

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) _____
- | | | | |
|--|--|--|------------------------------|
| a. Activity inadequately addressed in the written plan | d. No staff present | h. Staff orientation/training for activity not documented/received | k. Written plan not followed |
| b. Activity not addressed in the written plan | e. Quality of supervision adequate | i. Supervision ratio inadequate | z. Other * |
| c. Camper orientation for activity not documented/received | f. Quality of supervision inadequate | j. Supervision ratio correct | * Specify _____ |
| | g. Staff not trained/knowledgeable as per the written plan | | _____ |

E. ALLEGED PERPETRATOR INFORMATION: Attach additional sheets if multiple perpetrators.

Name: _____	Age: _____	Sex _____	Information in shaded area is confidential
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- Status:**
- | | | | | |
|--|---|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> CIT/Jr. Counselor | <input type="checkbox"/> Counselor | <input type="checkbox"/> No relation to camp | <input type="checkbox"/> Trespasser | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Camper | <input type="checkbox"/> Dev. Disabled Camper | <input type="checkbox"/> Other Staff* | <input type="checkbox"/> Unknown | *Specify _____ |

F. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: ____/____/____

Did the Local Health Department conduct a telephone follow-up? Yes No 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.

Information received by: _____ Title: _____

Report reviewed by: _____ Title: _____