Children's Camps Allegation of Abuse Report

INSTRUCTIONS: Use this form to report a camper physical or sexual abuse allegation. 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.

SECTION A: FACILITY INFORMATION

Camp Name: _____ **Facility Code:** _____ **Date Reported:** _____

Camp Address: _____ **Camp Type:** ☐ Day ☐ Overnight ☐ Municipal Day Camp

Are 20% or more of the campers developmentally disabled? ☐ Yes ☐ No

SECTION B: EVENT INFORMATION

Date of Incident: _____ **Time of Occurrence** (Military time)**:** _____ **Location where alleged abuse occurred:** ☐ In-camp ☐ Out-of-camp

Note: If reportable injuries occurred as a result of this incident, complete form DOH-61A (Children's Camps Injury Report) as well.

Did an injury occur? ☐ Yes ☐ No

Where did alleged abuse occur? ____ ***For locations marked with an asterisk, please provide the specific name or description of the location:** _____

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

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

SECTION C-1: VICTIM INFORMATION

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

The box below contains confidential information that must be collected by the LHD for follow-up, and will be protected against unauthorized disclosure.

Name of Victim (Last, First, MI): _____ **Name of Parent or Guardian (Last, First, MI):** _____

Home Address: _____ **Home Phone Number:** _____

Age: _____ **Gender:** ☐ Female ☐ Male ☐ X ☐ Other **Status:** ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Counselor ☐ Other Staff* ☐ Other*

***For status types marked with an asterisk, please specify the individual's role:** _____

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
- **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*

***For activities marked with an asterisk, please provide the specific name or description of the activity:** _____

SECTION C-2: VICTIM INFORMATION (Complete for multiple victims)

Number of Campers: Female _____ Male _____ X _____ Other _____ **Number of Staff:** Female _____ Male _____ X _____ Other _____

Number of Others: Female _____ Male _____ X _____ Other _____

SECTION D: SUPERVISION

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*

***For items marked with an asterisk, please describe:** _____

SECTION E: ALLEGED PERPETRATOR INFORMATION – Material in shaded area is confidential. Attach additional sheets if multiple perpetrators.

Name: _____ **Age:** _____ **Gender:** ☐ Female ☐ Male ☐ X ☐ Other

Status: ☐ CIT/Jr. Counselor ☐ Camper ☐ Counselor ☐ Developmentally Disabled Camper ☐ No relation to camp ☐ Other Staff* ☐ Trespasser ☐ Unknown ☐ Visitor ☐ Other*

***For status types marked with an asterisk, please specify the individual's role:** _____

SECTION F: 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's 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.)

eHIPS Incident #: _____ **eHIPS Victim ID #:** _____

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