Runaways with Special Medical Conditions

Rhode Island Department of Children, Youth and Families

Policy: 700.0120

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The Department services many children with serious medical conditions such as diabetes, kidney diseases, heart ailments, seizure disorders, and other chronic or recurrent medical conditions requiring medication for treatment. Although all runaways are at risk, the degree of risk to these medically needy children may become life-threatening if they run from placement and fail to attend to their medical problems.

The following protocol is designed to ensure full efforts toward swift location and treatment of children with severe medical conditions who run from placement.

Related Procedures

Runaways with Special Medical Conditions

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Procedure From Policy 700.0120: Runaways with Special Medical Conditions

A. When a child with special medical needs runs from a DCYF placement during regular working hours (8:30 A.M. to 4:00 P.M., Monday through Friday), the following protocol is operational:

1. The residential provider or foster parent immediately notifies the local police and then the primary service worker (or if unavailable the supervisor), providing both with as much of the following information as possible:
    a. child's name and age;
    b. placement location;
    c. legal status;
    d. medical condition;
    e. hospital where usually or previously treated;
    f. physician;
    g. names and addresses of child's close friends;
    h. names and addresses of child's relatives;
    i. type of medication and whether child is able to self-administer; and
    i. degree of medical risk (if known or ascertainable).
2. The primary service worker (or supervisor) immediately records the information in the RICHIST case record and E-mails the Regional Director and the Call Floor. The primary service worker (or supervisor) then contacts the local police to supplement the information already provided:
    a. The local police are encouraged to actively search for the child, especially if the child is known/familiar to them; and
    b. The worker actively works with the local police to follow up leads such as friends, relatives, and places frequented. If police decline involvement, the Regional Director is to be notified immediately.
3. The primary service worker (or supervisor) then contacts the child's physician and/or hospital where he/she is usually treated to alert them that the child is missing and may contact them for medical assistance;
4. The Regional Director will consult with the Director on specific cases which appear to be high risk to determine whether media involvement will be solicited;
5. When the child is located or returns to the placement, the residential provider or foster parent immediately notifies the local police and then the primary service worker (or supervisor), or if after standard working hours, the Call Floor. If the child has been discharged from a facility, the notification to the local police is made by the primary service worker:
    a. If after hours, the Call Floor worker updates the placement information and sends an E-mail message to the primary service worker; and

b. ~~The child is brought by the residential provider or foster parent to a physician for an examination if the child's condition warrants same.~~

B. ~~When a child with special medical needs runs from a DCYF placement during other than standard DCYF working hours, the following protocol is operational:~~

1. ~~The residential provider or foster parent immediately notifies the local police and then the Call Floor, providing information as delineated within;~~
2. ~~The Call Floor immediately:~~
   a. ~~Conducts a RICHIST check for additional data and/or contacts the primary service worker for information;~~
   b. ~~Notifies the Administrator-on-Call;~~
   c. ~~Contacts the local police;~~
   d. ~~Takes the place of the primary service worker relative to the functions delineated within until normal working hours when the primary service worker takes over; and~~
   e. ~~Completes a case activity note and sends an E-mail message to the primary service worker.~~
3. ~~The Administrator-on-Call will consult with the Director on specific cases which appear to be high risk to determine whether media involvement will be solicited; and~~
4. ~~When the child is located or returns to the placement, the procedure delineated within is followed. However, if the child has been discharged from a facility, the notification to the local police is made by the Call Floor.~~