State of Illinois Department of Children and Family Services

MISSING CHILD DE-BRIEFING FORM

Child Name:		Child I.D	
Case	worker Name:	Caseworker ID:	
Type of Absence: ABD WUK WCC Dates Missing: From to		Current LIVAR	
		Date of De-Briefing:	
Loca	tion of De-Briefing:		
	child's caseworker should ask the child the following question ack of the form if necessary.	s. Record the child's answers in the space provided, use	
1)	Why did you leave your previous placement?		
2)	Did anyone encourage you to leave?		
3)	Did you tell anyone you were leaving before you left? If so,	who did you tell?	
4)	How much money did you have with you when you left?		
5)	What is the first thing you did after you left?		
6)	Where did you go?		
7)	If you were planning to go to a specific place, did you go the	re?	
8)	With whom did you stay while you were gone?		

	How did you survive (i.e. Where did you sleep? Where did your get food? How did you get money?)			
))	Did you get sick or were you physically hurt or injured while your were gone?			
	a)	If so, describe your illness or how and where you were hurt/injured.		
	b)	Did you get medical care anywhere? If so, what care did you get and from where did you get medical care?		
l)	Were	you sexually active while you were away?		
	a)	If so, describe the sexual activity (i.e. when, with whom, what activity, forced or voluntary, etc.?)		
	b)	Did the sexual activity hurt you in any way?		
	c)	For females, do you think you may be pregnant?		
ote 2)	bei rep	y child who reports having engaged in sexual activity must be examined by a doctor within 24 hours ng located. Also, if a child reports being forced to engage in sexual activity, the caseworker must make ort of the assault to the appropriate law enforcement agency. (or under what circumstances, e.g. police picked the child up) did you return?		
3)	Have	you ever runaway before? If so, when and why?		
4)	What	was the best thing about being away?		

	Do you tillik you might runaway again in the future?				
a)	If so, why would you run away again?				
b)	What can I (caseworker) or your caregiver do to help you make a decision to a	not runway in the future?			
Is the	Is there anything I can do for you right now to make you feel safe so you won't runaway again?				
If the	If the ward had her/his child with them while missing:				
a)	How did you meet your child's needs for food, diapers, milk, etc, while you were gone?				
b)	b) Did your child stay with you all the time you were gone? If not, who cared for your child?				
c)	Who watched your child when you needed a break?				
d)	Did your child need to a see or did the child see a doctor while you were gone? If so, why?				
e)	Does your child need any medical care now?				
	Caseworker's Signature	Date			
erviso	r's Approval				
ervisor'	s Name:				
rvisor'	Signature:				
e of Apr	roval:				