

27/1/95

REPORT ON INCIDENT OF ABSCONDING / FAILURE TO RETURN TIMEOUSLY

(Delete as appropriate)

- 1. CHILDREN'S CENTRE: COVLARK CHILDRENS CENTRE
- 2. NAME OF CHILD: PAMELA RATTAY
- 3. DATE OF BIRTH: 1-3-81
- 4. HOME ADDRESS: 18 CAMERON COTTAGE SMITHTON INVERNESS
- 5. SOCIAL WORKER: EVELYN STEWART
- 6. DATE OF INCIDENT: 27. 1. 95
- 7. TIME WHEN ABSENCE NOTED: 9.50

- 8. ACTIONS TAKEN: (1) PARENT/GUARDIAN INFORMED
- (2) SOCIAL WORK DEPARTMENT INFORMED
- (3) POLICE INFORMED
- (4) NO ACTION TAKEN
- (5) OTHER (specify) -----

✓

9. DATE CHILD RETURNED: 27. 1. 95 TIME: 11.00

LENGTH OF TIME MISSING 1.10 MINS HOURS

- 10. RETURNED BY: (1) SELF
- (2) CENTRE STAFF
- (3) POLICE
- (4) PARENTS
- (5) OTHER (specify)

✓

11. ACTION TAKEN ON RETURN:

- (1) NO ACTION
- (2) CHILD IN CARE REVIEW
- (3) CASE DISCUSSION / PLANNING MEETING
- (4) HOME LEAVE WITHDRAWN
- (5) INTERVIEWED BY POLICE
- (6) TRANSFERRED TO ANOTHER ESTABLISHMENT

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WENT TO ROOM .

WHERE?

12. ARE YOU AWARE OF ANY OFFENCES COMMITTED DURING PERIOD OF ABSENCE?

- NO
- YES - ASSAULT
- BREAKING AND ENTERING
- THEFT OF VEHICLE
- SHOPLIFTING
- SOLVENT/DRUG ABUSE
- OTHER

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13. IF ABSENCE WAS SPENT OVERNIGHT, DO YOU KNOW WHERE CHILD SPENT THE NIGHT?

- (1) WITH PARENTS/FAMILY
- (2) WITH FRIENDS
- (3) OTHER PLACE
- (4) CHILD WOULD NOT DISCLOSE

<input type="checkbox"/>
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WHO?

WHERE?

14. IS THERE ANY EVIDENCE OF CHILD BEING ABUSED / OFFENDED AGAINST DURING ABSENCE?

NO

YES

SPECIFY

.....

15. WHAT REASON DID CHILD GIVE FOR ABSENCE?

PLEASE SEND A COPY OF THIS REPORT TO:

Mr J Goodfellow
Principal Officer (Children)
Social Work Department
Kinmylies Building
Leachkin Road
INVERNESS.