

CHILD PROTECTION BRIEFING SHEET

CIB [Redacted]

Case Name: \_\_\_\_\_

Child's Age: 14 1/2 yrs

D.O. Case Co-ordinator: J. Stapanian

Secondary Worker: A. McKenzie

Briefing Date: 6/19/91 Time: \_\_\_\_\_

Urgency Rating: I Rating Expiry Date: \_\_\_\_\_

Those Present: J. Stapanian

Presenting Problem: Alleged Sexual Abuse of Disabled child - differing medical opinions.

Action Plan	Time Frame
1. Please Meet Dev - abuse letter re is following up notificate gain info re matter why was CID sacked? Is there a [REDACTED] there? Is child attends of 120 - do she supervised of all times	This PM
2. Please Social Worker Repeat Hospital - what does Medical report say - do they suspect Sexual Abuse	
3. Please Dr. Gilroy. Did she state child had been abused what was his diagnosis why did she not notify?	

Debrief Date Set: \_\_\_\_\_ Discuss with me.

DISTRICT MANAGER'S SIGN.: \_\_\_\_\_

DATE: \_\_\_\_\_

DISTRICT OFFICER'S SIGN.: \_\_\_\_\_

DATE: \_\_\_\_\_