

Polinsky Children's Center - Absent Without Leave (AWOL)

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Forms

This policy references the following forms:

- 06-11 San Diego Regional Officer's Narrative (SDPD Missing Person Report)

Policy

This policy provides procedures and responsibilities for staff at Polinsky Children's Center (PCC) regarding how staff can assist in the prevention of child/youth running away (also referred to as "Absent Without Leave" (AWOL), and/or intervention when AWOLs occur. An AWOL from PCC is defined as the child/youth leaving the facility without appropriate authorization. These procedures are meant to be broad enough to allow for the use of professional judgement, critical thinking, as well as individual variations in background, style, leadership approaches, program coverage, and strengths. In using your own judgement and critical thinking, the safety and well-being of children/youth and staff should always be priority.

For further guidance on referral/case management for children/youth that are AWOL refer to Absent Client - No Contact protocol.

General Reminders

PCC staff should follow [CWS SET Values](#), trauma informed practice, and utilize Polinsky Children's Center - Continuum of Interventions to build rapport with each child/youth who enters PCC. This is very important because children/youth who feel support and concern from staff may feel safe, secure and less inclined to AWOL. Additionally, PCC staff should conduct themselves in a trauma informed way. For example, PCC staff should maintain good proximity, they should speak with a pleasant voice tone and try to make eye contact. PCC staff should always work towards meeting the child/youth's basic needs and offer child/youth safer alternative activities as quickly as possible so that they do not feel they have to leave the facility to obtain these needs.

**General Reminders
(cont.)**

Sometimes AWOL behavior is a sign of a more complex problem. Staff should be sensitive to a child/youth's feelings and moods. Staff should take an active role in observing and assessing the child/youth's range of feelings, including depression, hopelessness and anxiety.

**Close Supervision
Techniques**

PCC staff should be alert to AWOL plans by using active supervision techniques. PCC staff should discuss their observations and concerns with supervisors and other staff so they can also be on alert. PCC staff are expected to be aware of the location and change of location of each child/youth at all times. When PCC staff observe behavioral cues that indicate that an AWOL may be imminent, PCC staff should talk to the child/youth and offer alternative problem solving techniques.

Examples of behavioral cues that a youth/child may display when planning to AWOL:

- Child/youth seems to be looking for an exit or to see where PCC staff are located
- Child/youth is whispering to other child/youth known to AWOL
- Child/youth is not interacting with PCC staff or others
- Child/youth makes statements about leaving
- Child/youth begins packing a back pack or getting personal items together

Examples of alternative problem solving techniques PCC staff can offer:

- Talking with someone the child/youth has a relationship with
- Making a phone call
- Going for a walk (PCC staff should use a route away from exit)
- Journaling
- Art, drawing

NOTE: PCC staff will refer to Polinsky Children's Center - Continuum of Interventions for alternative solutions for youth/children.

AWOL Behaviors

AWOL behavior can be the result of various reasons. A child/youth may have a history of runaway behavior previously. AWOL behavior is seen as an emergency situation. This behavior can be characterized by child/youth exhibiting:

- Extreme agitated behavior (e.g., harm to others or destruction of property)
 - An acute psychiatric condition
 - Expression of impaired or irrational thoughts
 - Concrete suicidal/homicidal ideation or behavior
 - Behaviors that would be a threat to themselves in the community (e.g., risk of sexual exploitation by a specific individual known to the child/youth)
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**Assessment of
AWOL Risk**

An assessment of AWOL risk will be conducted which identifies if the child/youth has exhibited any AWOL behaviors and whether the child/youth is a medical risk as determined by the medical clinic. The "Restraint Caution List" is issued and completed by the medical clinic. The Restraint Caution List will identify AWOL risk factors that determine the eminent danger should child/youth attempt to AWOL.

All children/youth will be assessed for risk of AWOL behavior and whether physical restraint will be used. All assessments will be based on the individual child/youth's needs and documented in their files.

**Non-Contact
Interventions for
AWOL Attempts**

The following order of staff intervention will be used to deter a child/youth from AWOL:

- Verbal Attempts:
 - "Let's talk"
 - "I want you to stay"
 - "It is not safe out there"
 - Offer solutions mentioned [above](#)
- Surround:
 - A minimum of (two) 2 staff will stand in front of or surround the youth in a nonthreatening manner.
 - Verbal attempts will continue to deescalate and redirect the youth.
- Walk along:
 - Following the child/youth

PCC staff will not follow the youth/child alone. There will be at least (two) 2 staff following the child/youth. Staff will alert another staff to go with them for their own safety. Staff should walk beside or behind the child/youth and continue to persuade the youth to return to PCC.

If the child/youth goes:

- East - staff should follow the minor down Ruffin Court to Ruffin Road.
- West/south - staff should follow the minor down Viewridge to 5055 Viewridge, the first driveway on the left-hand side.
- Staff should also follow youth through the County Complex adjacent to PCC, up to Ruffin Rd to the west and Clairemont Mesa Blvd to the north.

PCC staff will stay on sidewalks and should not follow the child/youth into private property or nearby businesses. Staff should not place themselves or the child/youth at risk by jumping over walls, fences, or following a child/youth into canyons. Staff should notify the DO of the AWOL and maintain a visual of the direction the child/youth takes. Staff will note what the child/youth is wearing and where the child/youth was last seen.

Should a car pick up the child/youth, staff will notate a description and license plate of the vehicle to provide to Law Enforcement. For safety reasons, staff will not engage with the driver of the vehicle unless it is a business vehicle with clear markings on the vehicle (i.e.: Uber, Taxi, Lyft) to inform them that they are giving a ride to an unaccompanied child/youth.

Non-Contact Interventions for AWOL Attempts (cont.)

If the child leaves, refer to “Procedures For When An AWOL Occurs” below for noticing and documenting purposes.

NOTE: Children 12 years old and younger, and children with developmental/cognitive delays, are considered more vulnerable and less likely to be able to protect themselves from harm when AWOL. Staff will use their best judgment regarding the parameters to follow these children and consider following them further, if safe to do so. The risks for these children are significantly greater as their decision-making skills and judgment in making safety decisions is impacted by their age and/or cognitive/developmental delays.

AWOL Procedures for Youth with Medical Condition Stating “No Restraints”

Some children/youth at PCC have medical conditions that puts them as “No Restraint” on the [Restraint Caution List](#) and lists the child/youth AWOL risk factors. Observation and verbal strategies will be used when a child/youth has a medical condition that dictates they should not be restrained.

Staff can:

- Position themselves to block the AWOL exit route.
- Use verbal direction to re-direct them.
- In a coordinated effort, staff can surround the child/youth in a non-threatening manner and walk them to a safe place to be counseled.

Staff will not:

- Use physical restraining behavior unless circumstances below exist.
- Hold a door closed to prevent a child/youth from leaving (Reminder- PCC is an unlocked facility and locking doors is prohibited).

If the child/youth is non-responsive **and** continues to move toward exiting the facility; or is uncontrollably hitting or physically attacking staff/other child/youth; the Duty Officer (DO) and a nurse will be called to the child/youth’s location. The DO, in consultation with the nurse and/or mental health clinician, will exercise professional judgment to assess the risk of using a restraint to prevent the child/youth from AWOL. If it is determined that an AWOL would pose eminent risk to the child/youth, greater than a restraint, the steps of Pro-ACT will be implemented; refer to the Professional Assault Crisis Training (Pro-ACT) for guidance. Medical or mental health documentation will be in place and maintained to support and demonstrate the medical or mental health risk and danger to the child/youth that an AWOL would pose.

If interventions and [alternative problem solving techniques](#) are not effective and the youth/child does AWOL, the police are to be called as soon as the child/youth has left PCC facility by the DO to report a “high risk AWOL.” The police will be informed of the child/youth’s medical risk condition.

AWOLs during Outings

If an AWOL occurs during an outing, the safety of the other residents is a priority. PCC staff will not involve the other residents in looking for the AWOL child/youth. PCC staff will not terminate the outing because of an AWOL, unless the group has been negatively affected.

- PCC staff will notify the DO at PCC about the AWOL and provide as much information as possible about the description of the child/youth, including what the child was wearing and direction the child/youth went.
- The DO will follow action steps in "[Procedures for When an AWOL Occurs](#)" below.

Procedures for When an AWOL Occurs

After the AWOL intervention has occurred and the child/youth has **left** PCC, the following actions must be completed by staff:

Step	Who	Responsibility
1	Residential Care Worker (RCW)	Notify the Residential Care Supervisor (RCS) and the DO immediately after verifying the child/youth has left the PCC campus.
2	Residential Care Worker Supervisor (RCWS)	Contact San Diego Police Department (SDPD) to file a Missing Person Report (MPR). Complete and process the 6-11 form, within 24 hours and fax to SDPD. Be prepared to answer questions about the child/youth to include: <ul style="list-style-type: none">• Physical description• What the youth is wearing• Direction the youth went Inform the Intake Worker of the AWOL.
3	RCW	Write a Special Incident Report (SIR); staff are expected to begin writing the SIR within one hour after the incident and submit the report for Supervisor review and approval prior to the end of their work shift. Refer to the Special Incident Reports policy for how to complete a SIR.
4	RCW/RCWS/ DO	Submit the SIR to the RCS who reviews it and provides to the DO before the end of the shift. The DO must review and sign the SIR.

**Procedures for
When an AWOL
Occurs (cont.)**

Step	Who	Responsibility
4 (cont.)	RCW/RCWS/ DO	The SIR will also be forwarded via email to the assigned SW and PSS.
5*	PCC Staff (DO, RCW/RCWS, Intake Staff, and Campus PSW etc.).	<p>Contact the child/youth’s SW and PSS via a phone call and email. If the SW and PSS does not answer the phone call, leave a message regarding the incident and follow up with an email.</p> <p>NOTE: A parent/guardian must be notified within 3 hours of the SW learning that a child/youth is AWOL. The assigned SW is responsible for notifying the parent/guardian. Additionally, a report to National Center for Missing and Exploited Children (NCMEC) will be completed by the assigned SW. The assigned SW will refer to Absent Client - No Contact for further guidance.</p> <p><u>AWOL while off campus</u></p> <p>When a child/youth AWOLs from PCC during an off-site outing or appointment, the DO will ensure that the SW and the parents (if appropriate) are notified as mentioned above.</p> <p>The notification must be documented in the SIR or in narrative notes in the PCC file.</p>
6*	RCWS	Remove the child/youth’s personal property from their bedroom and follow the cottage procedures for handling AWOL property (Procedures will be provided to staff by supervisor or management team).

*These duties must be completed before the next shift begins.

Post Intervention

When a child returns from an AWOL the following steps will be taken:

Step	Who	Responsibility
1	Intake Staff	<ul style="list-style-type: none">• Request that the child/youth come into the intake area.• Children/youth should not be at the front of the facility in the waiting area.• Intake worker will complete entry paperwork. Refer to the Polinsky Children's Center Entries and the Medical Treatment/Medical Releases for intake process. (AWOL children returning to PCC will be considered new entries each time).• Intake worker will contact a RCW to come to the intake area immediately to provide close supervision of the child/youth.• Assess for signs and symptoms of Commercial Sexual Exploitation (CSE). Should CSE concerns/suspicions arise, the intake worker will contact the CSEC Response Team.• If child refuses to leave the waiting area, DO and a staff will be called to the waiting area to provide close supervision and make continued attempts to have child/youth go to the intake area.
2	RCW	<ul style="list-style-type: none">• Respond to intake area and bring child/youth a change of clothes. Once child has changed, conduct a contraband search of their belongings.• Conduct a search of the bathroom once the child/youth is done.• Continue to provide close supervision until the child/youth can reenter facility.

**Post Intervention
(cont.)**

NOTE: Children/youth who AWOL may have attempted to leave contraband in the surrounding area of PCC. The PCC security guard conducts ground checks and will search the area for contraband a minimum of one (1) time per hour with no more than forty (40) minutes between rounds. PCC staff will be notified if there is any contraband found.

After the youth safely returns to PCC, the following monitoring efforts or services will be made available and documented by staff:

- Close supervision
- Crisis counseling
- Allow the youth to call their SW and/or attorney, CASA and/or other authorized supportive persons of significance.
- Assess for signs and symptoms of Commercial Sexual Exploitation (CSE). Should CSE concerns/suspicions arise, the intake worker will contact the CSEC Response Team (CRT); refer to the CSEC Interagency Protocol and CSEC Response Team Protocol for further guidance.

Alignment with SET

This policy aligns with SET [Value 1](#), Relationships With Children, Youth And Families Are The Foundation. PCC staff will adopt guiding principles of SET Value 1 and have a clear understanding of safety and wellbeing in respect to AWOL behavior. Additionally, this policy aligns with SET [Value 3](#), Helping Children And Youth Achieve Their Full Potential And Develop Lifelong Relationships, as PCC staff will identify ways to mitigate trauma to children/youth by using a trauma informed perspective.
