



Facility or agency

Referral number

KK number, if applicable

Report date

Report time

General Information

Table with 2 columns: Victim's name, Victim's date of birth

Summary of allegations (attach extra sheets as needed):

Text area for summary of allegations

Safety concerns (attach extra sheets as needed):

Text area for safety concerns

[ ] Injury observed

Notes: \_\_\_\_\_

[ ] Photographs taken by:

- [ ] Developmental Disabilities Services (DDS)
[ ] Specialized Placements and Partnerships Unit (SPPU)/ Children's Investigative Division (CID)
[ ] Facility
[ ] Other

Dates: \_\_\_\_\_

[ ] Medical treatment completed

Notes: \_\_\_\_\_

[ ] Person responsible for child of interest removed

Notes: \_\_\_\_\_

[ ] Vulnerable adult caretaker removed

Notes: \_\_\_\_\_

Alleged victim observed

Notes: \_\_\_\_\_

Oklahoma Human Services (OHS)/Office of Juvenile Affairs (OJA)/parent notified

Notes: \_\_\_\_\_

DDS case manager notified

Notes: \_\_\_\_\_

Law enforcement:

notified      Dates: \_\_\_\_\_

involved      Dates: \_\_\_\_\_

## Plan for Immediate Safety

**This document is a plan for immediate safety that is utilized to ensure child or vulnerable adult safety while SPPU/OJA/DDS reviews and/or the Office of Client Advocacy (OCA) investigation is completed.**

What actions have or will be taken to protect the victim(s) in relation to current safety concerns? (attach extra sheets as needed)

Who is responsible for implementing each plan component? (attach extra sheets as needed)

How will the plan be monitored and by whom? How often? (attach extra sheets as needed)

## Signatures

I have discussed the plan with the person responsible for the child(ren)/vulnerable adult(s) caretaker and those responsible for carrying out the plan. Those responsible agree to fully participate in the plan to keep the child(ren)/vulnerable adult(s) safe.

\_\_\_\_\_  
Agency representative signature

\_\_\_\_\_  
Date

I have discussed the plan with the agency representative. I understand the contents of the plan. I agree to fully participate in the plan to keep the child(ren)/vulnerable adult(s) safe. I agree to immediately notify the Hotline at 800-522-3511 or law enforcement if anything prohibits the plan from being carried out. This plan remains in effect for 30 days or until notified by OCA, SPPU, OJA, or DDS.

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date