

# Allegation of Abuse Report

**INSTRUCTIONS:** Report all camper physical or sexual abuse allegations on this form. Camps for Children with Developmental Disabilities shall immediately report any reportable incident involving a camper with a developmental disability to the permit-issuing official and to the Justice Center's Vulnerable Person's Central Register (VPCR). VPCR Report shall be provided in a form and manner as required by the Justice Center. Shaded boxes are for local health department (LHD) use only.

## A. FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

eHIPS Incident # \_\_\_\_\_  
(LHD use only)

Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_\_\_

## B. EVENT INFORMATION

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.

eHIPs Victim ID # \_\_\_\_\_  
(LHD use only)

### C.1. VICTIM INFORMATION - Material in shaded area is confidential

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: \_\_\_\_\_ Gender:  Female  Male  Gender X  Other

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: Female \_\_\_\_\_ Male \_\_\_\_\_ Gender X \_\_\_\_\_ Other \_\_\_\_\_ Number of staff: Female \_\_\_\_\_ Male \_\_\_\_\_ Gender X \_\_\_\_\_ Other \_\_\_\_\_

Number of others: Female \_\_\_\_\_ Male \_\_\_\_\_ Gender X \_\_\_\_\_ Other \_\_\_\_\_

**D. SUPERVISION**

1. Supervision during incident (indicate as many as apply) \_\_\_\_\_

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

**E. ALLEGED PERPETRATOR INFORMATION - Material in shaded area is confidential**

Attach additional sheets if multiple perpetrators.

Name: _____	Age: _____	Gender: Female ____ Male ____ Gender X ____ Other ____
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- Status:**
- CIT/Jr. Counselor
  - Counselor
  - No relation to camp
  - Trespasser
  - Visitor
  - Camper
  - Dev. Disabled Camper
  - Other Staff\*
  - 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- Provide a description of the incident (use additional sheets if necessary). Pertinent victim and alleged perpetrator information should be discussed for the time period leading up to, during and after the incident. Describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp written safety plan. Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.**

**LHD use only.** (Note: eHIPS will assign the incident and victim ID numbers when entered into the system.)

Information received by: \_\_\_\_\_ Title: \_\_\_\_\_ Report reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

**Investigation/Follow-up Service:**

Inspector's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Hours: \_\_\_\_\_ Service:  On-site Investigation  Telephone Follow-up

Inspector's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Hours: \_\_\_\_\_ Service:  On-site Investigation  Telephone Follow-up