



# 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify the child protective investigation findings (i.e., verified, not substantiated, no indicators).
5. Safe house assessment completed on the child	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify type of placement (for both children sheltered and those not):  <input type="checkbox"/> Emergency Shelter and runaway center services <input type="checkbox"/> Traditional Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Safe House <input type="checkbox"/> Safe Foster Home <input type="checkbox"/> Residential Treatment Program <input type="checkbox"/> SIPP <input type="checkbox"/> JDC Commitment Program <input type="checkbox"/> Remained in-home with parent/caregiver <input type="checkbox"/> Relative Placement <input type="checkbox"/> Non-relative Placement <input type="checkbox"/> Other (Explain):

<p>7. Child was referred for specialized services (CPI/CBC are required to refer suspected and verified victims for specialized services and document in FSFN)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, identify which service:  <input type="checkbox"/> Emergency Shelter and runaway center services  <input type="checkbox"/> Outpatient individual or group counseling for the victim and the victim's family or legal guardian  <input type="checkbox"/> substance use disorder treatment services  <input type="checkbox"/> Drop-in centers or mentoring programs  <input type="checkbox"/> Commercial sexual exploitation treatment programs  <input type="checkbox"/> Child Advocacy Center Services  <input type="checkbox"/> Prevention Services  <input type="checkbox"/> Employment or workforce training  <input type="checkbox"/> Other (Explain):</p> <p>Date of referral:  Date of referral:  Date of referral:</p> <p>Outcome of referral (i.e., child refused, child was on runaway, child actively participating):</p>
<p>8. For Dependency or Community suspected or verified victims, did the CBC accrue costs for specialized services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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: _____</p> <p>Other Service Costs: _____</p> <p>If other funding streams supported this placement, please identify (i.e., Medicaid, grants, etc.) and service (i.e., counseling):</p>

\_\_\_\_\_  
Community-based care agency representative signature

\_\_\_\_\_  
Date

**PART 2: Region/Circuit Monthly Reporting**

Month: \_\_\_\_\_ Region/Circuit: \_\_\_\_\_

Community-based Care Agency: \_\_\_\_\_

<p>1. Total number of children and young adults assessed using the Human Trafficking Screening Tool.</p>	<p>CPI Completed _____                  CBC/CMO Completed _____                  DJJ completed _____</p>
<p>2. Total number of children and young adults determined to be verified victims of sexual exploitation.</p>	
<p>3. Total number of children and young adults assessed for a safe house placement.</p>	
<p>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.</p>	
<p>5. Total number of children and young adults who were placed in a safe foster home or safe house.</p>	
<p>6. Total number of children and young adults who were referred to a safe foster home or safe house, but placement was unavailable</p>	
<p>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</p>	
<p>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.)</p>	
<p>9. Total number of children and young adults who were not placed due to a runaway episode:</p>	

<p>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)</p>	<p>Placement costs: _____</p> <p>Other service costs: _____</p>
<p>Total screened:  Total served:  Total screened (not screened in prior months):  Total served (not served in prior months):</p>	<p>_____  _____  _____  _____</p>