California Child Fatality and Near Fatality Annual Report CY 2008
Prepared by:
The California Department of Social Services
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The report was prepared pursuant to Senate Bill 39, Chapter 468, Statutes of 2007, and the Child Abuse Prevention and Treatment Act
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I. Introduction

The purpose of this report is to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and Senate Bill (SB) 39 (Chapter 468, Statutes of 2007). The CAPTA requires a state to have provisions which allow for the public disclosure of the findings or information about a case of child abuse or neglect which has resulted in a child fatality or near fatality. SB 39 requires a county welfare department or agency to notify the California Department of Social Services (CDSS) of every child fatality that occurred within its jurisdiction that was the result of child abuse and/or neglect. The determination that abuse and/or neglect led to the child’s death can be made by the Coroner/Medical Examiner, Law Enforcement, and/or the child welfare services (CWS)/Probation agency. SB 39 also requires the CDSS to annually issue a report identifying the child fatalities and any systemic issues or patterns revealed by the notices submitted by the counties and any other relevant information in the Department’s possession.

In implementing the disclosure and reporting mandates of SB 39 and CAPTA, the CDSS developed and adopted a County Statement of Findings and Information form, the SOC 826. This form is the mechanism that a county CWS agency uses for notifying the CDSS of a fatality or near fatality that was determined to be the result of abuse and/or neglect. For purposes of reporting near fatalities, a near fatality is defined as a severe childhood injury or condition caused by abuse or neglect which results in the child receiving critical care for at least 24 hours following the child’s admission to a critical care unit(s).

During Calendar Year (CY) 2009, the CDSS adopted both Emergency and Final regulations that incorporated the SOC 826 County Statement of Findings and Information form and provided instruction to counties as to their reporting and disclosure mandates under SB 39 and CAPTA. Together these new mandates have greatly improved child fatality and near fatality reporting by CWS agencies.

The report which follows provides an analysis of the data compiled from those SOC 826 County Statement of Findings and Information forms submitted by CWS agencies for child fatalities and near fatalities which occurred in CY 2008 and were determined to be the result of abuse and/or neglect. The CDSS has gathered additional information for each of the reported incidents from the Child Welfare Services/Case Management System (CWS/CMS) and Safe Measures (Safe Measures is a computer application that summarizes CWS case information) in an effort to gain a broader understanding of the reported incidents and the children and families involved.

In addition to meeting the mandates of CAPTA and SB 39, this report will be provided as part of the Title IV-B, Annual Progress and Services Report (APSR), and will be available on an annual basis on the CDSS Website.

Note: CDSS reports child fatality data annually to the Children’s Bureau, Administration of Children and Families via the National Child Abuse and Neglect Data System (NCANDS). The child fatality totals, provided by the California Department of Public Health (CDPH), are estimates based on the reconciliation of the following data sources: CDPH Vital Statistics Deaths; Department of Justice (DOJ) Homicide File; DOJ Child Abuse Central Index; and CDPH Fatal Child Abuse and Neglect Surveillance data from local child death review teams. Therefore, NCANDS child fatality totals will differ from the figures contained in this report.
II. Analysis of Data

Background

The analysis which follows for child fatalities and near fatalities that occurred in CY 2008 focuses on a number of data elements designed to provide a greater understanding of what age, ethnicity, and gender groups were most vulnerable to child fatalities and near fatalities resulting from abuse and/or neglect; the number of fatalities and near fatalities that were caused by abuse versus neglect, the cause of such child fatalities and near fatalities, what factors contributed to the findings or cause of the child fatalities and near fatalities which were reported; and whether there was prior involvement of these children and their families with the CWS system. The data included is for all child fatalities reported to the CDSS via the County Statement of Findings and Information SOC 826 form. In addition, the data is further broken out into subsets of children age four and younger. Attached to this report is a copy of the County Statement of Findings and Information SOC 826 form in addition to the total population of children in the State of California for 2007.

In reviewing this data it is important to note that the data compiled for this report only represents those child fatalities and near fatalities for which all of the following occurred: 1) the CWS agency became aware of the fatality or near fatality, 2) the fatality or near fatality was determined to be the result of abuse or neglect, and 3) the fatality or near fatality was reported to the CDSS via the SOC 826 Statement of Findings and Information form. As a result, the data only represents a subset of a larger population of children who died in California during CY 2008.

In analyzing the data, the CDSS used a rounding up methodology and as such the total percentages cited may not equal 100 percent. Additionally, to avoid any misrepresentation of the actual number of near fatality and fatality incidents that were the result of abuse and/or neglect, if an incident was reported by a county as both a near fatality and a fatality, the CDSS accounted for that incident in the aggregate fatality data information. This type of incident was not reflected in the numbers for near fatalities. Similarly, if a single fatality incident was reported more than once, the incident was only accounted for once in the fatality data information.
General Information

For CY 2008, California CWS agencies reported 114 child fatalities determined to be the result of abuse and/or neglect, of which 109 children were reported to have resided in the home of the parent/guardian and five were reported to have resided in out-of-home placements or foster care.

Of those incidents reported, Chart A depicts what agency made the determination that the child’s death was the result of abuse and/or neglect. In 38 of the 114 child fatality cases (33 percent) the determinations were made by the medical examiner/coroner; in 23 cases (20 percent) the determinations were made by law enforcement; in 19 cases (17 percent) the determinations were made by the CWS agency; in 13 cases (11 percent) the determinations were made by all three agencies; in 10 cases (nine percent) the determinations were made by the medical examiner/coroner and law enforcement; in seven cases (six percent) the determinations were made by law enforcement and the CWS agency; and in four cases (four percent) the determinations were made by the medical examiner and CWS agency.

<table>
<thead>
<tr>
<th>Fatality: Abuse and/or Neglect Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med. Examiner/Coroner: 38 or 33%</td>
</tr>
<tr>
<td>Law Enforcement: 23 or 20%</td>
</tr>
<tr>
<td>CWS Agency: 19 or 17%</td>
</tr>
<tr>
<td>3 Agencies: 13 or 11%</td>
</tr>
<tr>
<td>Med. Examiner &amp; Law Enforcement: 10 or 9%</td>
</tr>
<tr>
<td>Law Enforcement &amp; CWS Agency: 7 or 6%</td>
</tr>
<tr>
<td>Med. Examiner &amp; CWS Agency: 4 or 4%</td>
</tr>
</tbody>
</table>
General Information (continued)

With respect to near fatalities, California CWS agencies reported 91 child near fatalities determined to be the result of abuse and/or neglect. Of the 91 near fatalities, 88 children resided in the home of the parent/guardian, and three resided in out-of-home placements or foster care.

Of those incidents reported, Chart B depicts which agency made the determination that the child’s near fatality was the result of abuse and/or neglect. In 27 cases (30 percent) the determinations were made by all three agencies; in 22 of the near fatality cases (24 percent) the determinations were made by a physician; in 17 cases (19 percent) the determinations were made by the CWS agency; in 12 cases (13 percent) the determinations were made by law enforcement; in six cases (seven percent) the determinations were made by a physician and the CWS agency; in four cases (four percent) the determinations were made by a physician and law enforcement; and in three cases (three percent) the determinations were made by law enforcement and the CWS agency.

<table>
<thead>
<tr>
<th>CHART B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Near Fatality: Abuse and/or Neglect Determination</strong></td>
</tr>
<tr>
<td><strong>3 Agencies</strong></td>
</tr>
<tr>
<td><strong>Physician</strong></td>
</tr>
<tr>
<td><strong>CWS Agency</strong></td>
</tr>
<tr>
<td><strong>Law Enforcement</strong></td>
</tr>
<tr>
<td><strong>Physician &amp; CWS Agency</strong></td>
</tr>
<tr>
<td><strong>Physician &amp; Law Enfrcmnt</strong></td>
</tr>
<tr>
<td><strong>Law Enfrcmnt &amp; CWS Agency</strong></td>
</tr>
</tbody>
</table>
What Groups of Children are Victims of Abuse and/or Neglect Related Fatalities and Near Fatalities

A comprehensive analysis of the data for age, gender and race for child fatalities and near fatalities determined to be the result of abuse and/or neglect that occurred during CY 2008 must be viewed in conjunction with the general child population during that same time period. Attachment A, found at the end of this report, depicts the age, gender and ethnicity/race of California’s child population during 2007.

As can be seen from Attachment A, the largest percentage of the child population was between the ages of five and nine, at 29 percent. However, the other age groups of children came close with 10-14 at 28 percent and under five at 27 percent. With respect to race/ethnicity, the Hispanic population represents 44 percent of the total child population. In the under five age group, Hispanic children represent 48 percent of the child population, while white children represent 32 percent and black children represent six percent. With respect to gender, in the overall population of all children under age 18, 51 percent are male and 49 percent are female. Of the 4,744,538 male children in California, 1,272,884 (27 percent) were under the age of five. Similarly, of the 4,505,291 female children in California, 1,214,097 (or 27%) were under the age of five.

Chart C (below) depicts the gender of all of the children under age 18 that were victims of abuse and/or neglect related fatalities or near fatalities in CY 2008. The number of male child fatalities was higher than female child fatalities; however for near fatalities there was not a notable statistical difference between genders. In other words, one gender was not subject to more near fatalities as a result of abuse or neglect.
Child Fatalities: Age and Gender

California CWS agencies reported 114 child fatality cases that were determined to be the result of abuse and/or neglect during CY 2008. The data gathered for these cases indicates the most vulnerable population were children age four and younger. In fact, 96 of the 114 child fatality cases (84 percent) were children four years of age and younger. Of those, 44 children were less than one year old and 52 children were between the ages of one and four.

Overall, the number of male child fatalities was higher than the number of female child fatalities, 62 compared to 52 (for all age groups). The largest difference was found in the less than one-year-old age group, in which there were 28 males versus 16 females. The discrepancy in numbers of males versus females in the one-four-year-old age group was much less, at 24 males to 28 females. Chart D depicts child fatalities by gender for the four years old and younger age group.

**CHART D**

**Fatalities by Gender for 4 Years Old and Younger**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year (44 Total)</td>
<td>16</td>
<td>28</td>
</tr>
<tr>
<td>1 to &lt;5 years (52 Total)</td>
<td>28</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>36%</th>
<th>54%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

[7]
Child Near Fatalities: Age and Gender

California CWS agencies reported 91 child near fatality cases that were determined to be the result of abuse and/or neglect. The data gathered with respect to age for child near fatality cases reflected the data for child fatality cases. Greater incidences of child near fatalities occurred in the youngest populations. Eighty-four of the 91 child near fatality cases (92 percent) were children four years of age and younger. Forty-five children were less than one-year old and 39 children were between the ages of one and four.

The data with respect to gender was slightly different than that found for child fatalities. Overall, the number of male child near fatality cases reported was only slightly higher than the number of female near fatality cases, 47 compared to 44, for all aged children in the near fatality group (see Chart C). The breakdown for gender in the less than one-year old age group was 23 males and 22 females. By comparison, the numbers of near fatalities in the one to four year old age group were 19 males and 20 females. Chart E depicts the numbers of near fatality cases by gender for children age four years old and younger.

![Chart E: Near Fatalities by Gender for 4 Years Old and Younger](chart.png)
Child Fatalities: Ethnicity/Race

With respect to ethnicity/race for the total 114 child fatalities that were determined to be the result of abuse and/or neglect, the data shows that Hispanic children had more fatalities than any other single ethnicity/race. However, it should also be noted that overall the Hispanic population of children was higher in the general child population for 2007 at 44 percent of the total population. (See Attachment A)

The data gathered for the 114 child fatality cases shows 51 of the children (45 percent) were Hispanic, 26 of the children (23 percent) were Black, 18 of the children (16 percent) were White, eight of the child fatality cases (seven percent) the ethnicity/race of the child was unknown or not documented, seven of the children (six percent) were Asian, three of the children (three percent) were categorized as “Other,” and one child (one percent) was Native American. Chart F depicts the ethnicity/race of all of the child fatality and near fatality cases reported for CY 2008.

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Fatalities [114 Total]</th>
<th>Near Fatalities [91 Total]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, 26 or 23%</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Hispanic, 51 or 45%</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td>White, 18 or 16%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Asian, 7 or 6%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Native American, 1 or 1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Other, 3 or 3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown/Not Documented, 8 or 7%</td>
<td>7%</td>
<td>11 or 12%</td>
</tr>
</tbody>
</table>

Chart F
Child Fatalities: Ethnicity/Race (continued)

Of the 44 child fatality cases in the less than one year old age group, 23 children (52 percent) were Hispanic, 11 children (25 percent) were Black, six children (14 percent) were White, two children (five percent) were unknown/not documented, one child (two percent) was Asian, and one child (two percent) was Native American. Chart G depicts the ethnicity/race of child fatality cases for children four years old and younger.

Of the 52 child fatality cases in the one to four year old age group, 24 children (46 percent) were Hispanic, 12 children (23 percent) were Black, nine children (17 percent) were White, for five of the child fatality cases (ten percent) the ethnicity/race of the child was unknown or not documented, one child (two percent) was Asian, and one child (two percent) was categorized as “Other.”

CHART G

Fatalities by Ethnicity for 4 Years Old and Younger

- Black, 11 or 25%
- Hispanic, 23 or 52%
- White, 6 or 14%
- Asian, 1 or 2%
- Native American, 1 or 2%
- Unknown, 2 or 5%
- Black, 12 or 23%
- Hispanic, 24 or 46%
- White, 9 or 17%
- Asian, 1 or 2%
- Other, 1 or 2%
- Unknown, 5 or 10%

<1 Year [44 Total] 1 to <5 Years [52 Total]
Child Near Fatalities: Ethnicity/Race

With respect to ethnicity/race in the 91 child near fatalities that were determined to be the result of abuse and/or neglect the data again shows that Hispanic children had more near fatalities than any other single category of ethnicity/race. Again, it should be noted that there was also a higher percentage of Hispanic children in the general population of children at 44 percent of the total population. (See attachment A)

Of the 91 child near fatality cases, 33 of the children (36 percent) were Hispanic, 23 of the children (25 percent) were White, 19 of the children (21 percent) were Black, for 11 of the child near fatality cases (12 percent) the ethnicity/race of the children was unknown or not documented, two of the children (two percent) were Asian, two of the children (two percent) were Native American, and one child (one percent) was documented as “Other” for ethnicity/race. (See Chart F for ethnicity/race of the total near fatality cases.)

Of the 45 near fatality cases in the less than one year old age group, 16 children (36 percent) were Hispanic, 11 children (24 percent) were Black, 10 children (22 percent) were White, six children (13 percent) were of unknown or not documented ethnicity/race, one child (two percent) was Asian, and one child (two percent) was Native American. Chart H depicts the age and ethnicity for near fatality cases for children ages 4 years old and younger.

Of the 39 near fatality cases in the one to four year old age group, 15 children (38 percent) were Hispanic, 13 children (33 percent) were White, six children (15 percent) were Black, in four cases (10 percent) the ethnicity/race of the child was unknown or not documented, and one child (three percent) was Native American.

CHART H

Near Fatalities by Ethnicity for 4 Years Old and Younger

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>&lt;1 Year [45 Total]</th>
<th>1 to &lt;5 Years [39 Total]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>11 or 24%</td>
<td>Black, 15 or 38%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16 or 36%</td>
<td>Hispanic, 15 or 38%</td>
</tr>
<tr>
<td>White</td>
<td>10 or 22%</td>
<td>White, 13 or 33%</td>
</tr>
<tr>
<td>Native American</td>
<td>1 or 2%</td>
<td>Native American, 1 or 3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1 or 2%</td>
<td>Asian, 1 or 2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>6 or 13%</td>
<td>Unknown, 4 or 10%</td>
</tr>
</tbody>
</table>

[11]
Neglect Versus Child Abuse – What is Known

Neglect is defined as the “failure of a parent(s)/guardian(s) or caretaker(s) to provide the care and protection necessary for the child’s healthy growth and development. Neglect occurs when children are physically or psychologically endangered.” (See Division 31 regulations, 31-002(n)(1); also Penal Code section 11165.2 and 42 U.S.C.A 5106 (g). Neglect is the result of the parent’s or caretaker’s failure to act, to care for and protect the child. Abuse, on the other hand, includes “physical injury or death inflicted by other than accidental means upon a child by another person.” (See Welfare and Institutions Code 300 (a)-(j) and Penal Code 11165.6.)

The following data depicts the types of allegations that were investigated by the CWS agencies for the child fatality and near fatality incidents that were reported for CY 2008.

It should be noted that a combined allegation of abuse and neglect may occur when a caregiver’s failure to protect results in the child dying or nearly dying from abuse by another caregiver or individual.

Chart I depicts the allegation types for all child fatality and near fatality incidents reported for CY 2008.

| CHART I |

| Allegation Types for Reported Fatalities and Near Fatalities |
|------------------|------------------|
| Abused & Neglected | 16 | 29 |
| Neglect | 29 | 29 |
| Abuse | 46 | 56 |

- Near Fatalities: Allegation Type
- Fatalities: Allegation Type
Child Fatalities: Allegation Type

For CY 2008, the data shows that nearly half of the allegations investigated, 56 of the 114 child fatality cases (49 percent), were abuse allegations. The allegation types for the remaining 58 child fatality cases were evenly divided, 29 cases (25 percent) were neglect allegations and 29 cases (25 percent) were abuse and neglect allegations. (See prior Chart I)

The allegation types for the 44 cases in the less than one-year-old age group were as follows: 19 cases (43 percent) were abuse allegations, 15 cases (34 percent) were neglect allegations and 10 cases (23 percent) were abuse and neglect allegations. The findings for the 52 fatality cases in the one to four year old age group were as follows: 24 cases (46 percent) were abuse allegations, 18 cases (35 percent) were abuse and neglect allegations, and 10 cases (19 percent) were neglect allegations.

Chart J depicts the allegation types for child fatality cases of children ages four years old and younger.

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**CHART J**

**Fatalities: Allegation Types for 4 Years Old and Younger**

- **Abuse**: 24 cases (46%)
- **Neglect**: 18 cases (35%)
- **Abuse & Neglect**: 10 cases (19%)

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[13]
Child Near Fatalities: Allegation Type

The data for allegation type for child near fatalities was similar to that found for fatalities. Of the allegations investigated, 46 of the 91 near fatality cases (51 percent) were abuse allegations. For the remaining 45 near fatality cases, 29 cases (32 percent) were neglect allegations and 16 cases (18 percent) were abuse and neglect allegations. (See prior Chart I)

Of the 45 near fatality cases in the less than one-year-old age group, 31 cases (69 percent) were abuse allegations, nine cases (20 percent) were abuse and neglect allegations, and five cases (11 percent) were neglect allegations. For the 39 near fatality cases in the one to four year old age group, 20 cases (51 percent) were neglect allegations, 12 cases (31 percent) were abuse allegations, and seven cases (18 percent) were abuse and neglect allegations.

Chart K depicts the near fatality allegation types for children 4 years old and younger.
Who Was Identified as the Primary Individual Responsible for the Abuse and/or Neglect

In analyzing child fatalities and child near fatalities and addressing the issues surrounding these sensitive cases, it is important to understand who was responsible for these incidents. The following provides information regarding the primary individual responsible ("perpetrator") for the child fatality or near fatality incidents. It is also important to note that an alleged perpetrator might not be identified if, at the time of the fatality or near fatality, more than one person had access to the child. Chart L depicts the gender of the perpetrators for the reported child fatality and near fatality incidents.

CHART L

Fatality and Near Fatality: Alleged Perpetrator Gender

- Male Perp, 62 or 54%
- Female Perp, 43 or 38%
- Unknown, 9 or 8%
- Male Perp, 34 or 37%
- Female Perp, 40 or 44%
- Unknown, 17 or 19%

Child Fatalities: Alleged Perpetrator’s Gender and Relationship to Child

It was found in the 114 child fatality cases, more males than females were identified as the person responsible for the abuse and/or neglect that led to a child’s death. In 62 of the child fatality cases (54 percent) the alleged perpetrator was a male, and in 43 child fatality cases (38 percent) the alleged perpetrator was a female. In nine cases (eight percent), the identity of the alleged perpetrator was unknown. Of the 105 cases where the alleged perpetrator is known, 63 cases (or 60 percent) involved alleged perpetrators who were 30 years of age or younger. (See prior Chart L)
Child Fatalities: Alleged Perpetrator’s Gender and Relationship to Child (continued)

It was also found that in 75 of the 114 child fatality cases (66 percent) the parent/guardian was identified as the alleged perpetrator. In 19 of the child fatality cases (17 percent) the parent’s significant other was identified as the alleged perpetrator. In 67 (70 percent) of the 96 child fatality cases for ages four years old and younger, when the alleged perpetrator was known, the alleged perpetrators were 30 years of age or younger.

For the 52 child fatalities in the one to four year old age group, counties reported that in 32 cases (62 percent) the alleged perpetrator was a male and in 17 cases (33 percent) the alleged perpetrator was a female. In three of the cases (six percent) the identity of the alleged perpetrator was unknown. In 63 percent of the cases in this age group, when the alleged perpetrator was known, the alleged perpetrator was 30 years of age or younger. The parent/guardian was identified as the alleged perpetrator in 26 of the 52 child fatality cases (50 percent) in the one to four year old age group.

In the less than one year old age group, counties reported that in 21 of the 44 cases (48 percent) the alleged perpetrator was a male, in 18 cases (41 percent) the alleged perpetrator was a female, and in five cases (11 percent) the alleged perpetrator was unknown. The parent/guardian was identified as the alleged perpetrator in 33 of the 44 cases (75 percent).

Child Near Fatalities: Alleged Perpetrator’s Gender and Relationship to Child

Unlike the data for child fatality cases, it was found that in the 91 near fatality cases, more females than males were identified as the person responsible for the near fatality that resulted from abuse and/or neglect. In 40 of these cases (44 percent) the alleged perpetrator was female. In 34 of the near fatality cases (37 percent) the alleged perpetrator was male. In 17 of the cases (19 percent), the identity of the alleged perpetrator was unknown. Again it is important to note that in 62 percent of the near fatality cases for children ages four years old and younger where the alleged perpetrator was known, the alleged perpetrator was 30 years of age or less. Furthermore, in 59 of the 91 near fatality cases (65 percent) the parent/guardian was identified as the alleged perpetrator. (See prior Chart L)

In the 45 near fatality cases for children less than one year of age, the percentage of male versus female perpetrators is different than the percentage for near fatalities for all ages. In 18 of these cases (40 percent) the alleged perpetrator was a male and in 15 cases (33 percent) the alleged perpetrator was a female. In 12 of the cases (27 percent) the identity of the alleged perpetrator was unknown. In 73 percent, where the identity of the alleged perpetrator was known, the alleged perpetrator was 30 years of age or younger. For the less than one-year-old age group, the parent/guardian was identified as the alleged perpetrator in 29 of the 45 near fatality cases (64 percent).

In the 39 near fatalities in the one to four year old age group, fewer males were identified as the person responsible for the near fatality. In 20 of these cases (51 percent) the alleged perpetrator was a female and in 15 of these cases (38 percent) the alleged perpetrator was a male. In four cases (10 percent) the identity of the alleged perpetrator was unknown. In 54 percent of the cases where the alleged perpetrator was known, he/she was 30 years of age or younger. In 23 of the 39 near fatalities in this age group (59 percent) the parent/guardian was identified as the alleged perpetrator.
Specific Cause/Finding of Incident

Fatalities:

The specific cause of death finding for the 114 child fatalities that were determined to be the result of abuse and/or neglect during CY 2008 are categorized in the table below and depicted in Chart M. A review of these cases indicates that the number one finding for cause of death is non-accidental head and body trauma.

<table>
<thead>
<tr>
<th>Specific Cause/Finding</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blunt Force Trauma (head and/or body)*</td>
<td>56</td>
</tr>
<tr>
<td>Unknown</td>
<td>13</td>
</tr>
<tr>
<td>Murder/Suicide**</td>
<td>12</td>
</tr>
<tr>
<td>Shaken Baby Syndrome</td>
<td>9</td>
</tr>
<tr>
<td>Drowning</td>
<td>9</td>
</tr>
<tr>
<td>Vehicular Accidents</td>
<td>5</td>
</tr>
<tr>
<td>Other ***</td>
<td>3</td>
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<tr>
<td>Co-Sleeping with Contributing Factors</td>
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<tr>
<td>Ingested Substance</td>
<td>2</td>
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<tr>
<td>Failure to Thrive</td>
<td>1</td>
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<tr>
<td>Burns</td>
<td>1</td>
</tr>
<tr>
<td>Shooting</td>
<td>1</td>
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<tr>
<td>Co-Sleeping w/ Contrib. Factors</td>
<td>3</td>
</tr>
<tr>
<td>Other **</td>
<td>3</td>
</tr>
<tr>
<td>Failure to Seek Medical Help, Malnourishment and Drug/Alcohol Exposure</td>
<td>1</td>
</tr>
<tr>
<td>Ingested Substance</td>
<td>1</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>1</td>
</tr>
<tr>
<td>Burns</td>
<td>1</td>
</tr>
</tbody>
</table>

For the 96 fatalities in which the children were age four years old and younger, the finding for specific cause of fatality in 53 of the cases (55 percent) was Blunt Force Trauma. However, that percentage rises to 65 percent if the nine cases identified as “Shaken Baby Syndrome” are also added to the total (62 of 96 incidents).

*May include some shaken baby syndrome cases that were not specifically documented in CWS/CMS as such.

**The 12 murder/suicides represent situations where the alleged perpetrator shot their victims and then shot and killed themselves.

*** “Other” includes but is not limited to: failure to seek medical help, malnourishment and drug/alcohol exposure.

[CHART M]
**Child Near Fatalities:**

The specific cause of the 91 child near fatalities that were determined to be the result of abuse and/or neglect during CY 2008 are listed in the table below and depicted in Chart N. Similar to the child fatality cases, a review of these cases indicates that the number one reported cause of the near fatalities is non-accidental head and body trauma.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Blunt Force Trauma (head and/or body)*</td>
<td></td>
</tr>
<tr>
<td>21 Shaken Baby Syndrome</td>
<td></td>
</tr>
<tr>
<td>8 Ingested Substance</td>
<td></td>
</tr>
<tr>
<td>7 Other***</td>
<td></td>
</tr>
<tr>
<td>5 Near Drowning</td>
<td></td>
</tr>
<tr>
<td>4 Vehicular Accidents</td>
<td></td>
</tr>
<tr>
<td>3 Attempted Murder/Suicide**</td>
<td></td>
</tr>
<tr>
<td>1 Failure to Thrive</td>
<td></td>
</tr>
<tr>
<td>1 Burns</td>
<td></td>
</tr>
</tbody>
</table>

For the 84 near fatalities in which children were age four years old and younger the reported cause of the near fatality in 40 cases (48 percent) was blunt force trauma. The percentage, however, rises to 73 percent if the 21 cases identified as “Shaken Baby Syndrome” are added to the total (61 of 84 cases).

*May include some shaken baby syndrome cases that were not specifically documented in CWS/CMS as such.

**The 3 attempted murder/suicide represent situations where the alleged perpetrator shot their victims and then shot and killed themselves.

***“Other” includes but is not limited to: failure to seek medical help, malnourishment, and severe neglect.
What is Known about Prior Child Welfare Services Involvement in the Past Five Years

Fatalities

In reviewing the 114 notifications for child fatalities that were the result of abuse and/or neglect submitted by counties for CY 2008, it appears that 55 percent had no prior CWS history in the last five years. For those cases that did have prior CWS history the reader should keep in mind that prior CWS history does not necessarily mean that a child or family had an open CWS case. In many cases, the CWS history included allegations and/or referrals that were determined to be unfounded, inconclusive, or evaluated out*. Additionally, the CWS history may not have included the child who was the subject of the fatality or the same household composition at the time of the fatality.

The breakdown for the 114 child fatality cases included 63 cases (55 percent) that had no prior CWS history in the last five years and 51 (45 percent) cases which were previously known to the CWS agency. (See Chart O)

The CWS agency involvement in those 51 cases includes:

- 37 Not a current client of the CWS agency
- 5 Placed out-of-home with an open case receiving services**
- 6 Open Emergency Response Referral at the time of death***
- 3 Living in the home of the parent or guardian with an open child welfare case or referral

[CHART O]

**Fatality: CWS History**

- No Prior, 63 or 55%
- Open In Home Referral or Case, 3 or 3%
- Open Out of Home Referral or Case, 5 or 4%
- Open ER Referral, 6 or 5%
- Not a Current Client, 37 or 32%
- 114 Total Fatalities

[19]
Fatalities (continued)

In the one to four year old age group, 21 of the 52 cases (40 percent) had no prior CWS history. In the 31 cases where the child or family was previously known to a CWS agency 23 cases (74 percent) were not a current client of a CWS agency, five cases (16 percent) were in an open Emergency Response (ER) referral, there were two cases (six percent) in which the child was in out-of-home care receiving services, and one case (three percent) in which the child was living in the home of his/her parent(s) and receiving services.

For children less than one year of age, 30 of the 44 cases (68 percent) had no prior CWS history. In the 14 cases where the child or family was previously known to a CWS agency, 11 cases (79 percent) were not current clients of a CWS agency, two cases (14 percent) were living in out-of-home placements and receiving services, and one case (seven percent) was in an open ER referral.

*Note: For purposes of this report, the term “evaluated out” is described in MPP Division 31-105.116 as part of the decision making process for determining “whether an in-person investigation is required,” and is included in the “outcome options,” which are listed in that section as “(a) Evaluate out with no referral to another community agency; (b) Evaluate out, with a referral to an appropriate community agency; or (c) Accept for in-person investigation.”

**Note: One of the five children placed in out-of-home care died as a result of abuse that occurred prior to the child entering foster care and was not the result of abuse and/or neglect in foster care.

***Note: Emergency Response Referral is a document where information is documented by the county in response to a hotline call reporting child abuse and/or neglect. This is the first step in the investigation process.
Near Fatalities

In reviewing the 91 notifications submitted by counties for child near fatalities that were determined to be the result of abuse and/or neglect, it appears that 53 percent had no prior CWS history in the last five years. Again the reader is cautioned to keep in mind that prior CWS history does not necessarily mean that a child or family had an open CWS case. In many cases, the CWS history included allegations and/or referrals that were determined to be unfounded, inconclusive, or evaluated out. Additionally, the CWS history may not have included the child who was the subject of the near fatality or the same household composition at the time of the near fatality.

The breakdown for the 91 near fatality cases included 48 cases (53 percent) that had no prior CWS history and 43 cases (47 percent) which were previously known to the CWS agency. The CWS agency involvement in those 43 cases was: (See Chart P)

- 36 Not a current client of the CWS agency
- 3 Open ER Referral at the time of death
- 3 Placed out-of-home with an open case receiving services
- 1 Living in the home of the parent or guardian with an open child welfare case or referral

In the one to four year old age group, 13 of the 39 cases (33 percent) had no prior CWS history. Of the remaining 26 near fatality cases in this age group, 22 were cases (85 percent) in which a member of the family was previously known to the CWS agency but not receiving services at the time of the child near fatality, three cases (12 percent) had an open ER referral, and in one case (four percent) a child was living in an out-of-home placement and receiving services. In the less than one year old age group, 33 of the 45 cases (73 percent) had no prior CWS history in the last five years. Of the remaining 12 near fatality cases, there were 10 cases (83 percent) in which a member of the household was previously known to the CWS agency but not receiving services at the time of the near fatality, one case (eight percent) in which a child was living at home and receiving services, and one case (eight percent) in which a child was living in an out-of-home placement and receiving services.

---

### Chart P

**Near Fatality: CWS History**

- **No Prior**, 48 or 53%
- **Open ER Referral**, 3 or 3%
- **Open In Home Referral or Case**, 3 or 3%
- **Open Out of Home Referral or Case**, 1 or 1%
- **Not a Current Client**, 36 or 40%
III. Conclusion

The information provided in this report represents a compilation of aggregate data for those child fatalities and near fatalities resulting from abuse and/or neglect that occurred during CY 2008 and were reported by counties via SOC 826 forms. In reviewing this data it is important to remember that the data compiled for this report only represents those child fatalities and near fatalities for which all of the following occurred: 1) the CWS agency became aware of the fatality or near fatality, 2) the fatality or near fatality was determined to be the result of abuse or neglect, and 3) the fatality or near fatality was reported to the CDSS via the SOC 826 County Statement of Findings and Information Form.

As stated earlier, the data in this report differs from the child fatality data the CDSS annually submits to the Children’s Bureau, Administration for Children and Families via the National Child Abuse and Neglect Data System (NCANDS). The child fatality totals, provided by the California Department of Public Health (CDPH), are estimates based on the reconciliation of the following data sources: CDPH Vital StatisticsDeaths; Department of Justice (DOJ) Homicide File; DOJ Child Abuse Central Index; and CDPH Fatal Child Abuse and Neglect Surveillance data from local child death review teams. Therefore, NCANDS child fatality totals will differ from the figures contained in this report.

The aggregate data contained in this report does, however, shed some light on those child fatalities and near fatalities that were reported to the CDSS for CY 2008. The data demonstrates that the most vulnerable population subject to child fatalities and near fatalities resulting from abuse and/or neglect was our youngest populations, children four years old and younger. Additionally, the data shows that abuse played a greater contributing factor to these fatalities and near fatalities than did neglect. With respect to the perpetrators of these incidences, the data shows that in a large percentage of these cases the perpetrator was known to the child as the child’s parent/guardian or parent’s significant other and was under the age of 30 at the time of the incident. Lastly, the data highlights that the number one cause of these fatalities and/or near fatalities was non-accidental head and body trauma, including Shaken Baby Syndrome.

We continue learning about the causes and circumstances of child fatalities and near fatalities resulting from abuse and/or neglect. The CDSS is committed to continuing to collect and compare this data in future years.
IV. Attachments

ATTACHMENT A

California Children Population 2008:

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Population</th>
<th>Hispanic or Latino</th>
<th>White Alone</th>
<th>Black Alone</th>
<th>American Indian and Alaska Native Alone</th>
<th>Asian Alone</th>
<th>Native Hawaiian and Other Pacific Islander Alone</th>
<th>Some Other Race Alone</th>
<th>Multi-race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>2,486,981</td>
<td>1,187,878</td>
<td>788,472</td>
<td>160,116</td>
<td>11,585</td>
<td>214,466</td>
<td>7,761</td>
<td>6,932</td>
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<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>5 to 9 years 10 to 14 years</td>
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<td>1,236,768</td>
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<td>14,080</td>
<td>238,473</td>
<td>9,339</td>
<td>7,442</td>
<td>106,045</td>
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<td></td>
<td></td>
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<td>8%</td>
<td></td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>15 to 17 years</td>
<td>2,570,822</td>
<td>1,043,433</td>
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<td>194,672</td>
<td>14,834</td>
<td>246,037</td>
<td>9,298</td>
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<tr>
<td>Total</td>
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<td>3,222,858</td>
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<td>855,747</td>
<td>31,806</td>
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<td>44%</td>
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Male:

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<th>Age</th>
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<th>Hispanic or Latino</th>
<th>White Alone</th>
<th>Black Alone</th>
<th>American Indian and Alaska Native Alone</th>
<th>Asian Alone</th>
<th>Native Hawaiian and Other Pacific Islander Alone</th>
<th>Some Other Race Alone</th>
<th>Multi-race</th>
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<tbody>
<tr>
<td>Under 5 years</td>
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<td>606,583</td>
<td>405,043</td>
<td>81,436</td>
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<td>47%</td>
<td></td>
<td>32%</td>
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<tr>
<td>5 to 9 years 10 to 14 years</td>
<td>1,396,480</td>
<td>632,224</td>
<td>472,756</td>
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<td>122,746</td>
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<td>47%</td>
<td></td>
<td>32%</td>
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<td>1%</td>
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<tr>
<td>15 to 17 years</td>
<td>1,317,135</td>
<td>533,143</td>
<td>493,819</td>
<td>98,901</td>
<td>7,581</td>
<td>127,477</td>
<td>4,766</td>
<td>3,392</td>
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<td>32%</td>
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<tr>
<td>Total</td>
<td>4,744,538</td>
<td>2,075,317</td>
<td>1,657,420</td>
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Female:

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<th>Age</th>
<th>Total Population</th>
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<th>White Alone</th>
<th>Black Alone</th>
<th>American Indian and Alaska Native Alone</th>
<th>Asian Alone</th>
<th>Native Hawaiian and Other Pacific Islander Alone</th>
<th>Some Other Race Alone</th>
<th>Multi-race</th>
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<tbody>
<tr>
<td>Under 5 years</td>
<td>1,214,097</td>
<td>581,295</td>
<td>383,429</td>
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<td>5,651</td>
<td>104,167</td>
<td>3,752</td>
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<td>48%</td>
<td></td>
<td>32%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>5 to 9 years 10 to 14 years</td>
<td>1,329,400</td>
<td>604,544</td>
<td>445,674</td>
<td>96,120</td>
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<tr>
<td>15 to 17 years</td>
<td>1,253,687</td>
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<td>118,560</td>
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<tr>
<td>Total</td>
<td>4,505,291</td>
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<td>1,565,438</td>
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<td>44%</td>
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<td>35%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

ATTACHMENT B

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, complete parts A and B.
For a child near fatality, complete parts A and C.

PART A - ALWAYS COMPLETE THIS INFORMATION FOR CDSS SUBMISSION

<table>
<thead>
<tr>
<th>Date form completed: ______________________</th>
<th>□ Fatality</th>
<th>□ Near Fatality</th>
</tr>
</thead>
</table>

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

COUNTY OR DIGITAL REFERRAL / OF CHILD VICTIM:

COUNTY CONTACT AND PHONE NUMBER (INDIVIDUAL THAT CDSS WOULD CONTACT FOR ADDITIONAL INFORMATION):

COUNTY WHERE INCIDENT OCCURRED: _____________________________

REPORTING COUNTY (IF DIFFERENT): ____________________________

CHILD'S GENDER: _____________________________

□ MALE □ FEMALE

CHILD'S AGE: _____________________________

DATE OF FATALITY/NEAR FATALITY (IF KNOWN): _____________________________

RESIDENCE OF THE CHILD AT THE TIME OF THE ABUSE/NEGLECT THAT RESULTED IN THE FATALITY/NEAR FATALITY:

□ Home of parent/legal guardian □ Foster Care/Out-of-Home Care

INVESTIGATION CONDUCTED BY:

□ Law Enforcement □ CWS/Probation

PART B - CHILD FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

DETERMINATION MADE BY:

□ Coroner/Medical Examiner □ Law Enforcement □ CWS/Probation

FINDING OF CHILD FATALITY DUE TO (CHECK ALL THAT APPLY):

□ Crime □ Suicide □ Non-Accidental □ Undetermined □ Other: _____________________________

PART C - CHILD NEAR FATALITY FINDINGS - CONCLUSION OF INVESTIGATING AGENCY

DETERMINATION MADE BY:

□ Physician □ Law Enforcement □ CWS/Probation

FINDINGS OF CHILD NEAR FATALITY DUE TO (CHECK ALL THAT APPLY):

□ Crime □ Attempted □ Non-Accidental □ Undetermined □ Other: _____________________________

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.

SOC 238 (5/08)