INSTRUCTIONS: See Environmental Health Manual Procedu A. FACILITY INFORMATION	are CSFF-146 before completing this form.		
Facility Name:		Facility Code:	
Facility Type: Day Dovernight Day	Camp Are 20% or more of the campers deve		
B. EVENT INFORMATION	eHIPS Incident Number:	(Note: eHIPS will assign	n when entered into system)
Note: If reportable injuries occurred as a result of this incident, o	complete an injury report form as well		
Date of Incident// Time of Occurrence:_	(Military time) Location where abu	se occurred: a. In-Camp b.	Out-of-Camp
a. Amusement park e. Arts & crafts i. Classroo b. Aquatic area* f. Assembly area j. Cookout c. Aquatic theme park g. Bathroom/shower k. Dining ar	tage area p. Open field/lawn* t. Pu	arking lot v. Riflery area ayground w. Ropes/challeng iblic highway/road x. Sleeping area	z. Other*
Note: For multiple victim abuse incidents, attach additional sheet C.1. VICTIM INFORMATION - Material in shaded area is con	fidential eHIPS Victim ID Number:	(Note: eHIPS will ass	ign when entered into system)
Name of Victim (Last, First, MI):			
Name of Parent or Guardian (Last, First, MI): Note: All the above information must be collected and maintained		Home Phone Number: (
Age: Sex:		Jw-up.	
Status: Camper Developmentally Disabled Camper C What was the victim doing?	o. Free period p. Games-organized* q. Gymnastics r. High adventure activity s. Hiking	 v. Nature study/walk w. Playground equipment activity x. Playing y. Riflery aa. Rollerskating/rollerblading 	dd. Swimming ee. Transportation ff. Travel between activities gg. Walking/Running hh. Woodcarving/Wood working
f. Boating/Canoeing m. Eating g. Chores n. Fighting	t. Horseback riding u. Martial arts	bb. Ropes/Challenge course cc. Sleeping	ii. Woodcutting/chopping z. Other * * Specify
2. Victim Information- (Complete for multiple victims)	Number of staff, male famale	Number of others, male	famala
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)				eived inadequate	k. Written plan not followed z. Other * * Specify			
E.	E. ALLEGED PERPETRATOR INFORMATION: Attach additional sheets if multiple perpetrators.								
Na	Name: Age:				Sex			Information in shaded area is confidential	
	Status:	CIT/Jr. CounselorCamper		CounselorDev. Disabled Camper		o relation t ther Staff*	•	TrespasserUnknown	❑ Visitor *Specify
F.	INVESTIGATION								
	Was an On-Site investigation conducted by the Local Health Department?		Yes		No	Date of On-Site Inv	vestigation://		
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.						ilar 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)			