



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Site Visit Report**

Service recipient		Site of visit	
Date of visit	Time in	Time out	Announced visit <input type="checkbox"/> Unannounced visit <input type="checkbox"/>

**Reason for visit:**

**Observations and recommendations:** Record observations at time of visit. Note any further action or follow-up that is needed.

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Person completing report signature	Title	Agency
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Routing: Original - Developmental Disabilities Services Division case manager  
 Copy - home record  
 Copy - person completing report