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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Returning Child De-Briefing** | | | |
| NAME OF CHILD | | | PERSON I.D. |
| INTERVIEWER | | | |
| DATES MISSING  FROM:  TO: | DATE OF DE-BRIEFING | Youth refused to participate | |
| **This interview may be conducted by the child’s caseworker or CA MFC Locator. A CSEC screen (DSHS 15-476) must be completed on youth returning from the run (see policy 1160).** | | | |
| 1. What do you need right now to feel safe? | | | |
| 1. Who should we contact to let them know you are safe? | | | |
| **I would like to ask you a few questions about leaving your placement:** | | | |
| 1. What made you decide to leave? Check all that apply.   To be with friends  To get away from caregiver  To see parents  Conflict with program  To live with parents / other family  Did not mean to run – just got mad and left  To see other family members  School problems  To see girlfriend / boyfriend / partner  To get high / To drink  Not feeling safe in placement  To have some excitement  Other:  Comments: | | | |
| 1. Where did you stay when you were gone? Check all that apply.   Friend’s  Other youth’s  Streets  Stranger’s  Shelter / Hostel  Another adult’s  Parent’s  Girlfriend’s / Boyfriend’s / Partner’s  Other family member’s  Past caregiver’s  Other:  Comments: | | | |
| 1. What activities did you engage in while on the run? Check all that apply.   Did drugs / Drank alcohol  Left the state to see family / friend  Hung out on the streets  Engaged in sexual activities  Saw my parents  Saw my girlfriend / boyfriend / partner  Involved in crimes (theft, etc.)  Saw other family  Other:  Comments: | | | |
| 1. Were you the victim of a crime? Check all that apply.   No  Physically assaulted  Sexually assaulted  Robbed by someone with a weapon  Belongings stolen  Forced to do something you didn’t want to do  Other:  Comments: | | | |
| 1. How did you get food and/or money while on the run? Check all that apply.   Friends  Steal / Shoplift  Girlfriend / Boyfriend / Partner  Sold drugs  Parents  Worked  Other Family  Sex for money, food, shelter  Other:  Comments: | | | |
| 1. Was there anything that your staff, caregiver, or caseworker could have done to make it easier for you to stay? Check all that apply.   No  Listen to music  Talk to caseworker / staff  Do an activity  Alone time / Space  More visits from my caseworker  Help me feel more accepted and wanted  Other:  Comments: | | | |
| 1. Could anything have stopped you from leaving? Check all that apply.   No  Sibling visit  Talk with me  Alone time / Space  Parent visit  Other:  Comments: | | | |
| 1. Did you have a plan about how to take care of yourself and did it work out? Check all that apply.   Yes, I had a plan and it worked out  Yes, I had a plan and it did not work out  No  Other:  Comments: | | | |
| 1. What did you hope would happen when you left? Check all that apply.   Visit family  Change in placement  Visit friends  Nothing  Use drugs / Drink alcohol  Not be in foster care anymore  Other:  Comments: | | | |
| 1. How is your health?   Good  Fair  Need Assistance  Comments: | | | |
| 1. Have you eaten lately?   Yes  No  Comments: | | | |
| 1. Were you involved in anything that put you at risk?   Yes  No  Comments: | | | |
| 1. Were you harmed in any way?   Yes  No  Comments: | | | |
| 1. What made you decide to return? Check all that apply.   Got picked up by law enforcement  Tired of running  Caseworker  Family  Needed assistance  Attorney  Friends  MFC locator  CASA / GAL / VGAL  Other:  Comments: | | | |
| **Now I would like to ask you some questions about what might be helpful at this time:** | | | |
| 1. How can I help you or what would help you stay? Check all that apply.   Change in placement  Sibling visits  Listen to me  More time with caseworker / staff  Listen to music  Family reunification  Family visits  Other:  Comments: | | | |
| 1. Do you need any services, supports, or medical care? Check all that apply.   No  AA / NA  Independent Living Skills  Behavioral Health / Counseling  Physician  Planned Parenthood  Dentist  Legal assistance  Vision  Education / GED  Drug / Alcohol treatment  Other:  Comments: | | | |
| 1. How involved did you feel in your life planning when you left?   Not at all  Low  Medium  High  Comments: | | | |
| 1. What do you want to see happen in your life in the next three (3) months? Check all that apply.   Placed with family  Employed  Return home  Attend school  Out of the system  Sober  Out of detention  Plan for adulthood  Graduate HS / GED  Less restrictive placement  Other:  Comments: | | | |