INSTRUCTIONS: See Environmer	ntal Health Manual Procedure CSF	P-146 before completing this form.		
A. FACILITY INFORMATION				
Facility Name:			Facility Code:	
Facility Type: Day Overn	ight 🛛 🖵 Municipal Day Camp	Are 20% or more of the campers dev	elopmentally disabled? 🖵 Yes 📮 No	Date Reported//
B. EVENT INFORMATION		eHIPS Incident Number:	(Note: eHIPS will assig	n when entered into system)
Note: If reportable injuries occurred	as a result of this incident, complete	e an injury report form as well		
Date of Incident//	Time of Occurrence: (Mi	litary time) Location where ab	use occurred: a. In-Camp b	. Out-of-Camp
b. Aquatic area* f. Asse c. Aquatic theme park g. Bath d. Archery area h. Carr	& crafts i. Classroom embly area j. Cookout area	ea p. 'Open field/lawn* t. P	arking lot v. Riflery area layground w. Ropes/challeng ublic highway/road x. Sleeping area	z. Other*
Note: For multiple victim abuse incid	lents, attach additional sheets conta	0		
C.1. VICTIM INFORMATION - Mat	terial in shaded area is confidentia	al eHIPS Victim ID Number:	(Note: eHIPS will ass	sign 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	t be collected and maintained by LH	D for appropriate investigation and fol	low-up.	
Age: Sex: 🖵 Female 🖵 Ma	le			
Status: Camper Developmer	ntally Disabled Camper 📮 CIT/Jr. (Counselor 📮 Counselor 📮 Other S	Staff* 📮 Other* Specify	
 What was the victim doing? a. Amusement park rides b. Aquatic theme park rides c. Archery d. Arts & crafts e. Bicycling f. Boating/Canoeing g. Chores 2. Victim Information- (Completed)	 h. Classroom instruction i. Cooking j. Court/field sports* k. Dancing/Acting l. Diving m. Eating n. Fighting 	o. Free period p. Games-organized* q. Gymnastics r. High adventure activity s. Hiking t. Horseback riding u. Martial arts	 v. Nature study/walk w. Playground equipment activity x. Playing y. Riflery aa. Rollerskating/rollerblading bb. Ropes/Challenge course cc. Sleeping 	dd. Swimming ee. Transportation ff. Travel between activities gg. Walking/Running hh. Woodcarving/Wood working ii. Woodcutting/chopping ^{Z.} Other * * Specify
Number of campers: male_		r of staff: male female	Number of others: male	female
nale				

D. SUPERVISION

1.	a. Activity inadequa	e. essed in the written plan f. on for activity not g.	y) Mo staff present Quality of supervision adequate Quality of supervision inadequa Staff not trained/knowledgeable per the written plan	y of supervision adequate documented/received y of supervision inadequate i. Supervision ratio inadequate not trained/knowledgeable as j. Supervision ratio correct			 k. Written plan not followed z. Other * * Specify 	
E.	E. ALLEGED PERPETRATOR INFORMATION: Attach additional sheets if multiple perpetrators.							
Name: Age:				Sex		Information in shaded area is confidential		
	Status:	CIT/Jr. CounselorCamper	CounselorDev. Disabled Camper	No relatOther S	tion to camp taff*	TrespasserUnknown	Visitor *Specify	
F.	INVESTIGATION							
Was an On-Site investigation conducted by the Local Health Department?			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	D://		
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:	
DOH-61 (Abuse)		