

Allegation of Abuse Report Form

INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.

A. FACILITY INFORMATION

Facility Name: _____ Facility Code: _____
Facility Type: ☐ Day ☐ Overnight ☐ Municipal Day Camp Are 20% or more of the campers developmentally disabled? ☐ Yes ☐ No Date Reported ____/____/____

B. EVENT INFORMATION

eHIPS Incident Number:- _____ (Note: eHIPS will assign when entered into system)

Note: If reportable injuries occurred as a result of this incident, complete an injury report form as well

Date of Incident ____/____/____ Time of Occurrence ____:____ (Military time) Location where abuse occurred: _____ a. In-Camp b. Out-of-Camp

Where did injury occur? _____ Specify for locations marked with an asterisk: _____
a. Amusement park e. Arts & crafts i. Classroom m. Horseback area/trail q. Outdoor sports area u. Recreational hall y. Tenting/campsite area
b. Aquatic area* f. Assembly area j. Cookout area n. Indoor sports area r. Parking lot v. Riflery area z. Other*
c. Aquatic theme park g. Bathroom/shower k. Dining area o. Kitchen area s. Playground w. Ropes/challenge course
d. Archery area h. Camp/trail/road l. Drama/stage area p. Open field/lawn* t. Public highway/road x. Sleeping area

Nature of Allegation: ____ Physical Abuse ____ Sexual Abuse ____ Both Physical and Sexual Abuse

Note: For multiple victim abuse incidents, attach additional sheets containing victim information.

C.1. VICTIM INFORMATION - Material in shaded area is confidential eHIPS Victim ID Number: _____ (Note: eHIPS will assign when entered into system)

Name of Victim (Last, First, MI): _____
Home Address: _____
Name of Parent or Guardian (Last, First, MI): _____ Home Phone Number: (____) _____ - _____

Note: All the above information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: ____ Sex: ☐ Female ☐ Male

Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other* Specify _____

What was the victim doing? _____
a. Amusement park rides h. Classroom instruction o. Free period v. Nature study/walk dd. Swimming
b. Aquatic theme park rides i. Cooking p. Games-organized* w. Playground equipment activity ee. Transportation
c. Archery j. Court/field sports* q. Gymnastics x. Playing ff. Travel between activities
d. Arts & crafts k. Dancing/Acting r. High adventure activity y. Riflery gg. Walking/Running
e. Bicycling l. Diving s. Hiking aa. Rollerskating/rollerblading hh. Woodcarving/Wood working
f. Boating/Canoeing m. Eating t. Horseback riding bb. Ropes/Challenge course ii. Woodcutting/chopping
g. Chores n. Fighting u. Martial arts cc. Sleeping z. Other*
* Specify _____

2. Victim Information- (Complete for multiple victims)

Number of campers: male ____ female ____ Number of staff: male ____ female ____ Number of others: male ____ female ____

D. SUPERVISION

1. Supervision during incident (indicate as many as apply) _____

- d. No staff present

- k. Written plan not followed

- z. Other *

- * Specify _____

E. ALLEGED PERPETRATOR INFORMATION:

Attach additional sheets if multiple perpetrators.

Name: _____	Age: _____	Sex _____	Information in shaded area is confidential
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Status:

- ☐ Visitor
- *Specify_____

F. INVESTIGATION

Yes

Date of On-Site Investigation: ____/____/____

Yes

Date of Follow-up: ____/____/____

G. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Allegation of Abuse- Provide a description of the event, conclusions and DOH recommendations: Include statements pertaining to Subpart 7-2 compliance and the acceptability/implementation of the camp written plan. Recommendations should include whether or not administrative action against the camp will be taken as well as the steps that must be taken to prevent similar incidents in the future. See Environmental Health Procedure CSFP-142 for guidance in addition to completing this electronic report.

[illegible]

Title: _____

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