Screening, Placement and Services For Sexually Exploited Children and Young Adults Reporting Checklist

PART 1: To be completed for each child suspected or verified as being a victim of human trafficking.

Child: _____ Date of Birth: _____ Gender: _____

1. Date Human Trafficking Screening Tool was administered		Date:
2. Screener's Name and Title		Name/Title:
3. Date the MDT was completed		Date:
4. Child was suspected or verified as a commercially sexually exploited victim	☐ Yes ☐ No	If yes, identify the child protective investigation findings (i.e., verified, not substantiated, no indicators).
5. Safe house assessment completed on the child	☐ Yes ☐ No ☐ N/A- child is not a verified victim	If yes, identify date(s) and type of assessment (i.e., suitability assessment, CBHA, Level of Placement Tool, Discharge Summaries etc.):
6. Child was sheltered?	☐ Yes ☐ No	Identify type of placement (for both children sheltered and those not): ☐ Emergency Shelter and runaway center services ☐ Traditional Foster Care ☐ Therapeutic Foster Care ☐ Safe House ☐ Safe Foster Home ☐ Residential Treatment Program ☐ SIPP ☐ JDC Commitment Program ☐ Remained in-home with parent/caregiver ☐ Relative Placement ☐ Non-relative Placement ☐ Other (Explain):

7. Child was referred for specialized services (CPI/CBC are required to refer suspected and verified victims for specialized services and document in FSFN)	☐ Yes ☐ No	If yes, identify which service: ☐ Emergency Shelter and runaway center services ☐ Outpatient individual or group counseling for the victim and the victim's family or legal guardian ☐ substance use disorder treatment services ☐ Drop-in centers or mentoring programs ☐ Commercial sexual exploitation treatment programs ☐ Child Advocacy Center Services ☐ Prevention Services ☐ Employment or workforce training ☐ Other (Explain): Date of referral: Date of referral: Date of referral: Outcome of referral (i.e., child refused, child was on runaway, child actively participating):
8. For Dependency or Community suspected or verified victims, did the CBC accrue costs for specialized services?	☐ Yes ☐ No	If yes, identify estimated cost per day (in out of home care placements) and services (for example; counseling, medications, transportation) CBC paid for not covered by other funding stream. Placement Costs: _____ Other Service Costs: _____ If other funding streams supported this placement, please identify (i.e., Medicaid, grants, etc.) and service (i.e., counseling):

_____   _____

Community-based care agency representative signature   Date

_____

PART 2: Region/Circuit Monthly Reporting	
Month: _____ Region/Circuit:_____ Community-based Care Agency:_____	
1. Total number of children and young adults assessed using the Human Trafficking Screening Tool.	CPI Completed _____ CBC/CMO Completed_____ DJJ completed_____
2. Total number of children and young adults determined to be verified victims of sexual exploitation.	
3. Total number of children and young adults assessed for a safe house placement.	
4. Total number of children and young adults who were referred to specialized non-residential services in the community to address their needs as a victim of sexual exploitation.	
5. Total number of children and young adults who were placed in a safe foster home or safe house.	
6. Total number of children and young adults who were referred to a safe foster home or safe house, but placement was unavailable	
7. Total number of children and young adults that were not placed in a safe house or safe foster home due to lack of funding or funding eligibility	
8. Total number of children and young adults who were not placed in a safe foster home or safe house due to lack of recommendation (i.e., suitability assessment, Comprehensive Behavioral Health Assessment, etc.)	
9. Total number of children and young adults who were not placed due to a runaway episode:	

10. Total cost accrued this month by CBC for specialized services for dependency or community suspected and verified victims: (including those with no status changes this month)	Placement costs:_____ Other service costs:_____
Total screened: Total served: Total screened (not screened in prior months): Total served (not served in prior months):	_____ _____ _____ _____