

**Runaways:
Notification and Follow Up Process
for use with DCF Policy 36-16**

PRACTICE GUIDE

**Target
Population**

Foster homes and congregate care programs that serve DCF-involved children or youth.

Definitions

Runaways:

- children under age 13 are considered to be runaways immediately when they are missing; and
- children who are 13 and older are considered to be runaways when they have been missing for one hour.

Exceptions:

Children age 13 and older are considered to be runaways immediately when they are missing if the child:

- has high emotional or psychiatric acuity and is placed in a psychiatric residential treatment facility (PRTF), a crisis stabilization program (CSP) or a psychiatric hospital;
 - is diagnosed with a serious medical condition such as insulin-dependent diabetes which requires scheduled medication and timely monitoring; or
 - poses a danger to self, others or the community.
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**Missing
Persons
Notification**

Children who have run away from placement shall be reported to the Careline and to law enforcement.

It is an incorrect assumption that 24 hours, or any other time frame, must pass before a law enforcement unit will accept a missing persons report. There is NO waiting period for reporting a missing person. A law enforcement agency should accept, without delay, any report of a missing person. No law enforcement agency should refuse to accept a missing person report.

If a law enforcement agency nevertheless refuses to accept a missing persons report, the Social Worker shall notify the Central Office of Legal Affairs immediately.

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Responsibilities of Providers and DCF Every effort should be made to avert a child from running away or going AWOL through the provision of:

- planned, proactive and preventive services;
- mental health assessment and treatment;
- strategies (*e.g.*, coaching and modeling) that consistently address underlying issues and build skills.

Emergency Mobile Psychiatric Services (EMPS) should be accessed as appropriate to assist:

- DCF foster homes;
- therapeutic foster homes; and
- community-based group homes.

in addressing behavioral crises and mitigating against a child running away.

Law Enforcement Notification When a child has run away from a congregate care setting, DCF foster home or therapeutic foster home, contacting the police immediately to file a missing persons report may not always be an appropriate course of action. Factors to be considered include the child's:

- danger to self, others, the community;
 - medical and physical health;
 - chronological age;
 - developmental age;
 - behavioral and mental health status, including prior trauma history especially sexual abuse exploitation;
 - social and emotional functioning; and
 - the geographical location from which the child ran.
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Immediate Law Enforcement Notification The decision to contact law enforcement immediately to file a missing persons report shall be governed by the following criteria:

- the facility staff or foster parent(s) belief that the child is a danger to self, others or the community, regardless of age;
 - the child has a prior history of sexual exploitation; or
 - the child is under the age of thirteen.
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**Immediate
Law
Enforcement
Notification**
(continued)

In these cases, the facility staff or foster parents shall:

- immediately contact the police; and
- notify, by telephone, the DCF Area Office, during business hours, or Careline, after hours and on holidays.

Therapeutic foster parents must also contact the TFC agency that provides their support to notify it of the incident.

**Non-
Immediate
Law
Enforcement
Notification**

The decision not to contact law enforcement immediately to file a missing persons report should be based on the following guidelines and incorporate the following steps:

- 1) If the child does not meet the above criteria for immediate police notification intervention, facility staff foster parent(s) and/or the TFC agency staff should contact the Area Office during business hours or Careline after hours and on holidays. The Area Office or Careline, together with the foster parent(s) and provider staff shall assess the nature of the absence to determine whether police notification and intervention is necessary. Therapeutic foster parents should first contact their TFC agency to notify staff of the incident and determine who will contact the Area Office or Careline to participate in the joint assessment with DCF.

Factors to be considered during the joint assessment include the child's:

- danger to self, others or the community;
- medical and physical health;
- chronological age;
- developmental age and stage;
- behavioral and mental health status, including prior trauma history; especially sexual abuse exploitation; and
- social and emotional functioning.

If the outcome of the assessment is that law enforcement notification and intervention is necessary, DCF shall direct facility staff, foster parent(s) or TFC agency staff to contact law enforcement and report the child as missing.

- 2) If the outcome of the joint assessment does not necessitate immediate law enforcement notification or intervention, the Area Office or Careline staff will work with the facility staff, foster parents and TFC agency staff to develop a plan to search for the child to ascertain his or her whereabouts. This plan will include steps mutually agreed upon by DCF, facility staff, foster parents and TFC agency staff.
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**Non-
Immediate
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Notification
(continued)**

3) When the child's whereabouts are unknown, DCF, facility staff, foster parents and TFC agency staff will continue searching and a formal reassessment will be done within three hours or prior to the Area Office closing or the next Careline shift change during the child's absence.

If the reassessment determines that police intervention is still not needed, DCF, facility staff, foster parents and TFC agency staff will update the plan to continue the search for the child including additional action steps mutually agreed upon by DCF, facility staff, foster parents and TFC agency staff with another formal reassessment scheduled within three hours or prior to the Area Office closing or the next Careline shift change during the child's continued absence.

The searching and reassessment process should not exceed six hours before making the determination to contact the law enforcement and report the child as missing.

4) When there is knowledge of the child's whereabouts, Area Office staff during business hours or Careline staff after hours and during holidays will work with facility staff, foster parents and TFC agency staff to ensure the child's immediate return. A child's refusal to return immediately should not, by itself, be a reason for police intervention. Area Office or Careline staff must work with the child to determine how to maintain the current placement or to determine whether another placement is needed. Regional Resource Group staff or on-call physicians should be utilized when necessary. The TFC agency shall also work with the child and DCF to assist with maintaining the current placement or determining and facilitating an appropriate alternative placement.

**Incident
Information**

When contacting DCF about a runaway incident, facility staff, foster parents or TFC agency staff will be asked the following:

- Why did the child run away? What triggered this behavior?
 - Name, phone number and address of all persons on the child's contact list
 - Name and phone number of mother, father and any other family member involved with the child.
 - Names of any friends the child may have run to. Have they been contacted?
 - Does the child have a cell phone?
 - Have other children at the same placement setting been spoken to regarding the child's runaway behavior?
 - How did the child run away? Was it with other children from the facility?
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**Incident
Information**
(continued)

- What has been done to locate the child?
 - How many times has the child run away within the last six months? How long has he or she typically stayed away?
 - Is there a place the child typically runs to?
 - What is the child's trauma history?
 - Does the child have a history of prior sexual exploitation? If so, what information from the past (*e.g.*, previous runaway episodes, individuals involved) may inform locating the child?
 - Is it likely that the runaway event may have been triggered by a trauma reminder?
 - Were the placement setting, grounds and neighborhood searched in an effort to locate the child?
 - Have you checked the local settings that the child frequents?
 - Does the child have any money or access to money? If yes, how much?
 - Did the child leave on foot or did he or she exit via another method (*e.g.*, bike, car)?
 - Have you checked local transportation terminals and bus stops?
 - Does the child have a social media account to which he or she may have posted information as to his or her whereabouts?
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**Returns to
Placement
Setting**

When a child returns of his or her own accord or is returned to the placement setting by anyone, these guidelines are to be followed.

- The facility staff, foster parent(s) or TFC agency staff will immediately notify Area Office staff during business hours or Careline after hours and holidays in order to assess the child's needs and discuss planning. The TFC agency shall work with DCF to assess, plan for and support the needs of the child. As appropriate, Emergency Mobile Psychiatric Services (EMPS) should be accessed to assist DCF foster homes, therapeutic foster homes, and community-based group homes with assessing the child's status.
 - If it is known or suspected that the child may have experienced physical abuse, sexual abuse or exploitation, community violence or another type of traumatic event during the runaway episode, DCF staff shall determine whether or not it is appropriate to administer the DCF-approved trauma screening tool to identify any new trauma exposure and the child's traumatic stress symptoms. The assessment shall include identification of any trauma-related needs of the child, and whether or not the child feels safe now (upon return), both physically and psychologically in the current placement.
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**Return to
Placement
Setting
(continued)**

- The planning phase shall include developing or updating a safety plan for the child, if appropriate. The purpose of the safety plan is to assure that the child has positive strategies and coping skills that, instead of running away, can be used during times of distress. The facility staff, foster parent(s) or TFC agency staff, the child and DCF Social Worker will participate in planning, and understand and support the plan.

 - A child should be sent to an Emergency Department only when facility staff, TFC agency staff or foster parent(s) determines that there is a need for immediate medical attention (*e.g.*, substance abuse, sexual abuse, risk of self harm, human trafficking). This expectation is regardless of the child's legal status. Medical assessments, as well as arrangements for routine tests and screenings (*e.g.*, urine tests for pregnancy or substance use), can begin the next business day and can usually be completed by other medical providers such as a primary care physician. The need for general mental health assessment, trauma-specific assessment or general mental health/trauma-specific treatment should be routinely assessed within a reasonable time following the child's return.

 - A child is not to be sent to the Emergency Department or denied admission to a foster home or congregate care facility due to questions or concerns about medical orders or prescriptions. Any questions that a congregate provider, foster parent or TFC agency might have about the child's return to placement are to be referred to the Area Office for resolution during business hours whenever possible. The Area Office and DCF medical staff will work on any identified prescription or medical order concerns as early in the day as possible. After hours and during holidays, any questions concerning medical orders or expired prescriptions need to be referred to the Careline. The Careline will then contact the DCF on-call physician, who will work with the Careline to ensure that there are appropriate medical orders and prescriptions for the critical medications that need to be administered.
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Documentation Documentation of all activities regarding a child runaway episode is essential. DCF, congregate care providers and TFC agencies will be expected to document the following:

- all efforts, discussions and planning in their respective client record narratives within the established time frames for completing narrative entries; and
- the plan developed and updated to search for the child, including the action steps and justification for not contacting the police.

The DCF narrative completed by Careline staff (when Careline responds after hours) will be cut and pasted into an email and sent to the Area Office chain of command (*i.e.*, Social Worker, Social Work Supervisor, Program Manager).

Information will be entered into the Runaway Log and updated by the Area Office. Depending on volume, the Careline Social Worker will enter the data into the Runaway Log immediately or no later than the end of the shift. If the Careline Social Worker finds that the child is already listed on the Log from a previous runaway incident, then the Area Office is required to end the previous incident and create the new incident in the log.

All contacts with the on-call physician should be documented in the client record. Careline staff will document such contacts that occur after hours and during holidays.

Significant Event Report forms must be completed and submitted within 12 hours of the incident to DCF Risk Management.
