caseworker or other child welfare professionals

\_\_\_\_\_ Other: \_\_\_\_\_

Date of debriefing: \_\_\_\_\_

Location of debriefing: \_\_\_\_\_

Who conducted debrief: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

What was the child doing prior to running away? Did the youth seem upset about something that occurred prior to leaving? Did the youth leave alone or with another child(ren)/youth from the placement?

How and when the absence was first noted? Who noted the youth's absence? When (date/time)? When was the youth's absence reported by the caregiver/staff to the caseworker? To law enforcement?

What actions did facility staff/foster parent/caregiver take to discourage the child from leaving? Describe any interventions.

Was this the first time the child/youth ran away from this placement? If no, how often does the child/youth leave care? What is the average time between incidents? What was the timeframe between when the youth left and returned to placement this time?

How was the child located and returned to placement? Please describe efforts to locate the youth if not previously described on the Special Incident Report.

Was law enforcement involved in this incident? If yes, describe their involvement below: Yes/No Police Report Number, if available:	<input type="checkbox"/>	<input type="checkbox"/>
What factors contributed to the youth running away from or otherwise being absent from the placement? (Include information that the youth reported during the debrief interview as to why they left placement specifically ask what needs were not being met in placement, feelings of safety in the placement, feelings of discrimination based on SOGIE/others, whether someone encouraged them to leave, etc.)		
What was the youth's experience while away from placement? (Include relevant information reported by the youth as to where they went and what happened to them while on run.)		
Was the youth commercially sexually exploited while away?		
Did the youth return to the placement he/she was in before running?		
What steps were taken to address the factors that led the youth to run from the placement?		
What additional supports or services have been put in place or will be put in place, if applicable?		

## Safety and Support Plan

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Case Worker Name: \_\_\_\_\_ Case Worker Phone: \_\_\_\_\_

**Instructions to Youth:** The purpose of this Safety and Support Plan is to identify strategies and support that will help you feel comfortable and empowered to stay in your foster care placement when you may otherwise feel like leaving. Things may change – you may discover new activities you enjoy or expand your support network – and we will regularly revisit this agreement to make sure you are comfortable with it. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement so they know how to support you. At your request, other supports can be included in the development of this plan (e.g., Advocate, family, peer mentor). Let the Social Worker/Probation Officer know who you would like to involve. Also, take photos of the document, especially of the resources sections which may be useful when away from placement.

**Instructions to Caregiver:** You are agreeing to assist the youth in the development of their Safety and Support Plan and to help the youth in accessing any supports or using strategies listed below. Encourage the youth to take photos/retain a copy of the document, especially of the resources sections which they may need when away. Review the plan regularly, especially after missing/runaway incidents, to ensure it meets the needs of the youth.

**Instructions to Social Worker/Probation Officer:** You are agreeing to assist the youth and the caregiver in completing this Safety and Support Plan, and to identify strategies and services that will assist the youth in staying at her/his foster care placement. Review the plan regularly to ensure it meets the needs of the youth. Encourage the youth to take photos of the document, especially of the resources sections which may need when away. Document the Planned Services and Delivered Services in CWS/CMS.

**Step 1: What do I like to do the most and what makes me feel good? – Actions that take my mind off things that are bothering me or that I'm struggling with e.g., reading, journaling, walking outside, being with siblings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Step 2: How I feel when I am upset, bothered, or annoyed (thoughts, images, or behaviors) that indicate I want to leave my placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and Places that are supportive to me (Who makes me feel safe, happy, and cared for, and where do I most like to be):**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Username (e.g. Twitter, Instagram, Facebook, etc.) \_\_\_\_\_
3. Place \_\_\_\_\_
4. Place \_\_\_\_\_

<b>Step 4: People I can contact and ask for help:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Username _____	
4. Username _____	
<b>Step 5: My Emergency Contacts:</b>	
1. Clinician Name _____	Phone _____
Emergency Contact # _____	
2. Physician Name _____	Phone _____
Emergency Contact # _____	
3. Local Clinic/Urgent Care Services _____	
Address _____	Phone _____
4. <b>National Runaway Safeline (24/7): 1-800-RUNAWAY (786-2929)</b>	
<b>Step 6: Community Resources</b>	
1. Local Shelter _____	
Address _____	Phone _____
2. Food Pantry _____	
Address _____	Phone _____
3. Other Resource _____	
Address _____	Phone _____
4. County Education Liaison _____	
Address _____	Phone _____

I understand that leaving my placement does not prohibit me from attending school or receiving medical services through my insurance provider.

This Agreement was updated on: \_\_\_\_\_ Update # \_\_\_\_\_

Signing this agreement means we will all work together to complete the steps necessary to help the youth remain in their placement.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Supportive Person Signature  
(Family Member, Advocate, mentor, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker/Probation Officer Signature

\_\_\_\_\_  
Date

## MISSING/RUNAWAY YOUTH DE-BRIEFING FORM

Name: \_\_\_\_\_ I.D.: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Caseworker ID: \_\_\_\_\_

Type of Absence: ☐ ABD ☐ WUK ☐ WCC

ABD = abducted; WUK = whereabouts unknown; WCC = whereabouts unknown, periodic contact with caseworker

Dates Missing: From \_\_\_\_\_ to \_\_\_\_\_

Date of De-Briefing: \_\_\_\_\_

Time Missing: From \_\_\_\_\_ to \_\_\_\_\_

Individual conducting de-brief: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Location of De-Briefing: \_\_\_\_\_

Returned: ☐ Voluntarily/on own ☐ Via Law Enforcement

☐ Screening for commercial sexual exploitation/sex trafficking completed using tool: \_\_\_\_\_

Outcome of screening: \_\_\_\_\_

If youth was sexually exploited while away from care, record on the Special Incident Report Addendum any action you took as dictated by County's CSEC Response Protocol. This information must also be entered into CWS/CMS pursuant to the instructions outlined in ACL 16-49 and ACL 16-74.

### **The Debriefing Interview**

Conduct the debriefing in two phases. Phase 1 should be conducted immediately upon the youth's return, and is focused on immediate engagement to ensure safety and well-being<sup>1</sup>. Phase 2 should be conducted within 48 hours and is focused on understanding and responding to the incident

The debrief interview is conducted by an adult of the child's choosing. The debriefing interview should take place in a safe, neutral place if possible outside of the placement. The individual conducting the debrief interview should hold a conversation with the youth and gather information to answer the following questions. Ask open-ended questions in a natural, conversational manner. It's important that you really focus on listening to what the youth is telling you.

### **PHASE 1: Ensure Immediate Safety and Well-Being**

**Before beginning the interview, tell the youth the following (in your own words):**

- I'm going to ask you some questions to help me understand why you ran away, if anything happened while you were away that requires medical attention, and what your needs are right now.
- Some of these questions are personal. I am asking them so we can figure out together if there is anything you need. However, you do not have to answer or can keep some details private if you are not comfortable talking about it.
- I will keep your answers private to the best of my ability. The information you provide

<sup>1</sup> If youth's immediate need is for rest and there are no emergent medical needs, this may be conducted after the youth has slept.



may be used to understand your experience while away from care and to inform your case plan to ensure you receive appropriate services and supports. If there is a safety issue that I must report, which includes instances of known or suspected child abuse or neglect, or commercial sexual exploitation, I will inform you before I share.

- At a later date, we will create or update your Safety and Support Plan based on what we discuss today.
- 

1. What do you need right now to feel safe?
2. Who should we contact to let them know you are safe? Is there anyone on your Safety and Support Plan that we should contact?
3. Have you eaten lately? If not, what can I get you?
4. How are you feeling (health/mental health)?
  - a. Did you get sick or were you hurt or injured while you were gone?
    - i. If so, describe your illness or how and where you were hurt/injured.
    - ii. Did you get medical care anywhere?
    - iii. If so, what care did you get and from where did you get medical care?
  - b. Were you sexually active while you were away? (Important: youth does not need to go into detail to determine need for follow-up care for sexual assault or sexual exploitation).
    - i. If so, answer these questions to determine need for follow-up care: when, with whom, what kind of protection did you use?
      1. Both people should consent, or say yes, willingly and freely before having sex. Is that how you would describe this activity?
    - ii. Did the sexual activity cause any pain, discomfort, or was it unusual to you in any way??
    - iii. For females, do you think you may be pregnant? For males, if your partner was female, do you think you may have gotten her pregnant?

Note: Any child who reports having engaged in sexual activity should be offered a reproductive health exam within 24 hours of being located. Follow county protocols for commercial sexual exploitation/sex trafficking or sexual assault. If the youth reports being forced to engage in sexual activity (e.g., was commercially sexually exploited or was sexually assaulted), the caseworker must make a report to the appropriate law enforcement agency and NCMEC within 24 hours.

5. Why did you leave your placement? Please record the youth's responses in narrative form as well as check any boxes below that apply.  
☐ To be with friends                      ☐ To see parents                      ☐ To see other family members

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To live with parents/family   | <input type="checkbox"/> To see girlfriend/boyfriend | <input type="checkbox"/> Not feeling safe in placement |
| <input type="checkbox"/> Somebody asked or told me to  | <input type="checkbox"/> To get away from caregiver  | <input type="checkbox"/> Conflict with program         |
| <input type="checkbox"/> Did not mean to run-just left | <input type="checkbox"/> Got lost while out          | <input type="checkbox"/> School problems               |
| <input type="checkbox"/> To have some excitement       | <input type="checkbox"/> Did not like my placement   | <input type="checkbox"/> Other: _____                  |

6. Tell me a little more about what was happening right before you left your placement?
7. Did anyone encourage you to leave?
8. Did you encourage others to leave with you?
9. Did you tell anyone you were leaving before you left? If so, who did you tell?
10. Was there anything that staff/caregiver or your caseworker could have done to make it easier for you to stay?
11. Did you have a plan about how to take care of yourself while you were gone and did it work out? Were you able to access any of the services or support systems you identified on your Safety and Support Plan?

## **PHASE 2: Understanding and Responding to the Incident**

1. How are you today? How are you feeling?
2. Are you sick or injured? Would you like to see a doctor?
3. What was the first thing you did after you left?
4. Where did you go?
5. If you were planning to go to specific place, did you go there?
6. Where and with whom did you stay while you were gone? Please record the youth's responses in narrative form as well as check any boxes below that apply.
 

<input type="checkbox"/> Friend's house	<input type="checkbox"/> Streets	<input type="checkbox"/> Parents	<input type="checkbox"/> Other Family Members	<input type="checkbox"/> Shelter/hostel
<input type="checkbox"/> Hotel or Motel	<input type="checkbox"/> With peers	<input type="checkbox"/> With strangers	<input type="checkbox"/> Another adult's house	<input type="checkbox"/> Boyfriend/girlfriend
<input type="checkbox"/> Other: _____				

7. How much money did you have with you when you left?
8. Why (or under what circumstances, e.g. police picked the child up) did you return?
9. Have you ever runaway before? If so, when and why?
10. What was the best thing about being away?
11. What the worst thing about being away?
12. Do you think you might run away again in the future?
  - a. If so, why would you run away again?
  - b. What can I (caseworker) or your caregiver do to help you make a decision to not runaway in the future? What would help you to stay?
13. Do you need any services or support? ☐Yes ☐No
14. Did you feel involved in the planning for your life when you left? ☐Yes ☐No
15. What do you want to see happen in your life in the next 3 months? Focus on goals, strengths, and solutions.
16. How can I help you work towards your goals? (Work into Safety and Support Plan; Follow up on your commitment)
17. Is there anything else you would like to share that has not been asked?

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Information gathered through this process should only be gathered for purposes of determining any treatment needs, developing plans to support the youth, and reporting data to the state on children who run away from foster care for federal reporting purposes. The information should be handled with sensitivity and care. Unless otherwise required by law, the information disclosed by the child/youth should not be used to implicate them in a criminal charge or for any purpose other than tailoring services for the child/youth. See ACIN I-13-17 for more information.

Caseworker's/Adult Supporter Name: \_\_\_\_\_

Caseworker's/Adult Supporter Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

EXAMPLE