

**FOR INTERNAL USE ONLY****CLIENT DEATH REPORT**

CASE FILE # (TO BE ASSIGNED BY DEPUTY DIRECTOR'S OFFICE)

**LICENSING OFFICE INFORMATION**

1. RESPONSIBLE LICENSING OFFICE		2. PHONE #	
3. LICENSING PROGRAM ANALYST	4. LICENSING PROGRAM SUPERVISOR	5. <input type="checkbox"/> INITIAL REPORT DATE:	
		<input type="checkbox"/> ADDENDUM DATE:	
6. RIS NUMBER (IF APPLICABLE)	7. COMPLAINT INVESTIGATION NUMBER (IF APPLICABLE)	8. LEGAL CASE NUMBER (IF APPLICABLE)	

**CLIENT INFORMATION**

9. CLIENT'S NAME	10. AUTHORIZED REPRESENTATIVE	11. DOB	12. SEX
13. PLACEMENT AGENCY		14. DATE OF ADMISSION	
15. DATE OF DEATH	16. TIME OF DEATH	17. PLACE OF DEATH	
18. HOW DID LICENSING OFFICE LEARN OF DEATH		19. DATE LICENSING OFFICE NOTIFIED OF DEATH	

**FACILITY INFORMATION**

20. LICENSEE NAME (FFA NAME, IF APPLICABLE)	21. FACILITY NAME	22. FACILITY NUMBER	
23. FACILITY ADDRESS	24. CITY	25. ZIP CODE	26. FACILITY PHONE #
27. FACILITY TYPE	28. TYPE OF CLIENTS SERVED	29. LICENSED CAPACITY	30. CENSUS AT TIME OF DEATH
31. DATE FIRST LICENSED	32. LICENSE STATUS	33. NUMBER OF OTHER FACILITIES	
34. OTHER FACILITY NAMES		35. OTHER LICENSE TYPES	

**CERTIFIED FAMILY HOME INFORMATION**

36. CFH NAME (CERTIFIED PARENT NAME)		
37. CFH ADDRESS	38. CITY	39. ZIP CODE

Submit completed forms to the Deputy Director's Office  
E-mail: [cclddeputydirector@dss.ca.gov](mailto:cclddeputydirector@dss.ca.gov) or Fax: (916) 657-3783 Attention: Death Report Notice

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### ADDITIONAL INFORMATION—INCLUDE DATES AND TIMES

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40. SUSPECTED CAUSE OF DEATH AND PERSON MAKING THAT DETERMINATION:

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41. CAUSE OF DEATH FROM CORONER'S REPORT:

IS CORONER'S REPORT AVAILABLE?

YES IF YES, NOTE CAUSE OF DEATH FROM CORONER'S REPORT

NO IF NO, SUBMIT ADDENDUM WHEN CORONER'S REPORT IS AVAILABLE

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42. CHRONOLOGY OF EVENTS LEADING UP TO DEATH:

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43. ACTION TAKEN BY FACILITY AT TIME OF DEATH AND IMMEDIATELY FOLLOWING:

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44. ACTION TAKEN BY LICENSING OFFICE: (I.E., SITE VISIT, CITATION, NOTIFIED CPS, APS, ETC.)

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45. PLANNED ADMINISTRATIVE ACTION (I.E., TSO, REVOCATION, ETC.):

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46. CRIMINAL RECORDS CLEARANCE INFORMATION:

HAVE ALL ADULTS ASSOCIATED WITH THE FACILITY BEEN CLEARED. IF NO, EXPLAIN.

YES  NO

HAS ANY ADULT ASSOCIATED WITH THE FACILITY RECEIVED AN EXEMPTION. IF YES, EXPLAIN (I.E., RELATIVE, EMPLOYEE, ETC).

YES  NO

HAS ANYONE BEEN EXCLUDED FROM THE FACILITY. IF YES, EXPLAIN (I.E., RELATIVE, EMPLOYEE, ETC.).

YES  NO

47. PRIOR RELATED INCIDENTS OR COMPLAINTS:

48. NON-COMPLIANCE HISTORY OF FACILITY: (TO BE COMPLETED WITHIN ONE BUSINESS DAY FROM SUBMISSION OF INITIAL REPORT)

ENTER MOST RECENT NON-COMPLIANCE INFORMATION FIRST.

LAST VISIT TO FACILITY \_\_\_\_\_  
DATE

CITATIONS ISSUED?  YES  NO

49. SPECIAL CIRCUMSTANCES RELATED TO THIS FACILITY OR OTHER FACILITIES OPERATED BY LICENSEE (I.E., PROBATIONARY LICENSE, WAIVERS, EXCEPTIONS, PRIOR ADMINISTRATIVE ACTIONS, TECHNICAL SUPPORT SERVICES OFFERED OR PROVIDED, ETC.):

50. OTHER AGENCIES INVOLVED (I.E., CPS, APS, LEGAL DIVISION, LAW ENFORCEMENT, STATUS OF LAW ENFORCEMENT):

51. MEDIA INQUIRIES:

**(USE THIS SPACE FOR ADDITIONAL INFORMATION IF NEEDED - NOTE SECTION TITLE AND NUMBER)**

# INSTRUCTIONS - CLIENT DEATH REPORT

## LICENSING OFFICE

1. Responsible Licensing Office: Name of county or state licensing office.
2. Phone Number: The area code and telephone number of licensing office.
3. Licensing Program Analyst: Name of person completing this form.
4. Licensing Program Supervisor: Name of person who supervises the analyst completing this form.
5. Initial Report/Addendum/Date: An initial report is the first report submitted to the Deputy Director's Office. An addendum is any report submitted after the initial report. Check the appropriate box to indicate whether submitting initial report or addendum. Submit addendum as additional information becomes available. Enter month, day, and year submitting report.
6. RIS Number: Enter Regional Investigation Section (RIS) complaint number (if applicable).
7. Complaint Investigation Number: Enter county or state licensing office complaint number (if applicable).
8. Legal Case Number: Enter case number assigned by legal office (if applicable).

## CLIENT INFORMATION

9. Client's Name: Enter name of deceased person.
10. Authorized Representative: Enter name of parent, legal guardian, conservator or public placement agency authorized by law to act on behalf of the client.
11. DOB: Enter client's date of birth.
12. Sex: Enter client's sex (male or female).
13. Placement Agency: Enter name of placement agency (if applicable).
14. Date of Admission: For child care client's enter date enrolled from Child Care Facility Roster. For Residential clients enter date from the Admission Agreement.
15. Date of Death: Enter month, day, year of client's death.
16. Time of Death: Enter time of client's death.
17. Place of Death: Enter location where death occurred (i.e., hospital, licensed facility, home, pool, etc.).
18. How did the Licensing Office learn of death: Enter name of source that provided information regarding client's death (i.e., Law Enforcement, APS, CPS, Media, Complaint, etc.).
19. Date of Notification: Enter month, day, and year the licensing office was notified of client's death.

## FACILITY INFORMATION

20. Licensee Name: Enter name of licensee as it appears on the license.
21. Facility Name: Enter name of facility as it appears on the license.
22. Facility Number: Enter licensing facility number as it appears on the license.
23. Facility Address: Enter the physical address of the facility.
24. City: Enter name of city where facility is physically located.
25. Zip Code: Enter zip code for physical address of facility.
26. Facility Phone Number: Enter facility area code and telephone number.

## INSTRUCTIONS - CLIENT DEATH REPORT - Continued

### **FACILITY INFORMATION**

27. Facility Type: Enter type of facility (i.e., Family Child Care Home, Foster Family Home, etc.).
28. Type of Clients Served: Enter client type (i.e., Children, Adult, Elderly, etc.).
29. Licensed Capacity: Enter license capacity as it appears on the license.
30. Census at Time of Death: Enter number of clients in care at time of client's death.
31. Date First Licensed: Enter date facility licensed as it appears on the license.
32. License Status: Enter status of license at time of clients death (i.e., licensed, provisional, probationary, pending, etc.).
33. Number of Other Facilities: Enter total number of other facilities operated by licensee.
34. Other Facility Names: Enter name(s) of any other facilities operated by the licensee (attach additional sheet if needed).
35. Other License Types: Enter facility type code for any other facilities operated by the licensee (i.e., Family Child Care Home, Foster Family Home, etc.).

### **CERTIFIED FAMILY HOME INFORMATION**

36. CFH/Certified Parent Name: Enter name of certified parent.
37. CFH Address: Enter physical address of certified home.
38. City: Enter name of city where certified family home is physically located.
39. Zip Code: Enter zip code for physical address where facility is located.

### **ADDITIONAL INFORMATION** – (For each entry include specific date and time if known)

40. Suspected Cause of Death and Person Making that Determination: Enter suspected cause of client death as determined by law enforcement, physician, paramedic report, etc., include date and time.
41. Cause of Death from Coroner's Report: Enter cause of client's death, date and time as determined by Coroner's Report.
42. Chronology of Events Leading up to Death: Enter any prior documented incidents or complaints and dates specific to deceased client.
43. Action taken by Facility at Time of Death and Immediately Following: Enter action taken by facility (i.e., called police, licensing, etc.). Include date and time of action.
44. Action taken by Licensing Office: Enter action taken by licensing office (i.e., site visit, notified CPS, APS, etc.). Include date and time of action.
45. Planned Administrative Action: Enter Administrative Action taken by the Department (i.e., TSO, Revocation, etc.). Include date and time.
46. Criminal Records Clearance Information: Verify whether all required adults have been cleared; verify if any exemptions or exclusions were granted, if so, explain.
47. Prior Related Incidents or Complaints: Enter any prior related incidents or complaints involving serious injury (an injury requiring professional medical treatment) or questionable death (any death resulting from injury, abuse or other than natural causes). Include dates and times.
48. Non-Compliance History of Facility: Enter any prior non-compliance information from LIC 809s (Facility Evaluation Report) or LIC 9099s (Complaint Investigation Report).
49. Special Circumstances Related to this Facility or other Facilities Operated by Licensee: Enter any information regarding probationary license, waivers, exceptions, prior administrative actions, etc. and dates, if applicable.
50. Other Agencies Involved: Enter agencies (i.e., CPS, APS, Legal Division, Law Enforcement, etc.).
51. Media Inquiries: Enter newspaper, radio, television inquiries etc. (i.e., contacted by channel X). Include date and time.