

CISCP06

NOTIFICATION INTAKE SUMMARY PAGE 1
 PRINT 14/03/97 11:58
 REQ. BY P.KELLY

Notification Date : 14/12/1990 Time : 16:22

Notified Child's Intake Details:

Child's Name : CIN Client No: 148915
 D.O.B. : REDACTED/1981 Male
 Address as from: 14/12/1990 Address No: REDACTED
 : REDACTED

Family Structure:

MOTHER (FOSTER) REDACTED

Ethnicity :
 Child's Whereabouts:
 AT HOME-UNIT REDACTED

Reported Issue Details:

Primary Issue : S42 Sexual fondling
 Secondary : S51 Child's inappro. sexual behav. indicates abuse
 : S49 Child sexual behaviour with an animal
 :

Notifier Status : REDACTED
 Name :
 Address as from: 14/12/1990 Address No: REDACTED
 : REDACTED

Whereabouts : REDACTED

DCS Unit Details:

Intake Unit : 677 SHELLHARBOUR- CSC
 Staff : 6811715 CLARKE, JOHN F
 Assessing Unit : 677 SHELLHARBOUR- CSC

Staff Comments :

Agencies Involved :

*View this file also.
 Print out for those related to
 CID (A/P.)*

*12.7.93
 9.7.93.
 14.12.90.*

Shellharbour CSC.

Please note

*File will be sent to
 Easter Area Office Monday 17/3/97
 to Teresa - Victor 14/3/97.*

*Confirmed
 file sent to
 Area Officer Redden
 for viewing.*

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NOTIFICATION INTAKE SUMMARY PAGE 2
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REQ. BY P.KELLY

Child's Name: CIN CLIENT NO: 148915
Notification date: 14/12/1990 Time: 16:22

Narrative

CHILD HAS DOWNS SYNDROME.

AT PRESENT CHILD ATTENDSMATER DEI SPECIAL SCHOOL AT CAMPBELLTOWN.HE BOARDS
OF A WEEKDAY, COMING HOME OF A WEEKEND.

AT THE END OF 2ND.TERM,CHILD INFORMED [REDACTED] [REDACTED] CID CAME INTO MY ROOM AND
TOUCHED MY EYES AND WILLY. [REDACTED] IS THE COORDINATOR OF CIN FORMER COTTAGE
AT MATER DEI.LATER,CHILD MADE THE SAME COMMENT,BUT ALTERED THE NAME TO
[REDACTED].

TWO WEEKS AGE,CHILD WAS OBSERVED PLAYING WITH A DOGS GENITALS,AND PUSHING
THE DOG AGAINST HIMSELF.

ALSO,ABOUT THE SAME TIME [REDACTED]
[REDACTED]

[REDACTED] IS OF THE OPINION CHILD MAY HAVE BEEN SEXUALLY ABUSED AT HIS SCHOOL.
*** END TEXT THIS SECTION ***

Joint Response Requirement (Y/N)
Intake Officer : Immediate Action / Other Planned Action/ Intake Only

Print Signature Position

Completed by
Assessing Officer (entered by MGR/AMCS) :
MGR/AMCS signature: Date:

*** End of Report ***