



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Caretaker Conduct Review Report –
Residential Facilities**



facility name

Office of Client Advocacy (OCA) Referral #FY

| | | | | |
|----------------------|---------------------------|----------------|------------------|------------------|
| Date reported to OCA | Date OCA requested review | Date of report | Date of incident | Time of incident |
|----------------------|---------------------------|----------------|------------------|------------------|

Alleged victim(s):

| Name | Residential unit |
|------|------------------|
| | |
| | |
| | |

Accused caretaker(s):

| Name | Position/title | Finding |
|------|----------------|---------|
| | | |
| | | |
| | | |

| |
|-------------------|
| Incident location |
|-------------------|

Allegation:

Action to protect:

Physical injury:

| | | |
|--------------|----------|-------------------|
| Photos taken | By whom? | Date photos taken |
|--------------|----------|-------------------|

Caretaker misconduct defined: OCA 340:2-3-2 defines “caretaker misconduct” as meaning an act or omission that:

- violates a statute, regulation, written rule, procedure, directive, or accepted professional standards and practices;
- is not found to be abuse or neglect; and
- results in or creates the risk of injury to a minor or vulnerable adult.

It includes, but is not limited to:

- acts or omissions that contribute to the delinquency of a minor;
- unintentional excessive or unauthorized use of force not rising to abuse or neglect;
- unintentionally causing mental anguish;
- other acts exposing a client to harm or threatened harm to the health, safety or welfare of the client; and
- use of abusive or professionally inappropriate language not rising to the level of verbal abuse.

Basis for finding:

Policy citations:

Sources of information: Include everyone contacted about the incident.

| Name | Title/position | Date/time, type of interview |
|------|----------------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Documents and other evidence reviewed:

Summary of pertinent information:

Administration concerns/recommendations:

| | | |
|---|----------------|---------------|
| _____ Signature of person preparing form | _____ Title | _____ Date |
| _____ Reviewer signature | _____ Title | _____ Date |
| _____ Approval signature | _____ Title | _____ Date |

OCA use only: