



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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, identify which service:</p> <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): Date of referral: Date of referral: Date of referral: Outcome of referral (i.e., child refused, child was on runaway, child actively participating):
<p>8. For Dependency or Community suspected or verified victims, did the CBC accrue costs for specialized services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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: _____ Other Service Costs: _____ 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: _____

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:	

<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>