

## SOC 826 - CHILD FATALITY/NEAR FATALITY COUNTY STATEMENT OF FINDINGS AND INFORMATION

### INSTRUCTIONS:

Counties shall complete this form for each child fatality/near fatality determined to be a result of abuse and/or neglect. The form shall be submitted to CDSS within ten business days of notification of final determination from the investigating agency.

For a child fatality/near fatality complete parts A and B.

### PART A – CIRCUMSTANCES OF FATALITY/NEAR FATALITY

1. Date form completed: \_\_\_\_\_ 2.  Fatality  Near Fatality

**Note: Redact information in this box prior to the public release of this document.**

3. Child Victim's 19-Digit Client Number:

4. CWS/CMS 19 Digit Referral Number of Child Victim:

5. County Contact and Phone Number (Individual That CDSS Would Contact for Additional Information):

6. Reporting County:

7. County Where Incident Occurred (If Different):

8. Child's Sex:

Male  Female

9. Child's Age:

10. Date of Fatality/Near Fatality (If Known):

11. Residence of The Child at The Time of The Abuse/Neglect That Lead to The Fatality/Near Fatality:

Home of Parent/Legal Guardian

Foster Care/Out-of-Home Care

12. Residence of The Child at The Time of Fatality:

Home of Parent/Legal Guardian

Foster Care/Out-of-Home Care

13. Investigation Conducted By (Check All That Apply):

Law Enforcement

CWS/Probation

### PART B – CHILD FATALITY/NEAR FATALITY DETERMINATION

Determination Made By (Check All That Apply):

14.  CWS/Probation

Law Enforcement

Coroner/Medical Examiner

15. Child Fatality/Near-Fatality Due To:

Abuse

Neglect

Child Fatality/Near- Fatality Due To:

Abuse

Neglect

Child Fatality Due To:

Abuse

Neglect

**DO NOT INCLUDE A NARRATIVE; CHECK THE APPROPRIATE BOXES ABOVE.**

Please fax this form to:  
Children's Services Operations Bureau,  
Attention: Bureau Chief at (916) 651-8144

## BACKGROUND

Pursuant to the Child Abuse Prevention and Treatment Act (CAPTA), states are required to publicly disclose findings or information related to child fatalities and near fatalities that are determined to be the result of abuse and/or neglect.

In accordance with WIC 10850.4, WIC 10850.45, Manual of Policies and Procedures (MPP) Division 31 (sections 31-502.12 and 31-502.122), the county welfare department or agency is required to notify the California Department of Social Services (CDSS) of every child fatality and near fatality that occurs within its jurisdiction and is the result of abuse and/or neglect and release certain case file documents upon request. The mechanism to notify CDSS is the Statement of Findings and Information Form (SOC 826). The SOC 826 must be submitted to CDSS within ten business days of notification of the final determination from the investigating agency.

## FORM INSTRUCTIONS

### PART A – CIRCUMSTANCES OF FATALITY/NEAR FATALITY

1. Enter the date the SOC 826 form is completed in MM/DD/YYYY format.
2. Check the appropriate box for a child fatality or child near fatality.
3. Enter the child victim's 19-digit client number.
4. Enter the Child Welfare Services/Case Management System (CWS/CMS) 19-digit referral number of the child victim's critical incident referral.
5. Enter the county representative's name and phone number who can provide additional information to CDSS, if necessary.
6. Enter the name of the reporting county.
7. Enter the name of the county where the incident of abuse/neglect occurred that lead to the fatality or near fatality (if different from the reporting county).
8. Check the appropriate box for the child's sex.
9. Enter the child's exact age at the time of the incident, (i.e. if in years old put age in year, if in under 1 year put age in months, if under 1 month put age in days).
10. Enter the date of the fatality or near fatality in MM/DD/YYYY format (if known).
11. Check the appropriate box to indicate whether the child resided in the home of his/her parent/legal guardian or in foster care/out-of-home care at the time of the abuse/neglect incident.
12. Applies to child fatalities only. Indicate place of residence at the time of the fatality. If reporting a near fatality, leave blank.
13. Check all the boxes that apply to indicate all agencies that are currently investigating or have previously investigated the incident.

### PART B – CHILD FATALITY/NEAR FATALITY DETERMINATION

14. Check all the boxes that apply to indicate all agencies that determined abuse or neglect contributed to the fatality or near fatality.
  - a) A county child protective services agency determined that the abuse or neglect was substantiated.
  - b) A law enforcement investigation concluded that abuse or neglect occurred.
  - c) A coroner or medical examiner concluded that the child who died had suffered abuse or neglect.
15. Check all the boxes that apply to indicate whether the child fatality/near fatality was due to abuse and/or neglect (as determined by the agency selected).